



Building confidence in coded data and developing the coding department

www.chks.co.uk

Our speakers:

- **CHAIR:** Bevin Manoy, *Associate Director, CHKS*
- ***Creating a sustainable coding department***

Ruth Syson, Clinical Coding Manager, Mid Yorkshire Hospitals NHS Trust

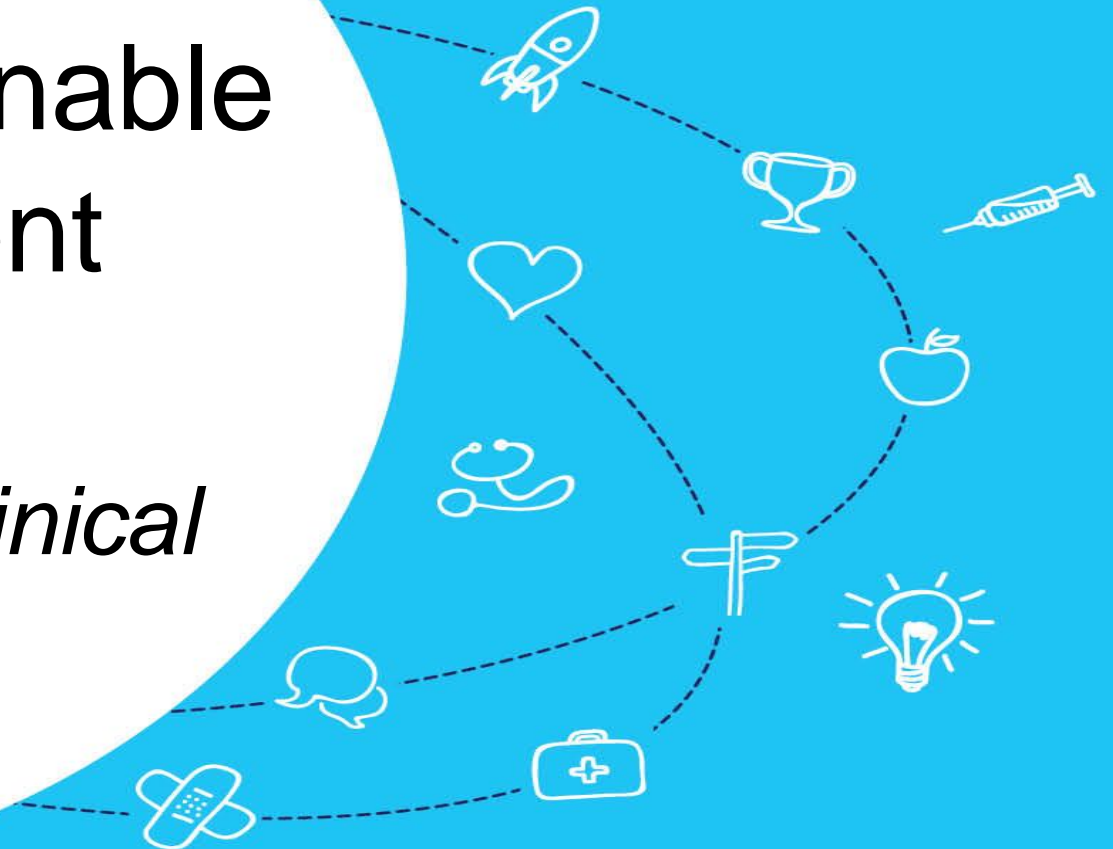
- ***Providing assurance about the data quality – what senior managers and clinicians need to know***

Ian Hargreaves, Assistant Director, Airedale NHS Foundation Trust

Linda Gibbs, Clinical Coding Manager, Airedale NHS Foundation Trust

Creating a Sustainable Coding Department

Ruth Syson ACC – Clinical Coding Manager



striving for **excellence**

Where have we come from?

- ❖ A need to increase resource
- ❖ Increase productivity
- ❖ A lack of clinical engagement
- ❖ Clearly define the roles of trained staff

Addressing the Issues

- ❖ Investment – approval of a Business Case
- ❖ Re-structure of the Coding Department
- ❖ Apprenticeship Scheme – Wakefield College
- ❖ Clinical Engagement Strategy
- ❖ Improvement Plan / Trajectory

Where are we now?

- ❖ Performance Management System
- ❖ Appraisal / Personal Development Plans
- ❖ Training and Development Programme
- ❖ Clinical Engagement Plan
- ❖ Data Quality and Audit Programme

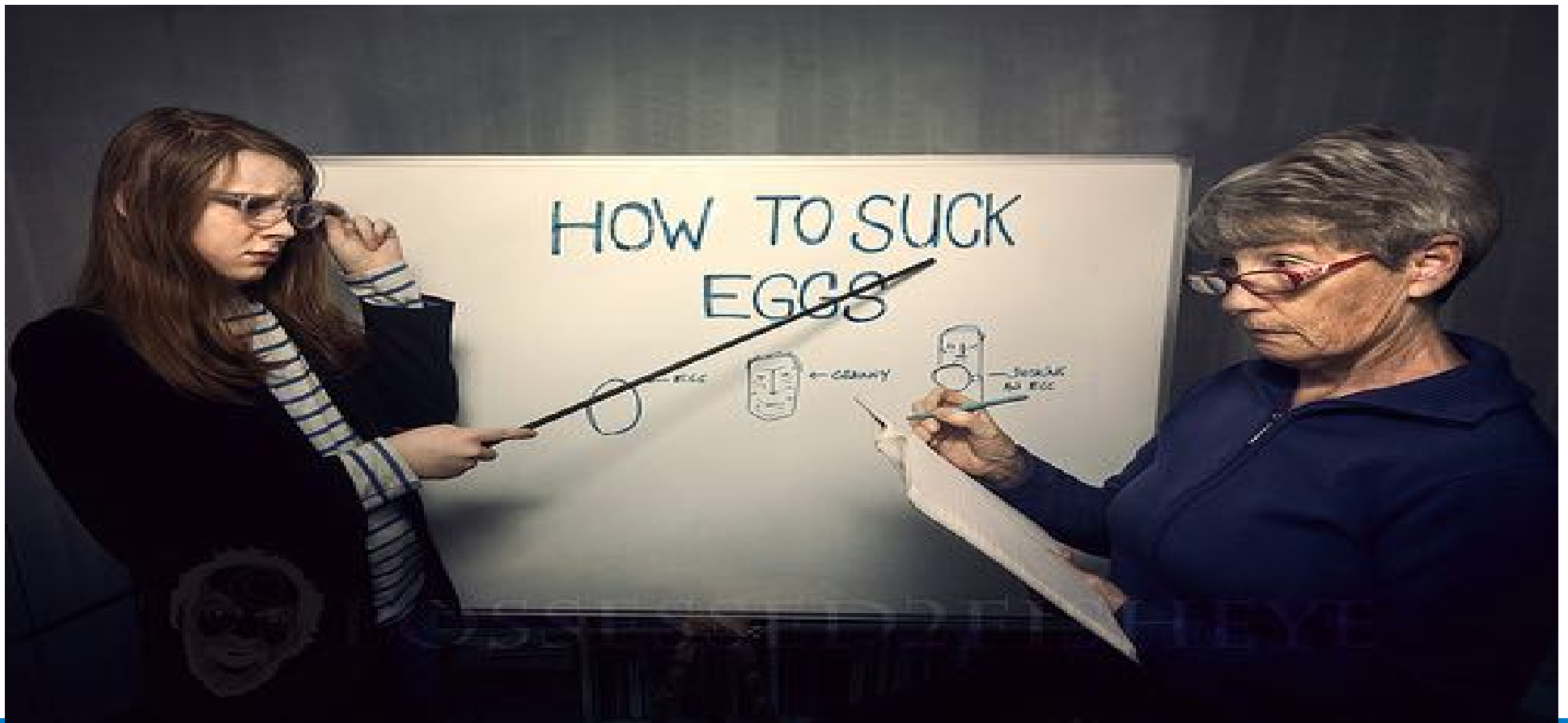
What next?

- ❖ Clinical Coding Strategy 2014 / 16
- ❖ Continued educational programme
- ❖ Raising the profile of clinical coding
- ❖ Enhance team working
- ❖ New monthly coding targets

Providing assurance about the data quality

*...what senior managers and clinicians need
to know*





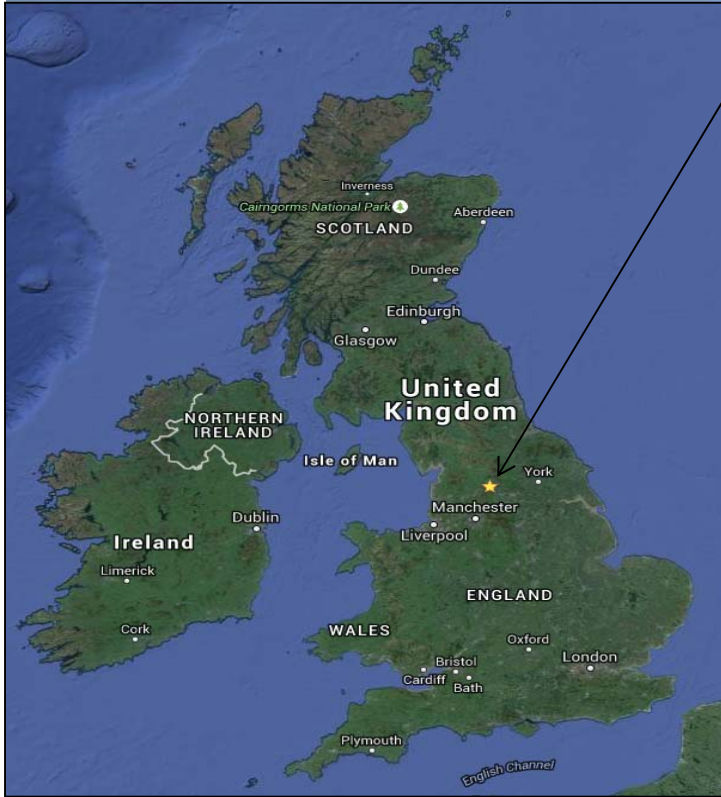
YOUR HOSPITAL *Here to care*

The Airedale Approach



YOUR HOSPITAL *Here to care*

About Airedale



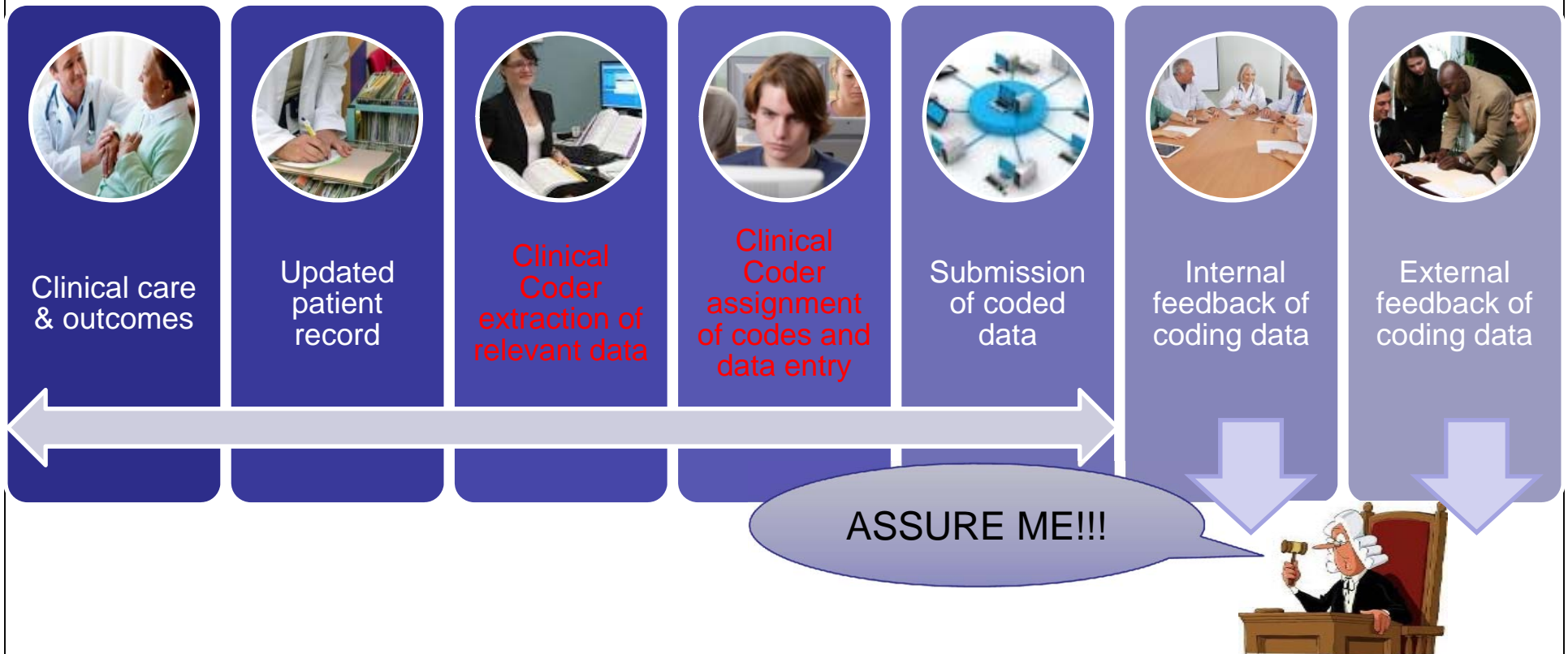
- We are here!
- West Yorks, North Yorks & East Lancs border
- Population ~ 238,503
- Staff ~ 3,000
- Services ~ Range of DGH specialities
- Size ~ +/-366 beds
- Turnover £141m
- CHKS 2015:
 - One of the top 40 hospitals
 - One of the top 5 hospitals for patient safety

Clinical Coding Team

- Responsible Director - Medical Director
 - Not all about the £
 - Links to Quality & Safety & Clinical Performance
- Small Team of 9 (8.61 wte):
 - 1 Coding Manager
 - 5 ACC Qualified
 - 3 Not yet ACC Qualified (but lots of experience)



Providing Assurance



Providing Assurance?



Clinical care & outcomes



Updated patient record



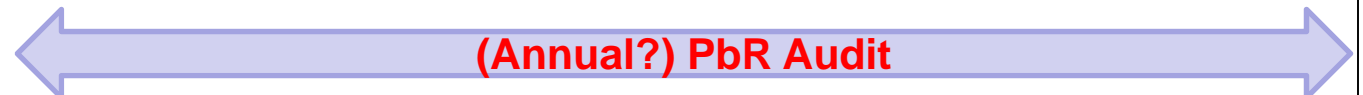
Clinical Coder extraction of relevant data



Clinical Coder assignment of codes and data entry



Submission of coded data



YOUR HOSPITAL *Here to care*

Annual IG (& PbR) Audit

Issues:

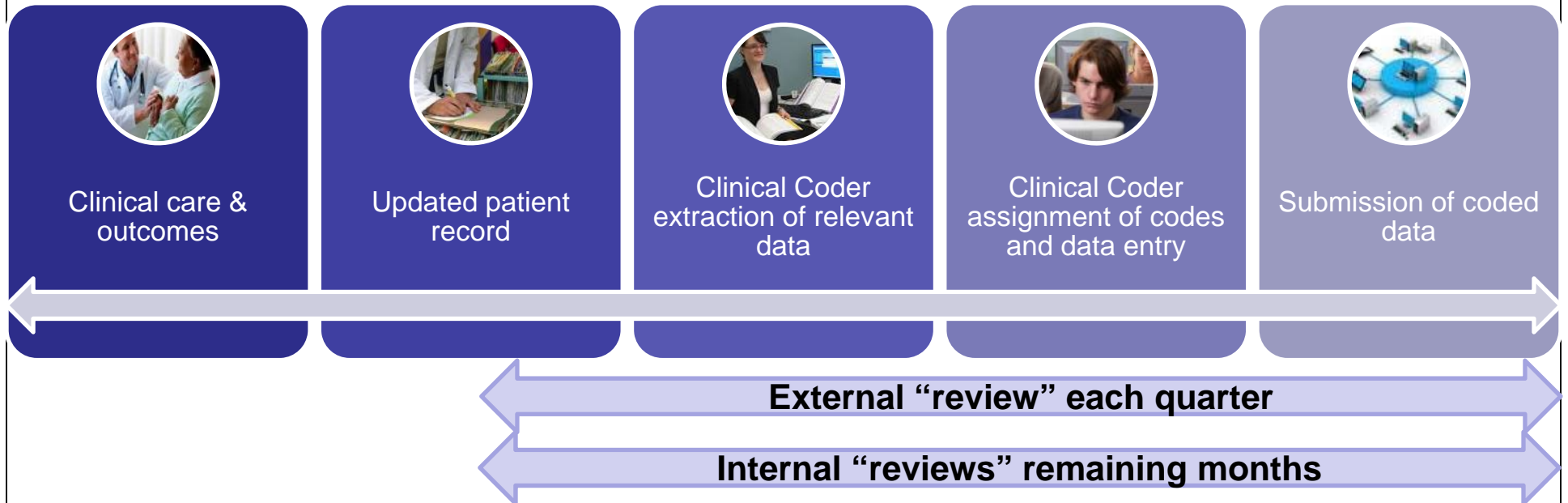
- Annual audit of relatively small sample size
- Error rate should not be extrapolated – numbers & consequence (but always is)
- 5% error rate (at best) sounds unacceptable

Information Governance Requirements Level 2			
Primary diagnosis correct	Secondary diagnosis correct	Primary procedures correct	Secondary procedures correct
90.0%	80.0%	90.0%	80.0%

Information Governance Requirements Level 3			
Primary diagnosis correct	Secondary diagnosis correct	Primary procedures correct	Secondary procedures correct
95.0%	90.0%	95.0%	90.0%

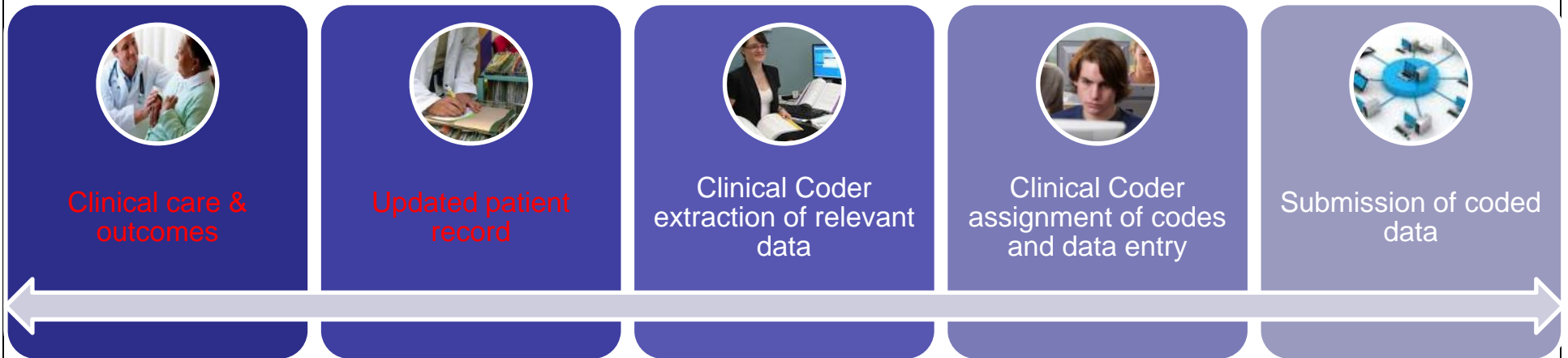
- It starts from the patient's record
- Nevertheless, the IG Audit Report and Action Plan is shared at a senior level

Interim “Reviews”



- Targeted “Review” of high risk cases within 2 months
- External review each quarter
- Internal review (based on same algorithm) in the other months
- Interim Report findings

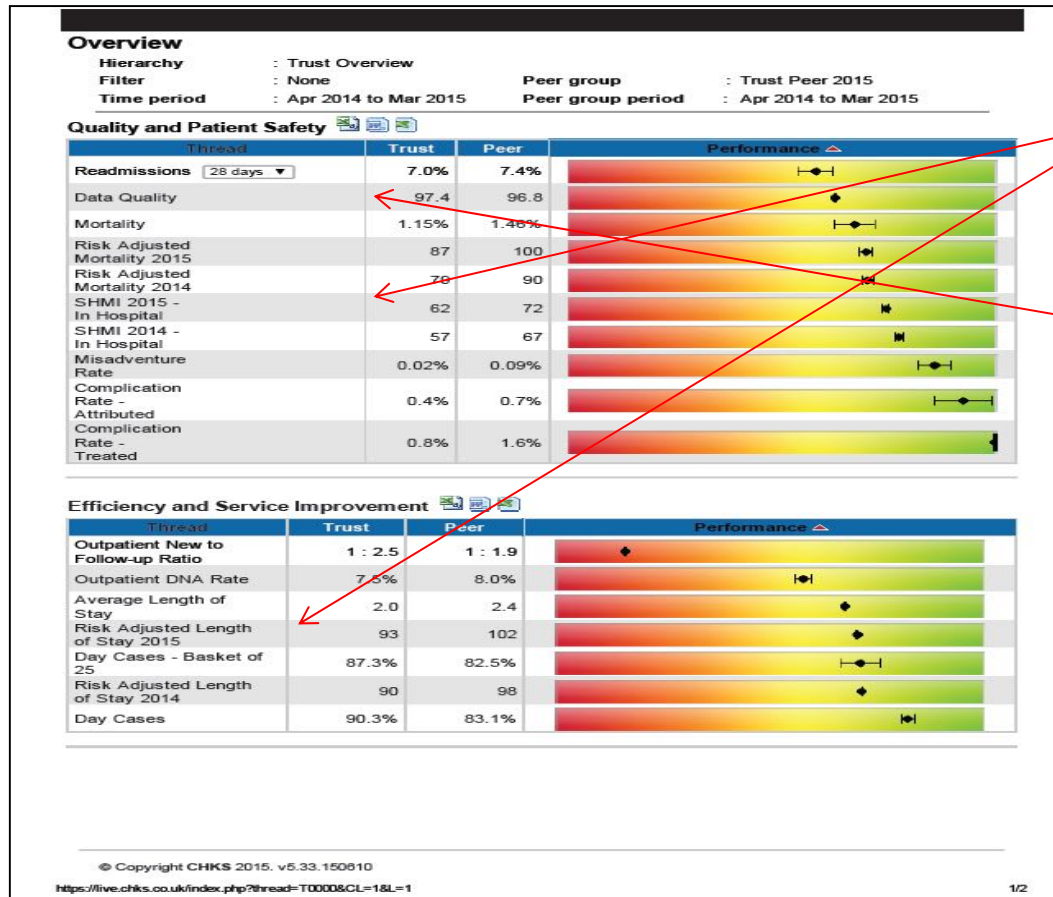
From Care to Record



Clinical Engagement:

- Induction of Trainees
- Top 10 Tips & awareness of consequences
- Consultant Appraisal Report - Ownership of data quality
- Clinical Audit Meetings

Consultant Appraisal



- Clinical & Productivity Indicators
- Data Quality
- Same reports available at:
 - Specialty
 - Directorate
 - Trust

Consultant to Trust

CHKS live Insight for better healthcare insight
Airedale NHS Foundation Trust User: ihargreaves [Logout]

Home Data Tools Products Hierarchy Quick links Help Best practice Return to Portal

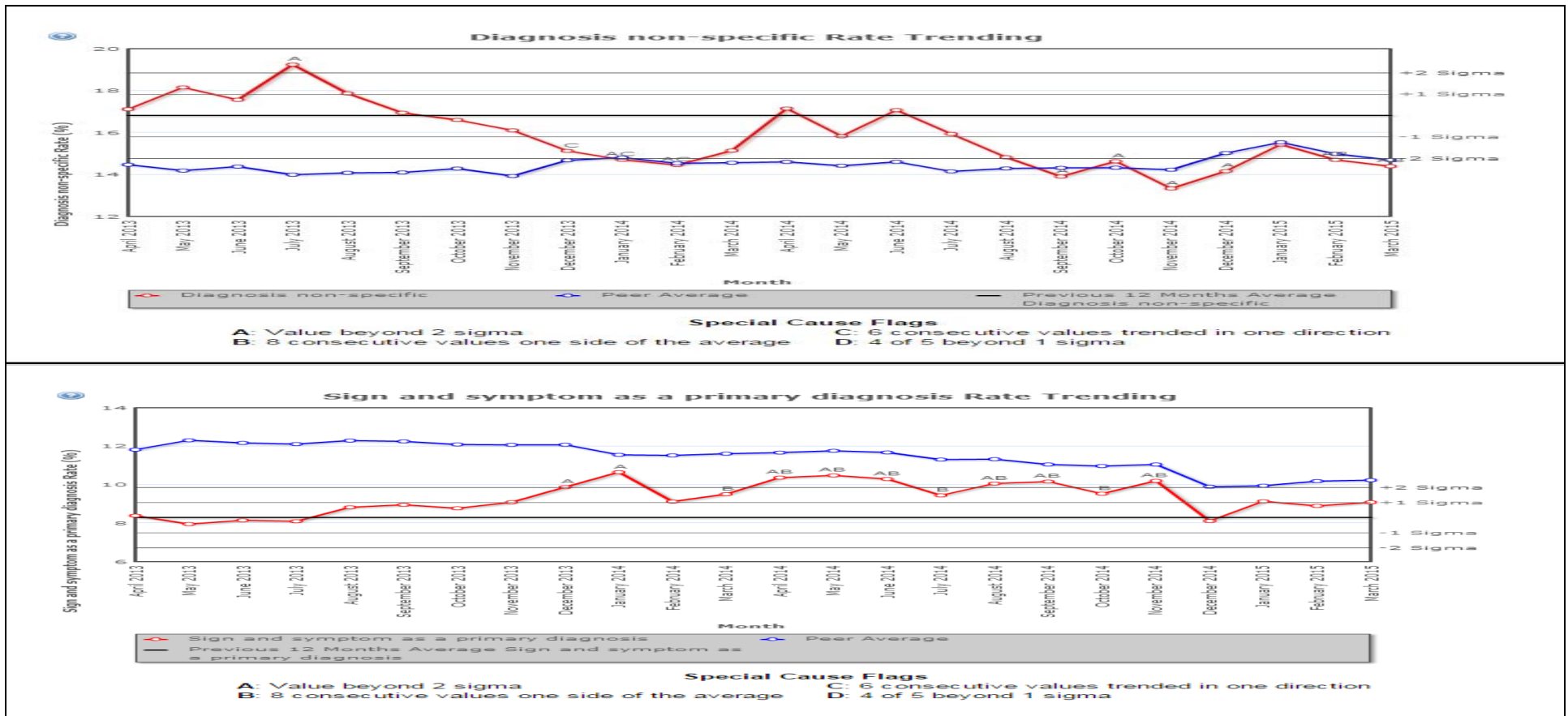
Data Quality Peer group : Trust Peer 2015
Peer group period : Apr 2014 to Mar 2015

Hierarchy : Trust Overview
 Report : Data Quality
 Filter : None
 Time period : Apr 2014 to Mar 2015

Data Quality Indicator (DQI contributors)	Trust Volume	Trust	Peer
Data Quality Index	71,958	97.4	96.8
Blank primary diagnosis	3	0.00%	0.10%
Invalid primary diagnosis			0.00%
Unacceptable primary diagnosis	16	0.02%	0.04%
Diagnosis conflicts with age or sex	27	0.04%	0.18%
Diagnosis non-specific	10,875	15.11%	14.60%
Procedure code invalid			0.00%
Procedure conflicts with age or sex	1	0.00%	0.00%
Sign and symptom as a primary diagnosis	6,935	9.64%	10.92%
Sign and symptom as a primary diagnosis: Episode 1	5,590	9.31%	11.21%
Sign and symptom as a primary diagnosis: Episode 2	1,212	12.82%	10.55%
Admitting diagnosis emergency for elective admission	398	1.31%	0.93%
Coded FCEs with palliative care code Z515	791	1.10%	0.84%
Deaths with palliative care code Z515	170	24.75%	17.56%
Coded FCEs with end of life care code Z518	110	0.15%	0.26%
Deaths with end of life care code Z518	11	1.60%	13.06%
Date conflicts	1	0.00%	0.18%
HRG U Groups			0.12%
Average Diagnosis per coded episode		Average 5.5	Average 4.5

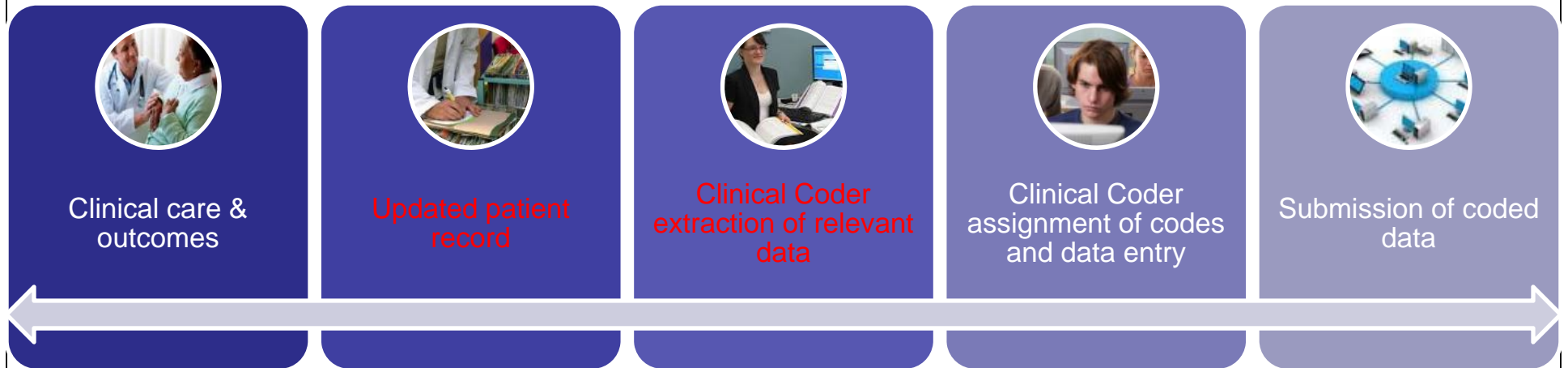
YOUR HOSPITAL *Here to care*

Quality Indicators



YOUR HOSPITAL *Here to care*

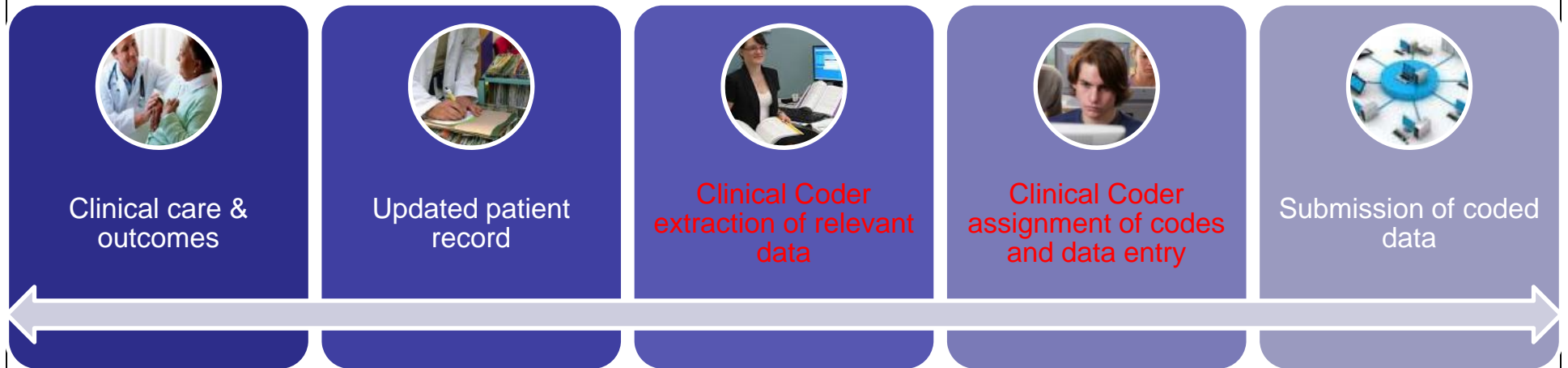
From Record to Coder



Extracting relevant data:

- Coder staffing levels for workload
- Access & time to review records

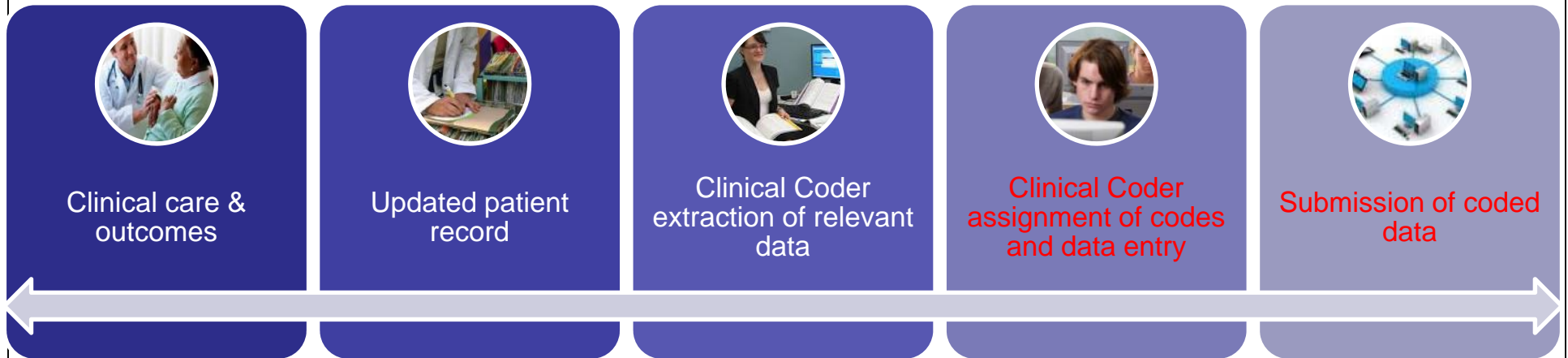
From Coder to Code



Translating from records to codes:

- Access to clinicians
- Coder training & support
- Individual Coder audits linked to PDR objectives

From Code to HES / SUS



Codes to Systems:

- Coding completeness by PbR deadlines
- Data quality checks at point of submission
- Specialty Review Report to Executive Assurance Group meetings

KPIs

Highlight Report and KPIs presented monthly to IM&T Steering Group (Chair = Director of Finance)

- IG Audit Report
- Interim Report findings
- Data quality
- Comorbidities (depth of coding)
- Access to records
- Coder staffing levels & workload
- ACC qualifications
- Individual Coder Audits

} Peer Group benchmarks

KPIs

CLINICAL CODING KPIs	REPORT DATE:	August 2015		Performance					
Strategic Priority	Basis of Measurement	Period	Change	Current Period	Previous Period	Red	Amber	Green	Source
Staffing									
Number of Clinical Coders in post (incl Manager)	WTE	Jul-15	→	8.61 (1.00)	8.61 (1.00)	> 1 vacancy	1 vacancy	Fully established	ESR
Qualified Coders % (Headcount)	Current month	Jul-15	→	67%	56%	<50%	50%-75%	>75	ESR
Accuracy, Completeness and Timeliness of Coding									
IG Audit Overall Level	Annual	Mar-15	→	2	2	1	2	3	IG Audit
IG Audit Weighted Level Score	Annual	Mar-15	→	11	11	4-6	7-9	10-12	IG Audit
% FCEs coded within timescales	Monthly	Jun-15	→	100%	100%	<98%	98%-99%	100%	Medicode
Record Keeping & Data Quality									
CHKS Data Quality Peer Comparator	Rolling 12 months	Jun-15	→	97.40	97.40	Peer bottom quartile	Mid - range	Peer top quartile	CHKS
Average Diagnosis per coded episode	Rolling 12 months	Jun-15	↓	5.5	5.6	Peer bottom quartile	Mid - range	Peer top quartile	CHKS
Efficiency:									
1000 FCEs/WTE coders	Rolling 12 months	May-15	↑	9.74	9.72	<6.00 or > 8.00	6.00-6.50 or 7.50-8.00	6.50-7.50	Information Dept

Key Messages/Challenges

1. Need to have a profile – it comes with risks!
2. Listen to different concerns & speak their language
3. Engagement (clinical & non-clinical) leads to:
 - a) Ownership, awareness & understanding
 - b) Data quality improvements
4. KPIs
5. Use same data source throughout (consistency & format)
6. Use a combination of internal & external assurance tools

Thanks for listening.

Do you feel assured?



Any questions?