

Saskatchewan Data Quality Committee

Minutes of Meeting: Thursday, Oct. 13, 2011

Location: Saskatchewan Health, Regina

Time: 10:05 a.m. – 14:35 p.m.

MINUTES

Present:	Roxanne Baldwin, eHealth Saskatchewan Diane Collins, Heartland Health Region Linda Flaman, eHealth Saskatchewan Cathy Huang, eHealth Saskatchewan Sheena McRae, Ministry of Health	LeeAnn Carr, Regina General Hospital Ernie Craig, eHealth Saskatchewan Jana Hansen, SHIMA Shirley Hunt, Melfort Hospital Leslie Sharp, Yorkton Regional Health Centre
WebEx:	Barb Bakke, Saskatoon Health Region Connie Bonar, Prince Albert Parkland RHA Karen Dobroskay, Saskatoon Health Region Nedeene Hudema, Health Quality Council Kristy Mabon, CIHI Rhonda Murfitt, Saskatoon Health Region Linda Perrier, Saskatoon Health Region Jill Strachan, CIHI Diane Wiebe, CIHI	Brana Bilusic, Moose Jaw Union Hospital Kathy Braaten, Saskatoon Health Region Krista Fong, CIHI Chalsey Klassen, LaRonge Health Centre Michelle McCulloch, Saskatoon Health Region Leslie Olson, Saskatoon Health Region Deb Roney, Moose Jaw Union Hospital Bev Weyland, Saskatoon Health Region Jennifer Zeriff, Saskatoon Health Region
Regrets:	Kelly Abrams, CHIMA Krista Bostock, Sun Country Health Region Kathy Gieni, Saskatchewan Hospital Kim Hansen, Keewatin Yatthé Health Region Kirsty Journeaux-Zucchet, CIHI Cathy Makie, Pasqua Hospital Sharon Penney, Saskatoon Health Region Mary Ann Woods, Cypress Health Region	Teresa Arthur, Athabasca Health Authority Janelle Gerein, Cypress Health Region Sean Goalen, Saskatchewan Health Sharon Jaindl, Prairie North Health Region Lori Knight, SIAST Susan Mohr, Weyburn General Hospital Lynn Rotariu, Pasqua Hospital
Guests:	Joanne Bourassa, Weyburn General Hospital	Hsin-Hua Wei, Ministry of Health

1. WELCOME & INTRODUCTIONS:

Sheena welcomed new members, Jana Hansen (SHIMA), Sharon Penney (Saskatoon Health Regions), Brana Bilusic (Five Hills Health Region), Hsin-Hua Wei (Research Officer, Acute & Emergency Branch MOH) and Kristy Mabon (CIHI Classification Specialist). Sheena expressed our deepest sympathy on the passing of Kathy Marcotte in June. Kathy was very well respected in her field, and was truly liked by everyone in our province and at CIHI. Her enthusiasm, personal touch & extensive knowledge will be sadly missed by all!

a) *Review Agenda:* Adopted with no additions or changes.

b) *Review Minutes of June 1, 2011 meeting:* Approved with no changes.

c) *Review of Action Items from June 1, 2011 meeting:*

- **Surgical Site Infection Presentation by Beliz Acan, HQC:** Slides were shared with DQC members. The DAD, Physician and Prescription data has now been added. If anyone wants to see an updated draft or provide comments contact: baican@hqc.sk.ca
- **Observation Patients:** See discussion under Agenda Item 3a).
- **Discharge to Correction Institution:** The new Institution Number that was added for Jail/Law Enforcement is 79450.
- **Responses for NCAD:** Sheena responded to the proposed changes on Loss of Consciousness, Interventional Radiology, & Geriatric Assessment Field.

2. REGULAR REPORTS:

2a) eHealth Saskatchewan (Ernie Craig):

- HISC/SHIN was formed into a Treasury Board Crown Corporation in February 2011.
- A CEO has not been hired yet.
- Health Regions, Ministry of Health & eHealth data sharing agreements have been signed.
- Jill Strachan, Anne MacFarlane & Brenda Jameson met in September to negotiate the terms of the Bilateral Agreement with CIHI. It was agreed that:
 - The Education component is important & will be continued,
 - Portal costs will be rolled in and the service will be expanded,
 - Portal seats to be reviewed to allow for proper assignment of seats (reader, consumer, analyst),
 - The agreement will be signed in March (for the period up to 2014 with a one year extension period).

Saskatchewan Health (Sheena McRae):

- **SK Surgical Initiative:** The **Specialist Directory** has been updated by the same people responsible for building BC's surgical wait time web site. It is now easier to find current wait time information and surgeon/specialist availability. You can now search by body part, or by related procedures (e.g. hip replacement). It lists surgeons who did 5 or more procedures per year. You can easily see the 90% percentile and median wait time, number of cases on waitlist, cases completed, or percent of people waiting over 12 months at a location or region. The goal for 2011-12 is for everyone to be offered a date for surgery within 12 months of booking by March 31, 2012. Refer to: <http://specialists.health.gov.sk.ca/>
- **Policy Driven Planning Process:** A consulting firm (John Black & Assoc.), the Ministry of Health, eHealth, HQC, the Cancer Agency, and the Health Regions are joining together in a policy driven planning process to choose 3-5 projects to focus on in 2012-12. Consultations will begin in November and will use data to drive decisions (e.g. ALC, Ambulatory Care Sensitive Conditions, Vital Statistics, Cancer Rates, Demographics, Population Health Indicators like smoking, communicable diseases etc.). Also, Quality Insight online will be used for some processes.
- **Acute & Emergency Services Branch:** Welcomes two new Analysts, Hsin-Hua Wei and Xing Liu.

2b) Health Quality Council (Nedeene Hudema):

- Nedeene reports that HQC is continually collecting more data, and is working on data sharing agreements.
- HQC is working closely with Cypress Health Region to get indicators & dashboards on-line. They are developing charters, adding more QI measures & regional data.
- A new analyst has been hired to work on grants and pharmacoepidemiology work.
- MDS metadata work is underway with the documentation to be shared with eHealth.
- Contact Nedeene Hudema at: nhudema@hqc.sk.ca or refer to: <http://hqc.sk.ca> and <http://www.qualityinsight.ca/>.

2c) CIHI Client Affairs Report (Jill Strachan): *Refer to Section 1: SK DQ Meeting-CIHI Report_Oct13, 2011.docx*

- **CHRP** will contain 4 yrs. of clinical data (FY2007/08-2010/11), and 3 yrs. financial data (FY2007/08-2009/10), along with new indicators and big dot indicators. The public release is expected Oct. 28, 2011. Refer to: www.cihi.ca/hospitalreporting
- **HSMR** release on Dec. 8, 2011 will have baseline data from FY2004/05-2010/11. Methodology will change for 2012/13 to include updates such as use of Quebec data and standardization to a new baseline year. Watch for Communications coming from CIHI.
- **Cost Drivers Report:** Jill will send a note to Pauline Rousseau & Kathleen Peterson (Strategy & Innovation Branch, MOH) to see how this report fits into the Ministry strategic direction & can be used in operations.
- **Land/Oasis Newsletter:** Subscribe to the online monthly e-newsletter on the CIHI website www.cihi.ca/land/
- Access the CIHI website www.cihi.ca for multiple media releases & new reports from Sept. to Dec. (such as: Why Maternal Age Matters, Outcomes of Multiple Gestation Babies, Therapeutic Abortion Data, Health Expenditures, Workforce Reports, Cost Drivers, Seniors Report & HSMR).

Contact Jill Strachan by email at: jstrachan@cihi.ca if you have questions on any of these reports, or if you have suggestions or ways to change the reports up to reduce the burden on indicator reporting or validation.

2d) CIHI DAD Client Services Report (Diane Wiebe): *See Section 2 SK DQ Meeting-CIHI Report_Oct13, 2011.docx*

- CIHI experienced difficulties as a result of migration off of the mainframe to Oracle platform resulting in erroneous error messages relating to the health care number field. Facilities were asked to temporarily suspend data submissions to DAD until the problems were resolved. Evaluation & testing has been completed, but as an extra precaution 8 sites were requested to put through live production as another final test. An email notification will be sent by CIHI &/or eHealth to clients to notify when to resume submissions. **NOTE:** CIHI requests that all HCN data identified on your previous error reports will have to be re-submitted as a correction (even if no change to the data was required). If you didn't keep your error list contact Diane Wiebe to pull up the Abstract IDs by email at: dwiebe@cihi.ca.
- Year-End Outstanding Error Report was generated on Aug. 8, 2011. Saskatchewan's overall error rate was 0.01%. (Only 37 abstracts remained with errors). This was a fabulous job, making our province fifth lowest rate in Canada!
- eDAD Reports will be replacing eCHAPS (targeted release Nov. 24th). Current eCHAPS users will automatically get access. The data will be refreshed monthly instead of quarterly and will contain 5yrs. of regrouped data plus the current year for trending and comparison. There will be 3 categories of reports available: Dashboards, Quick Reports & Custom Reports. New members can request access by contacting: dad@cihi.ca.
- There will be two "Understanding eDAD Reports" WebEx sessions offered on Nov. 28 & Dec. 12, 2011.
- Also, it was recommended to review: Introduction to CIHI eReporting (2hr. SLP).

2e) NACRS Client Services Report (Krista Fong): *See: Section 4: SK DQ Meeting-CIHI Report_Oct13, 2011.docx*

- Outstanding Rejected Records Report (ORRR) should read Sep.7th (not Sep.19). Next monthly ORRR will be released in December.
- 2006-2010 NACRS data has been regrouped into current 2011 CACS methodology & is available for download.
- The change to HCN edit 0222 (that splits one edit into hard edits and warnings) will be put into production within next month or so. CIHI will notify clients when available.

Action: Krista Fong please send notification to Karen Dobroskay & Linda Perrier, SHR when the NACRS HCN edit is available (as previously requested by Barb Bakke).

2f) Classifications Report (Kristy Mabon): *See: Section 3: SK DQ Meeting-CIHI Report_Oct13, 2011.docx*

- 2012 Coding Standards for ICD-10-CA/CCI were shared with National Coding Advisory Committee members to use in planning and preparation for abstracting changes starting April 1, 2012.
- Appendix D will have the detail for the 8 New, 36 Amended and 10 Deleted Coding Standards for v2012.
- See Page 5 of the CIHI Report for a summary of New Edits that will be implemented in April 2012.
- ICD-10-CA/CCI Folio will be available in CD-ROM format for schools only. All other clients will either download or order directly from the CIHI's website under the same licensing arrangements.
- New Education products – available now:
 - iCode Case Study: Sepsis/Pneumonia/COPD
 - ED Coding: Getting Your Diagnosis Codes Right
 - Different Codes for different Strokes (eLearning)
- In Development:
 - Moving forward using v2012 of ICD-10-CA/CCI (SLP) – approx. 25 topics – expected Feb 2012
 - 5 self study products, with enhanced & updated content for 2012:
Staying on Track with Palliative Care, Bariatric Surgery, Epilepsy, SIRS, & Cardiac Interventions
- Review Coders' Resource Page, Education workshops and upcoming "What's New for 2012" sessions at: www.cihi.ca.
- **Current Data Quality Issues:** Please review all diagnosis codes where there is an Intervention Mismatch, such as:
 - Surgical repair of obstetrical laceration (diagnosis & intervention code mismatch, or diagnosis code missing. For example: 070.201 without 3rd degree tear 5.PC.80.JQ).
 - Missing codes for angiogram with PCI, (1.IJ.50^^, 1.IJ.57-GQ-FV or 1.IJ.57.GQ-GX assigned without 3.IP.10.VX or 3.IP.10.VY).

Note: Roxanne Baldwin has developed new DQ Checks for the two Data Quality Issues mentioned by Kristy (obstetric mismatch & missing angiogram with PCI) that will be sent to sites with the monthly SK Quality Assurance Edits.

3. FOLLOW UP ITEMS:

3a) Reporting Policy for Observation Patients: *See Admit for Observation from June meeting.*

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

In March, Dr. Laursen, medical advisor to the Ministry & Chair of the Senior Medical Officers' Committee suggested that an 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.

In Regina patients who are admitted to the observation unit but failed the inpatient screening are reported to the DAD. They have an abbreviated chart and do not require a history and physical discharge summary. These cases make the Ambulatory Care Sensitive Conditions rate higher in Regina and may also result in shorter Average Length of Stay values.

Weyburn has labels for final diagnosis & Time is captured in project area.

Heartland uses a 24hr time limit for observation patients.

Additional scenarios were discussed.

Action: Sheena to write something up to put on Agenda for November NCAD meeting and copy Krista Fong & Diane Wiebe. She will see what other provinces are doing & report back to DQC.

3b) Proposal for LEAN project for improving timeliness of DAD submissions: Sheena submitted a proposal to the Strategy and Innovation Branch in the Ministry of Health, but they sent back a template to be filled out and require sign off from an Executive Director before the project would be considered. There was some discussion around the regional management contacts who would be interested in supporting such an initiative. Health Records falls under different portfolios depending on the region. For example, in Sunrise, Health Records falls under the Chief Information Officer rather than the acute portfolio. It was thought that Carol Klassen is currently chairing the CIO forum and might be a good person to contact for support. The suggested target is to improve timeliness of submissions (from 60 days to 31 days after month end as a target). This would have many advantages & benefits for data users & patients alike, as Saskatoon Health Region's initiative proved.

Action: Sheena to fill out the templates and talk with her Executive Director regarding sponsorship of the LEAN project.

4. NEW BUSINESS:

4a) Quality Assurance Edits: Roxanne Baldwin has finished incorporating CIHI's Technical Specifications with the SK Quality Assurance Edit Reports for 2011-12, plus added a few new edits into the program in October. The revised document will be emailed out in November and monthly reports will be returned to sites to complete corrections.

4b) Proposed Changes to DAD/NACRS for NCAD (FY 2013-14):

- Add 13 new values for physician service groups
- Diagnostic intervention Gender Restrictions – remove gender restrictions from ICD-10-CA/CCI Validation categories to cover transgender cases, change from Female or Male only categories to:
 - Male & Other,
 - Female & Other, and
 - All genders
- Anaesthetic Technique – value for unknown technique added (Monitor the use of this field for Data Quality in 2013).

4c) Wait Time in ED for Inpatient Bed:

- **Pay for Performance Calculation:** Introduction of criteria to compensate health region CEO's plus or minus 10% based on a selection of various measures. Some will be province wide measures to encourage co-operation among regions. For Example: Wait time in the ED for an inpatient bed for RQHR, SHR, & PA (6 largest hospitals in the province), not to lose ground on the wait time for Cancer surgery (3 weeks), and reduce wait lists for patients waiting greater than 12 months.
- **Draft Definition** – length of time in ED after decision to admit (90th percentile) based on the admission date-time and the date and time the patient leaves the ED for the inpatient ward.

Regina feels that NACRS is a better source of information for them. They would like to exclude the patients that are never given an inpatient admission order and are only admitted to the observation unit.

Saskatoon feels that there are more unknown time points in their NACRS database compared to the DAD.

Action: Barb Bakke & Michelle McCulloch recommend that everyone use the same data source in the definition. They will meet off-line to discuss this with Regina and PA. They will prepare a list the data limitations for Sheena.

4d) Unknown Admission Times: SHR discussed problems that have been created by documenting the new unknown admission time field (9999). There has been a large shift in reporting the unknown values especially in ED (from 3-5% in FY2010 to 40% in year to date 2011-12 data). The time decision to admit on Physician Orders Form or ED Registration form used to be accepted as registration time. If either, the Disposition/Time Bed called for or physician order to admit is not recorded on either form SHR reports 9999. This impacts calculation of many CIHI indicators, wait time for hip fracture repair, wait times in ED for an inpatient bed, etc. Saskatoon does not have the capacity for staff to look over various places on the chart to document times. RGH & PA continue hunt for times on various places on the chart.

How will this affect national statistics, if some are putting in dates and others are reporting undocumented times??

Jill suggests senior management push for change to improve documentation & enforcement. For Utilization purposes, Sheena suggests, an approximate time (perhaps within plus or minus 15 minutes) is better than an unknown value.

Action: Sheena will bring this issue to NCAD for additional discussion at the December meeting.

Sheena will do some Data Mining of this field to see how other provinces are using this field & report to the committee.

4e) Reporting ALC days (Rhonda Murfitt & Kathy Braaten): How are other regions capturing ALC? Are they using chart documentation, or by instructions by Finance? Saskatoon feels that ALC day are being under-reported.

- 1.) DQC Report Card can be used to illustrate how a high number of cases may be potentially under reported as ALC days.
- 2.) Excel File by Hsin-Hua Wei looks at ALC days using a greater trim point for ELOS. The summary shows that the provincial data is reducing each year but is still higher than other provinces.

Regina verifies against reports from Finance as well as lists of patients approved for ALC by SWADD (System Wide Admission Discharge Department.). Sunrise uses Lily Wang's monthly reports and fills in missing ALC information if required. Diane Wiebe reinforces the guideline that ALC Designation does not depend on Finance, but on physician documentation. She suggests that staff do a yearly presentation to staff & physicians or discharge co-ordinators to increase awareness.

Jill Strachan mentions that Home & Continuing Care Systems are looking at ALC data (especially Waiting Placement cases). Also eDAD will be developing reports for underreporting ALC data.

Action: Michelle McCulloch will share ALC Report Card with Kathy Braaten, SHR. The monthly report produces chart numbers of cases for review.

4f) Should Rhinolaryngoscopies be recorded in DAD as Day Surgery?

Shirley Hunt reports a visiting specialist has been coming to Melfort & is performing a few each month.

There were 34 cases of 2.GE.70.BA reported to DAD performed in Main Operating Room. & 19 other cases.

RGH reports that if done in the Main OR it is reported as Day surgery and if done in ED these cases aren't coded.

Action: Regions to go back and check their expected volumes of cases and bring to next meeting for a final decision on how cases should be reported.

Action: Kristy Mabon will forward a new coding tip on coding Septoplasty to include with minutes.

4g) Update on Canadian Hospital Reporting Project (Jill Strachan): Deferred to next meeting.

Question & Discussion on how to code Midwife:

The following fields can be used to identify midwives:

Patient Service: see OBS Delivered, OBS Antepartum, OBS Post partum (applicable Services 51-54, 59),

Provider Service: 11004,

Provider Number /Intervention Provider Number: (MSB assigns a Physician Billing Number for midwife).

5. NEXT MEETING:

Thursday, December 15, 2011

10 AM – 3 PM

St. Paul's Hospital

1702-20th Street West

Saskatoon, SK

Room 118, C Wing (Old Nurses' Residence) *(location was confirmed after meeting)*

Please consider using the option to attend via WebEx in case driving conditions are not good.

MEETING EVALUATION:

Adjourned: 14:35

Related Items located on the Share Point Site	
Document Name	Description
https://sharepoint.shin.sk.ca/SDQC/Data%20Quality%20Committee/2011-10-13%20meeting/SK%20DQC%20Agenda%202011-10-13%20SMM.doc	Agenda Oct. 13, 2011
https://sharepoint.shin.sk.ca/SDQC/Data%20Quality%20Committee/2011-10-13%20meeting/SDQMINUTES%202011-06-01Final.doc	Minutes of past meeting (June 1/11)
https://sharepoint.shin.sk.ca/SDQC/Data%20Quality%20Committee/2011-10-13%20meeting/SK%20DQ%20Meeting%20-%20CIHI%20Report%20Oct%2013%202011.docx	CIHI Report by Jill Strachan, Diane Wiebe, Krista Fong & Kirsty Mabon
https://sharepoint.shin.sk.ca/SDQC/Data%20Quality%20Committee/2011-10-13%20meeting/DAD_2010-11_DQ_Report_Card_By_Inst-01Aug2011.pdf	2010-11 Open Yr. Data Quality Report Card By Institution by Lily Wang
https://sharepoint.shin.sk.ca/SDQC/Data%20Quality%20Committee/2011-10-13%20meeting/Unknown%20Admit%20Times%20-%20Apr%20May%202011.pdf	Unknown Admit Times Apr May 2011 Report by SHR
https://sharepoint.shin.sk.ca/SDQC/Data%20Quality%20Committee/2011-10-13%20meeting/Wait%20Time%20in%20ER%20for%20an%20IP%20Bed%20-%2090th%20Percentile%20-%20DAD.pdf	Wait time in ER for an IP Bed -90 th Percentile Report by SHR
https://sharepoint.shin.sk.ca/SDQC/Data%20Quality%20Committee/2011-10-13%20meeting/2011-12%20SK%20QA%27s.doc	2011-12 SK QA's by Roxanne Baldwin
https://sharepoint.shin.sk.ca/SDQC/Data%20Quality%20Committee/2011-10-13%20meeting/DAD%202005-06%20to%202010-11%20ALC%20Analysis%20holl1519%202011-08-31%20HHW.xls	DAD 2005-06 to 2010-11 ALC Analysis by AESB
https://sharepoint.shin.sk.ca/SDQC/Data%20Quality%20Committee/2011-10-13%20meeting/DAD%20NACRS%20FY%202013-14%20Annual%20Change%20Cycle_Preliminary_September%2014%202011_EN.docx	DAD NACRS FY 2013-14 Change Cycle Prelim Report, NCAD
https://sharepoint.shin.sk.ca/SDQC/Data%20Quality%20Committee/2011-10-13%20meeting/P4P%20AESB%20ED%20Wait%20Inpatient%20Bed%20DRAFT%202011-10-11%20SMM.doc	Pay for Performance AESB ED Wait Time for Inpatient Bed Oct/11 Draft by Sheena McRae
https://sharepoint.shin.sk.ca/SDQC/Data%20Quality%20Committee/2011-10-13%20meeting/Saskatchewan%202011-12%20Provision%20of%20Data.xls	Provision of Data Schedule 2011 (Timelines to create data files)
https://sharepoint.shin.sk.ca/SDQC/Data%20Quality%20Committee/2011-10-13%20meeting/SDQ%20Contact%20List%202011%20Oct%202011.doc	DQC Contact List 2011 (Oct/11)
https://sharepoint.shin.sk.ca/SDQC/Data%20Quality%20Committee/2011-10-13%20meeting/Map2011%20(Oct%202011)v4.doc	DQC Map 2011 (Oct/11)
From past meetings for reference	
https://sharepoint.shin.sk.ca/SDQC/Data%20Quality%20Committee/2009-12-10meeting/SDQ%20TOR%20Nov2009%20signed.doc	Terms of Reference 2009

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).