

Tutorial 8: Clinical Coding Quality

Scenario: *Is the clinical coding at our hospitals timely?*

Welcome to the A-HED series of tutorials.

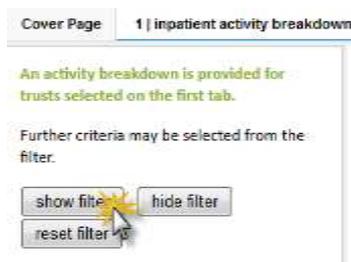
In this example I'm going to explore the timeliness of clinical coding at the hospital "Altair".

First I'm going to select the module "4.1 *Inpatient Activity and Notional Revenue*" which is available under the module dropdown under "Financial Opportunity".

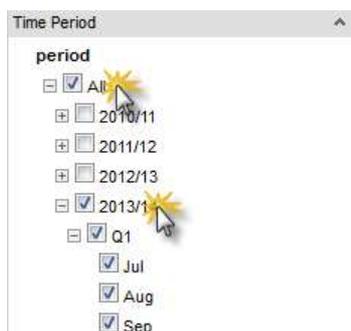


This will open on the cover page which describes the methodology details and other related information.

I'll select Tab 1 "*Inpatient Activity Breakdown*" then "show filter".



Now I'll select the time period I'm interested in. I'm going to select the 2013-14 financial year as an example, by deselecting "all" and selecting "2013-14".

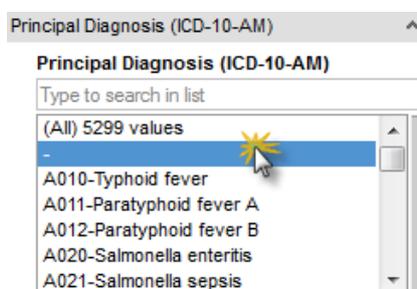


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As the hospital used in this example, Altair, is in WA, I'll deselect "All" in the organisation filter, expand Australia, then select WA.

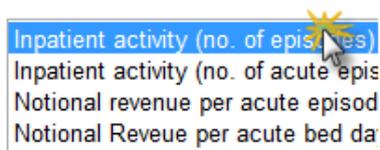


Now I'll expand principal diagnosis filter and select the first option '-' (which means no principal diagnosis provided).



Finally I'll choose the measure I need which is "Inpatient Activity (number of episodes)".

Altering the criteria for data display in figure one:



Now in Figure 1a, I can see the volume of episodes with no principal diagnosis. Now I'll click on Altair's bar to bring up time series in Figure 2.

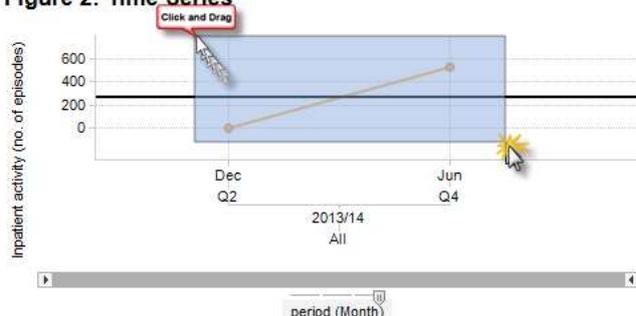
Figure 1a: Organisation Overview



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Now I can highlight time series in Figure 2 to show number of un-coded episodes each month in chart.

Figure 2: Time Series



Only 2 months/quarters have returned un-coded episode data, December 2013 with 1 and Jun 2014 with 526. Data for A-HED is submitted between 4-6 weeks post month-end, in line with many of the state and territory coding completion targets. Looking at the volume of records with no diagnosis in the most recent month shown in A-HED will give you an idea of the timeliness of your coding. In addition, as several indicators (e.g. Standardised Mortality ratio) rely on coding, large volumes of episodes with no diagnosis could potentially skew performance such indicators. As submissions are for the cumulative financial year-to-date, any records not coded in time can always be resubmitted with the next submission and will be updated A-HED.

Figure 1b gives you a breakdown of planned to emergency admissions and Figure 1c gives you a breakdown of same day and overnight admissions.

Figure 1b: Activity by ...

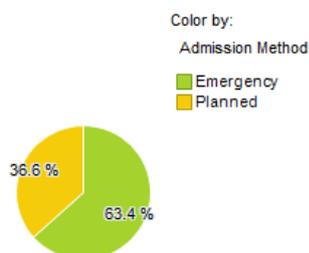
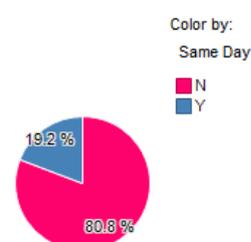


Figure 1c: Activity by ...



To see or export this information as a table, move to Tab 2 – Inpatient Export Tables. By default, the data will be split by discharge department, allowing you to see if there are any particular areas where coding completion could be improved.

Please have look at the other tutorials for more information on using A-HED to drill into other reports for various scenarios.