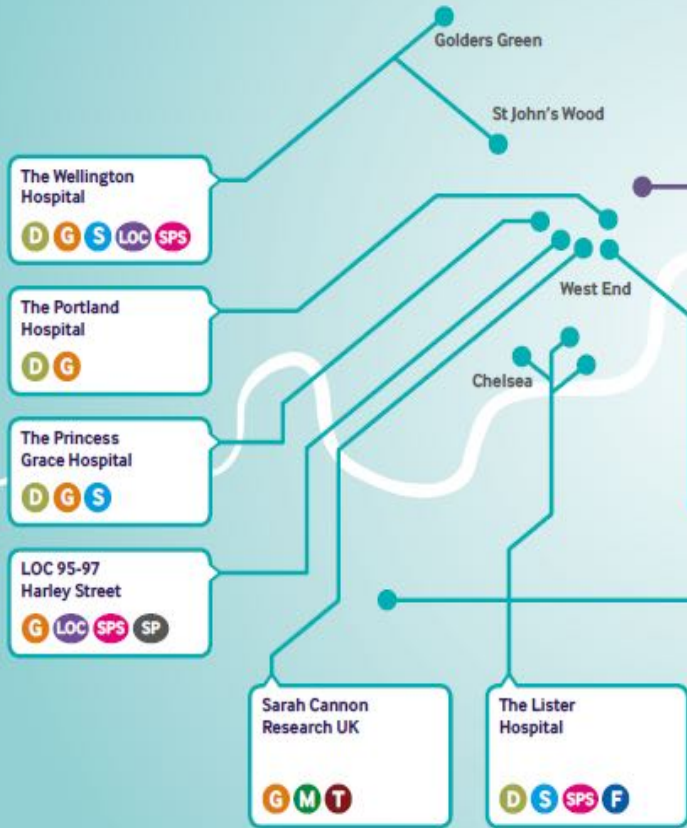


Innovation in coding: how the private sector is addressing coding challenges in partnership with CHKS

Tim Cross

Head of Clinical Informatics

Our Hospital Network



HCA/NHS ventures

Harley Street at Queen's

D G S LOC

R SPS

The Christie Clinic

D G S LOC

R SPS B

Harley Street at UCH

D G S LOC

R SPS B

London Bridge Hospital

D G S SPS

HCA Healthcare Outpatient and Diagnostics at The Shard

D

COMING IN 2016

HCA Healthcare Private Hospital at Guy's Hospital

D S LOC

R SPS B

COMING IN 2016

6

Hospitals

4

NHSV

888

Registered
beds

125

Critical Care
(ITU) beds

HCA Healthcare UK

... in numbers

5k

Employees

42

Operating
theatres

75k

Inpatients/
Day Cases

620k

outpatients

Coding in the Independent Sector

- Historically only procedural coding (CCSD)
- Diagnostic and procedural coding now mandatory for all independent providers
- Inpatient & daycase episodes coded
- Submitted centrally to PHIN
- Coding not tied to reimbursement
- Consultants not employed -> maintain own records

Coding at HCA

- Commenced 2013, inpatient only
- CHKS selected as coding partner
- Daycase episodes coded from Jan 2016 onwards
 - *Significant increase in volume*
- Good completeness and coding quality achieved
 - *High query rates needed to achieve this*
- HCA is a high acuity provider
 - *Even greater need for high quality coding*

Coding Process

Case notes scanned by medical records departments onto MEDITECH within 72 hours of discharge



Coders extract information from the scanned medical record on MEDITECH. Additional supplementary systems are used for Oncology and ICU patients



If insufficient documentation is available to allow the coder to assign ICD 10 and OPCS codes, the query process is triggered

Diagnostic information:

- Referral Letters
- Outpatient Clinic Letters
- Nursing Discharge Summaries
 - Clinical Notes
- Consultant discharge letter
 - Nursing care plan
 - Pre-assessment
- Histology/histopathology

Procedure information:

- Nursing Discharge Summaries
- Consultant discharge letter
 - Operation note
 - Anaesthetic record
- Patient consent forms
- Patient Record of Sterile Items

Access clinical systems:

- ICIP – ICU notes
- Mosaic – chemotherapy regimens & documents
- Chemocare - chemotherapy regimens

Coding query process

Step 1

- Clinical coders unable to complete coding due to lack of documentation.

Step 2

- Coders raise a coding query requesting documentation via MEDITECH.

Step 3

- At this point the coders identify the missing documentation and uncodable reason using pre-set mnemonics allowing the data to be easily manipulated for informatics purposes.

1	CONFLICT	Conflicting OPCS & CCSD
2	CONS-DIS	Consultant Dis Summary
3	CONS-REF	Consultant Ref Letter
.

Query process cont.

Step 4

- Coding queries are sent to the Integrated Governance teams of each hospital site daily who request the missing documentation from the consultant

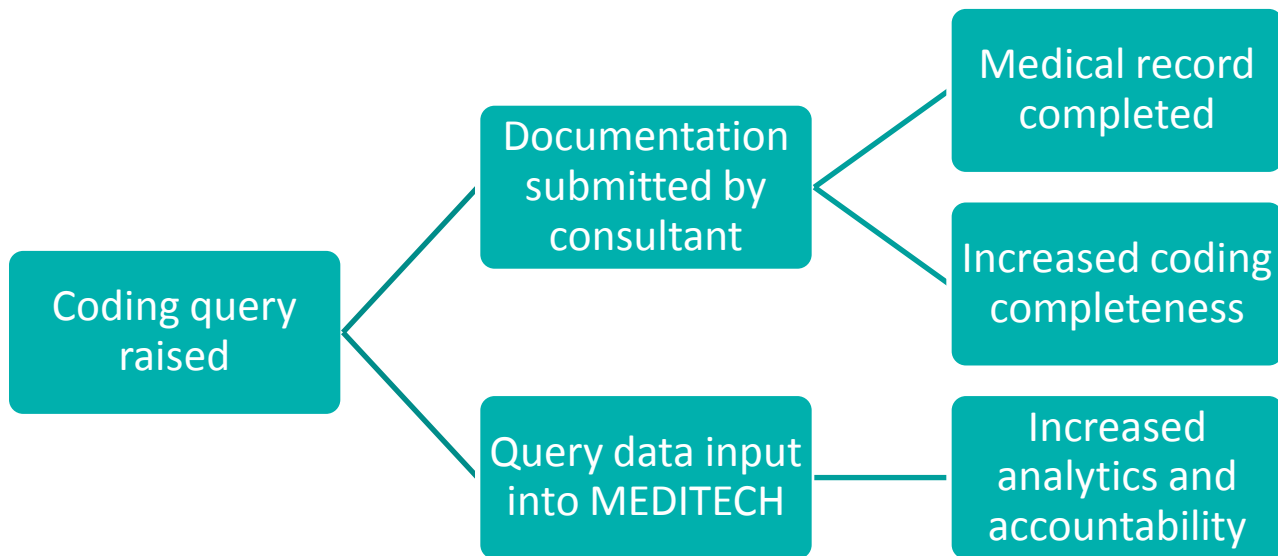
Step 5

- Documentation received from the consultant is returned to the relevant coder who completes the coding

Step 6

- The coder then sends the documentation received to the Corporate Health Records department for scanning to complete the medical record on MEDITECH.

Improving the medical record



Improving the medical record – Clinical forms

- To continue to improve the medical record for coding purposes, the coding team takes part in a bi-weekly clinical forms meeting hosted by Corporate Health Records.
- The coding team help to review all new clinical forms to ensure they capture the information needed for coding before they are signed off for use across the hospital sites.

Current Co-Morbidities (tick as appropriate) N/A

Abnormal liver function test	<input type="checkbox"/>	Current anti coagulation therapy	<input type="checkbox"/>	Hemiplegia	<input type="checkbox"/>
Alcohol abuse	<input type="checkbox"/>	Current aspirin use	<input type="checkbox"/>	Hiatus Hernia	<input type="checkbox"/>
Anxiety disorders	<input type="checkbox"/>	Current smoker	<input type="checkbox"/>	Hypertension	<input type="checkbox"/>
Alzheimer's	<input type="checkbox"/>	Deafness	<input type="checkbox"/>	Hypothyroidism	<input type="checkbox"/>
Arthritis	<input type="checkbox"/>	Dementia	<input type="checkbox"/>	IHD	<input type="checkbox"/>
Asthma	<input type="checkbox"/>	Depressive disorders	<input type="checkbox"/>	Left ventricular failure	<input type="checkbox"/>
Autism	<input type="checkbox"/>	Development delay	<input type="checkbox"/>	Living alone	<input type="checkbox"/>
BMI	<input type="checkbox"/>	Diabetes Type I / II	<input type="checkbox"/>	Mitral valve disease	<input type="checkbox"/>
Cerebrovascular disease	<input type="checkbox"/>	Drug abuse	<input type="checkbox"/>	Multiple sclerosis	<input type="checkbox"/>
Chronic bronchitis	<input type="checkbox"/>	Eating disorders	<input type="checkbox"/>	Osteoarthritis	<input type="checkbox"/>
Chronic Kidney disease (1-5)	<input type="checkbox"/>	Emphysema	<input type="checkbox"/>	Pure hypercholesterolemia	<input type="checkbox"/>
COPD	<input type="checkbox"/>	Epilepsy	<input type="checkbox"/>	Registered blind	<input type="checkbox"/>
COPD with Asthma	<input type="checkbox"/>	Geriatric falls	<input type="checkbox"/>	Renal failure	<input type="checkbox"/>
Congestive cardiac failure	<input type="checkbox"/>	Heart failure	<input type="checkbox"/>	Rheumatoid arthritis	<input type="checkbox"/>

Any Co-morbidity not mentioned above that is currently affecting the patient must be stated below

Challenges

- Consultant vs Hospital Medical Record
- How to incentivise Consultants?
- Scanning & archiving
- Coding resources
- Query processes
- Multiple Hospital sites
 - Geographic distance between hospital sites
 - Management structures and processes vary
 - IT system variation

Daycase coding challenges

- Between 2013-2016 the inpatient coding was carried out onsite by a small team of coders based in HCA offices in central London.
- The commencement of coding daycase episodes from Jan 2016 increasing coding volumes significantly.
- Workforce challenges
 - Trained clinical coders are notoriously difficult to source in central London where competition is fierce and NHS coder wages are >20% higher than the rest of the country.

Daycase coding challenges - Remote coding

- Due to the high acuity of the HCA case mix, we were unable to utilise trainee clinical coders.
- We could only offer limited desk space in central London.

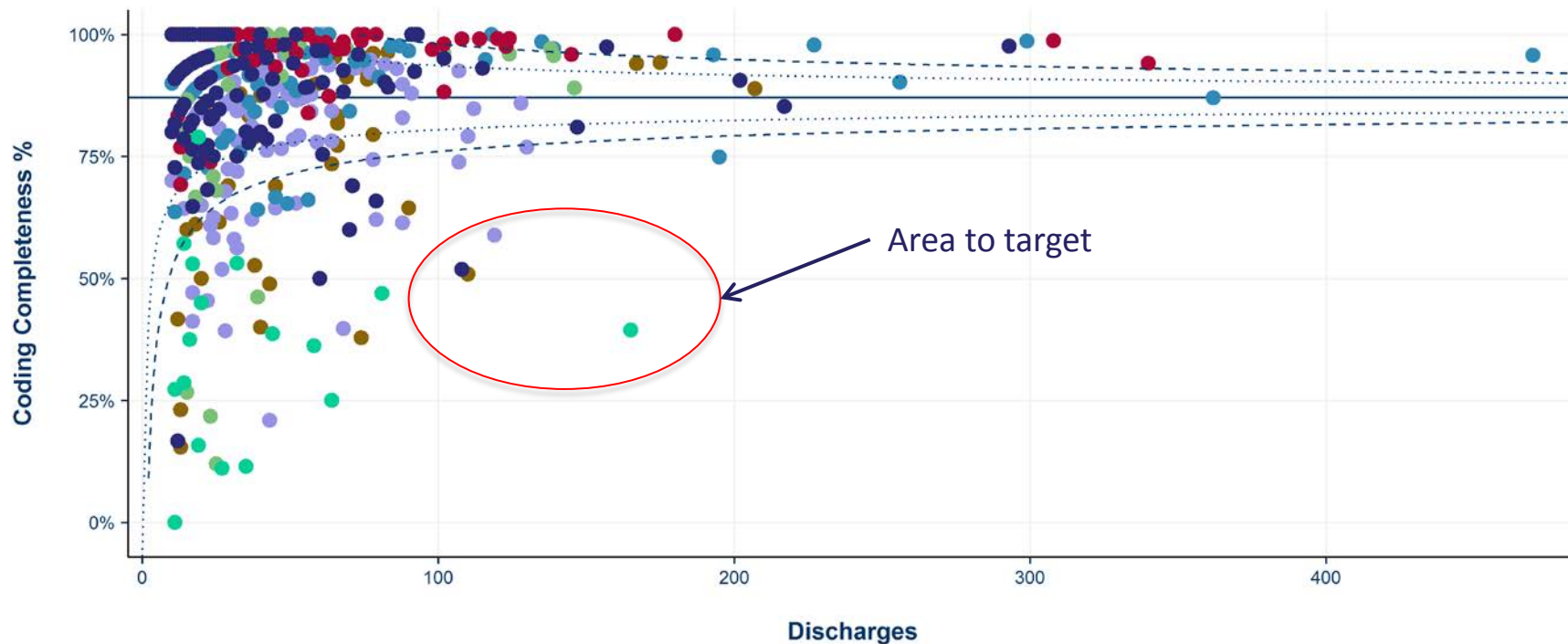
Remote coding

- To overcome these challenges we explored the possibility of undertaking the coding remotely.
- We succeeded in securing approval for remote access to the HCA remote desktop via Citrix for coding purposes.
- This has allowed us to utilise a large flexible workforce which has delivered many benefits.

Benefits of remote coding

- Due to the flexible nature of remote working we can now utilise the whole of the CHKS coding team who are supported by a team of NHS coders on an evening and weekend basis.
- Our HCA coding team now contains:
 - 4 current or previous NHS coding managers
 - 9 CCS Approved Clinical Coding Auditors
 - 2 trainee Clinical Coding Auditors
 - 3 CCS Approved Clinical Coding Trainers
 - 1 trainee Clinical Coding Trainer
- Geographical location is no longer a limiting factor when sourcing coders which has allowed us to tap into previously unavailable resources.

Consultant Performance



Web Reporting

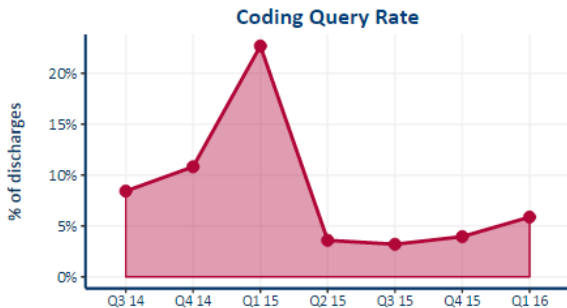
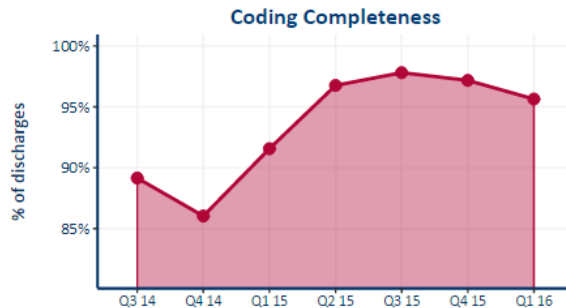
Clinical Coding

Source: MEDITECH

Feed: Automatic

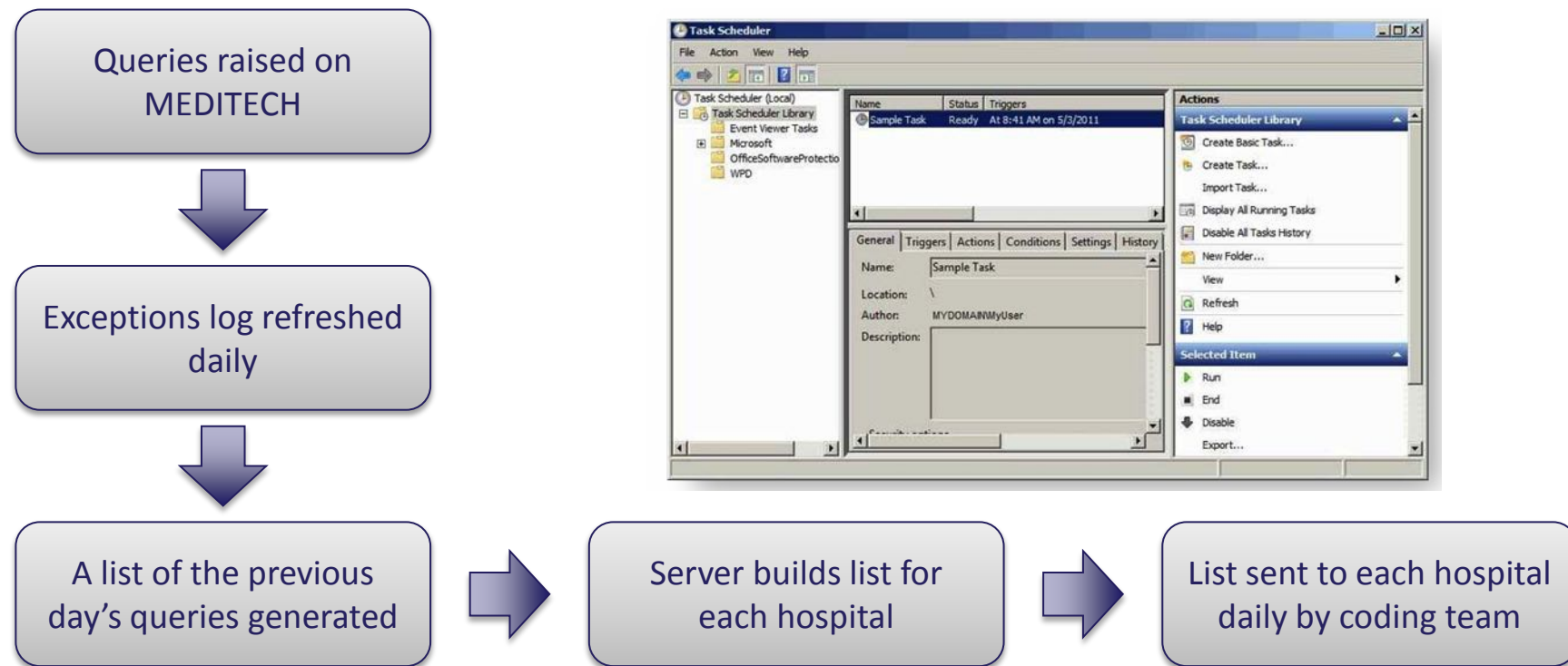
Notes: Q2 16 discharges are still being coded, and are excluded

ID	QtrYr	Discharges	Coded	Queries Raised	Queries Resolved
2	Q1 16	1124	1075	66	21
3	Q4 15	1239	1204	49	16
4	Q3 15	1187	1161	38	13
5	Q2 15	1142	1105	41	15

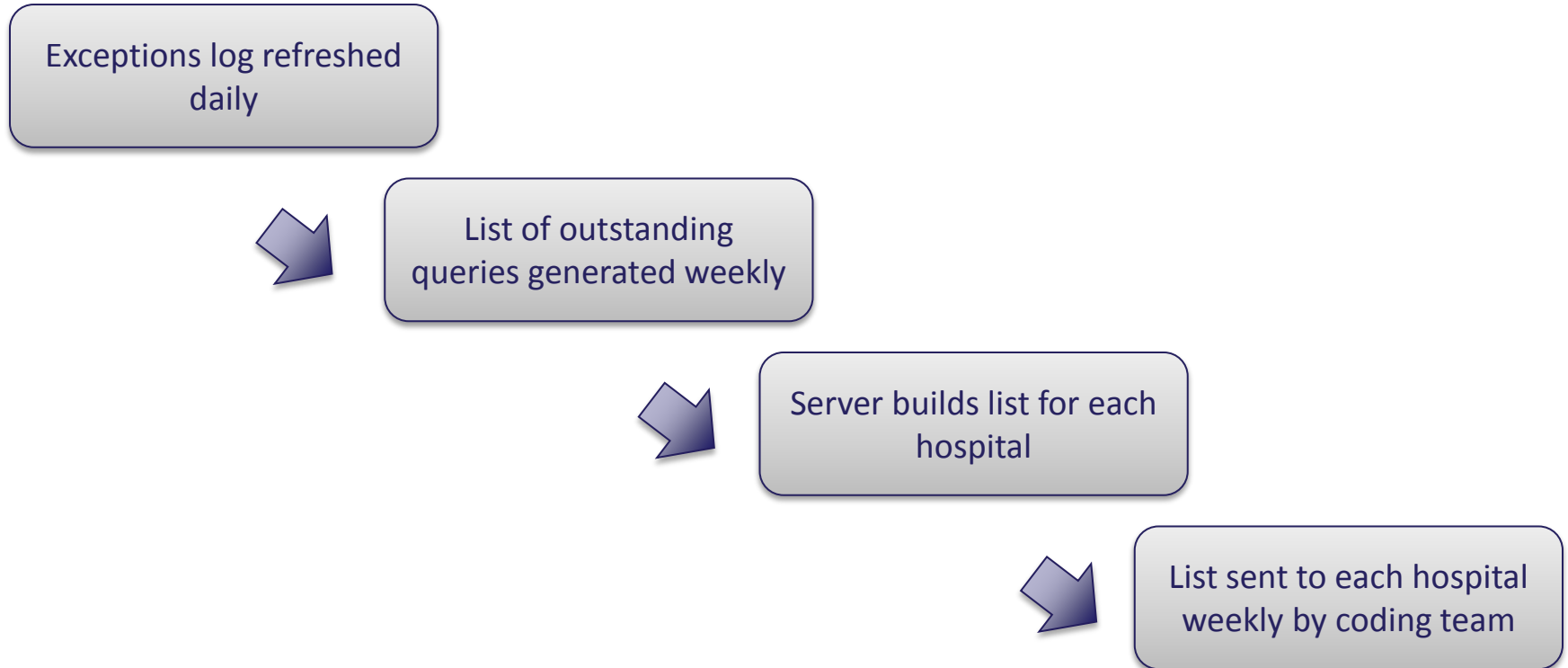


- Coding performance key metric for our facilities
- Available on hospital web dashboards via intranet

Query Processes



Query Follow Up



Audit

Audit key to maintaining
quality



Individual coder audit
files generated daily

Audit

- To maintain a consistently high standard of clinical coding delivery, CHKS carry out regular individual coder audits in addition to larger quality assurance quarterly audits.
- Individual audit data files are generated for each coder daily containing the last 50 episodes coded allowing real time audits to be carried out.

Benefit of real-time audits

- Coders are given regular and relevant feedback on their coding to aid continuing professional development.
- Continual improvements are effected quickly and efficiently to the processes involved in the collection of the data for clinical coding.

The future

- **Improve completeness and timeliness**

- Introduction of a summary coding record for hospital sites that do not have an electronic medical record.
- Automation of chemotherapy and radiotherapy OPCS coding.
- Automation of assisted conception procedure OPCS coding.

- **Maintain quality**

- Continue regular clinical coding quality assurance audits and improvement of data capture processes.
- Continue to raise queries to highlight deficiencies in the scanned medical record.

The future

- **Further increase analytics and accountability**
 - Increase the depth of information input by coders during query process.
 - Continue to report coding performance via the Clinical Informatics website.
 - Continue to utilise analytics reporting to target particular hospitals sites, specialties or individual consultants with high coding query rates.
 - Analytics linked to consultant appraisals/ renewal of practicing privileges

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