

Saskatchewan Data Quality Committee Meeting
Saskatoon, Saskatchewan
October 13th, 2011
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1.0 – CIHI General Update

Canadian Hospital Reporting Project

Updates to the CHRP eTool

We are pleased to inform you that the most recent year of data, FY 2010-11, will now be made available to you earlier than it has been in past years. At the end of October the following updates will be available within the CHRP eTool:

- Upload of new data:
 - Four years of clinical data: FY 2007-08, 2008-09, 2009-10 and 2010-11
 - Three years of financial data: FY 2007-08, 2008-09 and 2009-10
- Refined indicators and updated results for selected clinical indicators for FY 2007-08 to FY 2009-10 due to methodological changes. (Please refer to the *Technical Notes for Clinical Indicators* document for more information). These include:
 - Nursing-Sensitive Adverse Event for Medical conditions
 - Nursing-Sensitive Adverse Event for Surgical conditions
 - Birth Trauma- Injury to Neonate
 - 5 day Mortality Following Major Surgery

Upcoming Indicator Developments

CIHI is also working on an Overall Readmissions indicator as part of the CHRP 2012 release. Data for this indicator and its related technical documents will be made available to participants for review in late fall.

Public Release of CHRP Results

As you may be aware, CHRP indicators will be publically released in Spring 2012. To ensure there is clear communication around the details of the public release we will begin to roll out communication and supporting activities to CHRP participants in the coming months.

Process for Reviewing your Data

The Data Refresh, scheduled for the end of October, will provide you with an opportunity to review up to four years of clinical and financial data directly within the current private CHRP eTool. This will allow you to see the most updated results prior to

the public release. Please do not hesitate to contact us if you have any questions or require further assistance. For additional information, please visit our website at www.cihi.ca/hospitalreporting.

HSMR – Upcoming Changes

There are no changes to methodology for December 8, 2011 release. The public release will include HSMR results for 2004–2005 to 2010–2011 and will include large regions, hospital corporations and facilities with at least 2,500 HSMR separations in each of the seven years being reported.

In 2012-13 the HSMR methodology will be refined to ensure that it reflects the current mortality experience in Canada. Starting in **early 2012**, we will be releasing HSMR results with an updated baseline calculated using 2009–2010 data (the current baseline was calculated using 2004–2005 data). In addition to updating the baseline year, we expect to introduce the following changes to the methodology:

- Include Quebec data in the updated 2009–2010 baseline data. This would result in the HSMR reference value of 100 reflecting the national Canadian experience.
- Update the top 80% list of diagnosis groups based on the latest mortality patterns. Update the Charlson Index Score algorithm based on the latest available scientific evidence.
- Introduce diagnosis groups–based modelling. Individual models with the same set of adjustment factors will be fit for each of the diagnosis groups, allowing for more precise case-mix adjustment and drill-down analysis.
- Update the definitions of medical and surgical patient populations.
- Update peer groups.
- HSMR eReporting and DAD eHSMR applications will be modified to reflect these changes

Land/Oasis Newsletter – this on-line tool provides monthly updates on what is happening at CIHI. People can subscribe by clicking on the picture of “Phil” on the splash page of the CIHI website. Includes sections on: What’s new? In Focus; Data in Action; CIHI in the News.

Recently Released and Upcoming Reports

- In Due Time: Why Maternal Age Matters (Sept)
- Outcomes in Multiple Gestation Babies (Oct)
- Therapeutic Abortion Data (Oct)
- Health Expenditures (Nov)
- Health Workforce reports (various – throughout Oct/Nov)
- Cost Driver Report (Nov)
- Seniors Report (Dec)
- HSMR (Dec)

2.0 DAD Update

2.1 DAD Data Submission

CIHI has experienced a number of difficulties as a result of the migration of the DAD off the mainframe. One of these issues was in relation to the existing edits that validated the Saskatchewan Health Care Number. This resulted in a number of DAD clients receiving erroneous error messages on their detailed error report. Until this issue is resolved, CIHI and Saskatchewan Health asked that facilities temporarily suspend submission of abstracts to the DAD.

Our DAD Analysts have recently completed a series of comprehensive tests that will ensure the health care number edits are now functioning properly. Final verification of the edits will be completed in the UAT environment the week of October 10 – 13th. Our Production Department will then process data currently on hold from 8 Saskatchewan institutions. This will take place on Monday, October 17th. Clients have been notified that the regular Data Submission Reports will be posted on the CIHI website following processing of the data. CIHI will thoroughly examine any detailed error reports triggered following Monday's data processing to ensure the health care number edits are functioning correctly. Once this is confirmed, we will send a notice via email asking facilities to resume submissions of test, original and correction files to the DAD. Regrettably, we are asking facilities to re-submit abstracts that were previously identified as having HCN errors. No change to the data is required.

2.2 2010-2011 DAD Outstanding Hard Error Report – Final

Year-End Report, August 08th, 2011

- Overall Error Rate: 0.01%
- Number of Abstracts with Errors: 37 abstracts; 40 errors
- Fifth lowest error rate pan-Canadian, with 3 provinces/territories having 0 errors.

2.3 New! eDAD Reports

September 30, 2011 Bulletin – New eDAD Reports

- A bulletin was released September 30th, announcing the upcoming release of the new eDAD reports replacing the eCHAP product. Target Date: November 24, 2011.
- Product is designed in Microstrategy and functions similarly to eNACRS, eMIS and Portal.
- 3 categories of reports: Dashboards, Quick Reports and Custom Reports.
- Current eCHAP users will automatically receive access to eDAD. New Core Plan members can request access by sending an email to dad@cihi.ca.

eDAD Report Features

- Report content is similar to eCHAP but is more flexible and refreshed monthly.
- eDAD contains 5 years of regrouped historical data whereas eCHAP only had the current year plus two previous fiscal years of data and the data was NOT regrouped.
- Reports are available in English and French.
- Dashboards: The Homepage; Report Index; Length of Stay-at-a-Glance.
- Quick Reports: Length of Stay Summary by Hospital; Resource Indicators; Inpatient/Day Surgery Comparison; Alternate Level of Care Profile; Length of Stay Summary by Catchment Area. Drill to comparison and trend views.
- Custom Reports: Further customization of Quick Reports.

Understanding eDAD Reports Web Conference

- Provides an overview of the eDAD Reports.
- Includes: an introduction to eDAD Reporting, how to navigate with workflow enhancements, description of how to access the eReports and live demonstration of Dashboards, Quick Reports and Custom Reports.
- Date/Time: November 28th (English), December 2nd (French) and December 12th (English), 1:00-3:00 EST.
- Recommended prerequisite for those new to Microstrategy: An Introduction to CIHI eReporting (EDW) SLP.

3.0 Classification Update

3.1 Standards and Edits

- On October 5, 2011, a pre-production draft of the *Canadian Coding Standards for ICD-10-CA and CCI for v2012* was shared with the National Coding Advisory Committee members for their convenience. It may be shared with health care facility coding managers for their use in preparation for implementation of v2012; however, recipients must be made aware of the limitations in the pre-production draft as outlined on the webboard.
- The pre-production draft is subject to change as a final quality review is underway within CIHI
- 8 New coding standards for v2012
- 36 Amended coding standards for v2012
- 10 Deleted coding standards for v2012
- General summary of the Classification edits for **implementation April 1, 2012.**
 - Missing Mandatory Diagnosis Cluster
 - Invalid Diagnosis Cluster (not linked to minimum of 2 codes)
 - Invalid Use of Prefix 5, 6 (appearing with diagnosis types other than 2 or no qualifying intervention)
 - Missing Prefix 5, 6
 - Invalid use of Prefix 8
 - Modify warning message 11 02 58 (add 1.SE.89 and 1.SC.89 to edit)
 - Delete edit 11 00 52 (Since many different drugs may be used for chemotherapy, this edit cannot cover all possible interventions appropriate with Z51.1. Case Mix confirmed the changes to the CACS 2011 will group by the diagnosis code rather than the intervention; therefore, validating this edit is no longer warranted.)
 - Delete edit 11 02 66 (Currently, this edit is incomplete and does not contribute to improving data quality- Capture is optional and volume of cases does not warrant an edit.)
 - Delete edit 10 00 55 (Clinical input confirmed I15 Secondary hypertension is not mutually exclusive with I10, I11, I12, I13.)

3.2 ICD-10-CA and CCI v2012

- Final vendor tables – November 2011
- CDs ready – January 2012
 - posting the v. 2012 ICD-10CA/CCI Folio products on our web site by the end of January 2012. Clients can download or order from the web site.
 - will not be circulating the v. 2012 ICD-10CA/CCI Folio products or have them available in CD-ROM format.
 - same licensing arrangements available that were in place in the past. There should not be any reason for concern.

- currently working on our communication strategy. Information and instructions will be disseminated in due course to all concerned.

CDs for Schools:

- the Schools will receive one multi-user CD. This is a special arrangement for the Schools – will not be available to others.
 - there is no “single-user” version being produced this year. Therefore, if the school “Bookstore” doesn’t place the bulk order at the discounted school rate, the students will have to the full Price B rate for a multi-user download (over \$500). Whereas, if the bookstore places the bulk order for the students, they can get it for under \$100 (price may vary depending on volume ordered).
 - the student will not be part of the arrangement to download the Folio products for v.2012 ICD-10-CA/CCI
- Implementation- April 1, 2012

3.3 Education

Recent releases:

- iCODE Case Study: Sepsis/Pneumonia/COPD-**available now**
- ED Coding: Getting Your Diagnosis Codes Right - **available now**
- Different Codes for Different Strokes (elearning) - **available now**

In development:

- Moving Forward using v2012 of ICD-10-CA and CCI (SLP) – Feb 2012 - approximately 25 topics
- Updating all existing products for v2012 – April 2012
- Repurposing some of the content from Moving Forward Using v2009 of ICD-10-CA and CCI - 5 Self-Study Products. The content has been updated and enhanced for version 2012.
 - Staying on Track with **Palliative Care-**
 - Staying on Track with **Bariatric Surgery**
 - Staying on Track with **Epilepsy**
 - Staying on Track with **SIRS**
 - Staying on Track with **Cardiac Interventions**
- What’s New for v2012 – Q4
- Visit www.cihi.ca to review ALL current education available

3.4 Coders’ Resource Page

- **Featured Tip!** Classification of Sepsis - Key Messages
- **Classification Prior Tips:**
 - Data quality checks - palliative care
 - J17.0* Pneumonia in Bacterial Diseases Classified Elsewhere
 - Drug Resistant Infection-data quality check
 - Revised Interventions
 - Which of the Following Demonstrates Correct Use of Prefix Q

- 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

3.5 eQuery

As of October 7, 2011:

- 84 English queries in the queue
 - 37 new
 - 47 in process
- Oldest unopened question submitted September 29th

3.6 Data Quality Issues

3.6.1 Surgical repair, postpartum of current obstetric laceration- Diagnosis and Intervention Code Mismatch or Diagnosis Code Missing

When 5.PC.80.JP (repair of 1st or 2nd degree tear) or 5.PC.80.JQ (repair of 3rd or 4th degree tear) is assigned, the corresponding diagnosis code should match in terms of the degree of tear, either O70.001 (1st degree tear), O70.101 (2nd degree tear), O70.201 (3rd degree tear), or O70.301 (4th degree tear). Additionally, when an obstetrical laceration is repaired, it is mandatory to assign the applicable diagnosis code (for the degree of laceration) as a significant diagnosis type and the intervention code for the repair.

Records where;

1. 5.PC.80.JP (1st or 2nd degree repair) is recorded with O70.201 (3rd degree perineal laceration), or O70.301 (4th degree perineal laceration)
2. 5.PC.80.JQ (3rd or 4th degree repair) is recorded with O70.001 (1st degree perineal laceration) or O70.101(2nd degree perineal laceration)
3. 5.PC.80.JP or 5.PC.80.JQ is recorded without either O70.001, O70.101, O70.201, or O70.301

One of three things is incorrect in the coded data:

1. The diagnosis code selected is incorrect or the intervention code selected is incorrect.
2. Same as #1.

The diagnosis code is missing or there was no repair performed and the intervention code is incorrect.

Note: A chart review is required in order to identify the appropriate correction to make.

3.6.2 Missing 3.IP.10.VX or 3.IP.10.VY (coronary angiogram) with percutaneous coronary interventions

When a percutaneous coronary intervention, either:

- 1.IJ.50.^ ^ Dilation, coronary arteries,
- 1.IJ.57-GQ-FV Extraction, coronary arteries, percutaneous transluminal approach using atherectomy device (e.g. transluminal extractor catheter, rotoblator, laser), or
- 1.IJ.57.GQ-GX) Extraction, coronary arteries, percutaneous transluminal approach using device NEC [e.g. Thrombectomy device]

is performed, it is mandatory to assign an additional code from 3.IP.10.^ ^ *Xray, heart with coronary arteries*, either:

- 3.IP.10.VX X-ray, heart with coronary arteries left heart catheterization with fluoroscopy using (retrograde) percutaneous intra arterial approach or
- 3.IP.10.VY X-ray, heart with coronary arteries combined left and right heart catheterization (with or without fluoroscopy).

Records where 1.IJ.50.^ ^ or 1.IJ.57-GQ-FV or 1.IJ.57.GQ-GX is assigned **without** a code from 3.IP.10.VX (left heart catheterization) or 3.IP.10.VY (combined left or right heart catheterization) for the same intervention episode.

Error in the coded data:

1. The mandatory assignment of a code from 3.IP.10.VX or 3.IP.10.VY is missing.

Educational Reference:

- “Code also” instruction at 1.IJ.50.^ ^, 1.IJ.57.^ ^
- Canadian Coding Standards:
 - Multiple Codes in CCI
 - Percutaneous Coronary Intervention [PCI]
 - Diagnostic Imaging Interventions
- Tip for Coders: Understanding Cardiac Catheterization

4.0 NACRS Update

4.1 Outstanding Rejected Records Report (ORRR)

- Last ORRR released on September 20th. Note that *Last Update* date should read September 7th, not September 19th.
- Next ORRR will be released in December.
- Monthly ORRR’s will be released from March through July.

4.2 NACRS Regrouped Historical Data

Every year the NACRS data for the previous 5 fiscal years is regrouped to the current CACS methodology and posted to the Applications website for clients to download. NACRS data, fiscal years 2006-07 through 2009-10 were regrouped to the 2011 methodology and posted in June. In September the 2010-11 data was posted as well. Similar to NACRS Production Reports, the regrouped data files are available to download for a period of 45 days.

4.3 Education

Recent releases:

- Focus on Emergency Department Data Collection – **archived session available now, live session November 3rd**

Updates for 2012-13:

- What's New For NACRS FY2012-2013
- Introduction to NACRS
- Data Submissions and Corrections
- Data Collection Fundamentals
- Focus on ED Data Collection

4.4 Edits and Warnings

Current NACRS edit 0222 validates HCN against SK HCN validation tables when Reporting Province is SK and Province of Issue is SK. There are two tables that validate SK HCN against sex and birth date; and effective data and expiration date. A rejected record will result when a SK HCN cannot be validated against any of these verifications.

New edits and warnings will be implemented in NACRS for the remainder of 2011 and 2012. They will be broken down as follows:

- A hard error when HCN cannot be found on the validation table for sex and birth date
- A hard error when HCN does not match birth month and birth year
- A hard error when HCN does not match sex
- A data quality warning when HCN cannot be found on validation table for effective and expiration dates
- A data quality warning when HCN does not match effective date
- A data quality warning when HCN does not match expiration date