Welcome
Welcome to our last newsletter for 2013.
We trust you are getting into the Christmas spirit and wish you a festive, safe and restful holiday season.
Thank you for your support and we look forward to continuing to work with you in 2014.

Coding queries
The November 2013 coding queries cases are now available to view on our website:

Coding queries
1. Failed calculus extraction from bile duct
2. Weaning of ventilation
3. Bulging anterior fontanelle
4. Procedures normally not coded

Audit discussion cases
No audit discussion cases have been published this month.
Australian Consortium for Classification Development (ACCD)

There have been some technical issues with the ACCD website. It appears these have been resolved and the website is now accessible.

Data Quality

Aiming for data accuracy

It goes without saying that there is an expectation that sites comply with their individual licensing agreements and ensure they maintain a good level of data accuracy. It is important because inferences made from state wide Hospital Morbidity Data System (HMDS) data needs to accurately reflect real inpatient activity where it is being delivered. Unfortunately, despite robust system wide validations, there are some instances where errors persist and the time it takes to review and correct these, is significant.

The following list are things your site is encouraged to implement, if not doing so already, to ensure that your data is as accurate as it can be.

Tools and education

For large and small sites alike, it is worthwhile putting some effort into creating easy to read resources such as checklists or tip sheets with examples of those procedures that staff may have difficulties remembering, or where they continue to make errors. For example, information for Patient Administration System (PAS) users on how to: print labels, ward reports, adding a patient alias, editing patient details, correct ways to search, cancelling an admission, how to statistically discharge a patient … these are all procedures that require specific process steps to be followed & may benefit from tip sheets.

It is also helpful to have PMI standards, appendices such as Establishment list, Country of Birth, Language lists from the HMDS Reference Manual linked on an intranet or an easily accessible place where staff can access them. These references as well as any in house produced resources are a good starting point for staff to ‘help themselves’ when they are not sure and need to refer to how to do something.

Regular feedback forums

Regular, scheduled meeting opportunities with PAS users where questions, answers and updates can be presented to clarify processes are useful. Staff involved in reviewing patient level HMDS data should be able to feedback information to a wider audience of PAS users about current or past issues and what steps are being taken to make improvements.
Data Quality (cont.)

Display staff achievements
Displaying graphically ‘How we are doing’ month-to-month can help to demonstrate how staff are performing in relation to error rates over time. It can be a good motivator for some to see how their efforts can make a positive impact. Even if some month’s error rates increase, it may be what staff need to encourage further efforts to address particular processes or improvements in certain areas.

![PMI errors Hospital X Jan - Dec 2012](image)

Addressing issues when they arise
Where staff members work across different departments or work in isolation from others, it is important that they too have opportunities to have one to one interaction with staff that are reviewing the HMDS data.
New staff may lack knowledge in the first instance, so addressing problems early helps catch any issues before they escalate.

If your site is experiencing suspected issues with IT systems, it is really important to address these as soon as possible with your vendors so any investigations can commence quickly. Often an issue may be simple but there needs to be time to investigate it, and you cannot address the issue until the vendor has found a solution.

Regular data review
Having a key member of staff reviewing your data regularly against PMI standards and HMDS business rules is a worthwhile exercise that will help your site identify errors early and have the opportunity to correct and address the areas where they are being made. This will become valuable information from which you could base future education sessions.

Keeping track of the information you are correcting over time is a useful tool to display for clerical and coding staff so that the efforts of your staff to make improvement over time, is recognisable and hopefully valued.

Signage
Often signage in a reception area can assist staff to perform their duties. For example, signage notifying patients that they must produce their Medicare, Concession or Department of Veteran’s Affairs membership cards on admission may assist admission staff with relaying this message to the public.

You may choose to have signage alerting patients that under the National Health Agreement, there is an obligation to collect a patient’s residential address. This data item is currently poorly complied with, so it may assist your sites with clarifying why it is being asked for and collected.

If there are any queries, questions or comments, please contact the Data Quality team.
**Coding tip: Staphylococcus aureus toxin-mediated disease**

*Staphylococcus aureus* can cause disease by two mechanisms – direct invasion and/or toxin production (toxin-mediated disease).

In toxin-mediated staphylococcal disease, infection is frequently not present. Rather the illness is caused by absorption of the toxin produced by the bacteria (Longo et al. 2012, 1161).

**Enterotoxin**
- Toxic Shock Syndrome (A48.3 Toxic shock syndrome)
- Enterotoxic staphylococcal food poisoning (A05.0 Food-borne staphylococcal intoxication; if *S. aureus*, add: B95.6 Staphylococcus aureus as the cause of diseases classified to other chapters)

**Exfoliative toxin**
- Staphylococcal Scalded Skin Syndrome (L00 Staphylococcal scalded skin syndrome).

**Other toxins**
Other toxins can produce milder generalised illness with symptoms including fever, arthralgia, myalgia and rash. There is no specific code for this scenario. Coding will depend on documentation e.g. infection, toxaemia etc.

**Reference**

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**Back to basics: Osteoarthritis**

The ICD-10-AM disease index provides a default ‘unspecified’ pathway for some joints. For example, knee osteoarthritis (OA):

**Osteoarthritis**
- **knee M17.9**
  - post traumatic (unilateral) M17.3
  - bilateral M17.2
  - primary (unilateral) M17.1
  - bilateral M17.0
  - secondary (unilateral) M17.5
  - bilateral M17.4

In the tabular list, the following note applies for blocks M15-M19:

**Note:**
*In this block the term osteoarthritis is used as a synonym for arthrosis or osteoarthrosis. The term primary has been used with its customary clinical meaning of no underlying or determining condition identified.*

Therefore, OA of knee without further specification should be coded as primary (M17.1 *Other primary gonarthrosis or M17.0 Primary gonarthrosis, bilateral*), not unspecified (M17.9). This Tabular instruction is included in the 3M Codefinder™ logic ensuring the primary code is assigned when ‘unspecified’ is selected in the Codefinder™ pathway.
Coder spotlight

This issue we interviewed Anne Wilkinson from St John of God Murdoch Hospital…

How long have you been coding?
Almost four years.

At which hospital did you commence your coding career?
St John of God Murdoch

What made you decide to become a clinical coder?
I was the Coding Clerk at RPH and found the job very interesting. The coders there encouraged me to study to become a coder.

What do you like most about clinical coding?
It is very interesting and you are learning all the time.

I am working with a great team of people and they are always there to help with any questions.

What do you like least about clinical coding?
I can’t say there is anything that I don’t like about the job.

Have you recently undertaken coding workshops, conferences, courses etc? Or plan to in the future?
I completed a course in Anatomy and Physiology in June 2013, I am going to leave it about a year and then maybe do the advanced course in Clinical Coding. I also went to the 8th Edition workshop at the beginning of the year and found it very valuable.

What casemix/specialties do you find most challenging in your current role?
We have a varied casemix and I don’t find any of them that challenging.

Describe the coding service at your hospital
There are 14 coders working here and there is a mix of full time and part time coders. We have a coding educator, which is very valuable as we have education sessions on new procedures and it is good to have someone there if you have a query about a case. We do fortnightly peer reviews and everyone has a chance of picking a case and the rest of the team codes the record and then we have a discussion on the file. Our office is located on the lower ground floor of the main building.

Some trivia about our website…

So far in 2013, we have had 32,924 visits to our website from 17,557 unique visitors. The most popular page is the WA Clinical Coding Advisory Group page: http://www.clinicalcoding.health.wa.gov.au/news/index.cfm

In November, the top 10 countries from which visitors viewed our website:

1. Australia
2. United Kingdom
3. New Zealand
4. China
5. India
6. Germany
7. Poland
8. Russian Federation
9. Ukraine
10. South Africa
Santa’s story

For a bit of Christmas fun, read the code list provided and write an accompanying story about Santa’s bad luck whilst delivering presents. The best story will be published in our next newsletter. Email your story to: vedrana.savietto@health.wa.gov.au

S06.02 Loss of consciousness of brief duration [less than 30 minutes]
S43.02 Posterior dislocation of humerus
W17.8 Other specified fall from one level to another
Y92.09 Other and unspecified place in home
U73.1 Injury or poisoning occurring while engaged in other types of work
S80.0 Contusion of knee
W55.8 Bitten or struck by other specified mammal
Y92.86 Other specified place of occurrence, other specified countryside
U73.1 Injury or poisoning occurring while engaged in other types of work
T17.4 Foreign body in trachea
W44 Foreign body entering into or through eye or natural orifice
Y92.07 Indoor living areas, not elsewhere classified
U73.1 Injury or poisoning occurring while engaged in other types of work
F10.0 Mental and behavioural disorders due to use of alcohol, acute intoxication
E66.9 Obesity, unspecified