

## Saskatchewan Data Quality Committee

Minutes of Meeting: June 1, 2011

Location: Royal University Hospital, Saskatoon

Time: 10:00 a.m. – 15:20 p.m.

### MINUTES

<b>Present:</b>	Barb Bakke, Saskatoon Health Region Kathy Gieni, Saskatchewan Hospital Nedeene Hudema, Health Quality Council Cathy Makie, Pasqua Hospital Sheena McRae, Saskatchewan Health Diane Wiebe, CIHI	Linda Flaman, eHealth Saskatchewan Cathy Huang, eHealth Saskatchewan Sharon Jaindl, Prairie North Health Region Michelle McCulloch, Saskatoon Health Region Bev Weyland, Saskatoon Health Region Mary Ann Woods, Cypress Health Region
<b>WebEx:</b>	Connie Bonar, Prince Albert Parkland RHA Chalsey Klassen, LaRonge Health Centre Jill Strachan, CIHI	Krista Fong, CIHI (morning only) Ida Sadowski, SIAST (afternoon only)
<b>Regrets:</b>	Kelly Abrams, CHIMA Roxanne Baldwin, eHealth Saskatchewan Krista Bostock, Sun Country Health Region Ernie Craig, eHealth Saskatchewan Donna Deutscher, SHIMA Janelle Gerein, Cypress Health Region Kim Hansen, Keewatin Yatthé Health Region Kirsty Journeaux-Zuccet, CIHI Kathy Marcotte, CIHI Deb Roney, Moose Jaw Union Hospital Leslie Sharp, Yorkton Regional Health Centre	Teresa Arthur, Athabasca Health Authority Branca Bilusic, Moose Jaw Union Hospital LeeAnn Carr, Regina General Hospital Diane Collins, Heartland Health Region Karen Dobroskay, Saskatoon Health Region Sean Goalen, Saskatchewan Health Shirley Hunt, Melfort Hospital Lori Knight, SIAST Susan Mohr, Weyburn General Hospital Lynn Rotariu, Pasqua Hospital
<b>Guests:</b>	Beliz Arcan, Health Quality Council Rhonda Murfitt, Saskatoon Health Region	Danton Danielson, Health Quality Council Sharon Penney, Saskatoon Health Region

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### 1. WELCOME & INTRODUCTIONS:

a) *Review Agenda:* No additions or changes to Agenda.

b) *Review Minutes of March 29, 2011 meeting:* Approved with no changes.

c) *Review of Action Items from March 29, 2011 meeting:*

- **Presentation by HQC:** Nedeene invited speakers to present at today's meeting.
- **NACRS Implementation:** Victoria Hospital will be ready to start Level 1 submissions next week. Barb Bakke has received a patch for Institution Numbers and will apply it to Saskatoon's database. She will complete the Facility Information File & send it to CIHI. Then she can start Level 1 test data for 2010.

Sheena will follow up with Connie Bonar to prepare a list of interventions done at the Prince Albert Community Clinic that classify as day surgery interventions. Discuss Day Surgery Definition at the June meeting.

- **Discharge to Correction Institution:** Linda, Sheena & Diane will assign an institution number for 2012.
- **SK Transfusion Medicine Resource Manual:** Sheena emailed the draft guidelines out for DQC members to provide comments to Kathleen Handford.
- **Observation Bed Unit:** Sheena will discuss later in the meeting.

### 2. PRESENTATIONS (Part 1):

#### 2a) Quality Insight Online (Danton Danielson):

Danton went over the online Quality Insight reporting tool for health care quality and patient experience in Saskatchewan (how it was developed, its current state and future plans). HQC has moved away from paper reports that are a snapshot in time to interactive reports that show trends over time. The primary audience is the health system, but all reports are also available to the public.

HQC's Quality Insight Working Group has representation from the health regions, Ministry of Health, eHealth Saskatchewan (eHS) & Saskatchewan Cancer Agency. The committee provides feedback, but their role has been reduced with the advent of the new web site. HQC has been working with Cypress to have their Corporate Dashboard Indicators put up on the site so that it is all in one place in a useful format. Having the data on a centralized site encourages reduced individual development by regional analysts and allows more time to be spent thinking about the meaning of the results. There is interest to add Health Human Resource Indicators (from SAHO) such as sick leave, lost-time Workers Compensation Board days, overtime, etc.

HQC wants to raise awareness of the website [www.qualityinsight.ca](http://www.qualityinsight.ca) & engage stakeholder feedback.

Contact Daniel with your suggestions, or comments for improvement, content or presentation at: [ddanielson@hqc.sk.ca](mailto:ddanielson@hqc.sk.ca).

## 2b) Surgical Site Infection & Complications Indicator (Beliz Acan Osman)

Beliz presented her interesting research study on surgical site infection rates and how they can increase health care costs. In the study she used hospital, drug and physician data to identify infection rates for seven surgical procedures and continued to follow patient care for 30, 60, 90, 120 and 180 days after discharge for post op infections, or complications. Some examples of the groups monitored were: CABG, cardiac valve, hip/knee, spirometry, cesarean section, hysterectomy rates, etc.

You can contact Beliz Acan by email: [baacan@hqc.sk.ca](mailto:baacan@hqc.sk.ca) or by phone (306) 668-8810 ext.203.

**Action:** Beliz Acan will share the slide deck of her presentation with Sheena McRae.

## 3. REGULAR REPORTS:

### 3a) Saskatchewan Health (Sheena McRae):

- **Pay for Performance:** Introduction of criteria to compensate health region CEOs plus or minus 10% based on a selection of measures. Some will be province wide measures to encourage co-operation among regions.
- **Examples of some measures:** Reduce number of people waiting greater than 12 months for surgery to zero over the next fiscal year, 95% of invasive cancer surgeries performed 3 weeks from booking date, decrease length of stay for patients waiting for an inpatient bed from the Emergency Department (in 6 largest hospitals), a reduction of falls in long term care, a reduction in wait times for treatment involving chemotherapy & radiation, and reduction of sick leave and Worker's Compensation Board days.

### 3b) Health Quality Council (Nedeene Hudema):

- Nedeene reports that since the release of Quality Insight online in February it has given them time to focus on learning their customer needs, to prepare / expand future events, and evaluate HQC's strategic direction.
- HQC continues working on LEAN methodology & workshops such as, Implementing Time to Care, Assess & Evaluation (to increase the time with patients and decrease nursing time), and Releasing Time to Care Indicators for ward level information (e.g. sick leave, falls, etc.) .
- Contact Nedeene Hudema at: [nhudema@hqc.sk.ca](mailto:nhudema@hqc.sk.ca) or refer to: <http://hqc.sk.ca> or <http://tiny.cc/xttab> .

### 3c) CIHI Client Affairs Report (Jill Strachan): *Refer to Section 1: SK DQ Meeting-CIHI Report\_June 1 v2.docx*

- Access the CIHI website for multiple media releases & new reports in June & July. (such as: Health Indicators, Focus on Mental Health, Obesity in Canada (a joint project with the Public Health Agency of Canada), and Hospital Financial Report.

### 3d) CIHI DAD Client Services Report (Diane Wiebe): *Refer to Section 2 SK DQ Meeting-CIHI Report\_June 1 v2.docx*

- Saskatchewan's submission rate is currently at 91% inpatient and 90% day surgery, which is similar to last year.
- Outstanding Error Report was generated on May 2, 2011. The majority of errors were located on the health care number field. This report will now be generated on the 1<sup>st</sup> of each month. **Please ensure all errors identified in the submission Detailed Error File are corrected prior to the Outstanding Hard Error report generation.**
- Review cases of diagnosis code errors & check to be sure that you're using the correct Version of Folio.
- Archived recordings of the "What's New series" website postings have been delayed due to technical difficulties.
- DAD Data Quality Investigations & Technical Specifications Documents (29) were circulated to sites in Q3 for correction. CIHI will introduce classification edits in the future for some of these checks to reduce the error rates. In Saskatchewan, a higher average of unknown weight for newborns & neonates <29 days was found, which was mainly due to circumcisions. Diane has recommended that CIHI drop this check in 2012 for day surgery cases.
- MED2020 Vendor Testing has not been completed yet, but it is expected to be approved shortly.

### 3e) NACRS Client Services Report (Krista Fong): *Section 4: SK DQ Meeting-CIHI Report\_June 1 v2.docx*

- Three sites in Saskatoon Health Region collected NACRS data and will submit it to CIHI in the near future. Melfort Hospital began Level 3 data submissions to CIHI in September, and has discontinued submissions to CIHI after collection of 6 periods due to staffing shortage. Victoria Hospital hopes to begin Level 1 submissions in June.
- Refer to the following Educational materials available on the CIHI website [www.cihi.ca](http://www.cihi.ca):
  - NACRS Manual, Errata, Bulletin & FAQ documents regarding TESTING procedure are posted on the website.
  - Data Submissions & Corrections module has been updated for 2011 & is available on the website.
  - ED Data Collection Web Conference (June 15 & 24<sup>th</sup>) will be recorded & archived.
- Outstanding Rejected Records Report (ORRR) will be produced monthly starting in March.
- Contact Krista Fong, NACRS Client Services representative at: [kfong@cihi.ca](mailto:kfong@cihi.ca).

#### 4. **FOLLOW UP ITEMS:**

##### **4a) Reporting Policy for Observation Patients / Clinical Decision Unit:**

Sheena reports that additional work will be done to see how Admitted for Observation fits in with Clinical Decision Units under NACRS, in order to standardize reporting in both DAD & NACRS.

Dr. Laursen, medical advisor to the Ministry & Chair of the Senior Medical Officers' Committee suggested that admission for observation should be equivalent to an admission. (Once the investigation portion of a stay in ED has been completed any additional time spent in ED observation is still considered using an inpatient bed). He also suggested removing the time limit.

**Action items:** The discussion will continue on CDU's at the fall meeting. This will allow everyone time over summer to find out more about the CDU's in their facility & report back to Sheena at our fall meeting.

**Institution Number for Enforcement / Jail in 2011-12:** Question from Deana Winterhalt (Battlefords Union Hospital) from a new coder, wondering why we don't have a institution number to reflect a patient discharged to law enforcement (RCMP/police custody), or transferred to jail, like in Ontario? Do we need to assign a number for Saskatchewan?

The NACRS Manual has three fields available for reporting that would be useful to run reports, as below:

- Element #35 Visit Disposition – has value #15 for Discharged to place of residence/institution (includes Jail)
- Element #31 - Referral Source **Prior to** Ambulatory Care visit (has value#08 for Legal Service(Police, parole officer, court correctional facility, Jail or Prison health care service)
- Element #38 - Referred To Source **After** completion of Ambulatory Care visit (value #08 for Legal Service(Police, parole officer, court correctional facility, Jail or Prison health care service)

The addition of these fields would make it consistent and easy to run reports. A discharge disposition to "custody" is also relevant to mental health services.

**Action:** Linda, Sheena & Diane will assign an institution number for 2012 at the recommendation of DQC members.

#### 5. **NEW BUSINESS:**

**5a) Report from NCAD meeting (May 13, 2011):** See: <https://sharepoint.shin.sk.ca/SDOC/Data%20Quality%20Committee/2011-06-01%20meeting/Report%20from%20NCAD%202011-05-13%20SMM.doc>

##### **2011-12 Changes:**

- The new CACS Grouper replaces DPG for DAD day surgery and NACRS. The re-grouped data will be coming out in June. Data for 2010 will be grouped to 2011, and 2011regrouped to 2010. Please note that some facilities did not purchase CACS module due to the cost. CIHI will have an ASCII file for day surgery that will include the CACS methodology from CIHI for this year.
- New birthdate unknown field "99990901" will fail the SK HSN Edit. Please continue to use SCI or PHRSView to provide the most specific date of birth or use the birthdate estimated field.
- Continue to use mini postal code for the province, such as SK or AB rather than unknown postal code 99.
- Alpha characters are now possible with the second digit of institution number.

##### **Proposed changes for 2012-13:**

- Definition of stillbirth will be changed in DAD & NACRS to be consistent with the ICD-10-CA definition, but it will no longer match Vital Statistics criteria.
- Died in OR will be renamed to "Died During Intervention" along with removal of two existing edits.
- Project 925 (surgeries in private clinics) will get a permanent project number 225 and the applicable edits.
- New Edits will applied to improve data quality for Prefix 5, 6 & 8 & Diagnosis Cluster coding, so you may notice an increase in volume of errors from last year.
- Folio 2012 will be available only by downloaded from the CIHI website (distribution by CD will be discontinued).

**Action:** Return comments and feedback to Sheena by June 15/11 on the proposed changes for Loss of Consciousness, Interventional Radiology Location, and Geriatric Assessment at: [smcrae@health.gov.sk.ca](mailto:smcrae@health.gov.sk.ca) .

##### **5b) Question from NL as to whether we are tracking the coding of incomplete charts:**

We do not have a provincial process established in SK for collecting incomplete chart data.

Currently, Saskatoon tracks incomplete charts in Project 506. They also record incomplete for what report (e.g. Pathology). Regina uses Basic Option 12 (Y for incomplete), and goes back into the chart to remove the Flag when complete.

Prairie North also uses Basic Options field. Victoria uses Basic Options Flag but doesn't go back to remove the flags.

*Refer to: NS Project 700 Incomplete Charts.xls*

**5c) Target times for submission of DAD Abstracts:**

Currently the time line for submissions is 60 days following discharge month (30 days for submission & 30 for corrections). What might be a reasonable time for submission? Let Sheena know if extra funding is needed for Health Records to improve your data submissions. Sheena drafted a proposal to support a LEAN Project on the timeliness of DAD Submissions, and there is discussion of additional resources becoming available for such LEAN projects.

**6. PRESENTATIONS (Part2):**

**Saskatoon LEAN initiatives for DAD data submissions & coding improvements (Sharon Penney & Rhonda Murfitt):**

Saskatoon Health Records Department had significant issues meeting demands & targeted timeframes in 2008/09. They were over crowded in the department, faced backlogs, insufficient staffing to meet the demand, and a high staff turnovers ratio.

Sharon & Rhonda discussed how Saskatoon Health Region has set 45 days after month end as their target for timely, accurate & accessible data. (e.g. submissions are tracked - April data is done by June 15<sup>th</sup>). They outlined how Royal University Hospital changed the coding expectations to achieve the goal, eliminated rework/waste, reviewed collection of non mandatory data elements and monitored/measured their expectations, and developed a communication strategy.

A visual departmental scorecard was developed to monitor productivity, coding complete/incomplete charts, total number discharges, etc. Also, the Quality & Safety scores roll up to Ministry dashboards for ease of reporting. With this level of engagement, accountability & ownership by staff the Royal University Hospital Health Records Department celebrates success, along with improved communications, and an increased connection with clinicians!

In the near future, they would like to move the target for day surgery timelines from 45 days to 2 weeks. The future plans are to begin process mapping to roll out this initiative to other urban sites.

For more information contact: [sharon.penney@saskatoonhealthregion.ca](mailto:sharon.penney@saskatoonhealthregion.ca) or [rhonda.murfitt@saskatoonhealthregion.ca](mailto:rhonda.murfitt@saskatoonhealthregion.ca).

**Important Dates to Reminder:**

- SHIMA Convention is on September 22 & 23, 2011 at Moose Jaw.
- September 13 & 14, 2011 – Privacy Conference
- October 13 & 14, 2011 – Epidemiology Conference

**7. NEXT MEETING:**

*(No meeting rooms were available at Saskatchewan Health so the next best room availability was proposed for mid-October (tent .Oct.18<sup>th</sup>). The date had to be changed & is now confirmed (as below):*

**Please note the following date for next meeting:**

<p><b>Thursday, October 13, 2011 (NOTE DATE CHANGE)</b> <b>10 AM – 3 PM</b> <b>Saskatchewan Ministry of Health, 3475 Albert St., Regina</b> <b>Boardroom 3W1</b></p>
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**MEETING EVALUATION:**

**Adjourned:** 15:20

<b>Related Items located on the Share Point Site</b>	
<b>Document Name</b>	<b>Description</b>
<a href="https://sharepoint.shin.sk.ca/SDQC/Data%20Quality%20Committee/2011-06-01%20meeting/SK%20DQC%20Agenda%202011-06-01%20SMM.doc">https://sharepoint.shin.sk.ca/SDQC/Data%20Quality%20Committee/2011-06-01%20meeting/SK%20DQC%20Agenda%202011-06-01%20SMM.doc</a>	Agenda June 1, 2011
<a href="https://sharepoint.shin.sk.ca/SDQC/Data%20Quality%20Committee/2011-03-29%20Meeting/SDQMINUTES%202011-03-29%20Final.doc">https://sharepoint.shin.sk.ca/SDQC/Data%20Quality%20Committee/2011-03-29%20Meeting/SDQMINUTES%202011-03-29%20Final.doc</a>	Minutes of past meeting (March 29/11)
<a href="https://sharepoint.shin.sk.ca/SDQC/Data%20Quality%20Committee/2011-06-01%20meeting/SK%20DQ%20Meeting%20-%20CIHI%20Report_%20June%201%20202011v2.docx">https://sharepoint.shin.sk.ca/SDQC/Data%20Quality%20Committee/2011-06-01%20meeting/SK%20DQ%20Meeting%20-%20CIHI%20Report_%20June%201%20202011v2.docx</a>	CIHI Report by Jill Strachan, Diane Wiebe & Krista Fong
<a href="https://sharepoint.shin.sk.ca/SDQC/Data%20Quality%20Committee/2011-06-01%20meeting/DAD_2010-11_DQ_Report_Card-01May2011.pdf">https://sharepoint.shin.sk.ca/SDQC/Data%20Quality%20Committee/2011-06-01%20meeting/DAD_2010-11_DQ_Report_Card-01May2011.pdf</a>	2010-11 Open Yr. Data Quality Report Card May2011 by Lily Wang
<a href="https://sharepoint.shin.sk.ca/SDQC/Data%20Quality%20Committee/2011-06-01%20meeting/DAD_2010-11_DQ_Report_Card_By_Inst-01May2011.pdf">https://sharepoint.shin.sk.ca/SDQC/Data%20Quality%20Committee/2011-06-01%20meeting/DAD_2010-11_DQ_Report_Card_By_Inst-01May2011.pdf</a>	2010-11 Open Yr. Data Quality Report Card By Institution by Lily Wang
<a href="https://sharepoint.shin.sk.ca/SDQC/Data%20Quality%20Committee/2011-03-29%20Meeting/Admit%20for%20Observation%20DRAFT%202011-03-28%20SMM.doc">https://sharepoint.shin.sk.ca/SDQC/Data%20Quality%20Committee/2011-03-29%20Meeting/Admit%20for%20Observation%20DRAFT%202011-03-28%20SMM.doc</a>	Admit for Observation DRAFT 2011-03-28 SMM. doc
<a href="https://sharepoint.shin.sk.ca/SDQC/Data%20Quality%20Committee/2011-06-01%20meeting/Report%20from%20NCAD%202011-05-13%20SMM.doc">https://sharepoint.shin.sk.ca/SDQC/Data%20Quality%20Committee/2011-06-01%20meeting/Report%20from%20NCAD%202011-05-13%20SMM.doc</a>	Report from NCAD
<a href="https://sharepoint.shin.sk.ca/SDQC/Data%20Quality%20Committee/2011-06-01%20meeting/Item%207b_Row%2061_Program%20Area%20new%20value%20of%20Geriatric%20Assessment%20-%20NCAD%20Feedback%20Form_April%201%20202011.doc">https://sharepoint.shin.sk.ca/SDQC/Data%20Quality%20Committee/2011-06-01%20meeting/Item%207b_Row%2061_Program%20Area%20new%20value%20of%20Geriatric%20Assessment%20-%20NCAD%20Feedback%20Form_April%201%20202011.doc</a>	NCAD: 7b) Geriatric Assessment - Feedback Required
<a href="https://sharepoint.shin.sk.ca/SDQC/Data%20Quality%20Committee/2011-06-01%20meeting/Item%207b_Row%2066_Loss%20of%20Consciousness_NCAD%20Feedback%20Form_May%201%20202011.doc">https://sharepoint.shin.sk.ca/SDQC/Data%20Quality%20Committee/2011-06-01%20meeting/Item%207b_Row%2066_Loss%20of%20Consciousness_NCAD%20Feedback%20Form_May%201%20202011.doc</a>	NCAD: 7b) Loss of consciousness - Feedback Required
<a href="https://sharepoint.shin.sk.ca/SDQC/Data%20Quality%20Committee/2011-06-01%20meeting/NS%20Project%20700%20Incomplete%20Charts.xls">https://sharepoint.shin.sk.ca/SDQC/Data%20Quality%20Committee/2011-06-01%20meeting/NS%20Project%20700%20Incomplete%20Charts.xls</a>	NCAD: NS Incomplete Charts
<a href="https://sharepoint.shin.sk.ca/SDQC/Data%20Quality%20Committee/2011-06-01%20meeting/Health%20Record%20Coding%20Improvements.ppt">https://sharepoint.shin.sk.ca/SDQC/Data%20Quality%20Committee/2011-06-01%20meeting/Health%20Record%20Coding%20Improvements.ppt</a>	Presentation by SHR, Rhonda Murfitt & Sharon Penney
<a href="https://sharepoint.shin.sk.ca/SDQC/Data%20Quality%20Committee/2011-03-29%20Meeting/Day%20Surgery%20Definition%202010-07-19%20SMM.doc">https://sharepoint.shin.sk.ca/SDQC/Data%20Quality%20Committee/2011-03-29%20Meeting/Day%20Surgery%20Definition%202010-07-19%20SMM.doc</a>	Day Surgery Definition 2010-07-19 SSM
<b>From past meetings for reference:</b>	
<a href="https://sharepoint.shin.sk.ca/SDQC/Data%20Quality%20Committee/2009-12-10meeting/DAD%20Special%20Care%20Unit%20Reporting%20DRAFT%202009-12-07%20SMM.doc">https://sharepoint.shin.sk.ca/SDQC/Data%20Quality%20Committee/2009-12-10meeting/DAD%20Special%20Care%20Unit%20Reporting%20DRAFT%202009-12-07%20SMM.doc</a>	Reporting Special Care Units to DAD Draft by Sheena McRae
<a href="https://sharepoint.shin.sk.ca/SDQC/Data%20Quality%20Committee/2009-12-10meeting/DQC%20plan%20for%202009-10%202009-11-20%20SMM.doc">https://sharepoint.shin.sk.ca/SDQC/Data%20Quality%20Committee/2009-12-10meeting/DQC%20plan%20for%202009-10%202009-11-20%20SMM.doc</a>	DQC plan for 2009-10 - 2009-11-20 by Sheena McRae
<a href="https://sharepoint.shin.sk.ca/SDQC/Data%20Quality%20Committee/2009-12-10meeting/SDO%20TOR%20Nov2009%20signed.doc">https://sharepoint.shin.sk.ca/SDQC/Data%20Quality%20Committee/2009-12-10meeting/SDO%20TOR%20Nov2009%20signed.doc</a>	Terms of Reference 2009
<a href="https://sharepoint.shin.sk.ca/SDQC/Data%20Quality%20Committee/2011-03-29%20Meeting/SDO%20Contact%20List%202011%20Mar%20202011v2.doc">https://sharepoint.shin.sk.ca/SDQC/Data%20Quality%20Committee/2011-03-29%20Meeting/SDO%20Contact%20List%202011%20Mar%20202011v2.doc</a>	DQC Contact List 2011
<a href="https://sharepoint.shin.sk.ca/SDQC/Data%20Quality%20Committee/2011-03-29%20Meeting/Map2011%20(March%20202011v2).doc">https://sharepoint.shin.sk.ca/SDQC/Data%20Quality%20Committee/2011-03-29%20Meeting/Map2011%20(March%20202011v2).doc</a>	DQC Map 2011

All documents mentioned are available on the DQC SharePoint site: <https://sharepoint.shin.sk.ca/SDQC/default.aspx>. There's an established 90 day password limit. It is helpful to set an email reminder to yourself to avoid calling the Help Desk to reset your password. If required, contact eHS Service Desk at (306) 337-0600 or 1-888-316-7446 (toll free).