

The collaborative approach to counting, coding and costing

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Analysing and understanding activity in our facilities is paramount to be able to identify service needs for the community, to develop models of care, prepare budgets based on need and to meet KPIs and activity targets. This can only be achieved by accurate reporting of both patient level and financial activity. Ensuring that both areas of reporting are reflective of the work in the facilities, means we can analyse the data and benchmark with our Peers and Exemplars to enhance the patient experience by offering appropriate care in the appropriate place at the appropriate time.

This analysis is dependent on the combination of patient activity counting, coding and costing. Each element is fundamental in the reporting of the patient journey and must be accurate and validated to be fit for purpose.

A Data Quality Improvement Committee was established within Southern NSW Local Health District (SNSWLHD) to ensure accountability to the Executive and Board for assurance that the activity reports being produced were accurate and represented the acuity and types of patients being treated. All funding stream data collection Managers identified areas where improvements could be made to data quality and developed strategies to be implemented for those improvements. The Health Information Managers (HIMs) are also members of the Committee as the Clinical Coders report to the HIMs and are a vital link between what is documented and what is coded.

The funding stream data collections Managers and the HIMs report to the Manager Performance Analysis and Casemix, who also chairs the Costing Working Group.

The Costing Working Group membership includes the Clinical Costing Manager, Reporting and Costing Officer, Manager Performance Analysis and Casemix (Chair) all the Finance and Business Managers, Director Finance and Corporate Services and representation from Financial Operations, People and Performance and Procurement. The group meets monthly to discuss the impacts of any new services so that they are costed appropriately as well as ensuring that the right costs are recorded in the right place. This group is a fundamental part of the approval chain for all new cost centres to ensure that they are appropriately used with correct information for clinical costing. The Group reviews areas of high costs by cost bucket, provides the review process of the District and Network Return (DNR) draft submissions for accuracy, which is the first step in the CE sign off process for each DNR.

Having the funding stream data collection managers, HIMs and clinical costing team report to the same Manager has resulted in a cooperation and collaboration between the staff, ensuring that all team members are aware of the impact of accurate counting, coding and costing. This collaboration as a Unit results in responsive

action to provide advice or seek direction to ensure that decisions being made are known to all relevant stakeholders.

A positive outcome is that data used for clinical costing, NWAU reporting and KPI monitoring is reliable and an accurate reflection of the types and acuity of patients receiving healthcare through our facilities.