

Auditing the Past, Improving the Present and Planning for the Future

Cassandra Rupnik¹

¹ Pavilion Health

In early 2016 Pavilion Health (PH) was engaged to assess the validity of data underpinning the health activity data by an Australian health service. This was achieved by undertaking data quality, targeted audit, and process/systems reviews.

Twenty recommendations were endorsed by the Executive of the health service to improve the quality of the coded data including implementing a governing coding advisory committee, providing targeted education to coders and clinicians, and establishing an Education and Training Assessment (EATA) process. A workshop was held with key stakeholders to consider the main levers to improving data quality.

AUDITING

300 records were selected each month based on their probability to not represent true clinical activity. The sampling algorithm “learns” from actual audit results. Average DRG change rate of targeted sample 1 in 3 records.

Audit insights from the results:

- On site education seminars conducted for one day per month for all clinical coders
 - o Pavilion Health auditors developed nine (9) educational seminars e.g. Introduction ABF/ ABM / DRG's / AR-DRG (then) V7.0, Respiratory, Renal etc.
 - o Clinicians were invited to update coders on medical science issues that affect clinical coding

A monthly Coding Advisory Committee was established to discuss all clinical coding issues including workforce.

EDUCATION MEASUREMENT

A clinical coding assessment was developed to assess coders' level of competency and develop an individual education program for each participant. The EATA tool included:

- 35 scenarios covering majority of specialities, ranging from moderate to challenging complexity levels
- comprehensive assessment took one full working day – taken from expected throughput for one day in the life a reasonably experienced clinical coder
- EATA marked - coding accuracy / DRG variance rates calculated per clinical coder per scenario and total
- Clinical coders were categorised into competency bands from the results

IF WE HAD OUR TIME AGAIN

- Conduct comprehensive assessment at the commencement of the project for baseline measurement of overall clinical coding skill
- Develop very short scenarios for clinical speciality to include only codes from that speciality and EATA's be conducted after each corresponding speciality education session

WHAT WE ARE GLAD WE HAVE ACHIEVED / UNDERTAKEN

- Fully comprehensive, peer reviewed clinical coding assessment
- Auditing findings and insights provided valuable educational opportunities delivered for the specialities with the greatest degree of clinical coding inaccuracy and DRG variance

THE FUTURE

- Clinical coding undertaken by each coder in terms of their current skill banding – “right episode allocated to right coder”.
- Speciality coding education for clinical coders and trainees with a lower banded skill mix
 - o to improve clinical coding accuracy
 - o introduce and develop further clinical concepts
 - o improve correct DRG allocation
 - o provide a sound basis for clinical coder career pathway progression