

**Saskatchewan Data Quality Committee Meeting
Saskatoon, Saskatchewan
March 29, 2011**

**J. Strachan, Client Affairs Manager, SK & NWT
D. Wiebe, CIHI Client Services Representative, DAD
K. Marcotte, Classifications Specialist**

Kirsty Journeaux – Zucchet/Krista Fong, CIHI Client Services Representative, NACRS

1.0 General Items of Interest

- **Cost Drivers Project:** The goal of the Health Care Cost Drivers project is to provide comprehensive information on the key drivers of public-sector health care spending in the past ten years, how Canada's situation compares with key OECD countries and insight into probable key drivers of health spending into the future. Major cost drivers to be investigated include physicians, drugs, hospitals and other health expenditures. The report is scheduled for release in fall, 2011.

1.2 Upcoming Media Releases and Reports

April/May

- Trauma Registry Report, 2009
- Wait Times Tables – A comparison by Province, 2011
- Medical Lab Technologist, 2009
- Medical Rad Technologist, 2009
- Giving Birth in Canada, 2009-10
- Physician Retirement Trends
- Trends in Acute Inpatient Hospitalizations and ER Visits, 2009-10
- Obesity in Canada, 2011

2.0 DAD Update

2.1 Submission Status Report

| Date & Fiscal Year | April (01) | May (02) | June (03) | July (04) | Aug (05) | Sept (06) | Oct (07) | Nov. (08) | Dec (09) | Jan (10) | Feb (11) | Mar (12) |
|--|------------|----------|-----------|-----------|----------|-----------|----------|-----------|----------|----------|----------|---------------|
| 16/03/2011 Inpatient | 69 | 69 | 69 | 69 | 69 | 67 | 58 | 55 | 45 | 18 | 5 | 3 *no seps |
| Facilities submitting to the DAD: acute care (65) and acute psychiatric (4) – Total 69 institutions. March 16, 2011– 596 periods of data received out of 828 periods expected equals 72% of periods of data received for FY 2010-2011. | | | | | | | | | | | | |
| 10/03/2010 Inpatient | 70 | 69 | 69 | 68 | 66 | 64 | 58 | 52 | 37 | 7 | 2 | 0 |
| Facilities submitting to the DAD: acute care (66), <i>chronic (1)</i> , and acute psychiatric (4) – Total 70 institutions. March 10 th , 2010 – 562 periods of data received out of 852 periods expected equals 65.9% of all periods of data received for FY 2010-2011. | | | | | | | | | | | | |
| 16/03/2011 Day Surgery | 25 | 25 | 25 | 25 | 25 | 24 | 21 | 19 | 16 | 5 | 0 | 0 |
| Facilities submitting to the DAD: Total 25 institutions. March 16, 2011– 210 periods of data received out of 300 periods expected equals 70% of periods of data received for FY 2010-2011. | | | | | | | | | | | | |
| 10/03/2010 Day Surgery | 25 | 25 | 25 | 25 | 24 | 23 | 22 | 21 | 13 | 0 | 0 | 0 |
| Facilities submitting to the DAD: Total 25 Institutions. March 10 th , 2010 – 203 periods of data received out of 300 periods expected equals 67.7% of periods of data received for FY 2009-2010. | | | | | | | | | | | | |

2010-2011 Data Submissions

The data submission statistics represent all data received by the DAD as March 16, 2011. CIHI should have received nine periods of data from all facilities by March 4th, in order to meet the 3rd quarter eCHAP deadline. The 2010-2011 3rd quarter eCHAP reports will be posted to the CIHI website in early April.

2.2 2010-2011 DAD Outstanding Hard Error Report

The most recent 2010-2011 Outstanding Hard Error Report was generated on March 01, 2011. The overall hard error rate for Saskatchewan was 0.10%. There were 172 abstracts out of 170,709 records submitted with errors. Understandably, the majority of errors are found in the Health Care Number field (115). Another 32 errors were found in the Provincial Ancillary Area. Reminder: Reports will now be generated monthly (on the 1st of the month), until the end of the fiscal year. Please ensure all errors identified in the Submission Detailed Error File are corrected prior to the Outstanding Hard Error report generation.

2.3 DAD Education

- Please see the CIHI website (Education Link) in early April to access an archived recording of the “**What’s New series**” of web conferences.
- Beginning in Fiscal 2011, DAD facilities will be required to submit an electronic DAD Institution File before submitting any test or live data.

Please see the bulletin dated March 15th, 2011 entitled “**2011-2012 DAD Institution File and Facility Testing (New Procedures)**” for more information. There are several new reports associated with this new process. Please refer to the *Discharge Abstract Database Data Submission Manual* (found on the same web page as the Discharge Abstracting Manual). As well, register for a self-learning course entitled *DAD Data Submissions Corrections: Rules and Tools* via CIHI’s learning centre.

2.4 Q2 DAD Data Quality Technical Specifications Document

Errata:

- 1) Appendix A – Missing ICD-10-CA code H59.0 from the list of Post Procedural conditions.

Appendix A of the Q3 version of the DAD Data Quality Technical Specifications document will be updated with this information.

- 2) Intervention Pre-Admit Flag – CIHI discovered an error in the way data for this analysis was processed. If a pre-admit intervention had multiple anaesthetic techniques recorded, the Pre-Admit Flag was copied to match each technique in the intervention, while the CCI code was not. This appeared to us that the Intervention Pre-Admit Flag had been recorded but the intervention (CCI code) field was left blank.

This error will be corrected in the Q3 analysis.

2.5 Diagnosis Prefix 5 and 6 Survey – Summary of Feedback

An analysis of Fiscal **2009-2010** data identified large volumes of errors in the assignment of Diagnosis Prefix 5 and 6. At the request of the NCAD Steering Committee, the DAD Team circulated a survey to clients to determine the source of these errors.

The following data quality issues discovered were discovered:

- 1) Missing – Post-admit comorbidities were not assigned Diagnosis Prefix 5 or 6 when an intervention was performed in the Main OR, (Intervention Location 10) or Cardiac Catheterization Room (Intervention Location 08) or when an intervention was one of the three selected cardiac OOH Interventions.
- 2) Invalid – Post-admit comorbidities were assigned Diagnosis Prefix 5 or 6 but the intervention was not performed in Intervention Location 01, 08 or the intervention was not one of the three select cardiac OOH Interventions.
- 3) Invalid – Diagnosis Prefix 5 or 6 was recorded with a Diagnosis Type other than 2 (post-admit comorbidity)
- 4) Invalid – Diagnosis Prefix 5 or 6 was recorded on day surgery records.
- 5) Invalid – Diagnosis Prefix 5 or 6 was recorded with obstetrical codes in the range of 000 – 099.

The most common explanations by clients for the errors occurring with Diagnosis Prefix 5 and 6 assignments were:

- 1) Too many changes introduced in Fiscal Year 2009-2010. Significant changes to the coding classifications, coding standards and DAD abstracting guidelines caused confusion for coding staff and decreased overall productivity.
- 2) Human error. Coders were not aware of the Diagnosis Prefix 5, 6 guidelines. Confusion between the Diagnosis Prefix and Diagnosis Cluster fields. Clients forgot to record the prefix when the criteria were present.
- 3) Lack of edits. There were no edits for Diagnosis Prefix 5 and 6 in fiscal 2009 or 2010 to alert coders.
- 4) Education material. Time constraints and workload issues prevented some clients from reviewing existing CIHI education materials. There is currently no single source document to refer to for Diagnosis Prefix 5, 6 guidelines. Information is found in the DAD Abstracting Manual, 2009-2010 What's New for DAD Web Conference (Archived), Promoting Data Quality: Abstracting Complex Scenarios in the DAD Web Conference (Archived), and Identifying Post-Intervention Events: Prefix 5 and 6 Assignment (SLP). Exceptions to assigning Diagnosis Prefix 5 and 6 (day surgery records and obstetrical cases) were not documented in the DAD Abstracting Manual for FY 2009.
- 5) Documentation Issues: Time constraints and productivity targets prevented the amount of time coders could spend reviewing records for the information necessary to assign the Diagnosis Prefix 5 and 6. Coding from incomplete charts affected the selection of Diagnosis Prefix 5 and 6.
 - Saskatchewan specific comments.

- Recommendations will be reviewed by the NCAD Steering Committee in the spring of 2011.

2.6 Level of Care “7” – Acute Psychiatry

In Fiscal 2004-2005, CIHI conducted an analysis of all institutions labelled as “acute” that were submitting data to the DAD. It was determined that four institutions labelled as acute psychiatry (Saskatchewan’s level of care 7) were not similar to other acute care institutions in terms of patient population (e.g. the distribution of CMGs found in these four sites were not similar to other acute care facilities). For this reason, the DAD decided to map these four sites to an analytical institution type that would prevent them from being included in the general analysis of acute care data. Instead, they would be included in the “free-standing psychiatric hospital” group for the purpose of research and reporting. This action precluded the four sites from being included in the eCHAP and Portal products at CIHI.

At the request of Saskatchewan Health, CIHI re-examined the evidence that was used to re-type the four institutions to analytical institution type 5 – Psychiatry. CIHI determined that data submitted by the four facilities was closer aligned to data submitted by acute psychiatric units in acute care hospitals rather than the free-standing, chronic psychiatric institutions.

The following action has transpired for Institutions:

- 77176 – Yorkton Regional Health Centre
- 77107 – Battlefords Mental Health Centre
- 77120 – Victoria Hospital
- 77168 – Weyburn Mental Health Centre

- As of Q3 (3rd quarter) 2010-2011, the above institutions will have their data included in the quarterly eCHAP reports available on the CIHI website.
- As of year-end Fiscal 2010-2011, the above institutions will be included CIHI Portal. This will include all quarters of data for Fiscal 2010.

3.0 Classification Report

3.1 Standards and Edits

- No new classification edits planned for F2011-2012
- Currently reviewing requests for edits for implementation in 2012-2013
- Some of the proposed new edits around:
 - prefix 5 and 6 assignment
 - diagnosis cluster assignment
 - prefix 8
- Continue to review the existing coding standards for amendments for v2012
- Initial draft to be completed by October 2011
- Review October to December 2011
- NCAC has been reviewing and providing feedback on the proposed revisions throughout the update process
- 15 standards for amendments
- 6 standards for deletion
- Potential new topics for inclusion in the standards:
 - Anemia of chronic disease
 - Acute blood loss anemia
 - CCI Code Selection
- Amendments are mostly minor
 - Post-intervention conditions – providing further clarification and additional issues not currently addressed in the standards

3.2 ICD-10-CA and CCI

v2012

- Codes have been finalized
 - ICD-10-CA: 205 new codes and 60 disabled codes (plus Lymphoma and leukemia morphology codes)
 - CCI: 447 new codes and 444 disabled code
- Highlights of changes:
 - Lymphoma and Leukemia
 - New codes for parastomal hernia
 - New classification of hemorrhoids
 - Pre-eclampsia
 - Pain Management
 - PCI and coronary angiogram
 - Robotic surgery
 - Arthroplasty
 - Neck Dissection
- Internal testing of Folio → April to June 2011
- Final vendor tables → November 2011
- CDs ready → January 2012

- Implementation → April 1, 2012

ICD-11

- Topical advisory groups are continuing their work on developing the chapters of ICD-11

3.3 Education

Recent releases:

- What's New for Classifications for 2011-12 (webX) – 5 sessions between Mar 22 and Mar 29 (4 English and 1 French)
- Obstetrics: Moving Beyond the Basics (SLP)
- CCI: 10 Years in Action! (SLP)
- Exploring the Lower GI Tract With CCI (Workshop)

Soon to be released:

- Different Codes for Different Strokes (elearning) – March 22, 2011
- iCODE case study: Sepsis/Pneumonia/COPD (SLP) – April 2011

In development:

- Moving Forward using v2012 of ICD-10-CA and CCI (SLP) – Feb 2012
- NACRS Coding (eLearning)
- Updating all existing products for v2012 – April 2012
- Exploring the possibility of repurposing Moving Forward Using v2009 of ICD-10-CA and CCI
- What's New for v2012 – Q4

Saskatchewan Workshops:

- Exploring the Lower GI Tract with CCI (1/2 day workshop) - New
 - Saskatoon: December 8, 2010
 - Regina: January 12 and 13, 2011 **ONE CANCELLED DUE TO LOW REGISTRATIONS**
- Meeting The Challenge (1/2 day workshop) - Rerun
 - Regina: January 12, 2010 **CANCELLED DUE TO LOW REGISTRATIONS**
- Post-Intervention Data Collection (1/2 day workshop) - Rerun
 - Saskatoon: December 8, 2010
 - Regina: January 13, 2011 **CANCELLED DUE TO LOW REGISTRATIONS**
- Visit www.cihi.ca to review ALL current education available

3.4 Coders' Resource Page

Classification Tips:

- Spinal Decompression

- Cardiac Catheterization
- Childhood Asthma – Data Quality Check
- Location Attribute ‘U’ at 1.NM.87.^^
- Medical Abortion
- Apheresis
- How to Select the External Cause Code in the Table of Drugs and Chemicals
- Anatomy Sites Ileocecal valve Ileum

Coming Soon:

- Data quality checks – palliative care
- J17.0* Diagnosis type 3 or 6
- Drug Resistant Infection-data quality check
- Classification of Sepsis-Key Messages

3.5 eQuery

As of March 17:

- 47 queries in the queue
- Oldest being March 7, 2011

3.6 Data Quality Issues

3.6.1 Inappropriate Use of Status Attribute for Type of Cesarean Section

For v2009 of CCI, new mandatory status attributes were introduced at rubric 5.MD.60.^^. The purpose of these attributes is to provide information on *primary versus repeat* cesarean section and *emergency versus elective* cesarean section as this information cannot be obtained from diagnoses codes.

Even though these attributes have been introduced into CCI, selecting a diagnosis code to indicate a history of previous cesarean section is still required coding. The diagnoses codes and the status attributes are used for two different purposes. The diagnoses codes are used in the grouping methodology to place the case into the correct CMG. The status attributes are used for the purpose of health indicators and research.

Data Quality Check:

5.MD.60.^^ recorded with a status attribute of N4 *Elective repeat c/s* or N6 *Emergency repeat c/s without* one of the following codes represents a data quality issue:

- O34.20- Uterine scar due to previous Caesarean section
- O66.40- Failed trial of labour following previous caesarean

One of two things is incorrect in the coded data:

1. The diagnosis code is missing **OR**
2. The incorrect status attribute has been selected

3.6.2 Inappropriate Use of Status Attribute for Revision Arthroplasty

It is extremely important that users of CIHI data are able to distinguish *primary arthroplasty* from *revision arthroplasty*. A primary replacement is the first replacement procedure where the natural bone is replaced with an artificial joint prosthesis. A revision arthroplasty is one where an existing prosthesis (or components thereof) needs to be removed and replaced with a new or improved prosthesis or components.

In order to provide accurate and meaningful data on joint replacements, it is *imperative* that the revision attribute be applied correctly. *R Revision* denotes a *revision arthroplasty* and *0 Not applicable* denotes a *primary arthroplasty*.

Revision arthroplasty means that:

- the patient has had a previous arthroplasty **AND**
- some (at least one) or all of the old components are removed and replaced with new components or a temporary cement spacer

Removal of an old internal fixation device (e.g. dynamic hip screw) followed by arthroplasty is a primary arthroplasty NOT a revision arthroplasty. Reporting this scenario as a revision results in *over-reporting* of revision arthroplasty.

There is another data quality issue which results in under-reporting of revision arthroplasty. The code categories T84.0 *Mechanical complication of internal joint prosthesis* and T84.5 *Infection and inflammatory reaction due to internal joint prosthesis* indicate that the patient has a complication of a previous joint replacement. When these codes are paired with an intervention from 1.SQ.53, 1.TA.53, 1.VA.53 or 1.VG.53 they denote a revision arthroplasty and the appropriate status attribute is *R Revision*.

4.0 NACRS Update

4.1 Saskatchewan NACRS Implementation update

2010-2011

Three sites in the Saskatoon region are currently working toward NACRS data collection and submission in 2010-2011. Melfort Hospital in Kelsey Trail has submitted Level 3 data for 6 periods. However, due to a staffing shortage we do not expect to receive additional NACRS data this fiscal. Victoria Hospital in Prince Albert is hoping to submit Level 1 in the coming months.

4.2 Education

- The current education products are being updated for 2011-2012 and will be available early in the new fiscal year.
- Both the Data Collection and Data Submission and Corrections modules are being updated for 2011-2012.
- What's new for NACRS 2011-12 sessions were held on March 1st, 7th and 21st. A recorded session will be available shortly for any clients who were not able to attend one of the three web conferences.
- NACRS has developed new Management Reports to assist the clients in monitoring data submissions and will be available in the new fiscal year. More information will be available in the NACRS updated education products and an information bulletin will be released shortly. Information on the new Management Reports was provided at the What's New for NACRS web conferences as well.
- The 2011 NACRS Manual was released in February 2011.
- A bulletin and FAQ document regarding testing procedures was recently distributed. It is also available on the CIHI website.

4.3 CIHI Website

CIHI has redesigned the website. This new design is based on customers' feedback. The new website has been designed to help clients have a better online experience through enhanced features. These include an advanced search feature (with added drop down filters so

clients can narrow the topic), automated news about topics and answers to Frequently Asked Questions (FAQ).

4.4 Coder's Resource Page

The Coder's Resource page is accessible via Client Services and provides a number of internal CIHI resources as well as external resources including tips for coders.