

DATA BRIEFING



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Identifying coding inconsistencies

Recent reports have highlighted inconsistent coding of patient episodes. Though it is difficult to identify the variations in coding without a detailed analysis of case notes, we have had some interesting results from recent advance work.

We divided each trust's data into comparable packets. The detailed methodology involved taking hospital episode statistics data by trust and then splitting it into the various health resource group "chapters". Chapters relate to physiological systems and sections of the anatomy.

Within each chapter there are around 40-50 health resource groups. In most instances these are sub-divided into cases without complications and those with complications. There is one other category used within each chapter, for "complex elderly" patients – they have a variety of issues but are identified as being predominantly within that chapter's physiological system.

Two of the graphs here (centre and bottom) cover the trusts within NHS London and show the findings for these elderly patients in two different chapters: Chapter D (the respiratory system) and Chapter L (the urinary tract and male reproductive system). Clearly there are significant differences between trusts with extremes of 6.2 per cent and 17.5 per cent for Chapter D and 0.1 per cent to 10.4 per cent for Chapter L. These variations do not reflect quality of care issues but rather the recorded information made available to coders.

Other data (not shown) indicates one trust having only 53 per cent of its Chapter D patients without complications while another shows 76 per cent. For Chapter L, the variation is even more extreme, ranging from one trust having as few as 31 per cent of its patients without complication to three trusts having as many as 93-97 per cent.

Looking at English trusts by average number of diagnoses recorded – a significant indicator of the quality of data recording – adds to the picture.

The top graph represents some trusts for which we have recently carried out case note audits and shows the relative scale of "recovered income".

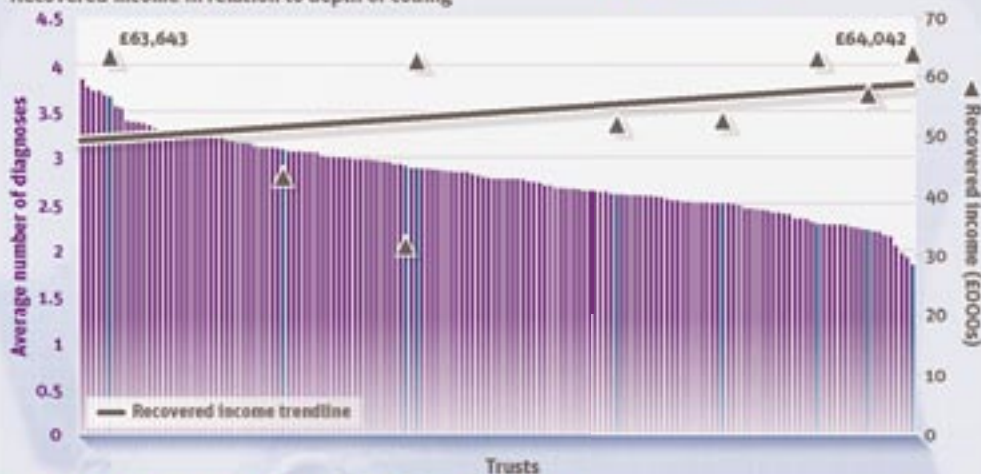
That is, the additional income identified due to the original coding missing complexity of interventions, because the more complex the intervention, the higher the tariff.

In general there is a correlation between the level of recovered income and the average number of diagnoses. The trendline shows that recording to a greater depth generally means less recovered income.

The separation by health resource chapter offers a way of identifying problems coding early on. ● Paul Robinson is head of market intelligence for CHKS.

Fuller recording means less recovered income is identified

Recovered income in relation to depth of coding



'Complex elderly' recording varied significantly between London trusts

Respiratory system



Urinary tract and male reproductive system

