



NEWSLETTER FROM CLINICAL CODING SERVICES – ISSUE 6

OCTOBER 2007

Hi Everyone

In this issue there are updates on projects, other activities and clarification of code assignment for external causes.

Many thanks to the following people for their contributions to this newsletter: Mary-Ellen Wetherspoon, David Williams, Angela Pidd and Ted Cizadlo.

Most of you may now be aware that Tracey Vandenberg has returned from parental leave as Manager Clinical Coding Services, NZHIS. Tracey can be contacted on DDI: (04) 816 3307 and email

Tracey_Vandenberg@nzhis.govt.nz

ICD-10-AM 6th EDITION UPGRADE PROJECT – written by David Williams

The ICD-10-AM 6th Edition project is scheduled for release into the National Collections on 1 July 2008.

Detailed analysis work looking at the impacts of the ICD-10-AM 6th Edition Upgrade on NZHIS National Collections and data has been completed. This included analysis of the changes in the ICD-10-AM 4th and 5th Edition codes. A brief summary of this analysis has been published on the NZHIS website www.nzhis.govt.nz. Similar analysis will be carried out on the ICD-10-AM 6th Edition codes once these are available in the New Year.

A memo to District Health Board (DHB) Chief Information Officers (CIOs) to update the wider sector on the ICD-10-AM 6th Edition project has been sent out. The following areas were covered:

- amendments to the upgrade plan
- progress to date
- current activity
- 3M Codefinder™ upgrade (which is also happening on 1 July 2008)
- benefits for DHBs to upgrade on 1 July 2008
- coder training
- preparation checklist.

This memo was also made available to the ICD Upgrade email user group.

If you have any questions, or would like to be added to the email user group, please contact the Project Manager David Williams by email at david_williams@nzhis.govt.nz



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PERFORMANCE INDICATORS FOR CODING QUALITY (PICQ)

This month 47 indicators were run over the National Minimum Data Set (NMDS) event data from 1 July 2007 to 11 September 2007 (date of extract). You should all have received at least one of the reports for your review.

To assist and support you with your data quality activities, I have listed in the table below the 47 indicators, including the total denominator and numerator figures.

Denominator records are the cases in the data set under analysis in which the numerator records (problem records) could occur.

Numerator records are the cases the indicator is seeking to identify (problem records). These records are selected from the denominator records.

For example, indicator 100020 is seeking records with an infectious agent code as principal diagnosis. The denominator would identify all records that have an infectious agent code. The numerator would specify from the denominator, those records with an infectious agent code as principal diagnosis.

Summary of PICQ output figures from NMDS event data 1 July 2007 – 11 September 2007

INDICATOR NUMBER	INDICATOR DESCRIPTION	TOTAL DENOMINATOR	TOTAL NUMERATOR
100020	Infectious agent code as principal diagnosis	5617	4
100854	Abortion, threatened abortion, threatened premature labour or pre-term delivery code without duration of pregnancy code.	3305	0
101407	Delivery without outcome of delivery code	8201	22
101432	Delivery of twins without code for outcome of twin delivery	99	1
101641	Single delivery code with outcome of delivery code other than single birth	1659	0
100262	Single spontaneous vaginal delivery code with procedure code other than those permitted	1648	3
100694	Forceps and caesarean section codes used together for single newborn delivery	1781	0
101636	Single delivery by caesarean section (no condition classifiable) code without caesarean section procedure code	11	1



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INDICATOR NUMBER	INDICATOR DESCRIPTION	TOTAL DENOMINATOR	TOTAL NUMERATOR
101642	Single delivery by forceps/vacuum extractor (no condition classifiable) code without forceps or vacuum extractor procedure code	0	0
100348	Poisoning code with therapeutic use external cause code	2866	2
100367	External cause code as principal diagnosis	19627	0
100368	External cause code required but not present with chapter 19 code	15556	2
100369	External cause code required but not present with examination following accident/injury code	72	2
101426	External cause code required but not present with examination and observation following transport accident code	24	0
101597	Foreign body accidentally left in body cavity or operation wound code without external cause code indicating foreign body accidentally left in body during surgical/medical care	15	1
100886	Asthma code with status asthmaticus code	96	1
101527	Free flap (free tissue transfer) code without microsurgical repair of blood vessel code	22	1
101603	Innervated free flap (free tissue transfer) code without a microsurgical anastomosis (repair) of nerve code	2	2
101893	Atherosclerosis of arteries of extremities with gangrene code with an additional gangrene code	64	1
101507	Perinatal anaemia code with anaemia code	43	0
101535	Coronary atherosclerosis code as principal diagnosis with angina code	226	3
101654	Re-operation for other cardiac procedure NEC code as only cardiac procedure code	5	0
101891	Neuraxial block code with consecutive regional block or local anaesthetic codes	44	29
101892	General anaesthetic code with sedation code	435	12
101896	Management of continuous ventilatory support code assigned more than once	498	1
101581	DRG Extensive OR procedure unrelated to principal diagnosis, all chapters	122772	131
100038	Secondary neoplasm site code without a primary site code	2680	40



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INDICATOR NUMBER	INDICATOR DESCRIPTION	TOTAL DENOMINATOR	TOTAL NUMERATOR
100039	Palliative care code as principal diagnosis	530	0
101172	HIV disease resulting in malignant neoplasm code without malignant neoplasm code	3	0
101572	Follow-up after treatment for malignancy code with recurrence of malignancy - urinary tract	301	5
100888	Single spontaneous delivery code with pregnancy, childbirth or puerperium abnormality/ complication code	1648	43
101503	Hyperemesis gravidarum (mild) with dehydration code	165	1
101646	Vaginal delivery following previous caesarean section diagnosis code with caesarean section code and single newborn outcome code	260	0
101385	Obstetric perineal laceration/tear, first/second degree, without first/second degree suture/repair or episiotomy	2160	37
101386	Obstetric laceration third/fourth degree without third/fourth degree repair	151	1
101387	Obstetric rupture or laceration of uterus without repair	10	0
101388	Obstetric laceration of 'high vaginal wall alone' without repair	81	6
101389	Obstetric laceration of cervix without repair	9	1
100041	Personal history of disease or condition code as principal diagnosis	15478	0
101702	Personal history of noncompliance with medical treatment code as principal diagnosis	822	0
100385	Rehabilitation care type without principal diagnosis of rehabilitation	1847	255
100386	Convalescence code as principal diagnosis followed by rehabilitation code	280	2
101593	Surgical follow-up care without condition that required surgery	174	3
101151	Sequela of disease code as principal diagnosis	776	0
101455	Sequelae of viral hepatitis code with current viral hepatitis code	0	0
101750	Sequela of injury code as principal diagnosis	559	0
101895	Paraplegia/quadruplegia with sequela of external cause code but no sequela of spinal cord, intracranial injury or complications of surgical or medical care code	166	28



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NEW ZEALAND CODING AUTHORITY (NZCA) – CODING QUERIES

Listed below are the coding queries that were discussed at the October NZCA meeting. The queries and responses can be found on the NZCA website <http://www.nzhis.govt.nz/nzca/latestruling/latestruling.htm>

DIAGNOSIS QUERY	QUERY NUMBER	EDITION	MONTH/YEAR
Camera Endoscopy	071001	3 rd	October 2007
Myelodysplastic syndrome D46.9 and myeloproliferative disease D47.1 with anaemia	071002	3 rd	October 2007
Z codes as additional diagnosis (e.g. Z30.2, Z47.0, Z30.1)	071003	3 rd	October 2007

An additional query was constructed due to NZCA members requesting anaemia in myelodysplastic syndrome to be further clarified for codes D46.0–D46.7.

DIAGNOSIS QUERY	QUERY NUMBER	EDITION	MONTH/YEAR
Myelodysplastic syndrome D46.0–D46.7 with anaemia	071004	3 rd	October 2007

CODING QUERIES

A number of coding queries were raised at all centres during the recent NZHIS Regional Education days. These queries relate to the code assignment of external causes: car versus car, activity, place of occurrence for transport accidents, poisonings and injuries – indication of intent. In an effort to support consistent coding practice clarification is provided below.

Car versus car – fifth character

It has been mentioned that when there is no documentation within the clinical record that identifies the type of car involved in an accident, coders are defaulting to the fifth character of ‘.0 Sedan’

The National Centre for Classification in Health (NCCH) and the Injury Prevention Research Unit (IPRU) were consulted on this issue. NCCH were asked to clarify the use of the fifth character in the situation where the type of car is not specified.

NCCH response: ‘The code assignment comes down to documentation in the record, the type of car (ie sedan) is not always specified, therefore, coders should be assigning unspecified car’.



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IPRU were consulted as to whether ‘sedan’ was an appropriate default in terms of the collection of national injury information.

IPRU response: ‘Assuming a car is a sedan is a very poor assumption, if the type of vehicle is not known then that is how it should be coded’.

In cases where the type of car is not documented within the clinical record, coders should assign the fifth character of ‘.9 *Unspecified car [automobile]*’. Under no circumstances should coders be defaulting to sedan.

Activity (U50-U73)

Classifying a ‘leisure activity’ has been a topic of great debate and after investigation I have been unable to find any clear and precise guidelines to further define what is considered a ‘leisure activity’.

In the Tabular List of Disease under the activity section (page 444) it states ‘U72 *Leisure activity, not elsewhere classified* is provided to enable coding of other leisure activities, not identified as sport’. Also code U72 *Leisure activity, NEC* has inclusion terms and includes a note (see below) to further assist in coding.

⊗U72	Leisure activity, not elsewhere classified
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Hobby activities

Participation in sessions and activities of voluntary organisations

Includes: leisure-time activities with an entertainment element such as going to the cinema, to a dance or to a party

In Coding Matters, Volume 11 Number 2, September 2004 further guidelines were published to assist in the assignment of activity codes. Coders are asked to refer to all available guidelines to assign the most appropriate activity code.

Two public submissions concerning activity codes have been processed at NCCH for inclusion in sixth edition. NCCH have proposed that amendments be made to the code U72 *Leisure activity NEC*. The proposal includes adding definitions and instructional notes to further explain and clarify the use of U72.



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Transport accidents

Provided below are guidelines for assigning a place of occurrence code, coding instructions for traffic versus nontraffic and activity for transport accidents.

Place of occurrence for transport accidents

When the place of occurrence is not specified for a vehicle accident coders are to assume it occurred on the public highway. See definitions related to transport accidents:

- (c) A traffic accident is any vehicle accident occurring on the public highway [ie originating on, terminating on, or involving a vehicle partially on the highway]. A vehicle accident is assumed to have occurred on the public highway unless another place is specified, except in the case of accidents involving only off-road motor vehicles, which are classified as nontraffic accidents unless the contrary is stated¹.

Traffic versus nontraffic

When the vehicle accident is not specified as traffic or nontraffic coders can assume 'traffic' for codes V10–V82 and V87 and 'nontraffic' for codes V83–V86. See classification and coding instructions for transport accidents:

1. If an event is unspecified as to whether it was a traffic or a nontraffic accident, it is assumed to be:
 - (a) A traffic accident when the event is classifiable to categories V10–V82 and V87.
 - (b) A nontraffic accident when the event is classifiable to categories V83–V86. For these categories the victim is either a pedestrian, or an occupant of a vehicle designed primarily for off-road use².

Activity code for transports accidents

Where the activity at the time of the transport accident (V01–V99) is not specified as sport, leisure or working for an income, assign code U73.9 *Unspecified activity*³.

¹ Definitions Related to Transport Accidents (pg451) – Tabular List of Diseases, ICD-10-AM Third Edition, July 2002

² Classification and Coding Instructions for Transport Accidents (pg453), Tabular List of Diseases, ICD-10-AM Third Edition, July 2002

³ Coding Matters Volume 11 Number 2 September 2004, Newsletter of the National Centre for Classification in Health



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Poisoning and injuries – indication of intent

Coders are reminded they should not assume intent: intent must be documented within the clinical record. Australian Coding Standard (ACS) 2005 states:

Note: Do not assume the intent. Intent must be documented in the record by a clinician.

X60–X84 Intentional Self-Harm

These categories are for use with injuries and poisonings specified as:

- purposely self-inflicted poisoning or injury
- suicide (attempted)

Note: Self-inflicted injuries without a stated or implied intent to self-harm should be assigned a code from block Y10–Y34 Event of undetermined intent.

Y10–Y34 Event of undetermined intent

Codes from this category are designed for use when the intent is unspecified or cannot be determined. That is, the injuries are not specified as accidental (unintentional), self-inflicted with intent to self-harm, or assault⁴.

⁴ Australian Coding Standard 2005 Poisoning and injuries – indication of intent (pg267), ICD-10-AM Third Edition, July 2002



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ERROR DIAGNOSIS RELATED GROUP (DRG) 901Z – written by Mary-Ellen Wetherspoon

Provided below is a summary of the key messages that were given at all the NZHIS Regional Education days held in August and September 2007. The key messages below will assist you in managing your error DRG 901Z *Extensive O.R Procedure Unrelated to Principal Diagnosis*.

There are five situations in which an error DRG 901Z may be assigned.

1. Error DRG 901Z is the right grouping for the case

The appropriate allocation of principal diagnosis and procedure(s) does not always match the logic of the grouper. For example, a patient admitted following a myocardial infarction has a fall in hospital which results in a fractured femur. The patient goes to theatre to have the fracture reduced. Therefore, because the principal diagnosis (myocardial infarction) and the procedure (fracture reduction) represent different body systems, an error DRG 901Z will be assigned.

2. Application of Australian Coding Standards

Coders are encouraged to refer to the appropriate Australian Coding Standards with regard to the allocation of the principal diagnosis, as the principal diagnosis impacts on the allocation of the DRG. For example, the sequencing of either primary or secondary malignancy is dependent on which malignancy is being treated in the episode. If a principal diagnosis of primary malignancy (carcinoma breast) is used with a procedure (internal fixation) that is treating a metastatic condition (pathological fracture with bone metastases), an error DRG 901Z will be assigned, again because these represent different body systems.

3. Coder error

Time pressures, lack of knowledge, lack of skill and attention to detail can result in the allocation of an error DRG 901Z. For example, anatomical sites not matching in the diagnosis and the procedures, and suboptimal familiarity with classification pathways and directions.

4. Poor Documentation

Ambiguous or insufficient documentation makes it difficult to select a principal diagnosis and/or procedure(s). This situation carries a higher risk of an error DRG 901Z being assigned compared with having complete documentation.



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5. Grouper pathway

Despite ongoing testing, the grouper pathways may not always be logical especially with regard to the identification of new diseases and the developments of new procedures.

All error DRG 901Z cases should be reviewed to determine validity. This can be done by ensuring the:

- Australian Coding Standards have been applied
- classification has been followed
- documentation in the clinical record supports the code assignment.

Data Management Services (DMS), NZHIS provides your DHB with a report of the total error DRG 901Z cases each month as part of the monthly sector feedback. For further information on these reports, please contact Don Roberts email: don_roberts@nzhis.govt.nz

If you find any error DRG 901Z cases that may reflect pathway errors in the grouper logic, please contact either myself or Tracy Thompson at NZHIS. We will then collaborate with Data Management Services (DMS), the New Zealand Costweight Group, the Australian Institute of Health and Welfare (AIHW) and the National Centre for Classification in Health (NCCH) to investigate these errors and formulate the appropriate requests to have them fixed.

Coders are reminded that it is unacceptable to manipulate the Australian Coding Standards when trying to problem-solve an error DRG. Consultation with NZHIS is vitally important to maintain the integrity, consistency and accuracy of the data collection. Error DRGs can be appropriately managed only when there is transparent visibility of what code assignments cause the error in the first instance.

Note:

The DRG code is calculated by NZHIS. It is not reported to the National Minimum Data Set (NMDS) by hospitals. The current DRG grouper is AR-DRG version 5.0, which uses up to 30 diagnoses and up to 30 procedures in its calculations. External cause codes are not used by the grouper. It is recommended that hospitals prioritise diagnoses and procedure codes within current ICD-10-AM Third Edition standards and guidelines in order to present the grouper with the most severe diagnoses and procedures⁵.

⁵ DRG Code Current, National Minimum Data Set Data Dictionary (pg96), Version 6.8 July 2007



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To date the following five error DRG 901Z are either fixed or under investigation.

1. Carotid stenosis with angioplasty

When assigning any of the codes from I65 *Occlusion and stenosis of precerebral arteries, not resulting in cerebral infarction* as the principal diagnosis, with any procedure code from block [754] *Transluminal balloon angioplasty* the grouper assigns an error DRG.

Example:

Principal Diagnosis

I65.2 *Occlusion and stenosis of carotid artery*

Procedure

35309-07 [754] *Percutaneous transluminal balloon angioplasty with stenting, multiple stents*

Solution:

Do not change or adjust your coding practice. This issue was taken to the Costweight Group in 2006 and thoroughly investigated. A mapping adjustment has been included in the New Zealand batch grouper. Subsequent editions of the grouper have been amended. Therefore, the event will not group to the error DRG 901Z in the NMDS.

2. Embolisation procedures

The assignment of the procedure 35321-00 [767] *Transcatheter embolisation of blood vessel* with conditions such as neoplasm's appears to be grouping to the error DRG 901Z.

Example:

Principal Diagnosis

D25.9 *Leiomyoma of uterus, unspecified*

Procedure

35321-00 [767] *Transcatheter embolisation of blood vessel*

Solution:

Do not change or adjust your coding practice. This issue has been submitted to the Costweight Group and AIHW. AIHW has notified NZHIS that a fix will occur in the next edition of the grouper. The sector will be informed by the Costweight Group of the action that will be taken in New Zealand while we are using the current grouper version 5.0.



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3. Percutaneous drainage of intra-abdominal abscess

Any intra-abdominal abscess, for example liver and pelvic, drained via percutaneous approach (as opposed to open) will incur an error DRG 901Z.

Example:

Principal Diagnosis

K75.0 *Abscess of liver*

Procedure

30224-01[987] *Percutaneous drainage of intra-abdominal abscess, haematoma or cyst*

Solution:

Do not change or adjust your coding practice. This issue has been submitted to the Costweight Group and AIHW. AIHW has notified NZHS that a fix has already occurred in the latest version (5.2) of the grouper. The sector will be informed by the Costweight Group of action that will be taken in New Zealand while using the current grouper version 5.0.

4. Follow up care

The following example was raised as a potential error DRG issue with the use of codes from Z42 *Follow up care involving plastic surgery*.

Example:

Principal Diagnosis

Z42.0 *Follow-up care involving plastic surgery of head and neck*

Additional Diagnosis

M95.2 *Other acquired deformity of head*

Procedure

45797-01 [1697] *Osseointegration procedure, fixation of transcutaneous abutment for attachment of prosthetic ear*

Solution:

An investigation on data retrieved from the NMDS for the period 1 July 2004 to 1 July 2007 with the code of Z42.0 *Follow-up care involving plastic surgery of head and neck* as either a principal or additional diagnosis is currently being performed.

The preliminary findings show there are 13 cases that have resulted in the error DRG 901Z. However, there appears to be no definitive trend highlighting there is a consistent pathway error at this stage.



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Both the AIHW and the Costweight Group have been informed and are assisting NZHIS with this investigation. In the meantime coders are advised not to change or adjust coding practice and again to contact either myself or Tracy with any error DRG 901Z cases that you might have as a result of using codes from Z42 *Follow up care involving plastic surgery*.

5. Nerve stimulation procedure

When assigning the codes for angina or faecal incontinence as principal diagnosis, with any procedure code from block [43] *Insertion of spinal electrodes and neurostimulator for pain relief* the grouper assigns error DRG 901Z. See the two examples listed below:

Example 1:

Principal Diagnosis

I20.9 *Angina pectoris, unspecified*

Procedure

39130-01 [43] *Percutaneous insertion of epidural electrodes with subcutaneous implantation of spinal neurostimulator device*

Example 2:

Principal Diagnosis

R15 *Faecal incontinence*

Procedure

39134-00 [43] *Subcutaneous implantation of spinal neurostimulator device/receiver*

Solution:

Both the AIHW and the Costweight Group have been informed and are assisting NZHIS with this investigation. AIHW have checked later versions of the grouper and the grouping remains at 901Z for the incontinence and angina. NCCH have advised new procedure codes relating to sacral nerve stimulators for faecal incontinence have been developed for sixth edition. Coders are advised not to change or adjust coding practice. The sector will be informed by the Costweight Group of action that will be taken in New Zealand while using the current grouper version 5.0.



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SYSTEMATISED NOMENCLATURE of MEDICINE CLINICAL TERMS (SNOMED CT) – written by Mary-Ellen Wetherspoon and Ted Cizadlo

You have probably begun to hear about SNOMED CT[®] (Systematised Nomenclature of Medicine Clinical Terms) in the context of collection, retrieval, analysis and storage of health data. Currently health data in New Zealand is managed by using ICD-10-AM in the hospital setting and Read codes in primary care. This article will briefly outline the purpose of SNOMED CT[®] and how it may be used in data collection practices in the future.

What is SNOMED CT[®]?

Systematised **Nomenclature of **M**EDicine **C**linical **T**erms**

There are three definitions needed to understand what SNOMED CT[®] is:

1. Terminology:

A terminology is a set of terms about a particular subject or concept, together with technical definitions of their meanings.

2. Nomenclature:

A medical nomenclature is a collection of agreed terms or names for medical concepts, such as diseases. Nomenclatures assign a unique 'code' to a single concept.

3. Classification:

A classification is a representation of a set of concepts and the relationships between them relating to populations or groups of patients.

SNOMED CT[®] is the most comprehensive multilingual clinical healthcare terminology in the world. It was developed as an international clinical terminology by the National Health Service (NHS) in England and the College of American Pathologists (CAP) in 1999. SNOMED CT[®] was created by merging SNOMED Read Terms (RT) and the United Kingdom's Clinical Terms Version 3 (formerly known as the Read Codes). It has greater depth and coverage of healthcare than the versions of Clinical Terms (Read Codes) that it replaces.

A terminology such as SNOMED CT[®] is fundamentally different to a classification system such as the International Statistical Classification of Diseases and Health Related Problems, 10th Revision, Australian Modification (ICD-10-AM). Terminologies capture information on input, and can be used as an aid for clinical for clinical record keeping. Classifications are used to group together similar diseases and



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procedures and organise related entities for easy retrieval. Terminologies enable interoperability and decision support; classifications enable monitoring and administration.

Why do we need a health terminology?

Free text in a medical record is an extremely valuable way of recording details about individual circumstances, however, the exact meaning of words can be ambiguous, which makes the information vulnerable to misinterpretation. Therefore, free text is not necessarily the best or safest way of sharing information.

Here are a few examples:

Word combinations don't necessarily equal the sum of their parts.

What is a 'pyogenic granuloma'?

- Pyogenic = pus forming
- Granuloma = a collection of inflammatory cells of a particular type

However a pyogenic granuloma is a benign tumour of small blood vessels of the skin. It is neither pyogenic nor a granuloma.

Some phrases mean different things to different health specialists.

What is 'acute inflammation'?

- To one health professional, it may be 'inflammation with an acute onset, characterised by redness, heat, swelling and pain'
- To another health professional, it may be 'inflammation in which polymorphonuclear leukocytes predominate, as opposed to chronic inflammation, in which mononuclear cells predominate'

What you are doing at the time changes the meaning of words.

The term 'cord compression' is used in different settings

For the orthopaedic surgeon:

- Spinal cord compression

For the midwife:

- Umbilical cord compression



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In order to be confident in the quality of health information and ensure its usability, health data should:

- be stored at the appropriate level of detail
- be consistent over time and across boundaries and jurisdictions
- be able to be transmitted without loss of meaning
- be capable of aggregation to more general levels and along multiple perspectives
- be able to be reliably interpreted by computers

In the short-term, having gained the right to use SNOMED CT[®] in New Zealand, the Ministry of Health is focused on meeting its immediate obligations as a member of the International Health Terminology Standards Development Organisation (IHTSDO). This involves putting in place arrangements for licensing and distributing SNOMED CT[®] in New Zealand and ensuring that licensees' use of SNOMED CT[®] and associated IHTSDO intellectual property conforms to IHTSDO requirements.

The Ministry is developing the capability required to effectively enable and support New Zealand users of SNOMED CT[®], and is beginning to identify and work with stakeholders to support sector engagement, ownership and adoption of SNOMED CT[®] from the outset. Active discussions with the Health Information Strategy Action Committee (HISAC) and other clinical and health informatics leaders are underway in this regard.

Useful reading and information:

The following websites will provide you with extra reading material and information that will help you understand more about SNOMED CT[®]

- www.snomed.org/documents/snomed_overview.pdf
- www.ncch.com.au/
- www.ihtsdo.org/
- www.cap.org/apps/cap.portal
- Introduction to Health Terminologies by Peter Scott (available in the NCCH catalogue)

SNOMED CT[®] enquiries:

Ted Cizadlo

Chief Analyst, NZHIS

Email: ted_cizadlo@nzhis.govt.nz



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CONTACT INFORMATION:

To ensure you continue to receive all communications sent out via email groups, please remember to advise me if your contact details change. Also, if you are already on an email group and wish to be removed or alternatively would like to be added please let me know.

Disclaimer: The information available in this newsletter is intended to provide general information and/or guidance to providers of coding services who submit data to the National Minimum Data Set. While all reasonable measures have been taken to ensure the quality and the accuracy of the information in this newsletter at the time of publication, the information is intended to be current only at the time of publication as it is likely to be subject to change over time.

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If you have any comments or suggestions, please contact:

Tracy Thompson
Senior Advisor - Coding Education
Clinical Coding Services
New Zealand Health Information Service
Information Directorate
Ministry of Health

<http://www.nzhis.govt.nz>
mailto:Tracy_Thompson@nzhis.govt.nz