Healthcare Pricing Office

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Coding Notes

Learning Opportunities in HIPE

Autumn is here and all are back to school and college so the theme of this *Coding Notes* is **Learning**. Along with our regular features on Cracking the Code, Coding Guidelines and information on upcoming HIPE training, this edition of Coding Notes contains an update on the **National Audit of Information in the Irish Acute Setting** project which is currently taking place across the country. With a Chart Based Audit, HIPE Data Analyses, and Best Practice streams the report on this, due next year, will give great information for planning HIPE and associated activities into the future. Everyone in HIPE will learn from this project. We look forward to assurance and guidance coming out of the results of all the audit's streams We expect also that our international colleagues will, in turn, learn from our activities in HIPE here in Ireland. There is an information morning on 6th October and details on how to apply are included in the article on the project on page 2.

On page 3 there is some clarification to guidelines on **ACS 1550** ***Discharge/transfer in labour*** as well as a note on a code correction from June Coding Notes in the feature on Diabetes. **Cracking the Code** on pages 4-6 contains a selection of queries received from HIPE coders.

Post Procedural complications are featured on page 7 along with some examples to illustrate the guidelines and the use of these codes. It is very important that coders are aware of these guidelines and apply them correctly. Remember also to apply the Hospital Acquired Diagnosis (HADx) indicator as appropriate across all your coding. Further information is contained in ICS 0048 *Hospital Acquired Diagnosis (HADx).*

We are now on the third intake for the **DIT Certification Course in Clinical Coding** with another group of students beginning the course this month. We are getting great feedback from those who have completed the course and coders find it very beneficial in their work in HIPE. Although it is hard work and requires dedication and commitment we know the students appreciate that it is a very worthy and an important learning experience. For those who want to participate but have not yet applied or have been unsuccessful in applying for the previous courses we will start the next course in the Spring of 2016. Watch *Coding Notes* for further information.

This time last year we were busy preparing for the update to **8th Edition** and now it is in use for nine months. The 2014 HIPE national file closed in July so everyone is now coding in 8th edition so that makes it easier for us all, working with one edition of ICD-10-AM/ACHI/ACS/ICS. We are still running courses on some of the specialties affected by the move to 8th edition for example Diabetes Mellitus (see page 8). We would encourage all coders to attend this training and we know many of you have attended the training several times. There are also upcoming courses in Neonates and Obstetrics and we strongly recommend that those of you coding these specialities attend this training.

Clinical coding is a very specialised role within the hospital and we appreciate that coders are under time pressure to meet deadlines. In order to ensure good understanding and adherence to coding guidelines it is important to study the materials available to you, both within the classification and in the materials supplied to you at the HIPE training courses. To make the most efficient use of your time we send out **pre-course training materials and exercises** ahead of Coding Skills I, II and III. It is very important that those attending these courses read the materials and do the exercises. Most coders will do this but coders who do not do this preparatory learning may find the course(s) challenging as the course delivery and content assumes students have done their pre-course preparation. We look forward to welcoming you to upcoming training and remember HIPE coders are welcome to attend any training that would benefit their coding and work in HIPE in general.

There are several **Anatomy and Physiology** sessions in October and November and again we recommend HIPE coders attend these, either in person or via WebEx. There are also **HIPE Portal Reporter** training sessions on 12th, 13th and 14th October (3 consecutive half days via WebEx) for those who need to be able to run reports within their hospitals either for data quality initiatives, hospital reporting etc. See page 8 for further details on upcoming training.

There is a **Data Quality** half day session on 17th November which is always very popular. This is a course that people attend regularly if they are involved in audit and data quality activities within their hospital. Whatever aspect of HIPE you are involved in there are always opportunities to learn!

Inside This Issue

National Audit of Information in the Irish Acute Setting project

Measure and Quantify

The National Audit of HIPE data was announced at the Activity Based Funding conference in May 2015.
See programme at http://www.hpo.ie/seminar/ABF_Conference_2015.pdf

The main objectives of this audit are to **measure** the quality of HIPE data and **quantify** financially any coding issues. The audit consists of multiple strands including:

Data Analyses of all hospitals that reported to HIPE in 2014.

> **Part 1** of this step involves comparing and benchmarking HIPE data against peers, the national dataset and international data from Australia. We aim to identify any pockets of under or over coding by establishing expected levels of coding and then comparing *reported against expected*.
>
> **Part 2** of the data analysis step involves running the HIPE data through the **P**erformance **I**ndicators for **C**oding **Q**uality tool (PICQ ™) - a set of indicators, or coding rules, which identify records in admitted patient morbidity data sets that may be incorrectly coded, based on Australian Coding Standards. PICQ™ looks at both the disease and procedure codes used in a data set record and identifies inconsistencies in coding combinations, sequencing, presence or absence of codes and specificity (see www.pavilion-health.com). The PICQ checks have been reviewed from the Irish hospital activity coding perspective in HIPE and the Irish Coding Standards (ICS) will also be taken account of in this review.

These analyses are on-going with preliminary findings indicating that there is variation in coding completeness across hospitals. In some areas Irish hospitals use *unspecified* codes more frequently than in Australian hospitals, possibly indicating documentation issues.

Chart-based Audit

Issues identified by the data analyses will be further explored and quantified in € euro in the coming months as the Chart-based Audit gets underway. Ten hospitals have been selected for audit. At each audit a sample of approximately 150 charts, representative of the casemix of the hospital will be examined during September, October and November by experienced auditors. The chart based audit aims to test any potential issues identified by the data analyses step and to give a representative view of the quality of HIPE data overall.

Best Practice

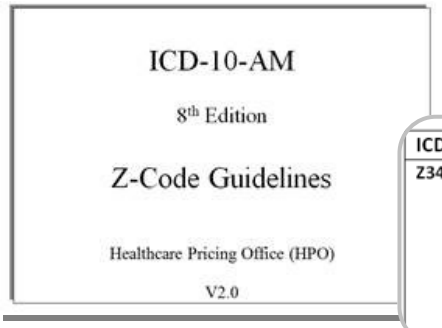
The third strand of this project involves identifying Best Practice in the management of coding services and measuring hospitals against this agreed Best Practice.

- All coders will have an opportunity to respond to an online questionnaire. All hospitals have been contacted with details of this questionnaire. Please take the time to respond. The closing date is the 20th October 2015.
- A sample of a further ten hospitals will be selected for a face to face interview which will be conducted during October 2015.

Each strand of this project will be drawn together into hospital specific reports and a national report. Preliminary reporting will be available in December/January, where hospitals will have an opportunity to review the findings and comment with final reporting and financial implications due in March 2016. A project information session, together with a session on **Experience of Auditing in Another Country - Australian Perspective** will be held in the HPO offices, Brunel Building, on Tuesday 6th October. For further information on this or any aspect of this project please contact the HPO at *info@hpo.ie.*

CLARIFICATION

ACS 1550 *Discharge/transfer in labour*



Please update Page 4 of the Z-code Guidelines document in relation to the assignment of Z34 *Supervision of normal pregnancy* as per **ACS 1550 *Discharge/transfer in labour***

ICD-10-AM Code	ICD-10-AM Code Title	Sequencing	Coding Guideline
Z34	Supervision of normal pregnancy	Can be assigned as PDx or ADx	Assign Z34 as PDx if patient is admitted at 37+ weeks gestation in ~~false~~ labour and is discharged home without having delivered (refer to ACS 1550 *Discharge/Transfer in Labour)*

ACS 1550 *Discharge/transfer in labour*

Classification:

For coding the undelivered admission in false labour, assign O47.- *False labour*.

For coding the undelivered admission in True labour, assign the following codes:

Clinical – code the medical (obstetrical) condition that necessitated the patient's transfer.

Administrative/Discharged home in true labour:

- for > 37 completed weeks of gestation, assign the appropriate code from category Z34 *Supervision of normal pregnancy* as the principal diagnosis.
- for < 37 completed weeks of gestation, assign O60.0 *Preterm labour without delivery* as the principal diagnosis.

Correction

In the June Coding Notes in the feature on Diabetes (p2) there was a code omitted from Example 2. Please see corrected version below. The online version of the June Coding Notes has been corrected at www.hpo.ie

Example 2
Patient with Type 2 diabetes mellitus is admitted for removal of senile cataract with IOL. They also have CKD, stage 1.

Principal diagnosis:	H25.9	*Senile cataract, unspecified*
Additional Diagnoses:	E11.39	*Type 2 Diabetes mellitus with other specified ophthalmic complication*
	E11.21	*Type 2 diabetes mellitus with incipient diabetic nephropathy*
	N18.1	*Chronic kidney disease, stage 1*
	E11.71	*Type 2 diabetes mellitus with multiple microvascular and other specified non vascular complications*

Please see the note at codes:	E1-.21	*Diabetes mellitus with incipient diabetic nephropathy*
	E1-.22	*Diabetes mellitus with established diabetic nephropathy*

Use additional code to identify the presence of chronic kidney disease (N18.-)

Apologies for any confusion and many thanks to all the coders who spotted this.

Cracking the Code

A selection of Coding Queries

Q. What code is used for Acute Suppurative Appendicitis, with Perforation? There is no mention of peritonitis on the histology. Is the correct code K35.3 or K35.8? Can you clarify the correct code and how we get to it?

A. Following the Index and *The Five Steps* - the correct code for Acute Suppurative Appendicitis is K35.8 *Acute appendicitis, other and unspecified*

Notes:

• The essential modifier of Peritonitis must be present in order to assign K35.3 *Acute appendicitis with localised peritonitis.* It is the presence of peritonitis that affects the code assignment rather than whether the appendix is ruptured or not.

• There is no entry for "rupture" as an essential modifier where it would change the code assignment, although it is a non-essential modifier at the entry for peritonitis.

Q. A Patient has Type 2 Diabetes with written documentation by the clinician in the notes of hypercholesterolaemia and also with written documentation of elevated fasting triglycerides (without a reading of triglycerides greater than or equal to 1.7mmo l/L written in the chart, or seen by the coder on the laboratory report). Is E11.72 *Type 2 diabetes mellitus with features of insulin resistance* assigned?

A. Following the guidelines E11.72 *Type 2 Diabetes Mellitus with features of insulin resistance* is assigned as there is documentation of hypercholesterolaemia and documentation of elevated fasting triglycerides to support the assignment of this code.

Q. We understand that if a patient has Diabetes and an infection and/or ulcer **of the foot** (As per ACS 0401 *Diabetes Mellitus and Intermediate Hyperglycaemia*, Point 6 - Diabetic Foot) and Hallux Rigidus that E1-.73 *Diabetes mellitus with foot ulcer* due to multiple causes is assigned. But do we assign an additional code M20.2 *Hallux Rigidus*?

A. M20.2 *Hallux Rigidus* would only be coded if it meets criteria in ACS 0002 *Additional Diagnoses* as per ACS 0401 *Diabetes Mellitus and Intermediate Hyperglycaemia* Rule 4b. In Rule 4a the important wording is "All complications of DM or IH classified to category E09–E14 should always be coded". As Hallux Rigidus is not assigned to E09-E14, M20.2 *Hallux Rigidus* will only be assigned if it meets criteria in ACS 0002 *Additional Diagnoses*.

For further classification guidelines in relation to Diabetic Foot please refer to Point 6 – Diabetic Foot in ACS 0401 *Diabetes mellitus and Intermediate Hyperglycaemia.*

Q. A patient develops a rash after use of a specific drug and this is clearly documented in the chart. Do you code R21 *Rash and other nonspecific skin eruptions* and then a code to identify the drug? Or do you use L27.0 *Generalised skin eruption due to drugs and medicaments* and then a code to identify the adverse effect of the drug?

A. Assign L27.0 *Generalised skin eruption due to drugs and medicaments* followed by external cause codes for the adverse effect drug.

Alphabetic - Look up

Rash R21

- drug (internal use) L27.0

Tabular - Verify L27.0 in the tabular index and follow instructions:

L27.0 *Generalised skin eruption due to drugs and medicaments*

Use additional external cause code (Chapter 20) to identify drug.

As the note at L27.0 instructs to use an additional code to identify the drug – from the *Adverse effect in therapeutic use* column in the Table of Drugs and Chemicals.

Q. Can you please give us direction on coding a patient who is an MRSA carrier? Do we only code Z22.3 *Carrier of other specified bacterial disease* or do we need to code Z22.3 *Carrier of other specified bacterial disease* and Z06.52 *Resistance to methicillin*?

A. For a carrier of MRSA code both the Z22.3 *Carrier of other specified bacterial disease* **and** Z06.52 *Resistance to methicillin*. These codes will only be assigned if they meet criteria in ACS 0002 *Additional Diagnoses*. See ICS 0112 *Infection With Drug Resistant Microorganisms*

Cracking the Code

A selection of Coding Queries

Q. Patients who are admitted for a planned procedure to our hospital and who have been in contact with MRSA (they don't have an infection and are not carriers) often have their procedure delayed by up to 3 weeks and receive vaccinations during their episode. They are monitored closely and sometimes develop various conditions and even if they don't, the fact that they were in contact with MRSA can result in an extended length of stay of up to 3 weeks. How can this be coded?

A. Where a patient has been exposed to an infection and there are no signs or symptoms - assign Z20.8 *Contact with and exposure to other communicable diseases* as an additional diagnosis code, if it meets criteria in ACS 0002 *Additional Diagnoses.* In the example above this case would meet criteria for collection.

Q. How do we code a neonate born to a HIV positive mother where the neonate was given prophylactic antiretroviral drugs (Zidovudine) and there were no symptoms present?

A. Based on the information provided and that the infant had no signs or symptoms we looked at the advice in ACS 1617 *Neonatal Sepsis/Risk Of Sepsis* and ACS 1609 *Newborns Affected By Maternal Causes And Birth Trauma* regarding the coding of this type of case. Codes from P00-P04 *Fetus and Newborn affected by Maternal Factors and by Complications of Pregnancy, Labour and Delivery* do not apply as there is no condition present in the neonate. As there were no documented conditions/signs/symptoms yet prophylactic treatment was given (Zidovudine is an antiretroviral drug) we advise assigning:

Z03.71 *Observation of newborn for suspected infectious condition*

Z29.2 *Other prophylactic pharmacotherapy*

Z20.6 *Contact with and exposure to human immunodeficiency virus [HIV]*

Along with any other codes that are to be assigned e.g. Z38 *Liveborn infant according to place of birth* if born on this episode of care.

Q. Please confirm if the intervention code, 96175-00 [1823] *Mental/behavioural assessment,* is needed when a patient is seen by the psychiatric liaison nurse during a maternity episode and the mother delivers in the episode. The mother may have a psychiatric history and is reviewed because of this. Or another scenario when a patient is admitted with a principal diagnosis of COPD and is reviewed by the psychiatric liaison nurse for a psychiatric disorder can we code the attendance of the liaison nurse here?

A. Increased nursing care would mean the condition can be coded as a diagnosis (increased clinical care or monitoring is a criteria listed in ACS 0002 *Additional Diagnosis*). If the condition is reviewed/ treatment amended/ increasing nursing care then the condition is coded. There is no need to code separately/additionally any nursing involvement as a procedure code – this would be inherent in the diagnosis. This advice applies to both scenarios.

Q. When coding injuries, if there are multiple injuries is each injury coded out separately or can a code for multiple injuries be assigned?

A. As per guidelines in ACS 1907 *Multiple Injuries* assign a code for each injury. Follow the alphabetic index of diseases – main terms and modifiers—as there are some combination codes to reflect where two bones are fractured for example S82.11 *Fracture of upper end of tibia with fracture of fibula (any part).*

As per ACS 1907 *Multiple Injuries*:

> CLASSIFICATION
>
> Injuries should be coded to the individual site/type whenever possible.
>
> Combination categories for multiple injuries T00–T07 Injuries involving multiple body regions and injury codes commonly assigned a fourth character of '.7' are to be used only where the number of injuries to be coded exceeds the maximum number of diagnosis code fields available. In these cases, use the individual site/type codes for significant injuries and the multiple categories to code the less severe injuries (e.g. superficial injury to multiple sites, open wounds to multiple sites and sprain and strain injury). This will ensure all significant conditions are accounted for and that the exact nature of the injury is reflected in the codes

See also ACS 0002 *Additional diagnoses/Multiple coding*.)

Cracking the Code

A selection of Coding Queries

Q. Is there a code for Faecal microbiota transplantation (FMT)?

A. There is a Coding Rules article on this (see below) which includes advice on the codes to be assigned.

Ref No: Q2816 | Published On: 15-Mar-2014 | Status: Current

Faecal microbiota transplantation (FMT)

Q: What is the correct procedure code to assign for faecal microbiota transplantation?

A: Faecal microbiota transplantation (FMT), also known as faecal bacteriotherapy, faecal transplant, intestinal microbiota transplantation (IMT) or human probiotic infusion, is an alternative treatment for patients who have failed standard treatment for Clostridium difficile infections (CDI). The procedure involves collecting a stool sample from a healthy donor, processing it into a liquid suspension and instilling it into the gastrointestinal tract via various routes including nasogastric or nasoenteric tube, gastroduodenoscopy, flexible sigmoidoscopy, colonoscopy or enema. Instillation by colonoscopy to caecum is the preferred method for the vast majority of FMTs based on the results of published studies.

The correct code to assign for FMT is:

92075-00 [1895] *Gastrointestinal tract instillation, except gastric gavage*

An additional code should also be assigned where the microbiota installation is delivered via an endoscope as per ACS 0023 *Laparoscopic/arthroscopic/endoscopic surgery*.
For example: 32090-00 [905] *Fibreoptic colonoscopy to caecum*

The classification of FMT will be reviewed for a future edition of ACHI.

Bibliography:

Brandt, L.J. & Aroniadis, O.C. (2013). An overview of fecal microbiota transplantation: techniques, indications, and outcomes. Gastrointestinal Endoscopy, 78 (2), pages 240-249. Doi:10.1016/j.gie.2013.03.1329

Gough, E., Shaikh, H. and Manges, A.R. (2001). Systematic Review of Intestinal Microbiota Transplantation (Fecal Bacteriotherapy) for Recurrent Clostridium difficile Infection. Clinic Infection Diseases, 53 (10), pages 994-1002. Doi:10.1093/cid/cir632

(Coding Rules, March 2014)

Do you have a coding query?

Please email your query to: **hipecodingquery@hpo.ie**

To answer your query we need as much information as possible, please use the Coding Help Sheet as a guide to the amount of detail required, available at: **www.hpo.ie/find-it-fast.**

Please anonymise any information submitted to the HPO.

Upcoming HIPE Portal Reporter Training

Reporter training is now delivered via WebEx on three consecutive half day sessions and covers all aspects of working on the HIPE Portal Reporter. This course is open to all working within the system who are using HIPE data through the HIPE Portal or through the HOP. Please complete the online training application at: **www.hpo.ie/training.** The next course is scheduled for:

WebEx based Course	Date	Time
HIPE Portal Reporter Training [Part I]	Monday 12th October 2015 (am)	10:30 am – 12:30 pm
HIPE Portal Reporter Training [Part II]	Tuesday 13th October 2015 (pm)	14:00 pm – 15:30 pm
Using Scripts & Extracts in the HIPE Portal Reporter [Part III]	Wednesday 14th October 2015 (am)	10:30 am – 12:00 pm

ACS 1904 Procedural Complications

Definition "A condition or injury which is directly related to a surgical/procedural intervention."
If it cannot be determined whether a condition meets the definition of a procedural complication, it should not be coded as such. In these cases, assign a code(s) for the condition in accordance with ACS 0001 *Principal diagnosis* or ACS 0002 *Additional Diagnoses*.

Coding Procedural Complications

- The Alphabetic Index of Diseases must be followed carefully in each case in order to assign the correct code.
- If a condition meets the definition of a procedural complication look up the main term for the condition, and look for the subterm **'postprocedural'**.
- If there is no specific subterm for **'postprocedural'** in the index under the main term, follow the look up for **'complication'**, followed by the relevant body system to which the complication pertains and then '**postprocedural'.**
- The main term **'Complication(s)'** may also be followed by a subterm directly describing the type or nature of the complication.
- Where the complication relates to a prosthetic device, implant or graft, such as a cardiac valve, look up the main term **'Complication(s)'** and then by the device (if known and listed) or by the subterm of **'prosthetic device, implant or graft'**.
- **An additional code from chapters 1 – 18** may be assigned to provide further specification of the condition.
- **External cause codes** are assigned for specific types of procedural complications; misadventures, postprocedural complications and sequelae to identify the procedure/ device/ implant that the complication is a result of.
- **A place of occurrence code** is mandatory for all procedural complications and it must relate to **where the external cause occurred**, not where the adverse effect occurred.
- For **sequencing** of complication codes, follow the guidelines in ACS 0001 *Principal Diagnosis* and ACS 0002 *Additional Diagnoses*.

Example 1: Appendicectomy for acute appendicitis is performed. Hypokalaemia (low potassium) was diagnosed 2 days after the surgery. This resolved with IV fluids and the patient was discharged well.

PDx:	K35.8	*Acute appendicitis, other and unspecified*	
Add Dx:	E87.6	*Hypokalaemia*	**HADx**

A code for the hypokalaemia is assigned as it meets the criteria in ACS 0002 *Additional Diagnoses*, but it is **not** classified as a post procedural complication as it is not documented as being directly linked to the procedure.

Example 2: Appendicectomy for acute appendicitis is performed. The patient developed a postoperative haematoma in their appendicectomy wound during the episode of care.

PDx:	K35.8	*Acute appendicitis, other and unspecified*	
Add Dx:	T81.0	*Haemorrhage and haematoma complicating a procedure, NEC*	**HADx**
		See - Alphabetic Index: **Haematoma**	
	Y83.6	*Removal of other organ (partial) (total)*	**HADx**
	Y92.22	*Place of occurrence, Health service area*	**HADx**

The haematoma is coded as a procedural complication as it directly relates to the procedure. Note the external cause codes used and the assignment of HADx flags.

Example 3

A patient is admitted with a rectovaginal fistula due to previous low anterior resection (performed on a previous episode of care), for rectal carcinoma.

PDx:	N99.8	*Other postprocedural disorders of genitourinary system* - Reflects that the condition is a postprocedural complication.
Add Dx:	N82.3	*Fistula of vagina to large intestine*—Specifies what the complication is.
	Y83.2	*Surgical operation with anastomosis, bypass or graft*
	Y92.22	*Place of occurrence, Health Service Area*

Note: None of these four codes for Example 3 above are flagged as HADX as these are all from a previous episode.

Please refer to **ACS 1904 Procedural Complications** for definitions & further guidelines and examples.

Upcoming Courses

NOTE: All HIPE coding courses are now in 8th Edition ICD-10-AM/ACHI/ACS/ICS.
Some courses below where indicated will specifically address changes with 8th edition.

Anatomy & Physiology

****These courses are open to all HIPE coders****

These courses will be delivered by a specialist speaker.

Anatomy & Physiology—Introduction
Date: Thursday 15th October
Time: 11am – 1pm
Location: HPO, Brunel Building & WebEx

Anatomy & Physiology— Infectious diseases
Date: Thursday, 15th October
Time: 2pm—4pm
Location: HPO, Brunel Building & WebEx

Anatomy & Physiology— Cardiovascular
Date: Thursday, 12th November
Time: 11am – 1pm
Location: HPO, Brunel Building & WebEx

Anatomy & Physiology— Urinary System
Date: Thursday, 12th November
Time: 2pm—4pm
Location: HPO, Brunel Building & WebEx

Coding Skills I

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

Date: Tuesday, 3rd & Wednesday, 4th November
Time: 10am – 5pm each day
Location: HPO, Brunel Building

Coding Skills II

This course is for new coders who have attended Coding Skills I and must have started to code prior to attending.

Date: Tuesday 1st - Thursday 3rd December
Time: 10am - 5pm each day.
Location: HPO, Brunel Building

8th Edition Full Day Diabetes Workshop

Date: Thursday, 19th November
Time: 10.30am – 4pm
Location: HPO Brunel Building

There were major changes to the coding of Diabetes in 8th Edition. This workshop will cover these in detail.

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

See the 'Find it Fast' section of the HPO website for easy access.
www.hpo.ie/find_it_fast/

Pre-course reading material & exercises.

These are issued ahead of Coding Skills I, II & III. It is critical that these materials are studied and the exercises completed ahead of the course. The course content assumes students have done this preparation. Knowledge of the standards outlined and completion of the exercises contained in this pre-course material ensures everyone gets the most from their training days at the HPO.

Coding Skills IV— Workshops

Obstetrics

Date: Tuesday, 20th October
Time: 10.00 am –4 pm
Location: HPO, Brunel Building.

Neonates

Date: Wednesday, 21st October
Time: 10.00 am –4 pm
Location: HPO, Brunel Building

Same Day Endoscopies

Date: Tuesday, 24th November
Time: 10.30 am -1 pm
Location: WebEx Only.

Z-Codes

Dates: 15th & 16th December (both mornings)
Time each day: 10.30 am -1pm
Location: HPO, Brunel Building & WebEx

Data Quality Session

Date: Tuesday, 17th November
Time: 11.00am – 1.30pm
Location: WebEx only

Note: This is an update on data quality activities and tools including the portal HCAT and Checker. This session will be repeated subject to demand.

Coding Skills III

This course is for coders who have previously attended Coding Skills II. Experienced coders are welcome to attend this course for refresher training.

Date: Tuesday 12th – Thursday 14th January 2016
Time: 10am – 5pm each day
Location: HPO, Brunel Building

To apply for any of the advertised courses, please complete the online training application form at: www.hpo.ie/training
Please inform us of any training requirements by sending an email to hipetraining@hpo.ie.

Thought for Today

We must find time to stop and thank the people who make a difference in our lives.
- John F. Kennedy - 1917-1963, 35th U.S. President