

Health Roundtable

Early Review of Documentation/Coding of HACs using Code Check

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**HRT1902 – Finance & Costing Improvement Group
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healthroundtable.org

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Key Problem

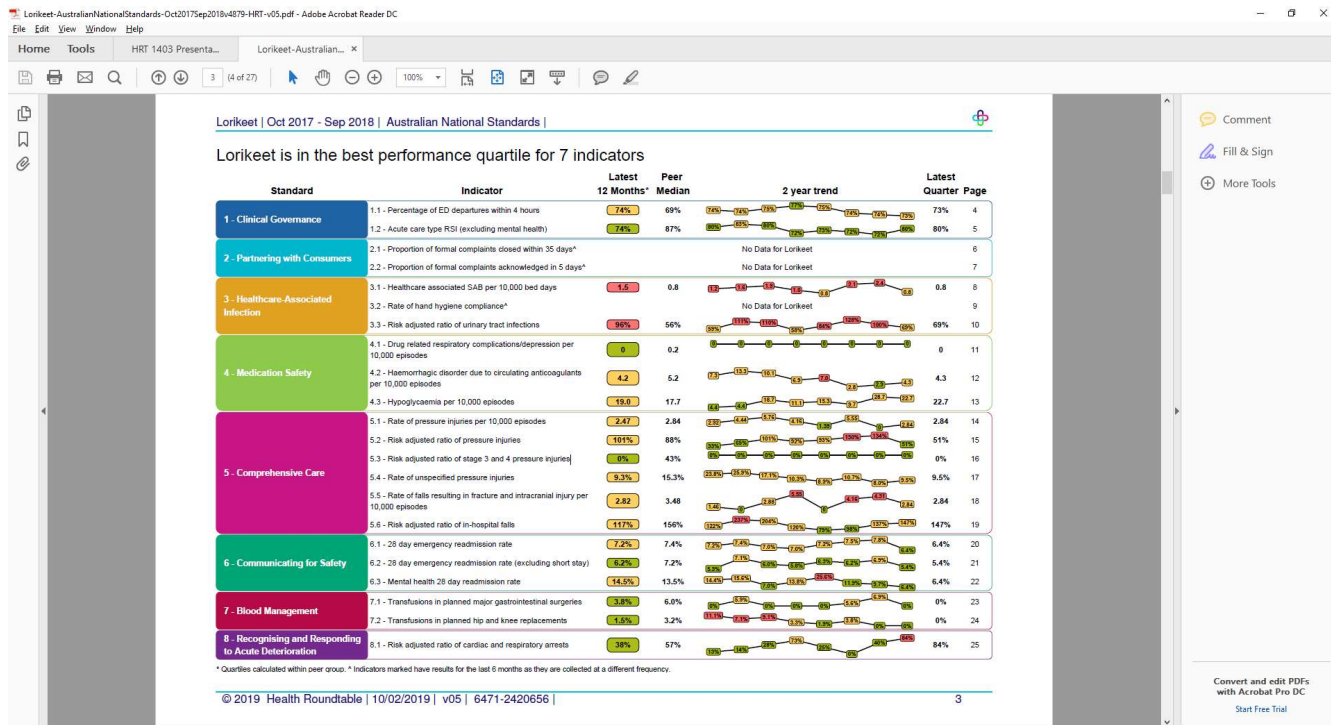
- The Uplift : Discrepancy between coded acuity and perceived actual.
- The HAC: High infection HAC leading to poor patient outcomes and potential financial penalty

Aim of this Innovation

The Uplift: To better measure and record the acuity in the coding process resulting in an accurate reimbursement for activity performed.

The HAC: To accurately identify HAC prior to coding entry therefore reducing double entry and improving patient outcomes by clinical engagement and early quality improvement.

Baseline Data / Current Situation



Innovation Template

Key Changes Implemented - HAC

- All HACs identified were sent for clinical review before entering
- Clinician responsible for care undertakes clinical review within 72 hours
- Response in writing to Quality and Safety
- Coding Team notified through clinician query process and correct entry progressed
- Quality improvement action documented and monitored

Outcomes so far – The HAC

- **63** Hospital Acquired Complications identified
- **18** found to be not to be a HAC
- **34** identified correctly
- **11** Remaining under review

- Reduction of **18** HAC reported \$\$\$\$\$

- Opportunity for **34** improvement reviews

- Improved awareness of documentation requirements

Baseline Data / Current Situation – the Uplift



CodeCheck_RRN_Aug2018_NWAU1819 [Read-Only] - Excel

SECURITY WARNING Some active content has been disabled. Click for more details. Enable Content

1 Episode Drilldown
 2 This pivot table lets you drill down into the various details related to the episodes.
 3 Double click any **value** cell to see a list of episodes within that group.

Double click one of these value cells to see the underlying episodes

Row Labels	Episode Count	Sum of NWAU1819 Difference
Minimum effort	50	79.47
Maximum return	50	122.69
Unspecified pneumonia	3	
Platelets given but no diagnosis for thrombocytopenia	2	
Diabetic patients not coded as diabetic	39	
Grand Total	144	202.17

PivotTable Fields

Choose fields to add to report:

Codename
 Episode
 URNUM
 ARDRG
 ECCS
 Target ARDRG
 NWAU1819 Difference
 NWAU1819
 Target NWAU1819
 Admission Type
 AdmDate
 DisDate
 LOS
 DisUnit

Drag fields between areas below:

Filters: Codename, Admisio..., Admisio..., Principal..., Principal...

Columns: Episode Count, Sum of NWAU...

Rows: Reason For L..., Episode Count, Sum of NWAU...

Defer Layout Update Update



Innovation Template

Key Changes Implemented

- Specific report of 50 minimum effort (those charts that are close to a higher split DRG)
- Coding senior Audits the Charts to identify conditions missed or items that could be queried
- Coder corrects if within scope
- Clinician query progressed
- Clinical Champion reviews at fortnightly meeting with coding team
- Coder corrects where identified

Outcomes so far – The Uplift

• July	26.6217 QWAU	\$126,612 (QEP – 4756)
• August	28.1131 QWAU	\$133,691
• September	30.1046 QWAU	\$143,155

and

a level of healthy competition and negotiation for investment.

Lessons Learnt

- Clinical and coding collaboration is essential
- Utilise the data to direct your efforts for maximum gain
- Use every opportunity for improving patient outcomes
- Executive leadership and senior engagement is key
- Sharing the information, data and knowledge wide and far
- Make the effort to fix the process reduce the double entry