

Panel discussion:

It's not just about the money: coding and data quality in Scotland, Northern Ireland and Wales

Our speakers:

- **Mel Baker RGN** - Area Manager for the Office of the Medical Director, Betsi Cadwaladr University Health Board
- **Dr Brian Tehan** - Medical Director for Quality and Transformation, Betsi Cadwaladr University Health Board
- **Carole Anderson** – Head of Strategy and Performance, Golden Jubilee Hospital, Glasgow
- **Susan Whitlock** - Health Records Manager, Golden Jubilee Hospital, Glasgow
- **Martina McCusker** – Regional Clinical Coding Co-ordinator for N.Ireland, Health and Social Care Board
- **Danny Mc Williams** – Performance Improvement Manager, Belfast Health and Social Care Trust



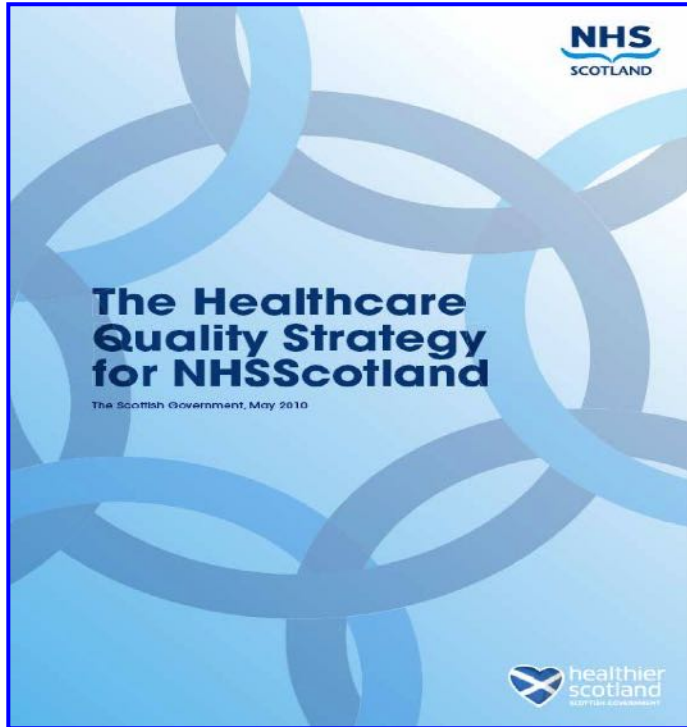
**Golden Jubilee
Foundation**

Patients at the heart of progress

Data quality and benefits: a Scottish view



Healthcare quality in context



- Aspiration to deliver highest quality healthcare
- Best outcomes where Boards invest in quality improvement and scrutinise quality data
- Quality is never an accident; good data drives effective decision-making
- Look beyond our borders for best practice



- Orthopaedic Centre of Excellence
- Largest Heart & Lung Centre in UK
- Ophthalmology, Plastics, Diagnostics

- United States; 25.3%
- Netherlands; 19.8%
- England; 15.5%
- Wales; 14.3%
- Canada; 12.4%
- Scotland; 11.6%

Healthcare Admin Costs

*Himmelstein et al, Health Affairs,
September 2014*

A poster for the NHS Quality Framework for Healthcare, presented by the Golden Jubilee Foundation. The poster features a blue stethoscope with the words 'Safe', 'Effective', and 'Person Centred' written on its tubing. The NHS Scotland logo is in the top left, and the Golden Jubilee Foundation logo is in the top right. The text 'Quality Framework for Healthcare' and 'Golden Jubilee Foundation' is prominently displayed. Below the stethoscope, three bullet points are listed: 'Governance', 'Indicators', and 'Workforce'. At the bottom, there are three icons corresponding to these categories: a scale for Governance, a line graph for Indicators, and a group of people for Workforce. The poster is powered by MicroStrategy.

NHS SCOTLAND Quality Framework for Healthcare Golden Jubilee Foundation

Safe Effective Person Centred

Golden Jubilee Foundation Patients at the heart of progress

- Governance
- Indicators
- Workforce

Governance Indicators Workforce

POWERED BY MicroStrategy

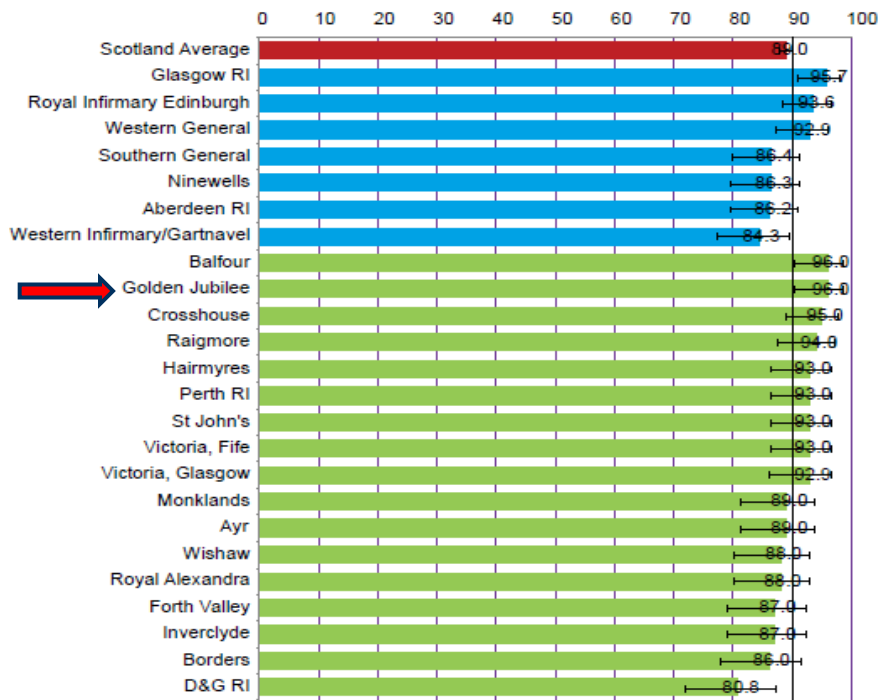
Benefits of Electronic Systems

- Less reliance on paper
- Sci Store (pathology reports/microbiology/correspondence/referrals,clinical letters)
- Opera (all procedures done in theatre)
- Cathi (all cardiology procedures done in cath labs)
- Clinical Portal (links with all above and with remote link to other health boards)

Consequences of not getting data right

- ❑ Poor quality service planning and performance management
- ❑ Difficulty in developing policy decisions
- ❑ Inability to improve healthcare for the people of Scotland
- ❑ No facilitation analysis
- ❑ Unable to benchmark for improvement and loss of clinician confidence in data

Data quality performance

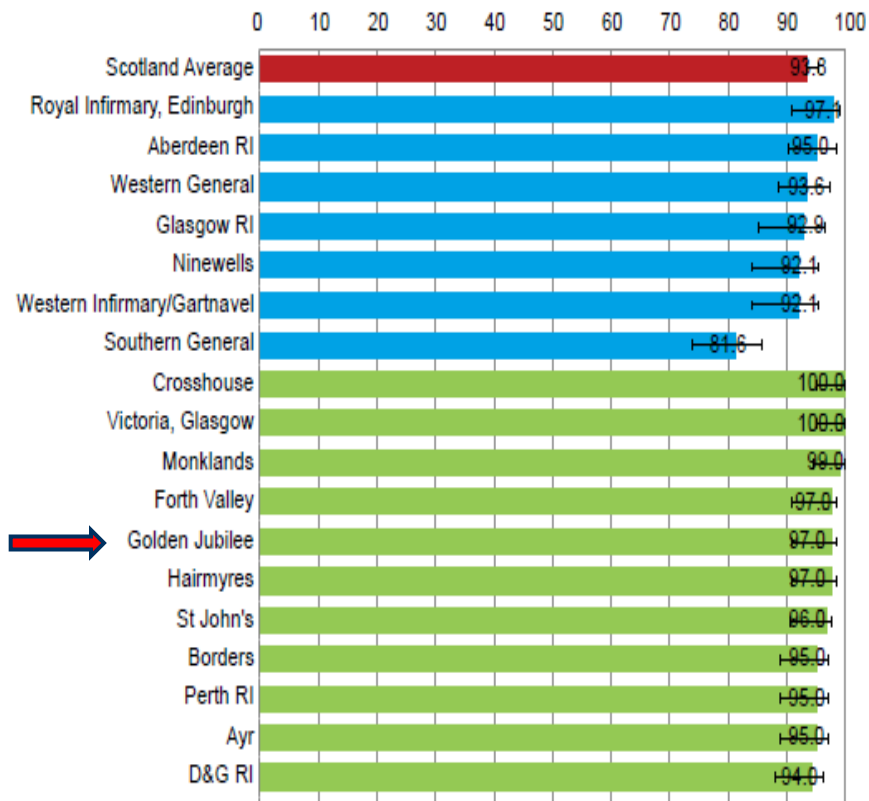


□ Main condition accuracy commended at 96%

□ Scottish average is 89%

(Source: ISD National Data Quality Assurance submission 2014/15)

Data quality performance



- Main procedure accuracy commended at 97%
- Scottish average is 93.8%

(Source: ISD National Data Quality Assurance submission 2014/15)



Any questions?

Clinical Coding and Data Quality in Northern Ireland

Martina McCusker – Regional Clinical Coding Services Co-ordinator for NI – Health & Social Care Board

Danny McWilliams – Senior Information Manager – Belfast Health & Social Care Trust

Data Quality from a Regional Perspective

9 point plan to improve clinical coding accuracy & timeliness

1. Leadership
2. Communication
3. Audit
4. Training
5. Resilience
6. Effective use of resources
7. KPIs
8. Information Technology
9. Service Improvement

Why Data Quality is important to HSCB

- * Regional Targets and Indicators e.g. unplanned hospital admissions for specified long term conditions
- * Regional Mortality indicators
- * Regional Planning and evaluation of healthcare provision – shift left in services, Transforming your Care
- * Commissioning – complexity of diagnoses and procedures for particular specialties
- * Information Requests e.g. FOIs, Assembly Questions
- * Publication of Regional Healthcare Statistics
- * Health care Trends
- * Outcomes for patients
- * Cost and efficiency planning
- * Patient centred care managed and measured in an accurate manner

Data Quality

- If you can't measure it you can't manage it!
- If you can't measure it accurately you can't manage it accurately!
- The safest and most efficient treatment for our patients

Outcomes:

- Mortality,
- Readmissions
- LoS etc etc

Improvement
& Modernisation

- Redesign of a 1700 bed acute Trust
- Performance reports at all levels

Operational Management

- Short medium Service Mgt' & planning
- Contingency

Stroke patients
Access to Stroke
Ward

Post-op delirium
After Ortho'
Procedure

Types and No.
Of patients
in diff'flows

Surges in Specific
Urgent Conditions

Post-Op
Endophtalmitis

Multiple adms'
For COPD/Vent

Daycase
Short stay

Volume of Specific
Procedures

Service Business
Cases



Data Quality

- Acceptable level of data quality??
 - Resource prioritisation-Trusts Needs
 - Source Documents
 - Training
- Virtuous circle-the better it is the more its used the more its used the better it gets-Where is the hook?
- Data quality is more than vital to our services – accepting less reduces our ability to measure and manage
- Clinical coding is moving closer to the patient in many ways

