In the Spotlight: Diagnosis Clusters/Sepsis/Alternate Level of Care (ALC)

Canadian Institute for Health Information
Agenda

• Diagnosis clusters
• Sepsis
• Alternate level of care (ALC)
Learning objectives

After completing this course, you’ll be able to correctly and consistently:

• Apply diagnosis clusters
• Classify sepsis and apply the appropriate diagnosis types
• Assign ALC diagnosis codes
What is a health indicator?

• A single summary measure that is reported on regularly and provides relevant and actionable information

• Provides comparable information and help track performance and progress over time

• Indicators are used to monitor and evaluate health system performance and quality improvement

• Raises questions and should be interpreted by doing further drill down analysis
Health indicators

• Definition
• Scope
• Methodology

• CIHI’s Indicator Library
### Hospital Harm

**Clinical group**
The number of hospitalizations with at least 1 harmful event in that clinical group.

<table>
<thead>
<tr>
<th>Category</th>
<th>Health Care–Medication-Associated Conditions</th>
<th>Health Care–Associated Infections</th>
<th>Patient Accidents</th>
<th>Procedure-Associated Conditions</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Anemia — Hemorrhage</td>
<td>Urinary Tract Infections</td>
<td>Patient Trauma</td>
<td>Anemia — Hemorrhage</td>
</tr>
<tr>
<td></td>
<td>Obstetric Hemorrhage</td>
<td>Post-Procedural Infections</td>
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<td>Obstetric Hemorrhage</td>
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<tr>
<td></td>
<td>Obstetric Trauma</td>
<td>Gastroenteritis</td>
<td></td>
<td>Obstetric Trauma</td>
</tr>
<tr>
<td></td>
<td>Birth Trauma</td>
<td>Pneumonia</td>
<td></td>
<td>Birth Trauma</td>
</tr>
<tr>
<td></td>
<td>Delirium</td>
<td>Aspiration Pneumonia</td>
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<td>Patient Trauma</td>
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<tr>
<td></td>
<td>Venous Thromboembolism</td>
<td>Sepsis</td>
<td></td>
<td>Device Failure</td>
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<tr>
<td></td>
<td>Altered Blood</td>
<td>Infections Due to <em>Clostridium difficile</em>, MRSA and VRE</td>
<td></td>
<td>Laceration/Puncture</td>
</tr>
<tr>
<td></td>
<td>Glucose Level With Complications</td>
<td></td>
<td></td>
<td>Pneumothorax</td>
</tr>
<tr>
<td></td>
<td>Pressure Ulcer</td>
<td></td>
<td></td>
<td>Wound Disruption</td>
</tr>
<tr>
<td></td>
<td>Electrolyte and Fluid Imbalance</td>
<td></td>
<td></td>
<td>Retained Foreign Body</td>
</tr>
<tr>
<td></td>
<td>Medication Incidents</td>
<td></td>
<td></td>
<td>Post-Procedural Shock</td>
</tr>
<tr>
<td></td>
<td>Infusion, Transfusion and Injection Complications</td>
<td></td>
<td></td>
<td>Selected Serious Events</td>
</tr>
</tbody>
</table>

**Health Care–Associated Infections**
Infections that occur during a hospital stay, including those related to or following a medical or surgical procedure.

- Urinary Tract Infections
- Post-Procedural Infections
- Gastroenteritis
- Pneumonia
- Aspiration Pneumonia
- Sepsis
- Infections Due to *Clostridium difficile*, MRSA and VRE

**Procedure-Associated Conditions**
- Misadventures to patients during surgical and medical procedures
- Events associated with medical devices used for diagnosis and treatment
- Abnormal reactions or complications of surgical or medical procedures

Harm related to general care provided and/or medication administered during a hospital stay.
Health indicator information

• Indicator Library
  - http://indicatorlibrary.cihi.ca/display/HSPIL/Indicator+Library

• Hospital Harm
More on patient safety

• Available on YourHealthSystem.cihi.ca
  – Obstetric Trauma (With Instrument) – no cluster
  – In-Hospital Sepsis

• Coming soon — Public release (Spring 2017)
  – In-Hospital Infections Due to Clostridium difficile (C. difficile)
  – In-Hospital Infections Due to Methicillin-Resistant Staphylococcus aureus (MRSA)

• Coming soon — Validation (Spring 2017)
  – Hospitalized Surgical Site Infections

Work to further develop the Hospital Harm indicator will continue

Some related indicators are already available and others are coming soon
Diagnosis clusters
What we know about diagnosis clusters

- Diagnosis clusters are used to link codes that denote:
  - Post-intervention conditions (PICs)
  - Drug-resistant microorganisms
  - Adverse effects in therapeutic use
- A minimum of 2 codes are required
- Additional codes are assigned for specificity (when required and available)
- A to Y are valid for diagnosis clusters
- Chronic conditions are not included in the cluster for PICs
Diagnosis clusters:
Post-intervention conditions
Polling question 1
Post-intervention conditions

• Focus on the identification and monitoring of conditions
• Capture all significant conditions arising during or following an intervention

• A condition or symptom arises within 30 days following an intervention
• A cause/effect relationship is documented, regardless of timeline
• A minimum of 2 codes is required
• Diagnosis clusters are mandatory
Not classified as post-intervention condition

- Worsening of the condition being treated
- Exacerbation of pre-existing condition
- Condition due to another cause
- Adverse effect of drug, medicament or biological agent in therapeutic use
External cause codes

**Y60–Y69** Misadventures to patients during surgical and medical care

**Y70–Y82** Medical devices associated with adverse incidents in diagnostic and therapeutic use

**Y83–Y84** Surgical and other medical procedures as the cause of abnormal reaction of the patient, or of later complication, without mention of misadventure at the time of the procedure
Post-intervention conditions — single clusters

• A single post-intervention condition
• 2 or more post-intervention conditions of the same nature (misadventure, medical device associated with adverse incident or abnormal reaction/later complication) that are related to the same intervention episode
## Case 1: Accidental puncture and hemorrhage

<table>
<thead>
<tr>
<th>Diagnosis cluster</th>
<th>Diagnosis type</th>
<th>ICD-10-CA code</th>
<th>Code title</th>
</tr>
</thead>
<tbody>
<tr>
<td>[A]</td>
<td>(2)</td>
<td>T81.0</td>
<td>Haemorrhage and haematoma complicating a procedure, not elsewhere classified</td>
</tr>
<tr>
<td>[A]</td>
<td>(2)</td>
<td>T81.2</td>
<td>Accidental puncture and laceration during a procedure, not elsewhere classified</td>
</tr>
<tr>
<td>[A]</td>
<td>(3)</td>
<td>S36.511</td>
<td>Laceration of colon, with open wound into cavity</td>
</tr>
<tr>
<td>[A]</td>
<td>(9)</td>
<td>Y60.4</td>
<td>Unintentional cut, puncture, perforation or haemorrhage during endoscopic examination</td>
</tr>
</tbody>
</table>
Post-intervention conditions — multiple clusters

• 2 or more post-intervention conditions of the **same** nature and each is related to a different intervention(s) within an intervention episode or different intervention episodes, and/or

• 2 or more post-intervention conditions of a **different** nature and each is related to the same intervention episode
## Case 2: Accidental puncture and hemorrhage

<table>
<thead>
<tr>
<th>Diagnosis cluster</th>
<th>Diagnosis type</th>
<th>ICD-10-CA code</th>
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</tr>
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<tr>
<td>[A]</td>
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<tr>
<td>[A]</td>
<td>(9)</td>
<td>Y60.4</td>
<td>Unintentional cut, puncture, perforation or haemorrhage during endoscopic examination</td>
</tr>
<tr>
<td>[B]</td>
<td>(2)</td>
<td>T81.0</td>
<td>Haemorrhage and haematoma complicating a procedure, not elsewhere classified</td>
</tr>
<tr>
<td>[B]</td>
<td>(9)</td>
<td>Y83.8</td>
<td>Other surgical procedures, as the cause of abnormal reaction of the patient, or of later complication, without mention of misadventure at the time of the procedure</td>
</tr>
</tbody>
</table>
Diagnosis clusters: Drug-resistant microorganisms
Drug-resistant microorganisms — clusters

• The site of infection
• The infectious organism (B95–B98)
• The type of drug resistance (U82–U84)

Codes from U82 to U84 must be recorded as a diagnosis type (1) or diagnosis type (2).
Drug-resistant microorganisms — single clusters

- A single infection associated with a drug-resistant microorganism
- 2 or more infections associated with the same drug-resistant microorganism
- One infection associated with 2 or more drug-resistant microorganisms
2 infections associated with the same drug-resistant microorganism

<table>
<thead>
<tr>
<th>Diagnosis cluster</th>
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<th>Code title</th>
</tr>
</thead>
<tbody>
<tr>
<td>[A]</td>
<td>(M)</td>
<td>J15.2</td>
<td>Pneumonia due to <em>Staphylococcus</em></td>
</tr>
<tr>
<td>[A]</td>
<td>(1)</td>
<td>N39.0</td>
<td>Urinary tract infection, site not specified</td>
</tr>
<tr>
<td>[A]</td>
<td>(3)</td>
<td>B95.6</td>
<td><em>Staphylococcus aureus</em> as the cause of diseases classified to other chapters</td>
</tr>
<tr>
<td>[A]</td>
<td>(1)</td>
<td>U82.1</td>
<td>Resistance to methicillin</td>
</tr>
</tbody>
</table>
Drug-resistant microorganisms — multiple clusters

• When there is more than one infection and each is associated with a different drug-resistant microorganism
### 2 infections associated with different drug-resistant microorganisms

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<tr>
<td>[A]</td>
<td>(3)</td>
<td>B95.6</td>
<td><em>Staphylococcus aureus</em> as the cause of diseases classified to other chapters</td>
</tr>
<tr>
<td>[A]</td>
<td>(1)</td>
<td>U82.1</td>
<td>Resistance to methicillin</td>
</tr>
<tr>
<td>[B]</td>
<td>(1)</td>
<td>N39.0</td>
<td>Urinary tract infection, site not specified</td>
</tr>
<tr>
<td>[B]</td>
<td>[3]</td>
<td>B96.2</td>
<td><em>Escherichia coli</em> [<em>E. coli</em>] as the cause of diseases classified to other chapters</td>
</tr>
<tr>
<td>[B]</td>
<td>(1)</td>
<td>U82.2</td>
<td>Extended spectrum betalactamase (ESBL) resistance</td>
</tr>
</tbody>
</table>
Diagnosis clusters:
Adverse effects in therapeutic use
Adverse effects in therapeutic use — single clusters

• A single adverse effect of a drug, medicament or biological substance in therapeutic use

• 2 or more adverse effects resulting from the same drug, medicament or biological substance in therapeutic use

• 1 or more adverse effects resulting from a combination of drugs, medicaments or biological substances in therapeutic use
Adverse effects in therapeutic use — multiple clusters

• 2 or more adverse effects that are the result of a different drug, medicament or biological substance in therapeutic use
Polling question 2
Diagnosis clusters:
Data quality issues
Diagnosis clusters — coding issues

• Chronic and/or pre-existing conditions included in a diagnosis cluster
• Conditions attributable to other causes captured in a cluster for post-intervention conditions (PICs)
• Only 1 cluster used when multiple clusters should have been used
Data quality checks

• Do you have
  – Abstracts with a chronic condition such as diabetes mellitus or COPD?
  – Obstetrical codes clustered with Y60–Y84 codes?
  – A single cluster with more than one external cause code indicating a different nature?
Questions?
Sepsis
# Classification of Systemic Inflammatory Response Syndrome (SIRS)

**Table 1: Classification of Systemic Inflammatory Response Syndrome (SIRS) – Infectious Origin**

<table>
<thead>
<tr>
<th>SIRS</th>
<th>SIRS with specified, acute organ failure</th>
<th>SIRS with unspecified, acute organ failure</th>
<th>SIRS with shock</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sepsis code (&lt;M&gt;1&lt;2&gt; or MP/OP&lt;AND&gt;Acute organ failure code(s) (&lt;1&gt;&lt;2&gt;&lt;OP&gt;)&lt;AND&gt;Code for underlying localized infection when documented (&lt;1&gt;&lt;2&gt;&lt;OP&gt;)&lt;AND&gt;Code for underlying localized infection when documented (&lt;1&gt;&lt;2&gt; or MP/OP)</td>
<td>Assign codes from either the second or third column, when applicable&lt;AND&gt;Code for underlying localized infection when documented (&lt;1&gt;&lt;2&gt; or MP/OP)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Optional R65.0&lt;3&gt; or OP</td>
<td>Optional R65.1&lt;3&gt; or OP</td>
<td>Mandatory R65.1&lt;1&gt;&lt;2&gt; or OP</td>
<td>Mandatory R65.2 Septic shock (&lt;1&gt;&lt;2&gt; or OP)</td>
</tr>
</tbody>
</table>

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Sepsis: Deciphering sepsis and the associated terminology
Sepsis versus bacteremia

What is bacteremia?
• Presence of bacteria in the blood
• No systemic response
Sepsis

• “Systemic disease associated with the presence and persistence of pathogenic microorganisms or their toxins in the blood.”
• Systemic inflammatory response syndrome of infectious origin

Common terms include
• Generalized sepsis
• Septicemia
• Severe sepsis (indicates that there is acute failure of at least one organ)
Localized infection versus generalized sepsis

The common progression to sepsis:
• Localized infection
• Generalized sepsis
• Acute organ failure (severe sepsis)
• Septic shock (R57.2)

R57.2 Septic shock cannot stand alone; a code for sepsis must also be assigned.
Sepsis:
Why is this so important?
Diagnosis typing

• Indicator methodology is dependent on correct diagnosis typing.
• Identifies conditions that are present on admission versus those that occur following admission.
• Sepsis is included as hospital harm or part of the in-hospital sepsis group when it is identified as arising after admission to hospital.
• The coder must identify when the condition starts and apply the correct diagnosis type.

Although the focus here is on sepsis, this information is true for any infection.
Diagnosis typing

Case 1

A patient was brought to the emergency department with signs and symptoms of sepsis. Blood was drawn for a blood culture and the patient was admitted. The physician received the results of the blood cultures on day 2 and documented that the patient has sepsis.
Diagnosis typing

Case 2

An elderly patient was admitted with a urinary tract infection (UTI). On admission, a urinalysis and blood cultures were done. The urinalysis confirmed that the UTI was caused by *Escherichia coli* (*E. coli*) and the blood cultures were reported as negative. On day 2, the patient began to deteriorate; repeat blood cultures were taken. The physician documented on day 3 that the patient has generalized sepsis as confirmed by the second blood culture.
Sepsis

When septicemia/sepsis is classified to one of the following

- **003–005**  *Pregnancy with abortive outcome (with a fourth character .0 or .5)*
- **007.3**  *Failed attempted abortion, complicated*
- **008.0–**  *Genital tract and pelvic infection following abortion and ectopic and molar pregnancy*
- **075.3–**  *Other infection during labour*
- **085.–**  *Puerperal sepsis*
- **098.–**  *Maternal infectious and parasitic diseases complicating pregnancy, childbirth and the puerperium (with a fourth character of .2, .5 or .8)*
- **T80.2**  *Infections following infusion, transfusions and therapeutic injection*
- **T81.4**  *Infection following a procedure, not elsewhere classified*
- **T88.0**  *Infection following immunization*
- **T82–T85**  *Infections and inflammatory reaction due to prosthetic devices, implants and grafts*

- Assign the appropriate code from the list above as a significant diagnosis type/main or other problem; and
- Assign an additional code, **mandatory**, to identify the type of sepsis as a diagnosis type (3)/other problem.
Sepsis:
Post-intervention sepsis and septic shock
Post-intervention sepsis

Sepsis (generalized) (see also Infection) A41.9
– due to device, implant or graft (see also Complications, by site and type, infection or inflammation) T85.7...
– following...
  – – immunization T88.0
  – – infusion, therapeutic injection or transfusion T80.2
– localized, in operation wound T81.4
– post-procedural T81.4
– tracheostomy stoma J95.01
T81.4 Infection following a procedure, not elsewhere classified

**Abscess:**
- intra-abdominal postprocedural
- stitch postprocedural
- subphrenic postprocedural
- wound postprocedural

**Sepsis postprocedural**

Use additional code (R57.2) to identify septic shock.
Use additional code to identify other manifestations of infection, such as abscess or sepsis.

**Excludes:**
- infection due to:
  - infusion, transfusion and therapeutic injection (T80.2)
  - prosthetic devices, implants and grafts (T82.6-T82.7) (T83.5-T83.6) (T84.5-T84.7) (T85.7)
  - obstetric surgical wound infection (O86.0)

Specified infections classified elsewhere, such as:
- cholangitis (K83.02)
- pneumonia (J12-J18)

Surgical wound infection of amputation stump or reattached body part (T87.0-, T87.1-, T87.201), (T87.4-)

CIHI
Post-intervention sepsis

- Generally, post-intervention sepsis requires 3 codes
  - Primary code (T-code or PP-code)
  - Sepsis code
  - External cause code

- Diagnosis clustering is mandatory for all PICs
  - Incorrect clustering affects data analysis
Post-intervention sepsis — incorrect

<table>
<thead>
<tr>
<th>Diagnosis cluster</th>
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</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(3)</td>
<td>A41.9</td>
<td>Sepsis, unspecified</td>
</tr>
<tr>
<td>[A]</td>
<td>(2)</td>
<td>T81.4</td>
<td>Infection following a procedure, not elsewhere classified</td>
</tr>
<tr>
<td>[A]</td>
<td>(9)</td>
<td>Y83.9</td>
<td>Surgical procedure, unspecified, as the cause of abnormal reaction of the patient, or of later complication, without mention of misadventure at the time of the procedure</td>
</tr>
</tbody>
</table>
Polling question 3
Septic shock

- R57.2 Septic shock
  - Use additional code to specify the type of sepsis
- A41.9 Sepsis, unspecified
- R57.2 Septic shock
  - Cannot stand alone
  - Cannot be the MRDx
## Post-intervention septic shock

<table>
<thead>
<tr>
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<td>[A]</td>
<td>(2)</td>
<td>T81.4</td>
<td>Infection following a procedure, not elsewhere classified</td>
</tr>
<tr>
<td>[A]</td>
<td>(3)</td>
<td>A41.9</td>
<td>Sepsis, unspecified</td>
</tr>
<tr>
<td>[A]</td>
<td>(2)</td>
<td>T81.1</td>
<td>Shock during or resulting from a procedure, not elsewhere classified</td>
</tr>
<tr>
<td>[A]</td>
<td>(3)</td>
<td>R57.2</td>
<td>Septic shock</td>
</tr>
<tr>
<td>[A]</td>
<td>(9)</td>
<td>Y83.9</td>
<td>Surgical procedure, unspecified, as the cause of abnormal reaction of the patient, or of later complication, without mention of misadventure at the time of the procedure</td>
</tr>
</tbody>
</table>
# Septic shock associated with central venous catheter

<table>
<thead>
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<th>Diagnosis cluster</th>
<th>Diagnosis type</th>
<th>ICD-10-CA code</th>
<th>Code title</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>(2)</td>
<td>T82.701</td>
<td>Bloodstream infection and inflammatory reaction due to central venous catheter</td>
</tr>
<tr>
<td>A</td>
<td>(3)</td>
<td>A41.50</td>
<td>Sepsis due to Escherichia coli [E.coli]</td>
</tr>
<tr>
<td>A</td>
<td>(2)</td>
<td>T82.8</td>
<td>Other specified complications of cardiac and vascular prosthetic devices, implants and grafts</td>
</tr>
<tr>
<td>A</td>
<td>(3)</td>
<td>R57.2</td>
<td>Septic shock</td>
</tr>
<tr>
<td>A</td>
<td>(9)</td>
<td>Y84.8</td>
<td>Other medical procedures, as the cause of abnormal reaction of the patient, or of later complication, without mention of misadventure at the time of the procedure</td>
</tr>
</tbody>
</table>
Demo
# Septic shock following amputation

<table>
<thead>
<tr>
<th>Diagnosis cluster</th>
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</thead>
<tbody>
<tr>
<td>[A]</td>
<td>(2)</td>
<td>T81.4</td>
<td>Infection following a procedure, not elsewhere classified</td>
<td></td>
</tr>
<tr>
<td>[A]</td>
<td>(3)</td>
<td>A41.9</td>
<td>Sepsis, unspecified</td>
<td></td>
</tr>
<tr>
<td>[A]</td>
<td>(2)</td>
<td>T87.4</td>
<td>Infection of amputation stump</td>
<td></td>
</tr>
<tr>
<td>[A]</td>
<td>(2)</td>
<td>T81.1</td>
<td>Shock during or resulting from a procedure, not elsewhere classified</td>
<td></td>
</tr>
<tr>
<td>[A]</td>
<td>(3)</td>
<td>R57.2</td>
<td>Septic shock</td>
<td></td>
</tr>
<tr>
<td>[A]</td>
<td>(9)</td>
<td>Y83.5</td>
<td>Amputation of limb(s), as the cause of abnormal reaction of the patient, or of later complication, without mention of misadventure at the time of the procedure</td>
<td></td>
</tr>
</tbody>
</table>
Polling question 4
Sepsis:
Data quality issues
Sepsis — coding issues

• Assigning a code for sepsis when a bacteremia code should have been assigned or vice versa
• Assigning a code for sepsis when there is a localized infection only
• Incorrect application of diagnosis typing
• Sepsis codes missing from the diagnosis cluster for post-intervention sepsis
• Sepsis codes not assigned with code for septic shock
Data quality checks

• Do you have abstracts with
  – A sepsis code that should be clustered with a post-intervention condition?
  – R57.2 septic shock without a code to identify the sepsis?
  – R57.2 septic shock as the MRDx?
Questions?
Alternate level of care (ALC)
ALC definition

When a patient is occupying a bed in a facility and does not require the intensity of resources/services provided in that care setting (acute, chronic or complex continuing care, mental health or rehabilitation), the patient must be designated ALC at that time by the most appropriate care team member, which may be a physician, long-term care assessor, patient care manager, discharge planner or other care team member. The decision to assign ALC status is a clinical responsibility, not a health information management responsibility.

Why do we collect ALC data?

• To understand the needs of patients in acute care beds that do not require the intensity of resources and/or services in the acute care setting
  – Reasons for delay in discharge
  – Time patient waited in the hospital
• To monitor and improve patient flow metrics
• To support discharge planning, and improvements in patient access and patient outcomes
• To help health planners and decision-makers identify service gaps and targeted initiatives to reduce wait times and improve patient flow, access to care
Who is responsible?

• ALC status designated by the most appropriate care team member
• Recorded in DAD abstract by health information management (HIM) professional
When?

• Starts on the date and time of designation
• Ends when the patient has been discharged or when the ALC designation no longer applies
• ALC portion of stay must be at least 24 hours
• Mandatory in all provinces and territories
How?

• Designation status determined by clinical staff
• HIM records ALC information in the DAD abstract
• Patient service is 99 for ALC patients
• Specific ICD-10-CA ALC Z-code assigned to service 99
Changes in allowable ALC diagnosis codes

19 Z-codes were removed from the ALC diagnosis list effective April 1, 2016

• To improve consistency and comparability of ALC data
• Because of overlap of ALC Z-code content and vague definitions

Codes are still valid for coding but not for assignment with ALC patient service.
Job aid
Z75.1 Person awaiting admission to adequate facility elsewhere

- Facility/bed: Patient has been approved and is wait-listed for a bed
- Approved and waiting for admission to private facility
- Approved and waiting for residential care admission/bed
- Approved and waiting for placement in a facility elsewhere (e.g., personal care home, chronic care)
Z75.1 Person awaiting admission to adequate facility elsewhere (cont’d)

• Approved and waiting for admission to designated hospice facility for palliative care

• Approved and waiting for admission to addictions program in a facility

• Approved and waiting for a bed in complex continuing care (e.g., because patient is ventilator-dependent)
Z76.4 Other boarder in health-care facility

- Patient/family refusing proposed discharge plan
- Patient/family refusing proposed placement option
- Waiting for transportation home for more than 24 hours (e.g., by ambulance, by stretcher van, by car)
- Training/education (e.g., breastfeeding, insulin teaching)
Polling question 5
Implementation tools and supports for coders and analysts

• DAD Abstracting Manual
• Job aids:
  – Alternate Level of Care Diagnosis List: Clarification of Use
  – Changes to Z-codes allowable with ALC Service 99
• Education course: What’s New for DAD in 2016–2017
• CIHI’s e-Query
Implementation tools and supports for clinicians

- **ALC Guidelines document (PDF):** “Definitions and Guidelines to Support ALC Designation in Acute Inpatient Care” ALC Pocket Guide (in MS Word version for local enhancements)

- **Web/mobile-friendly ALC Guideline viewer**
Questions?
Wrap up

• Diagnosis clusters and sepsis
  – Follow the coding standards
  – Make sure to choose the correct code, as the information is used at many levels
  – Be aware of health indicators and the methodology
  – Implement data quality checks at the facility level to improve data quality

• ALC
  – Z-codes that are valid for ALC were changed in April 2016
  – Work is ongoing to improve consistency of ALC coding across the country
Available coding resources

• Classifications and Terminologies team
• Canadian Coding Standards for Version 2015 ICD-10-CA and CCI
• CIHI’s Education products
• Coders’ Resource Page
• Tips for Coders
• eQuery tool
• Classifications and Terminologies e-newsletter
• CIHI’s website (www.cihi.ca)
Next steps

• Where to get
  – Your certificate
  – Recorded web conference
  – More training
We want your feedback!

• Help us continually improve our courses
• Complete the online evaluation
How to contact us

cihi.ca

classifications @cihi.ca

@cihi_icis