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Clinical Coding Made Easy

Putting the Patient First



What is Clinical Coding?

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- Patient admitted and discharged from hospital, diagnosed and treated.
- Accurate code assignment is reliant on a fully completed inpatient discharge summary and record of care.
- A patients diagnosis, problems, co-morbidities and treatment which reflects their episode of care in hospital is then translated into clinical codes.
- This data then generates Hospital Episode Statistics and National Tariff Payment System

HSMR-Hospital Standardised Mortality Ratio

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A uniform hospital statistic provided across **all** NHS Acute Trusts in England.



Number of expected deaths compared to actual deaths

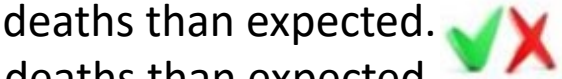
EXPECTED

What does the HSMR statistic mean?

100 represents the baseline.

Lower than 100 is fewer deaths than expected.

Higher than 100 is more deaths than expected.



TRIGGER



Provides an indication of where a problem may exist - a trigger for further investigation.

$$HSMR = \frac{observed}{expected} X\ 100$$

HRG Case Study

- 33 year old patient with a temperature, retention, likely urosepsis

Grouping Method		Dominant Diagnosis			
Diagnosis		R509			
Spell HRG		**Spell HRG Description**			
WJ07D		Fever of Unknown Origin without Interventions, with CC Score 0-3			
Tariff		**Costing Category**			
£1094		PbR NE			
Diag Order	**Diag Code**	**Diagnosis Description**	**Proc Order**	**Proc Code**	**Procedure Description**
1	r509	Fever, unspecified	1		
2	r33x	Retention of urine	2		

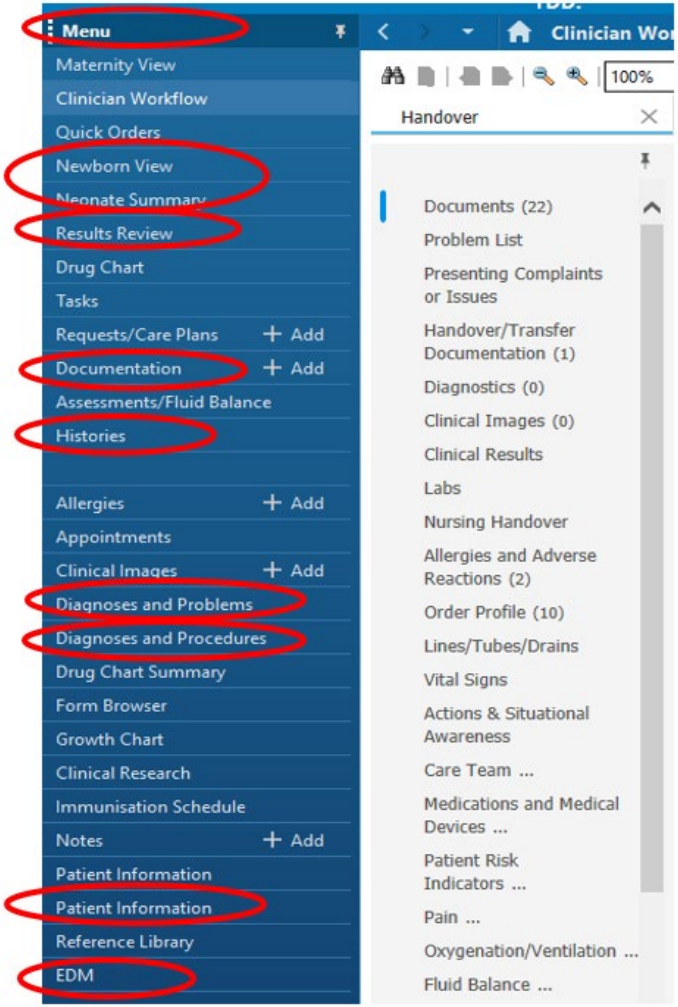
HRG Case Study

- Same 33 year old patient presents with the same symptoms. Documented as treated as urosepsis. Comorbidities include IHD, HTN, T2DM, CKD5. Catheterised for urinary retention.

Grouping Method		Dominant Diagnosis		
Diagnosis		N390	Unspecified urethral catheterisation of bladder	
Spell HRG	**Spell HRG Description**			
LA04L	Kidney or Urinary Tract Infections, with Interventions, with CC Score 3-5			
Tariff	**Costing Category**			
£3870	PbR NE			
Diag Order	**Diag Code**	**Diagnosis Description**	**Proc Order**	**Proc Code**	**Procedure Description**
1	n390	Urinary tract infection, site not specified	1	m479	Unspecified urethral catheterisation of bladder
2	A419	Sepsis, unspecified	2		
3	i259	Chronic ischaemic heart disease, unspecified	3		
4	i10x	Essential (primary) hypertension	4		
5	e119	Non-insulin-dependent diabetes mellitus: Without complications	5		

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EPR Implementation





Clinical Coding – Where to look?

- Clinical Access vs Coding Views
- Relevant Documentation
- Multiple places to review

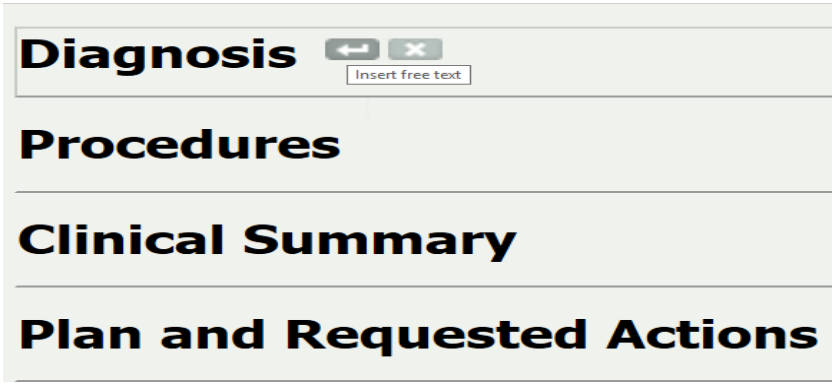
EPR Implementation

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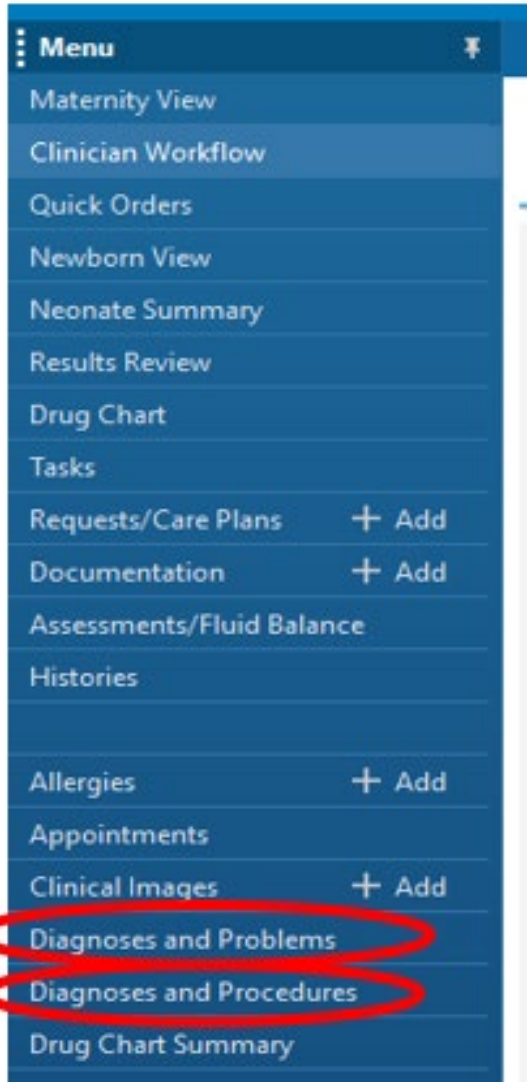
- Ensure that the diagnosis field on the discharge summary is accurately completed.



- Note the diagnois field can be amended as required and free text can be inserted for accurate recording.



EPR Simplified



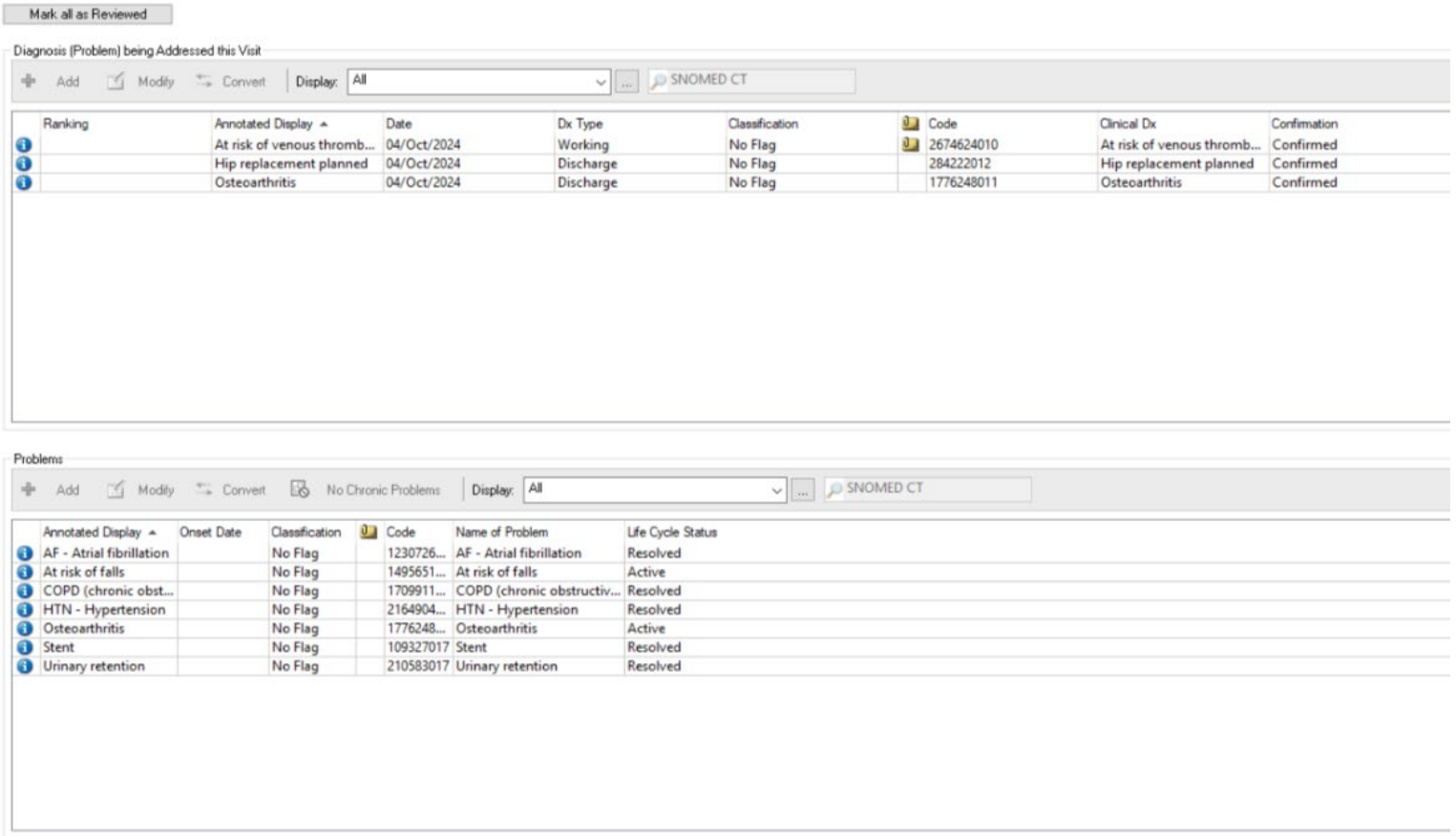
Diagnosis & Problems

- Current problems during inpatient stay
- Relevant co-morbidities
- Updating resolved conditions

Diagnosis & Procedures

- Relevant procedure titles
- Date of procedure

Problem list example



Mark all as Reviewed

Diagnosis (Problem) being Addressed this Visit

Add | Modify | Convert | Display: All | SNOMED CT

Ranking	Annotated Display	Date	Dx Type	Classification	Code	Clinical Dx	Confirmation
	At risk of venous thromb...	04/Oct/2024	Working	No Flag	2674624010	At risk of venous thromb...	Confirmed
	Hip replacement planned	04/Oct/2024	Discharge	No Flag	284222012	Hip replacement planned	Confirmed
	Osteoarthritis	04/Oct/2024	Discharge	No Flag	1776248011	Osteoarthritis	Confirmed

Problems

Add | Modify | Convert | No Chronic Problems | Display: All | SNOMED CT

Annotated Display	Onset Date	Classification	Code	Name of Problem	Life Cycle Status
AF - Atrial fibrillation		No Flag	1230726...	AF - Atrial fibrillation	Resolved
At risk of falls		No Flag	1495651...	At risk of falls	Active
COPD (chronic obst...		No Flag	1709911...	COPD (chronic obstructiv...	Resolved
HTN - Hypertension		No Flag	2164904...	HTN - Hypertension	Resolved
Osteoarthritis		No Flag	1776248...	Osteoarthritis	Active
Stent		No Flag	109327017	Stent	Resolved
Urinary retention		No Flag	210583017	Urinary retention	Resolved

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Key Comorbidities - Always record in diagnosis & problem and e-discharge summary

AIDS/HIV	Liver disease (cirrhosis, alcoholic, fibrosis, congenital)
Alcohol (acute intoxication, dependence, withdrawal, etc.)	Lymphoma (Please specify type)
Arthritis (rheumatoid)	Malignancy (Please specify current, metastases, or history of malignancy)
Blood loss anaemia	Mental health disorders (anxiety, depression, PTSD)
Bronchitis (chronic, acute)	Neurological disorders (Alzheimer's, Parkinson's, Multiple Sclerosis)
Cardiac arrhythmias (AF, AV block, LBBB)	Obesity
Chronic pulmonary disease (COPD/Emphysema)	Paralysis
Coagulopathy (thrombocytopenia, haemophillia)	Peptic ulcer disease excluding bleeding
Congestive heart failure	Peripheral vascular disorders
Current smoker	Personal history of self harm
Deficiency anaemia (Please specify type)	Psychoses (schizophrenia)
Dementia	Pulmonary circulation disorders
Diabetes (Please specify type)	Registered blind
Drug abuse (please specify substance, if known)	Renal failure (Please specify if acute and cause, if known)
Epilepsy (please specify type, if known)	Respiratory failure (Please specify acute or chronic and type one or type two)
Fluid and electrolyte disorders (hyponatraemia, hypokalaemia, dehydration)	Stroke (infarction or haemorrhage)
Hearing loss (severe, conductive, sensorineural)	Urinary retention
Hypertension	Valvular disease
Hypo/hyperthyroidism	Viral/intestinal infections (please specify, if known)
Learning difficulties (including development delay and disability)	Weight loss

dr foster is the organisation that provides the HSMR calculated from the Hospital Episode Statistics (HES) data.

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It all comes down to documentation



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Best practice – ACCESSIBLE Information



- Discharge summary complete
- Accurate discharge summary
- Events logged on EPR
- Coding to have access to timely information



- Incomplete discharge summary
- Patient self discharged?
- Late reporting

Best practice – CLEAR Information



- Δ Diagnosis
- Probable
- Treat as/Treated as
- Working diagnosis
- Impression
- Presumed
- In keeping with



- Likely
- ?
- Query
- Suggestive of
- Possible
- Suspected
- ΔΔ (Differential diagnosis)

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Best practice – COMPLETE Information



- Type 2 diabetes
- Pain on breathing
- CCF
- Medically fit for discharge
- Constipation
- Anaemia



- DM
- Chest pain
- Heart issue
- Patient self discharged
- Patient discharged with Iron/Laxatives

Best practice – UNDERSTANDABLE Information



- Hypokalaemia
- Morbidly obese
- Trial of forceps/Tetralogy of Fallot
- Anaemia



- ↓K
- BMI 45
- TOF
- MFFD
- Bloods 4.1

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