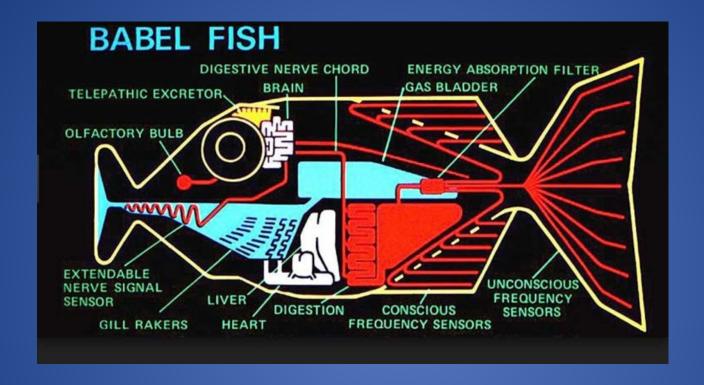


# Coding

Coders are from Pluto & Clinicians are from Mercury!

- How do we get to share a language?
  - Make it useful
  - Use it to improve care processes
  - Link up as much data as we can



Coding: Somebody else's problem!

# To make it reliable...

Make it easy and <u>useful</u>

### 80:20 RULE

- 6 months data on discharges
- Ordered by frequency
- Top 850/>5500 accounted for ~80%
- Convert to clinical language
  - linked to ICD-10 code in the background
- Acute diagnoses
- Chronic diagnoses

# Clinicians language



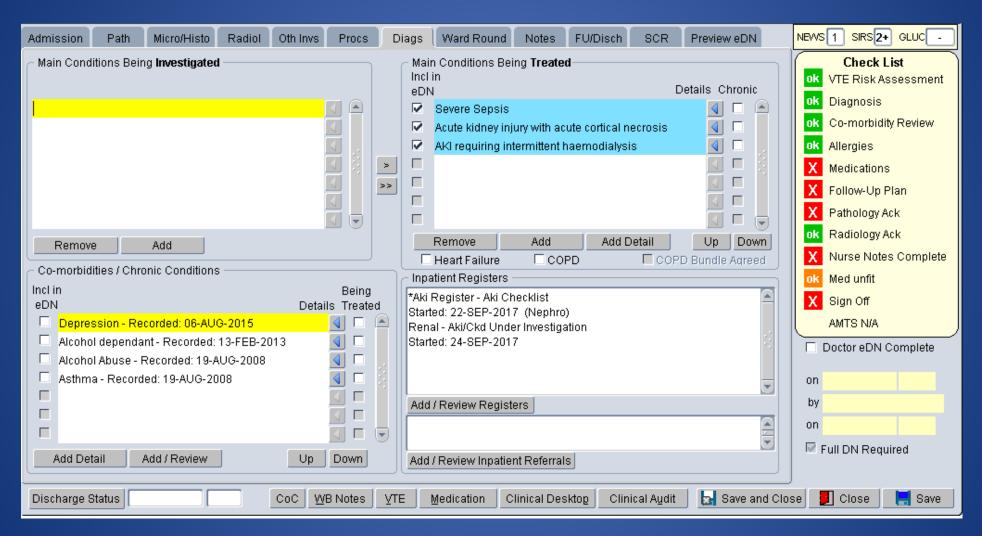
# Diabetes team

(CHRONIC): Diabetes Type 2 (Ketone Prone)
(CHRONIC): Diabetes insipidus (neurogenic)
(CHRONIC): Glomerular disorders in diabetes mellitus
(CHRONIC): Type 1 Diabetes
(CHRONIC): Type 1 diabetes mellitus With ophthalmic complications
(CHRONIC): Type 1 diabetes with ketoacidosis
(CHRONIC): Type 2 Diabetes
(CHRONIC): Type 2 diabetes mellitus With neurological complications
(CHRONIC): Type 2 diabetes mellitus With ophthalmic complications
(CHRONIC): Type 2 diabetes mellitus With peripheral circulatory complications
Diabetes Type 1 with complications
Diabetes Type 2 with complications
Diabetes insipidus (nephrogenic)
Gestational diabetes
Type 1 diabetes with ketoacidosis and coma

Use the following criteria to search for patients				
Ticking these boxes will show patients that meet EITHER criteria.				
For example, selecting "Admitted within last 4 hours" and "Flagged for Critical Care Outreach" will display all patients admitted in last 4 hours AND all the patients flagged				
Flagged for Critical Care Outreach	Flagged for Acute Pain Audit	Observations Due	☐ At Risk OBS	
Chronic Diabetes	☐ Blood Sugar Due	☑ High Risk Blood Sugar Level (Current)	High Risk Blood Sugar Level (48 Hours)	
Category 2-4 / Unstageable Skin	☐ Very High Risk Nutrition Score (>=5)	Cannula Inserted Cannula Check Overdue	SCR Needs Uploading	
Section 2 Notifications	Section 5 Notifications	AKI Incomplete	Severe Sepsis	

# Renal Team

### Renal 2



#### Select Diagnosis Dementia flag for Board rounds on wards – Diagnoses Type into the Find field to see filtered diagnoses rec Common record will select that diagnosis. also excludes requirements for AMTS assessment Press View Diagnoses to see the selected diagnos OAIL Check to enter a free text diagnosis VTE Allergy AMTS Dx TTO eDN Done Done Done Done Done Patient OBS Glu Nut Wat Fal Can Clerk Path Rad **Bed Cons** Find: dementia (CHRONIC): Dementia 1 RONDM (CHRONIC): Dementia in Alzheimer's disease LoS: 10 (CHRONIC): Dementia in Alzheimer's disease, 2 MCGG (F) 73 (CHRONIC): Dementia in Alzheimer's disease, LoS: 8 (CHRONIC): Dementia in Parkinson's Disease (CHRONIC): Vascular dementia DGP (F) 91 (CHRONIC): Vascular dementia, unspecified LoS: 31 LoS: 3 5 RONDM CoC PWR (F) LoS: 10 LoS: 8 7 MCGG LoS: 19 8 RONDM (F) 95 **A7** LoS: 3 LoS: 2 10 MCGG LoS: 34 11 HARMX (F) 89 LoS: 3 LoS: 5 LoS: 6

### Automate to use data collated elsewhere

- AKI
- Sepsis
- Severe Sepsis
- Diabetes
  - Type 1
  - Type 2
  - 'Brittle'
  - Ketone prone

- Sepsis screen
- AKI alert
- Diabetes alert
- ECHO

# Sepsis

NEWS Score = 10 (as at 09-Oct-2017 00:50)	SEVERE Sepsis Checklist	Yes	No	<u>No</u> Result
Temperature between 36 and 38 C 37 C	Lactate > 2.5 mmol/L	0	0	0
1 Heart Rate > 90/min       140 /min         1 Respiratory Rate > 20/min       22 /min	Urine Output < 0.5 mL/kg/hr for 2 hours or has an AKI Alert	0	0	0
NOT acutely altered Mental State     Alert	Systolic BP < 90 mmHg (or decrease in patient's normal Systolic BP > 40 mmHg)	0	0	0
PWCC > 12 x 109/L in last 6 hours O Yes O No O No Result	New need for oxygen to keep SpO2 > 90 %	0	0	0
PWCC < 4 x 109/L in last 6 hours O Yes O No O No Result  U Enter Blood Glucose (mmol/L) ☐ High (>33.3) ☑ Diabetic	INR > 1.5 or APTT > 60s Platelets < 100 x 109/L, Billirubin > 34 umol/L	0	0	•
SIRS Score = 2 (+)	Outcome: Patient currently being treated for Severe Sepsis - Checklist is not required. Screening is complete			
Could they have an infection?    Yes ONo ODon't Know				
Currently treating for Severe Sepsis?  Yes O No O Don't Know				
Outcome: Patient currently being treated for Severe Sepsis - Checklist is not required. Screening is complete				
View Obs View Orders Order Sepsis Bloods View Results	Save and Close Close			Save

# Critical care outreach / Microbiologists

View of Hospital possible for all with severe sepsis of High NEW score

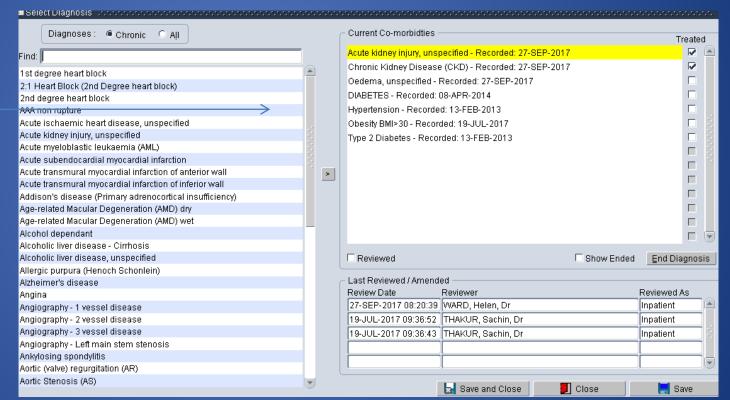
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Section 2 Notifications	Section 5 Notifications	AKI Incomplete	Severe Sepsis	

### **Chronic Conditions**

- Co-morbidity diagnoses
- Reviewed each admission
- Any newly entered chronic conditions pull through
  - In order to improve care!

# Co-morbidity review





### Chronic conditions linked to care processes

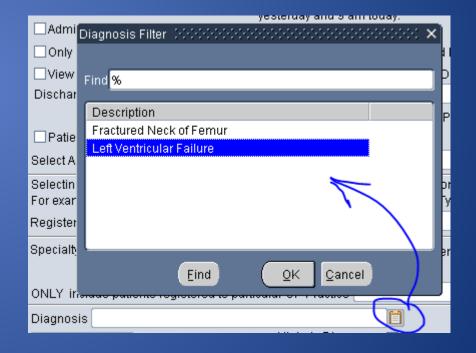
- COPD
- Heart Failure
  - Echo
  - Manual flag
- ESRF
  - Dialysis
  - Renal transplant
- Learning difficulties
- Parkinson's

- Dementia
- Vasculitis

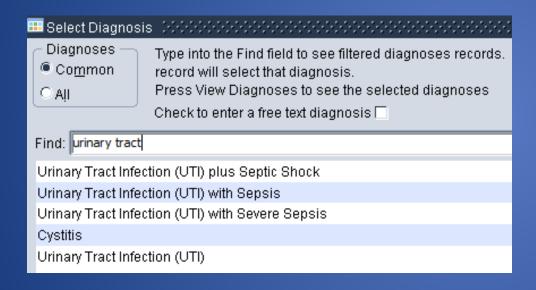
# Echo LVF HFSN

nt: No Patient Event Chosen			
ed Order  Test Date 27-SEP-2017 Scanned By		Reported By  Consultant	
noracic Transoesophageal Contrast Stress  cle  Diastole mm Fractional Shortening %  Systole mm Volume Diastole ml  Thickness mm Volume Systole ml  Thickness mm Ejection Fraction %  / Function	Clinical Indication  Left Atrial volume ml Right Heart  TAPSE mm  TR Pressure Drop mml Est. PA Systolic mml inc. RA Pressure	Hg Aortic Annulus Hg Sinus of Valsalva	kg BSA Demonstration in the second se
Mild left ventricular failure Mild-moderate ventricular failure Moderate ventricular failure Moderate-severe left ventricular failure Severe left ventricular failure		Aortic Doppler Peak Aortic Velocity Peak Pressure Drop	mm m/s mmHg m/s
g ☐ Complete Print / View Transmit No	otify	ve and Close Close	Sa Sa

Set Filters (ACCACACACACACACACACACACACACACACACACACA	+504+504+504+504+504+504+504+504+504+504	\$	000000000000000000000000000000000000000	
Use the following criteria t	to search for patients			
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Section 2 Notifications	Section 5 Notifications	AKI Incomplete	✓ Severe Sepsis	



# High adjusted mortality



### Not finished

- Iterative process
- Ongoing feedback from specialties
- Linking procedures to chronic diagnoses
- Linking Acute diagnoses to ongoing chronic diagnoses
- Thanks to CHKS for the invite
  - It has re-invigorated our efforts!

THANK YOU QUESTIONS?