Coding Notes

HIPE & NPRS Unit
Health Research & Information Division

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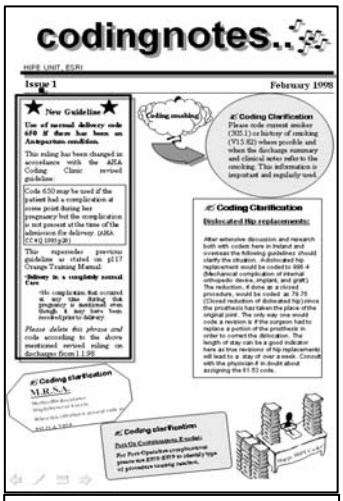
Coding Notes and The ESRI @ 50

Professor Miriam Wiley, Head, Health Research and Information Division, ESRI

We are delighted to publish this 50th Edition of Coding Notes which happily coincides with the 50th Anniversary of the ESRI. From the first one-page black and white edition in February 1998 Coding Notes has developed into an important information source for all involved in HIPE. Over the years Coding Notes has served to introduce new classifications, new guidelines, answer coding queries, provide information on IT and serve as an important communication tool for HIPE. We must not, of course, forget to mention the annual Christmas Prize Crossword Competition which has become a particular favourite!


codingnotes..

Issue 1 February 1998

Issue No 1 – February 1998

As we celebrate the 50th Anniversary of the ESRI this year we have been reflecting on many of the developments in the work of the Institute over the past half century. The development of our health research agenda is one such development which has been greatly facilitated by parallel developments in sources of data on the health system, including HIPE and NPRS together with data collected for such projects as Growing Up in Ireland and The Irish Longitudinal Study on Ageing.

HIPE data are now used throughout our health system. In addition to hospitals using their own data to address a range of objectives including tracking changes in service use and resource deployment, other key users include clinicians, policy makers, researchers and agencies including the HSE, the Department of Health and Children, the National Cancer Registry and the Health Research Board. While the ESRI receives over 200 requests each year for HIPE data, access to HIPE data online has greatly facilitated access to these data by national and international users. In addition, HIPE data are now being used by many of the clinical programmes which have been established by the HSE.

An important recent example of the use of HIPE data to inform policy is evident in the report of the independent Expert Group on Resource Allocation and Financing in the Health Sector and the research that underpinned the Group's report (above). HIPE data were also used for an earlier project concerned with Projecting The Impact of Demographic Change on the Demand for and Delivery of Health Care in Ireland. In this issue of Coding Notes, a brief overview of our most recent work on the 'Cost of Stroke in Ireland' is presented.

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Inside this issue:

ESRI @ 50 : Providing Evidence for Policy
THE ECONOMIC AND SOCIAL RESEARCH INSTITUTE

Clinical Coder Education in Ireland 2010 Project Update

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"To gain an accredited qualification would be very important for the advancement of clinical coding in Ireland and to open more opportunities for clinical coders here and abroad." HIPE Clinical Coder 2010

This project explored ways to raise the coders' profile, promote a profession of clinical coders and ensure quality benchmarks for all stakeholders, including the introduction of accredited training. This project included a HIPE workforce study undertaken in early 2010 exploring coders' readiness to embark on an accredited education programme.

Total Responses:

Estimated Coders[1]	Coders Replies (%)	Estimated Coder Managers[1]	Coder Managers Replies (%)
227	85 (37%)	27	14 (52%)

[1]Estimates from ESRI Training Records

Those who responded have been very positive on the issue of moving to accredited and certified coder training. coding courses ahead of an examination.

From the responses from coders, 88% (n=75) said they would be interested in participating in advanced clinical coding courses and 89% (n=76) said they could see the benefits of a coder certification programme. For the coder managers 86% (n=12) said they would be interested in the advanced clinical coding courses with 93% (n=13) answering that they could see benefits to coder certification programme.
Next I hope to now hold some focus groups to further discuss the issues raised around coder accreditation explored in this project. Please contact me if you would like to be involved in a focus group on the subjects of coder education and accreditation.

"I think a certificate would bring recognition and value for the specialised work we do. Would bring confidence and respect to each coder who obtains a certificate." HIPE Clinical Coder 2010

Many thanks again to all who participated in what is only the first part of a major project aimed at assessing the feasibility of accreditation and recognition to the skilled work of the HIPE workforce in Ireland.

Deirdre Murphy

Coding Notes and The ESRI @ 50, continued from page 1

This project was funded by the Irish Heart Foundation and used HIPE data to estimate the economic burden of stroke and TIA in Ireland (see page 3).

Within the HIPE system we are hugely appreciative of the support and commitment provided by all our colleagues in the Irish hospital system and the broader health care community. Notwithstanding the difficulties and challenges experienced by many over recent months, we have been very gratified by the efforts expended in improving the timeliness of HIPE data returns, moving to 6th edition of ICD-10-AM and the positive response we have had to invitations to be involved in data audit initiatives at the hospital and national level. Be assured that such commitment does not go unnoticed but translates into improved data to inform ever more challenging policy decisions within the Irish health system.

In conclusion sincere thanks to all the editorial team for marking each season with an issue of Coding Notes. As Coding Notes belongs to the entire HIPE community, we encourage and welcome suggestions and contributions from readers so that the potential of this newsletter to provide a vehicle to share experiences and lead on innovation can be fully developed. *Miriam Wiley*.

HIPE Data In Action: Cost of Stroke in Ireland Report

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The *Cost of Stroke in Ireland Study* was launched on 20th September by the Irish Heart Foundation. This study was conducted by the ESRI and the Royal College of Surgeons in Ireland (RCSI) on behalf of the Irish Heart Foundation.

Background & Data

This study used a range of national and international data to estimate the economic burden of stroke and transient ischaemic attack (TIA) in Ireland in the year 2007. A cost of illness study informs health policy makers about how resources are currently spent. This is useful when guiding future priorities and resource allocation decisions. Estimating the cost of stroke and TIA is also particularly important given the changing age patterns in Ireland. Age is a key risk factor for stroke and there are concerns that growth in the number of older people in the population will lead to an increase in the number of people at risk, which could place a strain on future health care resources. Costs are collected for a range of direct costs (e.g., acute hospital, in-patient rehabilitation, nursing home, specialist out-patient, general practitioner and community rehabilitation care, stroke-related medications, and others). HIPE data were used to estimate the acute hospital and in-patient rehabilitation costs for stroke and TIA patients in Ireland in the year 2007. The study also estimated the indirect costs of stroke, attaching a value to the time lost from work by stroke patients, and to the time taken in caring for a stroke patient by an informal caregiver (e.g., relative, friend).

Key Findings

Conservative estimates indicate that total direct and indirect stroke costs were between €489 million and €805 million in Ireland in 2007, but at higher cost scenarios the total cost could exceed €1 billion. This accounted for approximately 2–4 per cent of total health expenditure in 2007. Adjusting for demographic change, total stroke costs in 2021 are estimated to increase by more than 50 per cent from 2007.

The main cost items are the direct costs for acute hospital care and in-patient rehabilitation, nursing home care, and indirect costs. The largest proportion of stroke costs was taken up by nursing home care and indirect costs. This highlights the fact that stroke is a chronic illness and it is the post-acute phase that is accounting for the largest proportion of the economic burden of this illness. This is recognised internationally, and highlights the need for measures to improve the long-term functional outcomes in stroke patients. Relative to other countries, the proportion of total stroke spending on nursing home care is higher in Ireland. This could be because of higher unit costs of nursing home beds and there is some evidence for that. However, it could also be due to worse outcomes for stroke patients influenced by inadequacies in acute stroke care (e.g., poor access to stroke units), with a relatively high proportion of patients requiring nursing home care on discharge from hospital.

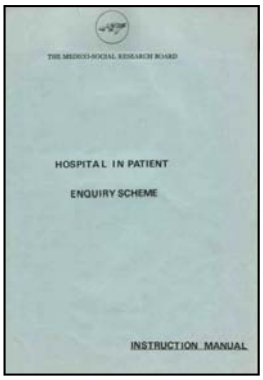
Pictured: Dr. Samantha Smith, ESRI; Mr. Michael O'Shea, Chief Executive, Irish Heart Foundation & Dr. Frances Horgan, Chairperson IHF Council on Stroke.

Changes to stroke service provision will have important implications for patient outcomes, and for costs. Drawing on the available evidence, the study examines the potential benefits and costs of implementing key stroke care interventions in the Irish health care system (e.g., increased access to stroke units in acute hospitals). There are indications that at the aggregate level, there are potential cost savings that accrue from improving the way in which stroke care is delivered, and these cost savings may offset, or potentially more than offset, the costs associated with implementing the changes.

Finally, the total cost of TIA in Ireland in 2007 is estimated to have been €11 million. Under-reporting of TIA cases is an important issue and a large number may go undetected or unreported (e.g., older people living in nursing homes or in the community attended to by their GP). Thus, the costs of TIA in this study are underestimates.

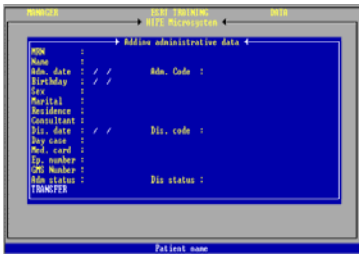
50 HIPE Coding and the Beginnings

50 editions, a landmark for *Coding Notes!* This article reminisces about HIPE before the first Coding Notes in 1998 and charts developments in the system over time. I can remember when HIPE coding was introduced. At the time, in 1972, I was appointed to the new Medical Records Department in St. Finbarr's Hospital in Cork. Dr. Geoffrey Dean, Director of the Medico-Social Research Board (MSRB), came to visit. In discussions with the hospital administrator and the two consultants involved in introducing centralised medical records to the hospital it was agreed that St. Finbarr's should take part in the newly established HIPE scheme and two members of staff were appointed to become coders. They were assigned a corner in the large waiting room of the admissions office, which fronted the Medical Records Library and thus in January 1973 work began on the coding of discharges from St. Finbarr's Hospital.



HIPE Instruction Manual, circa 1981.

Anne Purcell, RIP, was involved in training in those days and she paid many visits to the hospital in the next six years before most staff transferred to Cork Regional Hospital. HIPE coding continues at St. Finbarr's, even though the volume of acute patients is very small. For those coders who weren't around in pre computer days (and I guess that's most of you) coding then was a paper exercise. Each episode was coded onto a HIPE form. At the end of the month these were bundled into a specially designed envelope and posted to the MSRB. The forms were then keyed into an early generation computer from which large printouts were created for each hospital, arriving by post several years later.



HIPE DOS System—introduced in 1994

It was to be the late '80s before computerisation would be introduced to HIPE and then it was a very limited system. A DOS based programme was introduced in 1994 which made it possible to download cases from the hospital system and run some reports from it. This was replaced by the current Windows based system in 2000.

In those early years ICD-8 was the coding classification in use together with the OPCS procedures classification. This progressed to ICD-9 in 1981, to the American ICD-9-CM in 1990 (a really major change for coders), and finally to the Australian ICD-10-AM in 2005 and another major change for coders. In 1992 the role of HIPE/Casemix Co-ordinators and HIPE Departments were introduced.

ICD-9-CM, HIPE Instruction Manual & additional reference material.

Classification systems, clinical coding and support for coders both within the hospital and by ESRI, have changed. Training has been expanded and data quality and audit are part of everyday life. The use that is made of these data, both for research, policy, planning and for financing, is way beyond anything that Dr. Dean could have envisaged back in 1969.

Betty O'Donovan

Betty O'Donovan has over 30 years experience in clinical coding. She held the position of Regional HIPE Casemix Coordinator for a number of hospitals in the south of the country. With vast experience and knowledge of the Irish hospital system Betty is actively involved in coding and HIPE and is a member of the National Coding and Advisory Committee (NCAC). She is a regular reader of *Coding Notes!*

Data Quality Diary

Data Quality Day

Thank you to all who participated in the recent Data Quality Day which was held via Webex on 9th September. The session was a great success, with 33 participants joining from 23 hospitals. Topics covered during the session included *Additional Diagnoses; Stroke; Diabetes; The Uses of HIPE Data; HIPE Identifier; The Checker Program & Using ARDRGs as a Data Quality Tool.* If you would like a copy of the slides from any of the presentations, please send a request to siobhan.kenny@esri.ie. If you missed this session, please contact us as we may schedule another session if necessary.

Following the success of the two Data Quality Days held in 2010, we hope to hold additional sessions next year—if you have any suggestions for data quality topics that you would like covered in these future sessions, please let us know.

Edit Checks

We are continually reviewing and updating edit checks on WHIPE and will continue to do so with the introduction of the HIPE Portal. Ideas for new edit checks are often suggested by users of HIPE data. Please let us know if you have ideas for checks that will help to improve the quality of HIPE data.

HIPE Identifier Feature

As discussed in the April 2010 edition of Coding Notes, we are introducing a new data security measure that means that the MRN and discharge date will no longer appear on data quality checks sent out by the ESRI. Instead, a ten character encrypted code, known as the *HIPE Identifier* will be used for each case. This ensures that all HIPE data are distributed in a safe and secure way. Data checks on 2010 cases will use the HIPE identifier.

To use the *HIPE Identifier* in your hospital, WHIPE must be put to a different mode using the special function menu following the instructions issued in the April edition. A document describing how to use the *HIPE Identifier* will also be issued during the transition phase of this new security feature. Please contact us if you need further information on this or for a demonstration.

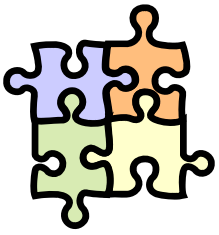
Checks on 2010 Data

To minimise the number of queries sent by the ESRI, we recommend putting HIPE data through *The Checker Program* before sending each month's export. This will allow you to check your data when cases are recent and charts are easier to locate. It is possible to indicate where cases have already been checked. These cases will only be queried again if necessary at a national level.

National Audit Project

We aim to collate audit results from all hospitals into a national audit programme. We hope that all hospitals will be able to return audits of a minimum of 30 charts. We are sure you will find the audit process useful and aim to collate the audit results to provide the basis for a national data quality index.

Over the summer months we ran multiple training sessions on the National Audit Project and how to use HCAT; we can repeat this as necessary so if you missed out please contact cliona.odonovan@esri.ie .



Congratulations!

We would like to offer a big congratulations to Kathleen Keane who recently retired from coding in the Midlands Regional Hospital (MRH), Mullingar. Kathleen has been coding for over 30 years and is one of the longest serving coders in Ireland. We wish Kathleen all the best in the future.

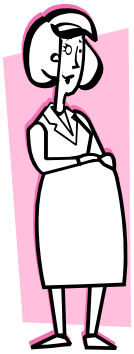
Kathleen Keane (right) on the day of her retirement, pictured with Marie Glynn, ESRI (left).

Pictured Left to right: Back row: *Mary Maher, Orla Dolan, Marie Glynn, Bernie Ashe, Ann Hannon.* Front row: *Deirdre Clinton, Kathleen Keane.*

Cracking the Code

A selection of ICD-10-AM queries.

Gestational Impaired Glucose Regulation



Q: What code is assigned for a patient who has gestational impaired glucose regulation? The patient didn't have impaired glucose regulation before the pregnancy but the index leads to O24.5 Pre-existing impaired glucose regulation, in pregnancy is this correct?

A: Assign O24.4- Diabetes mellitus arising during pregnancy.

ACS 0401 Gestational diabetes mellitus (GDM) states the following;
During pregnancy, WHO categorises any degree of glucose intolerance (in a correctly conducted glucose tolerance test according to WHO guidelines) as diabetes and does not separately categorise impaired glucose regulation (IGR). GDM cannot be differentiated from impaired glucose tolerance or Type 2 diabetes first diagnosed at that time. Even in those women with gestational diabetes whose glucose tolerance returns to normal after delivery (the most commonly encountered scenario), the risk of subsequently developing Type 2 diabetes increases progressively, particularly in those women who remain overweight or obese and/or physically inactive.

Sedation with Ventilation

Q: Should sedation be coded when given with ventilation?

A: Yes, sedation is to be coded when documented as being administered with ventilation.

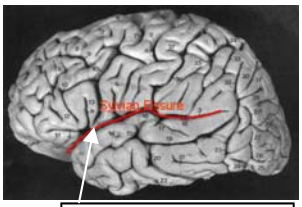
Guidelines in ACS 0031 *Anaesthesia* instructs the coder to code anaesthesia (except for local anaesthetics and oral sedation) when used as an anaesthetic for a procedure – this includes ventilation.

Insertion of Vicryl Mesh

Q: Patient admitted for inserting a vicryl mesh into the rectovesical pouch in order to exclude the small bowel from the area prior to planned radiotherapy for prostatic cancer. From the operation sheet the small bowel and sigmoid colon were mobilized out to the rectovesical pouch suggesting an intestinal sling procedure.

A: For the principal diagnosis for this case, we suggest assigning C61 *Malignant neoplasm of prostate.*
The correct procedure code to assign is [925] 32183-00 *Intestinal sling procedure prior to radiotherapy.*

Sylvian Fissure Infarct



Q: What code should be assigned for a diagnosis of Bilateral Sylvian Fissure Infarct?

A: The sylvian fissure separates the temporal lobe from the parietal and frontal lobe, it is also known as the lateral fissure.
A sylvian fissure infarct should be coded as a cerebral infarction I63.- Cerebral infarction, according to the specificities of this case.

Mephedrone

Q: How should mephedrone poisoning be coded?

A: Mephedrone is a synthetic amphetamine. Therefore the correct codes to assign, depending on the circumstance will be as follows:

In the table of drugs and chemicals, look up:

Amphetamine NEC

T43.69 *Other psychostimulants with potential for use disorder*
And assign one of the following external cause codes, as appropriate:

X41 *Accidental poisoning by exposure to antiepileptic, sedative-hypnotic, antiparkinsonism, psychotropic drugs NEC or*
X61 *Intentional Self-Harm by exposure to antiepileptic, sedative-hypnotic, antiparkinsonism, psychotropic drugs NEC or*
Y11 *Poisoning by exposure to antiepileptic, sedative-hypnotic, antiparkinsonism, psychotropic drugs NEC, undetermined Intent*

Also assign the appropriate place of occurrence and activity codes.

Malignant Eccrine Poroma

Q: Patient had an ulcerated lesion on his shin. He had a punch biopsy, the histology was malignant eccrine poroma. What code should I assign?

A: From the information provided, "*ulcerated lesion on his shin, histology was Malignant Eccrine Poroma*", and because malignant is documented, we suggest assigning C44.7 *Malignant neoplasm of skin of lower limb, including hip* even though the cross reference says *see Neoplasm, skin, benign for Poroma, eccrine*.

Cracking the Code

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Following the index:
Poroma, eccrine (M8409/0) — see Neoplasm, skin, benign
Neoplasm, neoplastic
- skin (nonmelanotic)
- - limb NEC
- - - lower (best fit for shin) C44.7

Swine flu with superimposed pneumonia

Q: For a diagnosis of swine flu with super imposed pneumonia, do we need to assign an additional code to capture the pneumonia or would J09 Influenza due to identified avian influenza virus be enough?

A: Assign J09 *Influenza due to identified avian influenza virus* and J18.*9 Pneumonia, unspecified* for swine flu with pneumonia, by following the index pathway:

Pneumonia (acute) (double) (migratory) (purulent) (septic) (unresolved)
- with
- - influenza, flu or grippe (specific virus not identified)
- - - avian influenza virus identified J09

Then follow the principles in ACS 0027 *Multiple coding* and assign an additional code for pneumonia to fully translate the medical statement into code.

The NCCC have recently issued guidance on the coding of swine flu with superimposed pneumonia and noted that changes will be made to the next update of ICD-10-AM to accommodate the update of the J09 code.

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

hipecodingquery@esri.ie

To answer your query accurately, we need as much information as possible.
Please use the Coding Help Sheet as a guide to the amount of detail required.

HIPE Portal Update

Thank you to all who attended the HIPE Portal User Information Days in Dublin, Cork, Galway and Limerick. The feedback, comments and suggestions we received were really helpful. We are currently putting together the final installation program for the HIPE Portal which will also contain a program to move all of your hospital's existing data from Windows-HIPE to the new system.

The new HIPE Portal system will contain new database technology called SQL Server. This will improve the robustness of the Data Entry module, and the improve the speed of the Data Reporter module.
All of the documentation we have issued to date in relation to the HIPE Portal is available at **www.hipe.ie/portal.** If you have any questions about the HIPE Portal, please email us at **hipe.it@esri.ie**
Thanks again for you continuing support with this upgrade!

HIPE IT Team, ESRI.

Table of Commonly Occurring Drugs

The Table of Commonly Occurring Drugs had been updated and is now available on our website: www.esri.ie/health_information/find_it_fast/

This table has been compiled to assist coders with the coding of drugs that may not be listed in the Table of Drugs and Chemicals in ICD-10-AM. It is however, essential that codes provided in this list are verified in the Tabular List, in the same way as any other codes provided in the alphabetic index.

If you come across a drug that is not listed in the either of these tables, please submit a query to us at hipecodingquery@esri.ie.

50 Upcoming Courses

Upcoming Webex Courses

The following courses will be held via Webex, coders do not need to travel for these courses.

VADs & Drug Delivery Devices
Date: Tuesday 12th October
Time: 11am—1pm

Z—Codes (held over 2 sessions)
Date: Wednesday 20th October
Time: 11am—1pm

Z—Codes Continued
Date: Thursday 21st October
Time: 11am—1pm

Obstetric Coding Guidelines
Date: Friday 12th November
Time: 11am—1pm

Diabetes Coding Guidelines
Date: Wednesday 24th November
Time: 11am—1pm

Specialty Courses

The following courses will have a specialty **guest speakers**. These are full day courses and will be held at the ESRI.

General Surgery
Date: Tues 9th November
Time:10am—4pm
Venue: ESRI

Neoplasms
Date: Wed 10th November
Time:10am—4pm
Venue: ESRI

Orthopaedics
Date: Thurs 11th November
Time:10am—4pm
Venue: ESRI

Please email any specific topics or queries you would like covered at these workshops to marie.glynn@esri.ie.

Places available!

We plan to hold **Introduction to HIPE** and **Coding Skills I** before the end of the year (subject to demand). Please let us know as soon as possible if there are any candidates who would like to participate in this course.

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

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.

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 access to useful information

www.esri.ie/health_information/find_it_fast/