

COVID-19 Ensuring accuracy of coded data

Helen Nolan Healthcare Pricing Office September 2022

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- HIPE based in the Healthcare Pricing Office (HPO), part of the Health Service Executive (HSE)
- The classification in use is the Australian ICD-10-AM/ACHI/ACS, 10th edition.
- HPO publish Irish coding standards and national guidance.
- HPO manages the data quality, classification support, coder training and IT systems for the data collection system.
- HPO receives HIPE data monthly from 56 public acute hospitals.
- Manage and develop data entry, data quality and reporting software for all hospitals.

56 Participating hospitals (39 ABF)

> 300 Clinical coders



Total COVID-19 HIPE Discharges Ireland 2020 to July 2022

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COVID-19 Discharges January to July 2022



COVID-19 Discharges Ireland 2022

Total COVID-19 discharges



Asymptomatic V Symptomatic COVID-19





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COVID-19 Age profile

DISCHARGE YEAR IS '2020'

Total	Percentage
88	1
111	1
392	5
604	8
872	11
1162	15
1234	15
1643	21
1513	19
366	5
2	0
7987	100
	Total 88 111 392 604 872 1162 1234 1643 1513 366 2 7987

DISCHARGE YEAR IS '2021'

Keyfield	Total	Percentage
000->009 YEARS	561	3
010->019 YEARS	491	2
020->029 YEARS	1404	7
030->039 YEARS	2358	11
040->049 YEARS	2464	12
050->059 YEARS	2974	14
060->069 YEARS	3247	15
070->079 YEARS	3752	18
080->089 YEARS	3183	15
090->099 YEARS	802	4
100->109 YEARS	16	0
TOTAL	21252	100

DISCHARGE YEAR IS '2022'

Jan to end July

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Keyfield	Total	Percentage
000->009 YEARS	1665	8
010->019 YEARS	724	3
020->029 YEARS	1567	7
030->039 YEARS	2332	11
040->049 YEARS	1626	7
050->059 YEARS	1850	8
060->069 YEARS	2636	12
070->079 YEARS	4048	18
080->089 YEARS	4293	20
090->099 YEARS	1140	5
100->109 YEARS	26	0
TOTAL	21907	100

J128	Other viral pneumonia	14244
R05	Cough	1906
R060	Dyspnoea	1527
J22	Unspecified acute lower respiratory infection	1518
N390	Urinary tract infection; site not specified	1107
R509	Fever; unspecified	1041
080	Single spontaneous delivery	823
R55	Syncope and collapse	813
J440	Chronic obstructive pulmonary disease with acute lower respiratory infection	788
082	Single delivery by caesarean section	638



I COVID-19 response



HE COVID-19 response

- · Publication of FAQ's
- · Input from senior clinicians to support coding queries
- Monitoring of COVID-19 data queries to hospital
- · Monitoring of coverage and compliance with 48 hours coding requirement
- · Development of the daily report & dashboards
- New administrative variable added (flag)
- · Support provided to HIPE data users



Classification guidelines for COVID-19

- Laboratory confirmed cases of COVID-19
- Clinically diagnosed or probable COVID-19
- COVID-19 Complicating pregnancy
- Suspected COVID-19, ruled out
- Post COVID-19 Conditions & multisystem inflammatory syndrome
- COVID-19 Vaccines causing adverse effect in therapeutic use
- HPO coding advisory: Unspecified pneumonia in COVID-19 cases
- Guidance on coding COVID-19 from antigen tests

H COVID-19 Flag

Urgent response for collection during the pandemic

Lab-confirmed COVID-19 Past or Present

Case Types: This variable is collected for all inpatient and day cases. This is collected separately to ICD-10-AM codes for COVID-19.

Coders will choose "YES" if:

There is a diagnosis of Lab-confirmed COVID-19 during the current episode of care or there is documentation in the chart that the patient had a Lab-confirmed COVID-19 or Tested Positive with COVID-19 during a previous episode of care The National Framework for Living with COVID-19

Ireland is at Level 5 We must now stay at home

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vera chanda stare at home regentileus af peur travel ar contact histology	Contraction of the contraction o
All progets are addeded for Address of the second s	for data spitzber visit



Data Quality Reviews

- CVS hours no ICU days
- More CVS hours than ITU days
- AO6 TRACHEOSTMY/VENT >=96HRS with no ICU days
- J18.9 Pneumonia unspecified V J12.8 Other Viral Pneumonia
- % of U07.1 COVID-19 Virus identified V U07.2 COVID-19 Virus not identified

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Data Quality Reviews

PICQ Performance indicators for coding quality

- Benchmark performance across hospitals
- · Identify cases codes incorrectly
- · Helps identify focused areas for training
- Provides feedback at point of coding so that same errors are not repeated. (email to coders the following morning after coding)







Chart Based Audit Coding of COVID-19

- · Chart based audits recommenced in May 2022 (Targeted)
- 4 hospitals audited further 3 planned to end of October.
- Total of 70 COVID-19 cases reviewed

Findings

- Overall excellent coding of COVID-19 identified
- Small number of discrepancies for assignment of
 - B34.2 Coronavirus infection, unspecified site
 - B97.2 Coronavirus as the cause of diseases classified to other chapters
- Small number of discrepancies for assignment of
 U07.1 COVID-19 Virus identified (Lab confirmed)
 - U07.2 COVID-19 Virus not identified (clinically diagnosed)



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Finally.....

- Flexibility to respond, quick response
- Communication/contact with hospitals
- · Lot of impacts on system rich source of data
- Difficult to identify/distinguish between patients admitted with COVID-19 V those with additional diagnosis of COVID-19



