



# NEWS & VIEWS

Ontario Health Information Management Association

Winter 2010 Issue

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## Also Inside...

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## President's Message

Well it's already winter. This year has gone by so fast. It seems like just yesterday the OHIMA Planning Committee was preparing for the OHIMA Fall Conference to be held in October 2010. This year's conference was held at the Novotel Hotel in North York and was a huge success. The atmosphere was fantastic with a spacious room that allowed our sponsors to set up in the back and listen to the speakers throughout the day with ample room for networking during the breaks. There were approximately 135 registrants in person and another 100 from the 19 sites joining us via videoconference. The hotel did an excellent job with the food all day and by the survey results it looks like everyone enjoyed themselves as you can see from the pictures provided in this newsletter. All the presentations are available for you on the OHIMA website at [www.ohima.ca](http://www.ohima.ca) under the Members section.

In the President's role, one of the responsibilities is to be part of the National Health Information Management Association (NHIMA). During a recent NHIMA teleconference, CHIMA asked each province for input on the continuing role of the HIM professional. As members of OHIMA and the other provincial HIM Associations, we represent a collective voice that can influence change in the health information management field.

CHIMA has developed two communication tools, a power point presentation titled "Introduction to New CHIMA" outlining four strategic directions:

- Strengthen Member Relations;
- Evolve the College;
- Focus on Knowledge, Research and Business Development; and
- Strengthen Capability in Marketing and Communication Development.

They have also provided more information in their Source article "Transformation of Health Information Management". These documents provide information and present questions that CHIMA would like your responses to help shape the new CHIMA and the new profession. As a member you can send your responses to CHIMA at [Strategic.Plan@echima.ca](mailto:Strategic.Plan@echima.ca). The above documents can be found on the OHIMA website under the **What's New Section** at [www.ohima.ca](http://www.ohima.ca). While there you can also check out the link announcing CHIMA's successful bid to host the 17<sup>th</sup> International Federation of Health Record Organization (IFHRO) Congress being held in Sept 2013 in Montreal.

At this time I would like to say a special thanks to the three Executive members leaving us this year: *Lynne Hopper, Paula Weisflock, and Deb Tetreault*. These three individuals have worked so hard for many years as part of the OHIMA Executive and will surely be missed. Thank you all.

I would also like to take this opportunity to welcome to the OHIMA Executive the following new Officers:

- Paul Cloutier:* Membership Database
- Stephanie Tambeau:* Professional Development
- Mary Lou Kennedy:* Marketing & Recruitment
- Janice Yorke:* Secretary

Wishing you a safe and happy winter season.

Nancy Walton, CHIM  
OHIMA President



*Conference attendees trying their luck at the OHIMA prize wheel; see photos of draw prize winners later in the issue*



*Jody Urquhart leads the group in a laughter therapy exercise during the OHIMA fall conference 2010*

MED2020 Health Care Software Inc. is a Canadian company that provides a comprehensive suite of Health Information Management (HIM) solutions to healthcare organizations across the continuum of care. Nearly half of all Canadian hospitals use MED2020 software to prepare and submit patient visit related data to provincial ministries of health and to CIHI. Hospital facilities familiar with MED2020 may already be aware that a number of the company's staff includes CHIM certified Health Information Management professionals. These individuals are responsible for providing MED2020's clients with direct support and can do so with their own personal knowledge of the challenges that those in Health Records departments face daily. In training sessions with clients, these staff can reproduce real-life scenarios because they know the "business"; they can quickly identify the reasons why a user is attempting a function or process and more quickly identify how assistance can be provided. In addition, the CHIM staff can contribute realistic scenarios to the software testing process; contribute their knowledge to the product development phase because,

again, they know the business and they help clients feel at ease because clients know that a CHIM professional understands their environment. In short, CHIM professionals wear many hats and so the quality and depth of the support they provide offers a significant benefit to MED2020's clients.

**MED2020**  
Health Care Software Inc.



Andrew Quayle, CHIM

# Editor Musings

Hi Everyone! Winter weather is fast approaching – I’m sure it is a reality for many of you. Thankfully the snow had not yet started to fly by the time we had our annual conference, meaning weather didn’t keep anyone from being able to attend. The conference was a great success with over 100 attendees and even more who videoconferenced in to watch some great speakers covering some very interesting topics. Thanks to all attendees and we look forward to seeing you again next year!

This issue has some great articles, as well as a number of pictures from this year’s conference. Also, please look for a short profile on each of our new Executive members; they were introduced during the AGM at the conference, but this is a way for some of you who were not able to attend to meet your new representatives.

I certainly encourage any and all of you to contribute an article for an upcoming issue of News and Views. The topics are varied and could even include a profile of you

or a colleague who has excelled in the HIM field – what a great way to share some of the experiences and knowledge gained in this challenging profession. Other ideas could be ways in which your facility is adapting to the evolution of HIM, perspectives of which were plentiful at the conference.

I hope everyone has a safe and happy holiday season and is able to get some down-time in a profession that rarely seems to offer it!

Best regards, Andrew

Andrew Quayle, BA (Hons), CHIM  
*Decision Support Analyst*  
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# NUANCE

# OHIMA Website



## O.H.I.M.A.

Ontario Health Information Management Association



- About OHIMA
- Executive Only
- Members
- Multimedia
- Professional Development
- Alliances
- Events Calendar
- Sponsorship
- Contact Us



Members of the Ontario Health Information Management Association (OHIMA), formerly the Ontario Health Record Association (OHRA) are Certified, Associate or student members of the Canadian College of Health Information Management (CCHIM)



Health Information professionals possess a unique blend of knowledge encompassing biomedical sciences, information sciences, legal aspects of health information and the integration of clinical and financial information. OHIMA actively promotes the Association and its goals by maintaining open communications with its members through newsletters, educational programs and regional data quality forums.

OHIMA actively communicates and networks with The Ministry of Health and Long Term Care, The Canadian Institute for Health Information, The Ontario Hospital Association and other significant stakeholders to influence decisions related to the management of health information.

A members only section of this website includes recent newsletters and other member only benefits.

OHIMA welcomes and thanks the below Corporate Sponsors for the 2010/2011 year



*Gold Sponsor*

### What's New?

#### News and Views

[IFHRO Congress 2010 in Milan, Italy](#)

[2010 Summer Newsletter](#)

#### Membership Benefits

[Membership Benefits](#)

[Membership Form](#)

#### Employment Opportunities

[Job Postings](#)

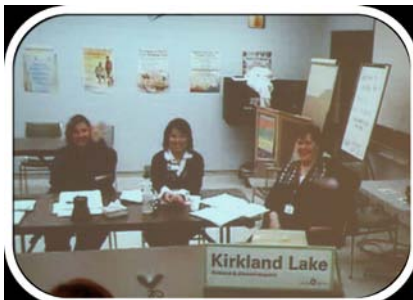
#### Volunteer Opportunities

[OHIMA Officers](#)

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*Videoconferencing at the OHIMA conference enabled our friends in the north to participate in the day*



# OHIMA Coding Challenge



Review of coding rules....

- ❖ Check your answers – see page 14-15

Created by: Kim Durofil, CHIM  
Faculty - HIM Program  
George Brown College



## OHIMA Coding Query - Topic - Multiple injuries, fractures, burns and diabetes

- Try your best at this challenging coding case scenario!!
- Locate the ICD 10 CA/CCI codes for the following case scenario, justify your codes with the rules listed in the 5<sup>th</sup> Ed. Primer and 2009 CIHI Coding Standards
- Then check your answers

### FINAL SUMMARY:

A 79 year old male patient arrived by ambulance to G. Brown hospital after suffering from multiple injuries consisting of burns to most of his upper body and multiple fractures of his lower extremities from trying to escape from a fire at his house after waking up from sleeping. On the ambulance report it was documented that the ambulance crew found the patient at the bottom of the stairs engulfed in flames. The patient was assessed by Dr. GB who documented the patient stated he fell down the stairs while trying to leave an uncontrolled fire on the first floor of his burning house. Dr. GB noted the patient had burns on his face, neck, hands and upper chest wall. The facial burns were of first and second degree and the burns to the chest wall were of first degree. There were third degree burns to the patient's right hand and second degree burns to the left hand. Medicated dressing were quickly applied to the burn sites and then the patient was immediately transferred to the diagnostic imaging department for x-rays of both legs which indicated bilateral fractures of the shaft of the tibia and a significant fracture of the proximal femur on the right leg.

A medical assessment was done by the chief of medicine, Dr. Green, and documented the patient's past medical history includes type 2 diabetes controlled with medication, hypertension, CAD and hypercholesterolemia. At the time of the assessment the patient's blood pressure was measured and demonstrated to be slightly elevated at 140/90.

The patient was taken to the operative room for treatment of his fractures. The burns appeared to be well dressed and will be changed daily on the floor. Preparation for surgery on his leg fractures was reviewed by Dr. Bones, the orthopedic surgeon. Dr. Bones performed a reduction of the right femur with a fixation device using a screw and autograft to repair the fracture femur. Then an open reduction of the tibia on both the right and left leg was performed with an application of a cast with weight bearing on both the right and left leg. The patient tolerated the procedure well and was sent to recovery in good condition.

The post-op period was without surgical complications. Medicated dressings on all the burn wounds were performed daily with no indication of infection and to be healing normally. The patient's blood test results were taken and indicated the glucose levels had increased significantly. Dr. Green was ask to consult the patient regarding his diabetes and he documented the patient's diabetes was uncontrolled at this time and appropriate treatment was given. The patient remained in hospital for a few days until his diabetes normalize. The patient was transferred to the rehab centre for further treatment of his leg fractures after a LOS of 14 days and will return for skin grafting on the right hand in a couple of weeks.

# New OHIMA Executive Members

**Mary Lou Kennedy** – Marketing & Recruitment



I am currently the Manager of Transcription, Scanning and Lab Data Entry at the Group Health Centre in Sault Ste. Marie, Ontario. I have spent the last 6 years working at GHC, where the electronic health record was implemented in 1997. Prior to working at the Group Health Centre, I worked at the Sault

Area Hospital managing the Health Records and Admitting departments for several years. I have over 20 years in health care/health information management experience.

**Paul Cloutier** – Membership Database



My career spans over 24 years in which the first 12 years I had the opportunity to be a supervisor in the service sector and upon further education chose a career in Health Information Management. My experiences are numerous as a certified HIM professional, from registration of

clients in a mental health institution, being a NACRS coordinator for a large facility and my recent position as the Sr. HIM Professional and lead for Health Records at Geraldton District Hospital.

My previous accomplishments include serving on the Canadian Health Information Management Advisory Committee (CHIMAC) for health records data quality with our Ministry of Health. Also, I am one of the newest members of our OHIMA executive in charge of database registrations.



# accentus™

FOR THE RECORD

# New OHIMA Executive Members

**Stephanie Tambeau** – Professional Development



Hi there. I am married with two children. I was born and raised in Timmins Ontario and continue to reside here. I love the North for many reasons, including the fresh air, wilderness and true feeling of community. I have been with the Timmins and District Hospital since 2003, starting as the Correspondence

Clerk for ROI. I obtained CHIMA certification in 2006 and accepted a position with the coding team. I have since moved on to another department within TADH, but continue to work towards my Health Information Management degree. It is an honour to have been selected as the Professional Development Officer for OHIMA. Thank you for your support, and I look forward to the many challenges ahead.

**Janice Yorke** – Secretary



I am looking forward to serving on this executive as our profession continues to grow and expand. I graduated from the CHA program in 1989 and have worked in several HIM positions in a career that started in Transcription Services at Toronto Bayview Cancer Centre. While at Rouge Valley Health System I

previously held the position of Manager of Admitting and ER Registration, and I am currently Manager of Health Information Management at the Ajax campus. As an Education Consultant for CHA, I strongly advocate for continued education. I am proud to serve on this executive and I encourage all HIM professionals to get involved to help expand our profession!

**3M Health Information Systems**  
3M™ Codefinder™ Computer-Assisted Edition Software

A graphic advertisement for 3M Codefinder software. It features a central image of a woman with glasses smiling, overlaid on a blue background with various healthcare-related icons like a heart rate monitor, a network diagram, and a keyboard. The text "Trusted Expertise" is prominently displayed in white, with "Designed By Coders For Coders" below it.

Trusted  
Expertise  
Designed By Coders  
For Coders

[www.3M.com/Codefinder](http://www.3M.com/Codefinder)



# Health Information Standards Update

**By: Sue Schneider, BA, CHIM**  
**Senior Advisor Data Custodian**  
**Trillium Health Centre**

Health information standards continue to be actively evolving behind the scenes, and often with limited input from the many health information management professionals actively engaged in the busy daily operations of community and hospital health care settings. This update will give you some insight regarding a few recent health information standards activities, and provide you with additional information to be able to dig deeper into further sources of information for anyone with the interest in health information standards.

Two key examples of opportunities to contribute to the health information standards are the HL7 Personal Health Record Systems Functional Model (HL7 PHR-S FM), and the HL7 Electronic Health Record Systems Functional Model (HL7 EHR-S FM). HL7 has created these standards to guide the functionality for personal health record systems and electronic health record systems. In September 2010, HL7 and ISO carried out ballots to gather feedback and approval for the HL7 PHR-S FM. This dual ballot process has provided additional rigour and recognition for the soundness of this recently approved international standard. The HL7 PHR-S FM includes a glossary, guidance regarding the creation of conformance criteria, and key sections to address personal health functions, information infrastructure, and supportive functions, see table 1 for the

subsections based on R1.1 of the HL7 PHR-S FM. A functional model is the starting point for the possible subset used to create a functional profile with specified conformance criteria to meet a designated purpose. For example, a health authority based functional profile has been drafted to provide functionality and conformance expectations for personal health record systems used by a health authority. HL7 Inc. has a method for registering, balloting and sharing functional profiles. Functional profiles can be used by national standards organizations to set expectations for systems and guide timelines for alignment with these standards by system suppliers. Functional profiles that have been balloted can also be used by organizations to assess systems functionality in a procurement process. The number and scope of functional profiles has been guided by business needs, and sponsorship to support the development of specific functional profiles. Although much of this work has occurred in the US, Canada does participate in some of the Functional Model and Functional Profile work. HL7 ballots pertaining to PHR-S FM and EHR-S FM work are directed to the Standards Collaborative Work Group for Individual Care (SCWG 2). The Individual Care SCWG has recently requested the Standards Collaborative Coordination Committee expand the scope of SCWG 2 to include PHRs and EHRs (EMRs).

**Table 1**  
**Personal Health**

PH.1.0	Account Holder Profile
PH.2.0	Manage Historical Clinical Data and Current State Data
PH.3.0	Wellness, Preventive Medicine, and Self Care
PH.4.0	Manage Health Education
PH.5.0	Account Holder Decision Support
PH.6.0	Manage Encounters with Providers
<b>Supportive</b>	
S.1.0	Provider Management
S.2.0	Financial Management
S.3.0	Administrative Management
S.4.0	Other Resource Management
<b>Information Infrastructure</b>	
IN.1.0	Health Record Information Management
IN.2.0	Standards Based Interoperability
IN.3.0	Security
IN.4.0	Auditable Records

Source: HL7 Inc., HL7 PHR-S FM, Release 1.1, Accessed September 23, 2010

In addition, work is actively in progress for Release 2 of the HL7 EHR-S FM, and this work is expected to be ready for ballot by HL7 and ISO in the spring of 2011. HL7 EHR-S FM R1.1 was jointly balloted by HL7 and ISO in spring 2009, and there were a number of recognized opportunities for improvement when R1.1 was balloted based on work of many functional profile projects. To this end, R2 work commenced immediately following the R1.1 approval and continues today. Anyone with an interest in this standard may want to monitor the Standards Collaborative work of the Individual Care SCWG (2), and/or the HL7 EHR WG. The SCWG meetings are open to anyone, and there are announcements on the SCWG 2 Forum to invite Canadian participation in the HL7 EHR-S FM R2 work. Some of the participants from SCWG 2 attend the HL7 EHR WG meetings, these are also open to anyone, and other specific Functional Profile project meetings, some of these meetings are by invite only.

At this time, it is difficult to predict how all the EHR-S and PHR-S, FM and FP work will influence Canadian standards or systems used in Canada, but it is worth noting this work. Canada Health Infoway has a certification process for some of the Canadian standards, including the consumer platform, and you may find it interesting to know more about this work in comparison to PHRs. Canada Health Infoway and the Standards Collaborative continue to monitor the work of HL7 and ISO, and other international standards as part of their activities to support standards use in Canada. As standards are developed, adopted, and

adapted for use in Canada, we continue to see jurisdictions, such as Ontario, aligning with standards, constraining standards where necessary to support the business needs for Ontario, and contributing to the advancement of standards through participation in the SCWGs. In the past, some health information standards have been something we all waited to be mandated by a regulating authority, before we paid attention to how they would be used in our systems. We would then scramble to confirm if our system suppliers would be able to complete the work to the expected specifications in time for the specified mandate. As a number of health information standards become more globally recognized, the system suppliers will be influenced to meet standards that originate with the business interests of others that may not have included Ontario HIM perspectives. To this end, I would expect that representatives, including the HIM profession that will need to work with the EHR and PHR systems, will want to be aware of and continue to advance the standards to be meaningful to support patient care and administrative processes. I encourage you to continue to monitor health information standards activities and share key information of interest amongst your colleagues. The opportunity to engage in health information standards activities is voluntary, and abundant. The translation of your daily operational expertise into implementation-ready standards is very valuable and important as we compete for fewer resources to meet the many needs in the health care system.

The following are website links you may find of interest to stay connected to this work in various standards communities:

Canada Health Infoway – Certification

<http://www.infoway-inforoute.ca/lang-en/working-with-ehr/solution-providers/certification/certified-products>

Canada Health Infoway - Standards Collaborative Work Group 2

<http://forums.infoway-inforoute.ca/webx?50@994.GOlpaffKEO3.14@.ef37921>

(Infoway passport to access)

HL7 Canadian Constituency

[http://sl.infoway-inforoute.ca/content/dispPage.asp?cw\\_page=infostand\\_hl7can\\_e](http://sl.infoway-inforoute.ca/content/dispPage.asp?cw_page=infostand_hl7can_e)

ISO/TC215 Canadian Constituency

[http://sl.infoway-inforoute.ca/content/dispPage.asp?cw\\_page=infostand\\_ihisd\\_isowg1\\_e](http://sl.infoway-inforoute.ca/content/dispPage.asp?cw_page=infostand_ihisd_isowg1_e)

HL7 Inc.

[www.hl7.org](http://www.hl7.org)

Stay tuned to the next newsletter for insight into the International Health Terminology Standards Development Organization (IHTSDO) meetings held in Toronto.

# HIM Student Initiatives

## HIM's SMILES Program

**S**tudent  
**M**entor  
**I**nitiative  
**L**ife  
**E**ducational  
**S**uccess



On Friday November 5<sup>th</sup>, 2010 the Health Information Management (HIM) Program at Fleming College in Peterborough, ON, Canada launched a new program called SMILES. The program had 21 year 2 students volunteer to mentor 20 year 1 students who expressed an interest in participating as a mentee. The year 2 students created a card with their name and contact information and, at the SMILES launch pizza party, the year 1 students drew one of these cards. The year 1 students then had a chance to visit with their mentor for the rest of the allotted time. Faculty were invited to join in, and the session was deemed a success. The goal of the program is to have a supportive person, who has been there before assist in the transition to college. The year 1 students will then move into the mentor role in year 2. The program is planning to next launch a Facebook page for students and alumni and perhaps carry the mentoring model further, in the future, to the workplace.



*HIM Mentor/Mentee program participants with some of the faculty. A number of participating students were absent from the photo.*

# Update from CIHI



## Health Information Management Sessions in Ontario

In order to register for courses you **MUST** be logged in. [Click here](#) to log in now.

### Workshops

Product Name	Location	Date
Meeting the Challenge: Supporting Your Coding Decisions	Ottawa	TBD*
Exploring the Lower GI Tract with CCI	Ottawa	TBD*
Meeting the Challenge: Supporting Your Coding Decisions	Toronto	TBD*
Exploring the Lower GI Tract with CCI	Toronto	TBD*
Meeting the Challenge: Supporting Your Coding Decisions	Toronto	February 2, 2011
Exploring the Lower GI Tract with CCI	Toronto	February 2, 2011
Post-Intervention Data Collection	Hamilton	February 8, 2011
Exploring the Lower GI Tract with CCI	Hamilton	February 8, 2011

Please note that lunch will be provided for all full day workshops. Please notify us at [education@cihi.ca](mailto:education@cihi.ca), upon registration, of any special requirements (severe food allergies, accessibility).

The registration deadline for workshops is 3 weeks prior to the start date.

\*All TBD courses are awaiting final confirmation. Please check our website regularly for the latest information.

### Web conferences

Product Name	Date	Time
Casemix		
What's New for CMG+ and an Introduction to CACS for DAD FY 2011-2012?	March 9, 2011	1:00 – 3:00 PM
What's New for CMG+ and an Introduction to CACS for DAD FY 2011-2012?	March 18, 2011	1:00 – 3:00 PM
Quoi de neuf à propos de la méthodologie GMA+ et une introduction au SGCA pour la BDCP ?	March 25, 2011	1:00 – 3:00 PM
An Introduction to CACS for NACRS: A Redeveloped Methodology	April 1, 2011	1:00 – 2:00 PM
An Introduction to CACS for NACRS: A Redeveloped Methodology	April 7, 2011	1:00 – 2:00 PM
DAD		
What's New for DAD Abstracting in 2011-2012?	March 3, 2011	1:00 – 2:30 PM
Quoi de neuf dans la saisie des données de la BDCP en 2011-2012 ?	March 15, 2011	1:00 – 2:30 PM
What's New for DAD Abstracting in 2011-2012?	March 16, 2011	1:00 – 2:30 PM
What's New for DAD Abstracting in 2011-2012?	March 23, 2011	1:00 – 2:30 PM
What's New for DAD Abstracting in 2011-2012?	March 30, 2011	1:00 – 2:30 PM

Classifications		
What's New for Classifications in FY 2011-2012?	March 8, 2011	1:00 - 2:30 PM
What's New for Classifications in FY 2011-2012?	March 17, 2011	1:00 - 2:30 PM
What's New for Classifications in FY 2011-2012?	March 22, 2011	1:00 - 2:30 PM
Quoi de neuf avec les classifications pour l'exercice 2011-2012 ?	March 24, 2011	1:00 - 2:30 PM
What's New for Classifications in FY 2011-2012?	March 29, 2011	1:00 - 2:30 PM
NACRS		
What's New for NACRS in FY 2011-2012?	March 1, 2011	1:00 – 2:30 PM
What's New for NACRS in FY 2011-2012?	March 7, 2011	1:00 – 2:30 PM
What's New for NACRS in FY 2011-2012?	March 21, 2011	1:00 – 2:30 PM

Please note that the web conference times are listed in Eastern Time only. Please convert accordingly.  
The registration deadline for web conferences is 1 week prior to the web conference date.

**NOTE: ONLY ONE** designated person, who must be in attendance at the web conference, should register. This individual will then receive a confirmation including the URL to the website, a telephone number to call, technical requirements (projector, computer, phone, etc.), and the session material to distribute to all attendees.

### REGISTRATION FEES

	Core Plan	Price A **	Price B ***
<b>One-day Workshop</b>			
Registration	Incl.*	\$275	\$425
<b>Half-day Workshop</b>			
Registration	Incl.*	\$200	\$300
<b>Two-day Workshop</b>			
Registration	Incl.*	\$425	\$650
<b>Web Conference</b>			
Registration	Incl.*	\$175	\$250
<b>Self Study</b>			
Registration	Incl.*	\$175	\$275

Incl.\* registration for this session is provided to Core plan members at no additional charge as part of their bilateral service agreement. The number of Core Plan participants per site might be limited according to the size of the facility.

Price A \*\* applies to Canadian health care facilities, governments, not-for-profit health agencies, universities, health professionals and researchers from the public sector.

Price B \*\*\* applies to private commercial operations (including but not limited to software vendors and consultants), foreign clients and others not qualifying for price A.

CIHI collects and uses your personal information to enroll you in the course, to maintain a record of course attendances and to maintain communication with you for future education courses and CIHI activities. Upon request, CIHI may provide facility/regional administrators or provincial and/or territorial ministries of health with this information for ongoing monitoring purposes. CIHI does not otherwise disclose, give or sell your personal information. Please contact us at [education@cihi.ca](mailto:education@cihi.ca) if you have questions or concerns.

# OHIMA Fall Conference "The Power of Collaboration"



*Attendees listening intently to one of the many great presentations*



*Jody signing copies of her book*



*A quick bite during the afternoon networking break*



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Salumatics offers a range of services, solutions and technologies to help healthcare organizations reach their electronic health records goals.

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- > Electronic document management systems

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or via email to [ken.crowell@salumatics.com](mailto:ken.crowell@salumatics.com)

[www.salumatics.com](http://www.salumatics.com)



*Networking with colleagues and vendors*



*Our vendor sponsors set up informative displays and were happy to speak with members between presentations*

# OHIMA Fall Conference Draw Prize Winners



**Draw prize winners** (L-R): Lorraine Good picks up the Dragon Speech Recognition software donated by Nuance; Carol O'Brien proudly displays her voucher for a pair of Toronto Maple Leafs tickets donated by Salumatics; Faye Roloson heads to the prize table to receive the OHIMA grand prize, a 22" LCD monitor

**Gift card winners:** Best Buy – Eugenia Santiago; Future Shop – Gail Miles; Bon Appétit – Kathy Lavelle; The Keg – Pauline Runcie; Shoppers Drug Mart – Tina Drudge; HomeSense – Joanna Cogionis

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**Eric Sparks**, President  
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[www.medeks.ca](http://www.medeks.ca)

MedEKS has brought together a qualified and experienced team of Health Information Management (HIM) Professionals to assist health care organizations improve HIM data quality, completeness and accuracy. We offer...

- Assistance with coding and abstracting backlogs
- Utilization management/ Clinical efficiencies
- Process improvement
- Coding quality audits



# OHIMA Coding Challenge



## Answers

Inpatient codes	Inpt. Type	S	L	E
S72.800 - # femur proximal	MRDX			
S82.200 -# tibia shaft L	1			
S82.200 - # tibia shaft R	1			
W10 – external cause code for fall down stairs	9			
T23.3 - 3° burn hand	1			
T20.2 - 2°burn face/neck	1			
T21.1 -1° burn chest	1			
T31.31 – TBSA 27%	1			
T29.3 – multiple burns	3			
T06.8 – injuries to multiple body regions	3			
X00 – external cause code for burns	9			
U98.0 – Place of occurrence	9			
U99.4 – Activity code (optional)	9			
E11.64 – Type 2 DM with poor control, so described	1			
E11.52 – Type 2 DM with certain circulatory complications	3			
I10.0 – Hypertension	3			
I25.10 – CAD	3			
E78.0 - Hypercholesterolemia	3			
1.VC.74.LA-NW-A - Fixation, femur using screw and autograft	PP		RF	
1.VQ.73.LA - Reduction, tibia and fibula using open approach			B	
1.VQ.03.JA-FQ - Immobilization, tibia and fibula using cast			B	
1. YZ.14. JA-H1 -Medicated dressing multiple sites				
1.YF.14.JA-H1 - Medicated dressing face				
1.YU.14.JA-H1 – Medicated dressing hand				

### RULES:

**1. MRDX – S72.800** - When coding a patient with multiple injuries sequence the most severe (life threatening ) first. Sometimes it requires the coder to also review the rules for “Diagnoses of Equal Importance.” The fracture femur proximal end is not stated to the head of femur, and therefore S72.800 is coded. In this case, this condition required the most extensive treatment during this admission in a patient with multiple injuries. Pages 6, 13, 256 in CIHI Standards, 2009.

**2. S82.200 (x2) type 1** – When identical significant injuries occur bilaterally, in this case the fractures of both left and right tibia shaft, code the ICD 10 CA code twice, page 250 CIHI standards. This condition was treated with surgical intervention and meets the requirements for comorbidity, therefore, type 1.

3. **W10 – type 9** – it's mandatory to assign an external cause code with codes in the range S00 – T98. This external cause code describes how the patient sustained the fractures. An additional external cause code is also assigned describing the burn (see below). External cause codes for inpatients are classified as a type 9. Page 9 CIHI Coding Standards, 2009.
4. **T23.3, T20.2, T21.1 – type 1** – In this case, the burns did not require extensive treatment or the greatest use of resources (operating time, or investigative technology), therefore diagnosis type 1 is appropriate (see also rule for diagnoses of equal importance). When there is documentation of specific sites in a patient with multiple burns, assign separate codes for each burn site. When the same site of the body is burn, assign the code to the highest degree of burn site only. Each burn required treatment while in hospital and satisfies the requirements for determining comorbidity, therefore type 1 is assigned. – Pages 6, 13, 255 CIHI Coding Standards, 2009.
5. **T29.3 – type 3** – is optional to use to facilitate data retrieval for cases with multiple burns of multiple body regions as a diagnosis type 3. Page 255 in CIHI Coding Standards, 2009.
6. **T31.31 – type 1** - TBSA code is mandatory to code with codes from T20 – T25 and T29. If sites of burns are documented, use rule of nine found on Folio ICD 10 CA on the content tab to select the appropriate code from T31.^^. Page 253 in CIHI Coding Standards, 2009.
7. **T06.8 – type 3** - In this case there were multiple types of significant injuries involving multiple body regions. Whenever there are two or more significant injuries, in this case multiple fractures and multiple burns, T06.8 can be used as a flag to identify cases with multiple significant injuries involving multiple body regions. If used, a code from S-9.7 is not required. Page 260 CIHI Standards.
8. **X00 – type 9** - In this case we can use two external cause codes. W10 (seen above) to indicate the fractures resulted from falling down the stairs and X00 to indicate how the patient was burned. External cause codes for inpatients are classified as a type 9. Page 9 CIHI Coding Standards, 2009.
9. **U98.0 – type 9** – Place of occurrence is mandatory for use with codes in the range of S00 – T98, as a type 9 for inpatients. Page 9 in the CIHI Coding Standards, 2009.
10. **U99.4 – type 9** - Activity code is optional to code.
11. **E11.64 – type 1** - Type 2 diabetes mellitus with poor control, so described by the physician is assigned the code E1-.64 when described as poorly controlled, out of control or inadequately controlled. This condition meets the requirement of a comorbidity, therefore a diagnosis type 1 is assigned. Pages 6, 85 CIHI Coding Standards, 2009.
12. **E11.52** - Type 2 DM is coded to E11.52, verifying that the patient has the condition of CAD and diabetes and therefore, is classified as E1-.52. Pages 83 – 85 in CIHI Coding Standards, 2009.
13. **I10.0, I25.20, E78.0** - Pre-existing conditions meet the requirement of a diagnosis type 3 for this case scenario. Page 7 in CIHI Coding Standards, 2009.
14. **1.VC.74.LA-NW-A** - it is logical in many cases to list the principal procedure to match the MRDX when there are multiple codes used from CCI. Coders must also consider the CCI code that is described as the most complex intervention performed during that admission. Coders must also follow the hierarchical code structure of CCI when assigning the principle procedure. In this case, the intervention to correct the fracture femur mentions the “femur” and *not* the hip joint, coders are reminded to pay close attention to the documentation. Code also location attribute as assigned.
15. **1.VQ.73.LA** – it is not required to code this code twice, the location attribute identifies B for bilateral.
16. **1.VQ.03.JA-FQ** - Pay close attention to the “code also” for the code 1.VQ.73.LA, which states to code “any concomitant cast immobilization.”
17. **1. YZ.14. JA-H1** - Code this multiple dressing CCI code when dressings are applied to multiple body regions. Please read the “code also” message to verify the sites included and excluded in this code. For this case scenario I did not state the dates of the medicated dressings, and therefore, I only coded this CCI code once. Some facilities may choose to assign this code for each day performed to demonstrate utilization of resources.
18. **1.YF.14.JA-H1, 1.YU.14.JA-H1** - it is recommended that the following codes be assigned separately: face, hand and foot since this represents significant functional impairment.

*Note: Many of the coding rules can also be found in the Primer, 5<sup>th</sup> ed,*



# Infection Control

P N E U M O N I A X K R H T L A E H C I L B U P X  
R J D A S F O Q N S C V B K L I M B G N F W Y Z P  
E M C I O Z R O T A R I P S E R D F N T G H Z B M  
V J W S Q B W V N Y V M V Q X E O M I H P K T H X  
E C V B F W A M B C G W J Y R T H G J P K X J A O  
N W L F G E L D F V R T R V A C C I N A T I O N K  
T B A R Y A K F G B K A B C P A N W Z Y O Y X D J  
I W I F X C V O C I T Q S R A B D T Z V B F V H X  
O C M V N M I W X I B N V M W U K I U E G T B Y N  
N Z O B U I R S N C M F Z N B D F V G H U S N G H  
H Q C D V X U A O R H I B K L A Z N E U L F N I X  
J X O F G Q S X Y L A M F J U K X Y J T I Q F E B  
V T S J X W U U D I A V B X P K G T R J D K P N X  
C B O T F D R Q R G C T E K M O E C U Q I Y U E I  
W Z N H S E V O L G X F I S L B Z V B P S L Y W N  
B O C W S D E W Q X I G W O F H I N X U I D T R Y  
Z S N M X U I H X D X C I X N D L B P C N M P X Q  
X O P C N M L Q W X R M A B W C I E X P F X D O G  
H I U T V C L F D H E X Y L D X R C B C E R Q R A  
T H X T K L A G R D W Q K O M B E H P D C D G X M  
Z Q H Q B D N X I W L T P X U A T G X B T E B Q Y  
V X P D X R C P X J Q X R G J T S J H D A R F D X  
N B W Z T K E I W T F M L X V B C K B X N X D I Z  
M O H S B D X A W S X Q A C L N E G O H T A P X Q  
B P X D H Z K H K X C Z I H M L I S A Q T D I F Z

**BACTERIA  
DISINFECTANT  
EPIDEMIOLOGY  
FLU SHOT  
GLOVES  
HAND HYGIENE  
INFLUENZA  
ISOLATION**

**MRSA  
NORWALK VIRUS  
NOSOCOMIAL  
OUTBREAK  
PATHOGEN  
PNEUMONIA  
PPE  
PREVENTION**

**PUBLIC HEALTH  
RESPIRATOR  
SANITARY  
STERILIZE  
SUPERBUG  
SURGICAL MASK  
SURVEILLANCE  
VACCINATION**