

## **A pilot study of Clinical Documentation Improvement (CDI) practices in Australia**

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Health Services are funded using Activity Based Funding (ABF) which allocates funds based on activity, which is measured by a National Weighted Activity Unit (NWAU). The activity is classified into work streams such as inpatient, sub and non-acute, emergency and non-inpatient. The Admitted acute activity continues to be significant – at all levels (national, state and Local Health Network), accounting for around 60% in terms of NWAU.

The complexity of the admitted acute activity is captured through the AR-DRG classification system. The introduction of ABF has seen an increased focus on both the timeliness of coding output and coding quality. The importance of clear, accurate and complete documentation in patient medical records is recognised by the Independent Hospital Pricing Authority (IHPA).

A 2018 study conducted by the Health Information Management Association of Australia (HIMAA) Research Advisory Committee (RAC) mentored research project group examined the current practices in clinical engagement to improve clinical documentation for clinical coding purposes in acute care hospitals across Australia. The study piloted a survey tool with individuals who undertook the overall administration of the clinical engagement strategies for Clinical Documentation Improvement (CDI) at each acute care hospital in Australia. The survey was deployed online during April and May 2018 through the University of Tasmania REDCap (Research Electronic Data Capture) system. Once the survey closed, the data was downloaded into a password protected Excel document and de-identified. The data was analysed using descriptive statistics, with free text responses undergoing thematic analysis.

Eighty-nine hospitals participated in the survey, with a response rate of 12.6%. There were responses from all the states across Australia, with 34% of the responses from NSW, making it the highest. 82% of the responses were from public hospitals. The size of the hospitals that responded varied from less than 50 beds to more than 200 beds. 67% were funded through Activity Based Funding (ABF).

40% of the respondents had paper based medical records. The primary method of clinician engagement was sending clinical documentation queries from clinical coders to clinicians. The primary focus of clinician engagement was asking clinicians to respond to clinical documentation queries to accurately code an inpatient episode.

Clinical engagement was predominantly undertaken by the clinical coder and the Coding Manager/Team Leader. Clinical Documentation queries and targeted clinical audits were the most frequent clinical engagement activities. Most respondents indicated that they felt that their clinical engagement strategies were effective.

Barriers to Clinical Engagement included lack of engagement by HIMS, lack of resources and lack of clinical knowledge by clinical coders.

Factors for success included executive support. One of the aims/ objectives of sharing this information at this forum is to build executive support for this important initiative.

It is recommended that the survey be performed again to obtain a larger response rate. Further research will enable the determination of a best practice model for CDI for clinical coding purposes in Australia.