Coding Notes

Healthcare Pricing Office

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Activity in Acute Public Hospitals in Ireland, 2018 Annual Report

The latest HIPE Annual Report has recently been published and presents information on coded discharges from 53 Irish acute public hospitals participating in HIPE in 2018.

Main findings of the 2018 Report

Total Discharges

- Over 1.7 million discharges were reported by participating hospitals in 2018.
- Day patients accounted for 62.5 per cent of total discharges, an increase of 0.9 per cent since 2017 and an increase of 13.1 per cent from 2014–2018.
- In-patients accounted for 37.5 per cent of total discharges, an increase of 1.5 per cent since 2017 and an increase of 3.0 per cent from 2014–2018.
- Over the period 2014–2018, the number of elective in-patient discharges decreased by 3.4 per cent, maternity in-patients decreased by 7.1 per cent, while emergency in-patients increased by 7.5 per cent.
- Figure 1 provides details of the admission type for total discharges as reported to HIPE for 2014-2018.

Length of Stay

- In-patient mean length of stay was 5.7 days in 2018, this has remained the same since 2015.
- Over the period 2014–2018, the mean length of stay has remained relatively constant for elective, emergency and maternity in-patients at 6.8 days, 6.2 days and 2.6 days in 2018 respectively.

Annex 2018—Inpatients with a principal diagnosis of Neoplasms (C00-D48)

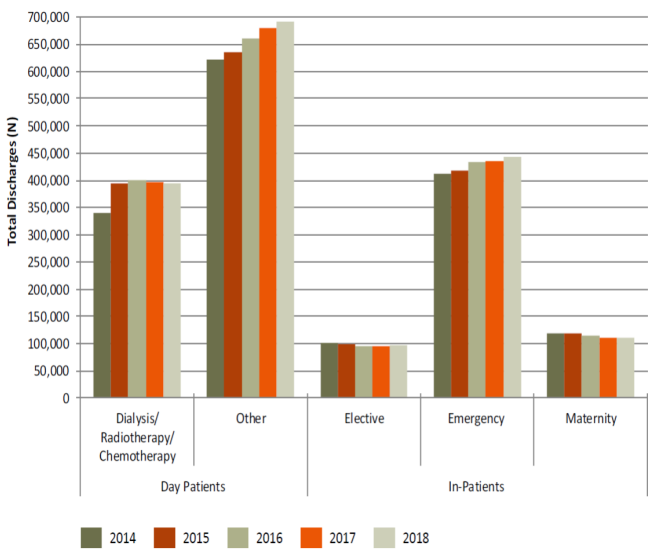
The report annex is designed to highlight particular topics of interest that merit further analysis. This year's topic is discharges with a principal diagnosis of *Neoplasms* (C00-D48), focusing on in-patient discharges.

For **total in-patient** discharges with a principal diagnosis of neoplasm:

- *Malignant neoplasms* accounted for the majority of total discharges (83.1 per cent), with the remainder accounted for by *In situ neoplasms* (1.6 per cent), *Benign neoplasms* (11.5 per cent) and *Neoplasms of uncertain or unknown behaviour* (3.8 per cent).
- The highest number of total discharges was *Malignant neoplasms of digestive organs*, accounting for 17.3 per cent.
- The longest mean length of stay *was Malignant neoplasms of lip, oral cavity and pharynx*, with a mean length of stay of 18.8 days.
- Mean length of stay increased with age, with discharges aged 85 years and over recording the highest mean length of stay at 14.4 days.
- Elective overnight in-patients had a mean length of stay of 8.0 days compared to 13.5 days for emergency overnight in-patients.

Sincere thanks to all HIPE staff who make this important information available every year.

Figure 1: Total Discharges by Patient Type and Admission Type (N), 2014–2018



Inside This Issue

Changes to Obstetrics
ICD-10-AM/ACHI/ACS 10th edition

Changes to Obstetrics in ICD-10-AM/ACHI/ACS 10th edition

There are significant changes to the classification of Obstetrics in 10th edition.

These include the following:

3 new Australian Coding Standards.

- 1500 *Diagnosis sequencing in delivery episodes of care*
- 1505 *Delivery and assisted delivery codes*
- 1552 *Premature rupture of membranes, labour delayed by therapy*

15 Australian Coding Standards have been deleted

- The guidelines are now included within the classification or within the general Australian Coding Standards.

4 Australian Coding Standards have undergone major changes

- 1506 *Fetal presentation, disproportion and abnormality of maternal pelvic organs*
- 1511 *Termination of pregnancy*
- 1521 *Conditions and injuries in pregnancy*
- 1548 *Puerperal/Postpartum condition or complication*

Advanced Additional Training on the changes to the classification of Obstetrics in 10th edition

In order to prepare for the update to 10th edition a pre-recorded tutorial, together with training materials, containing details of the changes to the classification of obstetrics will be released this month, October. All clinical coders who code obstetric episodes of care are requested to **view this in advance of attending one of the 2 day update training courses** that are scheduled to be held during November and December. This does not replace the 2-day update training sessions which must be attended by all coders.

Please watch out for an email that will be dispatched in early October with further details.

Examples of other changes

-The term *complicating pregnancy* has been replaced by *in* pregnancy particularly for conditions not exclusive to the pregnant state—that is, non-obstetric condition.

-Many of the changes provide clarification for clinical coders.

Example: O24.0 *Pre-existing diabetes mellitus, type 1, in pregnancy* now contains an instructional note; code also diabetes mellitus (E10.-). Therefore, an appropriate code from E10 *Type 1 diabetes mellitus* must be assigned with O24.0 *Pre-existing diabetes mellitus, Type 1, in pregnancy* to indicate the severity of the type 1 diabetes, including E10.9 *Type 1 diabetes mellitus without complication* if the pregnant patient does not have a diabetes complication.

-Removal of *Excludes* notes that support single condition coding rather than multiple condition coding.

-Some four character codes have been removed and there is addition of a *Code also* instruction at the 3 character code.

Example: O10 *Pre-existing hypertension in pregnancy, childbirth and the puerperium* is now a standalone code and is followed by an instructional note; *Code also specific type of hypertension (I10 – I15), if known*.

-Inclusion of several *Code also* instructional notes

-In block 1340 *Caesarean section* a note has been added to clarify the assignment of elective and emergency caesarean section. Note: assignment of elective and emergency caesarean section is now based on documentation of the terms.

Important note on all coding in 10th Edition

Clinical coders must, as always, follow the *5 Steps to quality coding* when using the updated version of the classification to ensure accurate coding, and this is especially important when coding obstetric episodes of care due to the substantial changes between 8th and 10th edition. Verifying codes in the tabular list of diseases and interventions is one of the most important steps that must be followed to verify the code assignment and to ensure that classification conventions such as *excludes* notes and *code also* notes are applied.

HIPE Technical Advisory Group

A HIPE Governance Group (HGG) was formed earlier this year to provide governance to the national HIPE project. Part of its remit is to endorse proposed changes to the HIPE system. A HIPE Technical Advisory Group (TAG) has been formed consisting of HIPE and other industry professionals to assist the HIPE Governance Group with their deliberations. The group is chaired by Brian McCarthy, IT manager, HPO. The HIPE Governance Group will refer issues for deliberation to the TAG who having considered the matter will report back to the HGG.

The members of the TAG include

- Representatives from HPO
- Representatives of the coders and coding managers
- Representatives of the IPMS and Hospital IT
- A representative of the HIPE data users
- A representative from specialty costing and PLC.

The aim of the TAG is to bring together a wide variety of stakeholders involved in healthcare in Ireland so that any changes to HIPE can be reviewed from a number of different angles. All assessments will be made under a number of categories including Relevance, Coherence/Quality, Accuracy, Reliability, Timeliness, Feasibility and Impact.

Having reviewed an issue, the TAG will make a recommendation that the proposed change is accepted (or not). The governance group is not bound by the decision but will take the views of the TAG into consideration.

More information on the TAG can be found in the Terms of Reference: http://www.hpo.ie/TAG/TechnicalAdvisoryGroup-TOR.pdf

Proposed changes to the national file system should be sent on the following form: http://www.hpo.ie/TAG/TAG-SubmissionForm.pdf

Training for new clinical coders

To ensure a continual flow of timely and accurate data it is critical that hospitals are fully staffed by trained coders as far as is possible. The HPO regularly receive requests from hospitals for training for a small number of new clinical coders and often hospitals are aware of new coders due to start or vacancies that may arise. All of these staff need to be trained and this training needs to be planned and supported by hospitals, by groups and by the HPO.

The HPO will be preparing the 2020 training calendar and to assist the HPO with scheduling training for new HIPE staff please provide details of new clinical coders who are currently coding and have not participated in the *Introduction to HIPE* and *Coding Skills I* by contacting hpo.training@hpo.ie (even if you have requested this training already). Also if new clinical coders are due to join your HIPE team please provide us with details including expected start time.

With the transition to 10th Edition of ICD-10-AM/ACHI/ACS/ICS all clinical coder training on offer from now will be in 10th Edition only. The foundation courses as well as the more advanced workshops are all currently being updated to include changes in 10th Edition. Several specialised workshops on advanced topics will be scheduled for Q1 2020 to ensure full understanding of and compliance with the updated classifications.

HIPE Data Quality Update

Review of 2019 HIPE data

Hospitals are advised to review 2019 data locally in advance of year end and examine where shifts have occurred in complexity and activity since the previous year. Tools such as Qlikview and the HIPE Reporter can assist in comparing hospital data and identifying changes in activity. The PICQ tool will also identify the areas where queries have arisen and where data quality activities may need to be targeted. Where an audit has been performed by the HPO please review the report and recommendations and ensure that all coding issues highlighted are addressed.

The HPO are currently reviewing 2019 HIPE data at national level and will issue queries arising. This review will include routine end of year checks where hospital data is compared and trends in data are reviewed. The HPO may issue queries raised by the costing team and data analysts in addition to the HIPE coding review.

HIPE Data Quality Strategy

The HPO will also be in contact with hospitals regarding progress on the HIPE Data Quality Strategy and feedback on the strategy document. The HIPE Data Quality Strategy will be updated for 2020 and your input and feedback is welcomed. The HPO are following up with hospitals on progress with recommendations where HPO chart based audits have been performed and we would like to thank hospitals for the responses received. These responses will help inform the Data Quality Strategy and direction of training in 2019.

HIPE Coding Audit course

Participants in the most recent HIPE Coding Audit course have completed the course training dates and their projects. The HPO will advertise the next HIPE auditing course in 2020.

Usage of HIPE Data Quality Tools

There is extensive and ongoing use of HIPE data quality tools and it is important to continue to utilise these tools in addition to the PICQ tool. The end of July 2019 export identifies that 43 Hospitals (78%) last used the Checker tool in July or August 2019. Also the HCAT tool was used in 26 (47%) hospitals between April and July 2019. The HPO advises hospitals to ensure that 2019 HIPE data is fully checked in good time and necessary reviews are undertaken ahead of the move to 10th edition in January 2020. Please contact the HPO if you require additional training in the use of the Checker or HCAT.

The HPO are working on the update of all data quality systems including HIPE portal data entry edits, the Checker, the Irish coding standards and HIPE Instruction Manual to fully support the work of the HIPE team in the move to 10th edition. The HPO are liaising with Pavilion Health to ensure that 10th edition PICQ checks will reflect the Irish Coding Standards.

Changes to HIPE variable - Virtual Ward

The pilot to collect HIPE data for ED boarded/ virtual wards/ED has now ceased and a letter has been issued to hospital management by Brian Donovan, Interim Head of HPO/ABF. The HPO would like to sincerely thank all hospitals for their feedback and co-operation with this pilot. It was an important exercise and showed the challenges in collecting this data.

The HIPE Instruction Manual and Irish Coding Standards have now been updated to reflect this change and these documents will be circulated to all HIPE departments and will be available at www.HPO.ie

Please note:

- An admitting ward cannot be a virtual ward on HIPE – an admitting ward must be an inpatient ward (or a daycase ward) – see HIPE instruction Manual V2 2019 Page 12
- A discharge ward cannot be a virtual ward – see HIPE Instruction Manual V2 page 12
- Patients admitted to and discharged from a virtual ward are not valid for HIPE coding – see ICS V1.2 Section 1 *Hospital activity not collected by HIPE*
- On HIPE the admission date is the date the patient was admitted to an inpatient ward (or daycase ward).
- Only patients admitted to registered inpatient or daycase wards are valid HIPE activity

Please contact HIPEcoding@hpo.ie with any queries in relation to HIPE variables.

10th Edition Changes in Block [1920]

Administration of Pharmacotherapy

In 10th edition the guideline remains that drug treatment is not routinely coded for inpatients as per ACS 0042 *Procedures normally not coded.* There are some changes in 10th edition to the codes and guidelines for drug treatment including:

New *ACS 0943 Thrombolytic Therapy*

This standard has been added to the list of exceptions in point 8 of ACS 0042 *Procedures normally not coded.*

New ACS 0534 *Specific interventions related to mental health care services*

This standard has also now been added to the list of exceptions in point 8 of ACS 0042 *Procedures normally not coded.*

Two new extension codes have been included in Block [1920] Administration of Pharmacotherapy

In addition two new extension codes have been included in Block [1920] *Administration of Pharmacotherapy* in 10th edition with the deletion of extension -09 *Other and unspecified pharmacological agent* (see table below).
This has been replaced by Extension –19 *Other and unspecified pharmacological agent.*

Extension Codes in Block [1920] Administration of Pharmacotherapy	
8th Edition	**10th Edition**
- 00 Antineoplastic agent Agents used in the treatment of neoplasms and/or neoplasm related condition	- 00 Antineoplastic agent Agents used in the treatment of neoplasms and/ or neoplasm related conditions
- 01 Thrombolytic agent	- 01 Thrombolytic agent
- 02 Anti-infective agent	- 02 Anti-infective agent
- 03 Steroid	- 03 Steroid
- 04 Antidote	- 04 Antidote
- 06 Insulin	- 06 Insulin
- 07 Nutritional substance	- 07 Nutritional substance
- 08 Electrolyte	- 08 Electrolyte
- 09 Other and unspecified pharmacological agent	~~- 09 Other and unspecified pharmacological agent~~
	-10 Psychotherapeutic agent NEW
	-19 Other and unspecified pharmacological agent NEW Dextrose Iron

Cracking the Code

A selection of 8th Edition ICD-10-AM Queries

Q. What procedure code is assigned for Multivessel shock wave lithotripsy of a coronary artery?

A. This is a new type of procedure to treat calcification of coronary vessels and is also known as intravascular lithotripsy. Advice in other jurisdictions is that this new procedure is coded as an angioplasty. The delivery of the shockwaves is intracorporeal rather than extracorporeal (as in ESWL). The shockwaves to break up calcification of coronary vessels are delivered via balloon dilatation catheter.

Please code as angioplasty by site using the look up

Angioplasty
- transluminal balloon.

Q. A patient is admitted with a bleeding blood vessel in a pilonidal sinus one month post surgery for the pilonidal sinus. "Bleeding post op X 1/12" as per operation sheet. The bleeding stopped using bipolar diathermy . What diagnosis and procedure codes are assigned?

A. For information on pilonidal sinus please see https://www.hse.ie/eng/services/list/3/acutehospitals/hospitals/lukeskilkenny/pilonidal-sinus.pdf

We suggest coding this as a post procedural complication based on the information provided the codes suggested are:

Diagnoses:

T81.0 *Haemorrhage and haematoma complicating a procedure, not elsewhere classified*
Y83.8 *Other surgical procedures*
Y92.22 *Health service area*

Procedures
30058-01 *Control of postoperative haemorrhage, not elsewhere classified*
Code also anaesthetic as appropriate.

Q. What code is assigned for CPE infection?

A. Carbapenemase-producing Enterobacteriaceae, known as CPE (also referred to as carbanpenem-resistant enterobacteriaceae (CRE)) gram-negative bacteria that are carried in the bowel and are resistant to most, and sometimes all, available antibiotics. While often benign in the bowel, it can cause infections in other organ systems including blood stream infection in people who are vulnerable, such as the elderly and those with low immunity.

If this is a current infection so code as follows:

Code first the infection, plus
B96.88 *Other and unspecified bacterial agents as the cause of diseases classified to other chapters*
Z06.58 *Resistance to other beta-lactam antibiotics*

If it is only a carrier and meets criteria for coding assign:

CRE: Z22.1 *Carrier of other intestinal infectious diseases*
Z06.58 *Resistance to other beta-lactam antibiotics*

See also ICS 0112 *Infection with drug resistant microorganisms*

Q. We are seeing more and more documentation of HFpEF (Heart Failure preserved Ejection fraction) and HFrEF (Feart Failure reduced Ejection Fraction) what codes do we use for this?

A. Please ensure that the heart failure is a documented diagnosis rather than assigning a code based solely on a test result.

In HFpEF, the muscles of the heart contract normally and the heart may seem to pump a normal proportion of the blood that enters in. In HF with reduced ejection fraction (HFrEF), also known as systolic HF, the heart muscle is not able to contract adequately and, therefore, expels less oxygen-rich blood into the body.

https://www.healio.com/cardiology/hf-transplantation/news/online/%7Bb40f774c-5c15-4dcd-9ebe-3e0bd7f4f94e%7D/hfpef-vs-hfref

Heart failure is not classified to either of these terms in ICD-10-AM so please code according to documentation and by following the index.

Without any further information code to:

I50.9 *Heart failure, unspecified*

Q. Oesophageal candidiasis is seen on a patient's OGD, the histology result is candidiasis. What is the correct code to assign?

A. Oesophageal candidiasis is also known as candidal esophagitis. Please code to:

B37.81 *Candidal oesophagitis*

Q. If a person is involved in a RTA can you assume place of occurrence is Road as in Road Traffic Accident?

A. There are definitions related to transport accidents at the top of Chapter Accidents (V00-V99) which states the following:

(c) A traffic accident is any vehicle accident occurring on the public highway [i.e. originating on, terminating on, or involving a vehicle partially on the highway]. A vehicle accident is assumed to have occurred on the public highway unless another place is specified, except in the case of accidents involving only off-road motor vehicles, which are classified as nontraffic accidents unless the contrary is stated.

See also coding notes page 6, April 2017

You can assume that the vehicle accident has occurred on the public highway unless otherwise stated or if the vehicle is an off road vehicle.

Cracking the Code

A selection of 8th Edition ICD-10-AM Queries

Q. Would it be possible to provide guidance on how to code a SUSPECTED DEEP TISSUE INJURY (SDTI). This classification appears on the Daily Pressure Ulcer Assessment form in the nursing notes.

A. Please see the Coding Rule below on how to currently code this**. Please note that ACS 1221 *Decubitus ulcer and pressure area* has been revised for 10th edition and a code will be available for suspected deep tissue injury.** In the interim please assign L89.9 *Decubitus ulcer and pressure area, unspecified* when there is documentation of a suspected deep tissue injury.

Ref No: Q2794 | Published On: 15-Jun-2013 | Status: Current

Pressure injury

Q: What is the correct code to assign for a pressure injury, documented as 'suspected deep tissue injury: depth unknown' or 'unstageable pressure injury: depth unknown'?

A: In 2009, new definitions and a six stage classification for pressure injury were developed by the American National Pressure Ulcer Advisory Panel (NPUAP) and European Pressure Ulcer Advisory Panel (EPUAP). Australia and other Asia Pacific countries adopted this new classification of pressure injuries in the 'Pan Pacific Clinical Guideline for the Prevention and Management of Pressure Injury (Abridged Version)' (AWMA 2012).

The new clinical guideline uses the term 'pressure injury' for the synonymous terms pressure ulcer, decubitus ulcer and bedsore; and has added two new stages of pressure injury to the existing four stage classification for those pressure injuries where it is not possible to specify the depth, namely:

- Suspected deep tissue injury: depth unknown
- Unstageable pressure injury: depth unknown. 'Unstageable pressure injury: depth unknown' is defined as:

Full thickness tissue loss in which actual depth of the ulcer is completely obscured by slough (yellow, tan, grey, green or brown) and/or eschar (tan, brown or black) in the wound bed. Until enough slough and/or eschar are removed to expose the base of the wound, the true depth cannot be determined; but it will be either a Category/Stage III or IV (NPUAP & EPUAP 2009; NPUAP 2013).

'Suspected deep tissue injury: depth unknown' is defined as:

Purple or maroon localised area of discoloured intact skin or blood-filled blister due to damage of underlying soft tissue from pressure and/or shear. The area may be preceded by tissue that is painful, firm, mushy, boggy, warmer or cooler as compared to adjacent tissue. Deep tissue injury may be difficult to detect in individuals with dark skin tones. Evolution may include a thin blister over a dark wound bed. The wound may further evolve and become covered by thin eschar. Evolution may be rapid, exposing additional layers of tissue even with optimal treatment (NPUAP & EPUAP 2009; NPUAP 2013).

Currently there is no specific code in ICD-10-AM to classify 'suspected deep tissue injury: depth unknown' and 'unstageable pressure injury: depth unknown', however a proposal to update ICD-10 in line with the new guidelines has been submitted to the WHO ICD-10 Update and Revision Committee (WHO-URC).

In the interim, clinical advice confirms that L89.9 *Decubitus ulcer and pressure area, unspecified* should be assigned when either of these two new stages of pressure injury are documented.

Q. When a patient comes in for a Gastroscopy and a Colonoscopy on the same day and the procedure sheets state Sedation on both, is the Sedation coded twice?

A. When a gastroscopy and colonoscopy are performed on the same day it normally involves just one visit to the endoscopy suite. These are usually recorded on 2 separate sheets and sedation will be marked on both if given.

However ACS 0031 *Anaesthesia* advises to only assign one code from each block for each 'visit to theatre' regardless of where in the hospital the procedure is performed, i.e. endoscopy suite.

For the query raised if both scopes are performed in one visit to theatre the sedation will be coded once as per classification point 1 in ACS 0031 Anaesthesia which we recommend that you review in detail.

Q. How is T cell therapy coded, this new treatment is being introduced in our hospital in 2020 and is there a code in 10th edition?

A. The Australian Consortium for Classification Development (ACCD) have provided the advice below on the coding of CAR T (Chimeric antigen receptor T cells) therapy. The codes are all valid in 8th edition and the advice applies to 10th edition.

Ref No: Q3066 | Published On: 15-Jun-2017 | Status: Current

SUBJECT: T-cell therapy

Q: How do you code T-cell therapy?

A: T-cells are a type of white blood cell that play an essential role in cell-mediated immunity.

T-cell therapy, also known as chimeric antigen receptor (CAR) T-cell therapy or adoptive cell transfer (ACT) immunotherapy, involves collecting T-cells via apheresis and genetically modifying them in a laboratory to produce chimeric antigen receptors (CARs) on their surface. CARs are proteins that allow T-cells to recognise a specific protein (antigen) on tumour cells.
When infused back into the patient's bloodstream, the reengineered CAR T-cells destroy tumour cells that contain the antigen on their surfaces. CAR T-cells may remain in the body long after the infusion has been completed, and may protect the patient against cancer recurrence, resulting in long-term remissions.

For collection of T-cells via apheresis, assign 13750-01 [1892] *Therapeutic leukopheresis* by following the Alphabetic Index:

Leukopheresis, therapeutic (leukocytapheresis) 13750-01 [1892]

For infusion of the reengineered CAR T-cells (T-cell therapy), assign 13706-04 [1893] *Administration of leukocytes* by following the Alphabetic Index:

Administration (around) (into) (local) (of) (therapeutic agent)
- type of agent
- - white cells (donor leukocytes) 13706-04 [1893]
Amendments to ACHI will be considered for a future edition.

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

hipecodingquery@hpo.ie

Upcoming Courses

10th Edition Training Courses

Please make a note of which course you book in for. Changes can only be made in exceptional circumstances.

Location	Date	Time
Dublin—1 HPO, Dublin	5th & 6th November Booked Out	10am – 4.30pm each day
Dublin—2 HPO, Dublin	11th & 12th November Booked Out	10am – 4.30pm each day
Dublin—3 HPO, Dublin	14th & 15th November Limited Availability!	10am – 4.30pm each day *Very limited availability*
Cork Mercy Hospital	20th & 21st November Limited Availability!	10am – 4.30pm each day *Very limited availability*
Sligo Sligo University Hospital	28th and 29th November	10am - 4.30pm each day *Good Availability*
Galway Merlin Park Hospital, Galway	3rd & 4th December	10am – 4.30pm each day *Good Availability*
Dublin—4 HPO, Dublin	10th & 11th December	10am – 4.30pm each day *Good Availability*

Introduction to HIPE I

This one day course is for new HIPE Clinical Coders who have received and studied their *Starter Pack* Material, and completed the exercises within the Pack. The course will include an overview of HIPE, patient flow, the variables collected in HIPE, and an introduction to Medical terminology. This course must be completed in advance **of Introduction to HIPE - Part 2.** Follow-up exercises will be provided for completion on return to the Hospital.

Date: 17th December 2019
Time: 10.00am—17:00pm
Location: HPO, Brunel Building

Introduction to HIPE II

This is the follow-up WebEx for new coders who have completed Introduction to HIPE I. This will be an interactive training session delivered via WebEx, and will provide feed-back on completed pre-course exercises. It will address queries from participants in relation to HIPE and their role, information and materials will be provided in preparation for Coding Skills I. **This course must be completed in advance of Coding Skills I.**

Date: 9th January 2020
Time: 11:00am—13:00 pm
Location: WebEx Only

To apply for any of the advertised courses, please complete the online training applications form at: www.hpo.ie/training or use the link below.

Click 'Ctrl' and click on the link:
http://www.hpo.ie/training/frmTraining.aspx

Please ensure you enter the correct email addresses when applying for courses. All information provided will be kept confidential and only used for the purpose it is supplied.

Please inform us of any training requirements by emailing: hipetraining@hpo.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: info@hpo.ie

Thought for Today

A smooth sea never made a skilful sailor.

Franklin D. Roosevelt - 1882-1945
32nd President of the United States