

AGENDA ITEM

(3.2.2)

DIGITAL & DATA COMMITTEE

CLINICAL CODING IMPROVEMENT & TRANSFORMATION PLAN

Date of meeting

14/10/2021

FOI Status

Open/Public

If closed please indicate reason

Choose an item.

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

UHB

University Health Board



CITO	Chief Information and Technology Officer
OPCS	Office of Population Censuses and Surveys
DHCW	Digital Health & Care Wales
API	Application Programming Interface

1. SITUATION/BACKGROUND

As at the 27 September 2021, 39145 of the 57409 (68.2%) finished consultant episodes completed in the 2021/22 financial year have been coded. This represents a 2000 increase in the number of un-coded episodes since July 2021.

2. SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING

2.1 Productivity and the Coding Establishment

Since the last update two of the trainee coders have left the team to take on higher paid roles elsewhere within the NHS and two trained coders have remained on long term absence for health reasons. Despite receiving financial support, only 40 per cent of agency placements have been filled.

In response, the UHB has gone out to advert to fill the trainee positions and it is highly possible that we will be able to make three appointments, all of whom will be experienced coders. The recruitment process is likely to be completed in October 2021. The reason for the positive response to the advert is primarily due to the UHB offering home working including from areas outside of Wales.

A further challenge to coding productivity levels observed in recent months has been the lack of meta indexing within the CITO product. Despite the coding team having been provided with further training in the use of the product, it is apparent that the length of time it is taking to code complex spells has significantly increased. This inability to find key clinical information within the digitised record has wider consequences outside of coding, and is being given priority consideration by the CITO project team.

Finally it is worth noting that the third wave of Covid-19 has undoubtedly affected productivity as fewer staff have been able to work on site with the physical record.

2.2 Transformational element

The baseline audit of the maternity, urology and stroke record by 3M commences on the 4 October 2021. This audit will benchmark the baseline

level of data quality and level of coding depth and marks the go-live of the programme.

Medicode 360, an upgrade to the existing software which provides the functionality to support improved data quality and automated coding, will be rolled out on the 6^{October} 2021 and is anticipated to deliver immediate quality and depth of coding benefits. The benefits to productivity are anticipated to take a couple of months to be realized, however, as this will require rule sets to be established. The anticipated delivery of this element of the programme is the automated coding of 20,000 episodes per year

In regards to automating coding for the other specialties the data quality review of the theatre record has been undertaken and the findings have indicated that the procedure codes were accurate albeit with some differences at the forth digit. Some work is now being considered to update the Theatre system (TOMs) with the latest OPCS codes, to correct the 4th digit, prior to the data being relied upon as the definitive coded record.

Further progress has also been made in regards to the use of text mining, rules based automation and Natural Language Processing to support the coding of the inpatient record and to extend the scope of coding into the Outpatient and the Emergency Departments. Having been working closely with our trusted partners in DHCW it is hoped that we will shortly be given APIs to the documents stored in the Welsh Clinical Record System and to the digitised diagnostic codes stored in the Welsh Results Reporting system.

2.3 Data Quality

In regards to the maternity data quality issues previously raised, a number of development sessions have been undertaken between the maternity and coding teams, with actions agreed. A follow up audit, similar to that undertaken in July 2021, was undertaken in September 2021, the results of which are being completed and will be shared with Members of the Committee outside of the meeting.

On a positive note, the most recent figures in the national data quality dashboard are identifying a 4% improvement in data quality of submissions by the UHB over the course of the year. This is likely to be attributable to the improved engagement with clinical services on the data quality held within clinical applications and the establishment of a Clinical Coding trainer post.



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

- 3.1 The UHB failed to meet the 98% coding target in 2020/21 and remains off course to comply with the standard in 2021/22
- 3.2 There is a significant risk to the transformation of coding services presented by inaccurate digitally stored records.
- 3.3 The meta labelling of documents within the CITO system may be sub optimal reducing the level of efficiencies that clinicians and others may realise from the adoption of the digital record/

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 The Committee are asked to:

NOTE the coding position and the update on the plans in place to improve and transform coding services.