



AGENDA ITEM

3.4

DIGITAL & DATA COMMITTEE

Clinical Coding Improvement & Transformation Plan

Date of meeting

12th July 2021

FOI Status

Open/Public

If closed please indicate reason

Not Applicable - Public Report

Prepared by

Head of Performance and Clinical Coding

Presented by

Chief Information Officer

Approving Executive Sponsor

Executive Director of Public Health

Report purpose

FOR NOTING

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/group)

Committee/Group/Individuals

Date

Outcome

Choose an item.

ACRONYMS

WG

Welsh Government

CTMUHB

Cwm Taf Morgannwg University Health Board

IMTP

Integrated Medium Term Plan

DHCW

Digital Health and Care Wales

1. SITUATION/BACKGROUND

By 15th June 2021, the WG deadline date for including coding data within the Patient Level Costing calculations and their cut-off for the Quality and Delivery standard, CTMUHB had coded 93.93% of finished consultant

episodes, which completed in 2020/21. This is below the Welsh Government standard of 98% and will have consequences to the accuracy and completeness of our clinical and financial audit and benchmarking exercises.

The Princess of Wales Hospital team achieved the 98% standard and throughout 2020/21 and provided support to the former Cwm Taf University Health Board teams.

As a consequence of focussing efforts on the 2020/21 position, there are presently 14,151 uncoded episodes for 2021/22, with a further 5,678 uncoded for 2020/21 and 14,056 uncoded for 2019/20.

2. SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING

Planned Approach

The CTMUHB is taking a two-pronged approach to how we code and record clinical events. The first is to seek to increase coding activity using present process, by:

- improved training and productivity gains - Presently we have seven trainees who are being supported to become accredited coders. They are becoming increasingly productive as they develop their competencies and get signed off for each new specialty.
- recruiting to the funded establishment. We have recently recruited to the supervisory position but are having to hold a vacancy due to challenges in providing safe on premise 'Covid secure' accommodation.
- offering overtime and procuring agency staff. A sizeable initiative was undertaken during Q4 of 2020/21 using this approach, and further funding has been sought, but not yet approved, to continue this in 2021/22 from internal CTMUHB IMTP 'funds'.

The second approach is to transform coding services with the support of a company called 3M and through the implementation and adoption of the use of e-forms and digitised data.

The objective of the collaboration with 3M is to evidence improved data quality within 3 specialties [Obstetrics, Stroke, and Urology] within six months and to see increased coder productivity across all specialties in the same period.

This will be complemented by the anticipated benefits of the digital patient record plan, where we are developing and implementing the functionality for auto-coding and the adoption of coded at source practices (e.g. snomed-CT enabled e-forms and clinical systems).

Based on this twin-tracked approach CTMUHB aspire to have cleared the coding backlog within a two-year period.

Progress to Date

To take forward the use of 'auto-coding' (transforming digitally held data into coded data) an assurance review of the digital and paper maternity care records was undertaken by the Coding supervisor in May 2021. The review found that:

- the MITS (Maternity) system contradicts or does not accurately reflect the activity recorded in the maternity case notes on at least 40% of occasions.
- the MITS system generally only captures a summary of the labour and does not account for any antenatal admissions that the patient has. In order for the Maternity Department to solely use MITS, enabling auto-coding, the service would need to digitise the record keeping for the complete pathway of care.
- the MITS application contains significantly less information compared to the maternity case notes.

The high level reconciliation is provided in the table below.

Code Type	Total Number of Codes Reviewed	Match between MITS v Case Notes.	Percentage matching
Primary Diagnosis	40	23	57.5%
Secondary Diagnosis	158	93	41.14%
Primary Procedure	40	36	90%

The clinical leads for digital and maternity are now investigating the points and recommendation made in the review with a view to mitigating future risks that the digital record is inaccurate and, or is contradicted by the paper record.

In terms of the use of e-forms, CTMUHB is awaiting the roll-out of the next version of the Welsh Clinical Portal which is anticipated to have Snomed-CT enabled e-form functionality and is in talks with Civica around developing similar functionality for the CITO e-forms.

We have also purchased over 300 digital transcription licenses which provide for text-to-screen transcription by users, who are enabled to build their own templates. It is envisaged that this would provide flexibility, and

enable 'coding on demand' or at least more accurate coding to be achieved by use of Natural Language Programming.

In terms of coding accuracy, due to the COVID 19 pandemic, the DHCW Team postponed the official external audit for 2020. Guidance by Welsh Government did not permit auditors to visit any Welsh NHS organisations.

As we are still aiming to reduce contact across hospital sites for 2021, it has been agreed that the audit will take place on one of the hospital acute sites. The proposed audit will however cover a mixture of case notes from all 3 coding offices. The DHCW external audit is now scheduled for November 2021.

3. KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

- 3.1 CTMUHB failed to meet the 98% coding target in 2020/21
- 3.2 There is a significant risk to the transformation of coding services presented by inaccurate digitally stored records.

4. IMPACT ASSESSMENT

Quality/Safety/Patient Experience implications	Yes (Please see detail below)
	Discrepancies between the paper and electronic maternity record Backlog in coding
Related Health and Care standard(s)	Governance, Leadership and Accountability
	If more than one Healthcare Standard applies please list below:
Equality Impact Assessment (EIA) completed - Please note EIAs are required for <u>all</u> new, changed or withdrawn policies and services.	No (Include further detail below)
	Report for noting
Legal implications / impact	There are no specific legal implications related to the activity outlined in this report.
Resource (Capital/Revenue £/Workforce) implications / Impact	There is no direct impact on resources as a result of the activity outlined in this report.
Link to Strategic Well-being Objectives	Provide high quality, evidence based, and accessible care

5. RECOMMENDATION

- 5.1 **To note** the coding position and the plan in place to improve and transform coding services.