An Innovative Clinical Documentation Card
Its Impact on Health Information Coding Queries and Weighted Inlier Equivalent Separation (WIES)

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Introduction

• Maroondah Hospital (Eastern Health)
• Clinical Documentation and Activity Based Funding (ABF)
• Clinical Documentation Card
• Results
• Implications and Future Plans
Hoalesville & District Hospital
Hoalesville & District Hospital offers surgery, acute medical services, palliative care, geriatric medicine, ENT, dental care, specialist outpatient clinics and intermediary home care.

Yarra Valley Community Health
Yarra Valley Community Health offers a GP clinic, counselling, allied health, Aboriginal health, health promotion, district nursing and wellness programs across the Yarra Ranges.

Yarra Ranges Health
Yarra Ranges Health offers a variety of day surgery procedures, oncology and chemotherapy services, and a range of specialist clinical, rehabilitation and outreach services.

Box Hill Hospital
Box Hill Hospital offers emergency care, general and specialty medicine, intensive care services, surgery, maternity, paediatrics, specialist outpatient clinics, mental healthcare, allied health services, teaching and research.

Peter James Centre
Peter James Centre offers rehabilitation, geriatric medicine, aged persons mental health services, aged care assessment services, aged psychiatry assessment, haemodialysis, residential care and transition care.

Wantirna Health
Wantirna Health offers palliative care, rehabilitation, geriatric medicine and specialist clinics. It is also home to a large education precinct which opened in 2014.

Maroondah Hospital
Maroondah Hospital offers emergency care, general and specialty medicine, intensive care services, general and specialist surgery, paediatrics, specialist outpatient clinics, allied health services and adult mental healthcare.

Angliss Hospital
Angliss Hospital offers emergency care, general medicine, surgery, maternity, paediatrics and rehabilitation.

Ambulatory & Community Services
Ambulatory & Community Services offer a range of health services in home and community settings. These services are designed as a substitute for presenting to an emergency department or being admitted to hospital, as well as treating patients within the community.

Statewide Services Statewide Services include Spectrum, which provides treatment for people with personality disorders, and Turning Point, which provides treatment, research and education in the fields of alcohol, other drugs and gambling.
Clinical Documentation & ABF

• Victorian health system
  ▪ ‘Australian Refined Diagnostic Related Group (AR-DRG)’
  ▪ Weighted Inlier Equivalent Separation (WIES)

• Accurate clinical documentation vital in optimising activity based funding
  ▪ Chin, Perera, Roberts & Nagappan (2013) – 39.20 WIES (150 cases)
Clinical Documentation & ABF

• Clinical documentation and discharge summary completed by junior medical staff
  ▪ Yount et al (2014) – lack of knowledge in documentation guidelines and financial reimbursement

• Medical staff and Coder Chasm
  ▪ Hall et al (2014) – accurate coding best performed by coders
  ▪ Lo (2014) - Different priority between clinicians and coders
Clinical Documentation & ABF

• Education is important but limited
  ▪ Davaridolatabadi et al (2013) - educational intervention did not change behaviour
  ▪ Farzandipour et al (2012) – single education session did not improve recording of diagnosis

• Requires interaction hospital management, health information managers and healthcare providers
Clinical Documentation Card

• Review in 2012 by Chin et al (2013)
  ▪ 150 admissions reviewed retrospectively
  ▪ 48% require revision of DRG and WIES
  ▪ 7 admissions require downgrading
  ▪ Acute renal failure, electrolytes disturbances, and anemia are top underrepresented
Clinical Documentation Card

  - Consultant physician-led pilot review study
  - 25 audited records reviewed
  - 9 records had DRG changes with an increment of 6.4935 WIES
  - Consultant time - 21 minutes/record
  - Coding coordinator time – 10 minutes/record
Clinical Documentation Card

- Stakeholder involvement
- Individualised card and data-based information
- Incorporation to daily work of the doctors
- Monitor through the organisational key performance indicators
## Clinical Documentation Card

### Campus/Unit Summary

<table>
<thead>
<tr>
<th>Campus/Unit</th>
<th>Incomplete Audits</th>
<th>Complete Audits</th>
<th>Financial Implication</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Total Episodes Audited</td>
<td>Requires Discharge Summary</td>
<td>Requires Documentation</td>
</tr>
<tr>
<td>****</td>
<td>376</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Total</td>
<td>376</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td></td>
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</tr>
</tbody>
</table>

*If paid at full WIES rate.

### Daily Summary

<table>
<thead>
<tr>
<th></th>
<th>Incomplete Audits</th>
<th>Complete Audits</th>
<th>Financial Implication</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Total Episodes Audited</td>
<td>Requires Discharge Summary</td>
<td>Requires Documentation</td>
</tr>
<tr>
<td>Jul 2015</td>
<td>53</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Aug 2015</td>
<td>52</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Sep 2015</td>
<td>54</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>
### Clinical Documentation Card

<table>
<thead>
<tr>
<th>CARDIO-THORACIC</th>
<th>ELECTROLYTES/RENAL</th>
<th>ENDOCRINE (DM)</th>
<th>NEUROLOGICAL</th>
<th>INFECTION &amp; BLOOD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Syncope</td>
<td>↑ K+ - Hyperkalaemia</td>
<td>Neuropathy</td>
<td>Delirium</td>
<td>Severe Sepsis</td>
</tr>
<tr>
<td>NSTEMI</td>
<td>↓ K+ - Hypokalaemia</td>
<td>Retinopathy</td>
<td>Collapse</td>
<td>Sepsis</td>
</tr>
<tr>
<td>STEMI</td>
<td>↑ Na+ - Hypernatraemia</td>
<td>Nephropathy</td>
<td>Unconsciousness</td>
<td>Septic Shock</td>
</tr>
<tr>
<td>Atrial Fibrillation</td>
<td>↓ Na+ - Hyponatraemia</td>
<td>Vascular Disease</td>
<td>Stroke +/- - deficits</td>
<td>Oral Candidiasis</td>
</tr>
<tr>
<td>Overwarfarinisation</td>
<td>Acute Renal Impairment/Failure</td>
<td>Unstable/Poor Control</td>
<td>Hemiplegia</td>
<td>Thrush - Any Site</td>
</tr>
<tr>
<td></td>
<td>Chronic Renal Impairment/Failure</td>
<td>Hypoglycaemia</td>
<td></td>
<td>Cellulitis</td>
</tr>
<tr>
<td></td>
<td>Acidosis</td>
<td>Overweight/Obese</td>
<td></td>
<td>Neutropenia</td>
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<tr>
<td></td>
<td>Alkalosis</td>
<td></td>
<td></td>
<td>Thrombocytopenia</td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td>Infections - Wound etc.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>RESPIRATORY</th>
<th>UROLOGICAL</th>
<th>GASTROINTESTINAL</th>
<th>MENTAL HEALTH</th>
<th>OTHER</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pneumonia</td>
<td>Infections - Urinary</td>
<td>Malnutrition</td>
<td>Depression</td>
<td>Pressure Sores/Ulcers</td>
</tr>
<tr>
<td>Acute Respiratory Failure</td>
<td>Urinary Retention</td>
<td>Acute blood loss anaemia</td>
<td>Schizophrenia</td>
<td>Alcohol Abuse/Withdrawal/Dependence</td>
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<tr>
<td>Chronic Respiratory Failure</td>
<td>Incontinence - Urinary</td>
<td>(e.g. procedure, ulcer etc)</td>
<td>Dementia</td>
<td></td>
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<tr>
<td>NIV</td>
<td></td>
<td>Iron deficiency anaemia</td>
<td>Alzheimer's</td>
<td></td>
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<tr>
<td>Atelectasis</td>
<td></td>
<td>GI bleeding (&amp; source)</td>
<td>Drug Abuse/Withdrawal/Dependence</td>
<td></td>
</tr>
<tr>
<td>COPD</td>
<td></td>
<td>Incontinence - Faecal</td>
<td></td>
<td></td>
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<tr>
<td>Pulmonary embolism</td>
<td></td>
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<td></td>
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</tr>
<tr>
<td>Necrosis</td>
<td></td>
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<tr>
<td>Pleural effusion</td>
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</table>

**ALWAYS SPECIFY HOW THE CONDITION IS BEING 'MONITORED' or 'TREATED'**

(i.e. Medications commenced/ altered, rpt bloods, increased obs etc.)
Clinical Documentation Card
(September 2015)
Results

No. of Queries

Queries/Seperation (%)
Results

% WIES Variances/Queries

Maroondah Hospital
Other site
Results

WIES variance/change %

Maroondah Hospital

Other site

WIES variance/change %
Results

No Change/Queries %

No Changes/Queries %
Conclusions

• Limited study size
• Variability (time, site, casemix)
• Trend towards more optimal clinical documentation and coding with less WIES variances
Further Plans

• Roll out to other Eastern health sites and departments

• Review the nature of the queries

• Having incorporated into electronic medical records
Further Plans

- Integrated Clinical Documentation and Coding (CDAC) Assistant into current system
- Electronic Medical Record (EMR) compatibility consideration
References


Thank You