



What does it take to be a Top Hospital Data Quality award winner?

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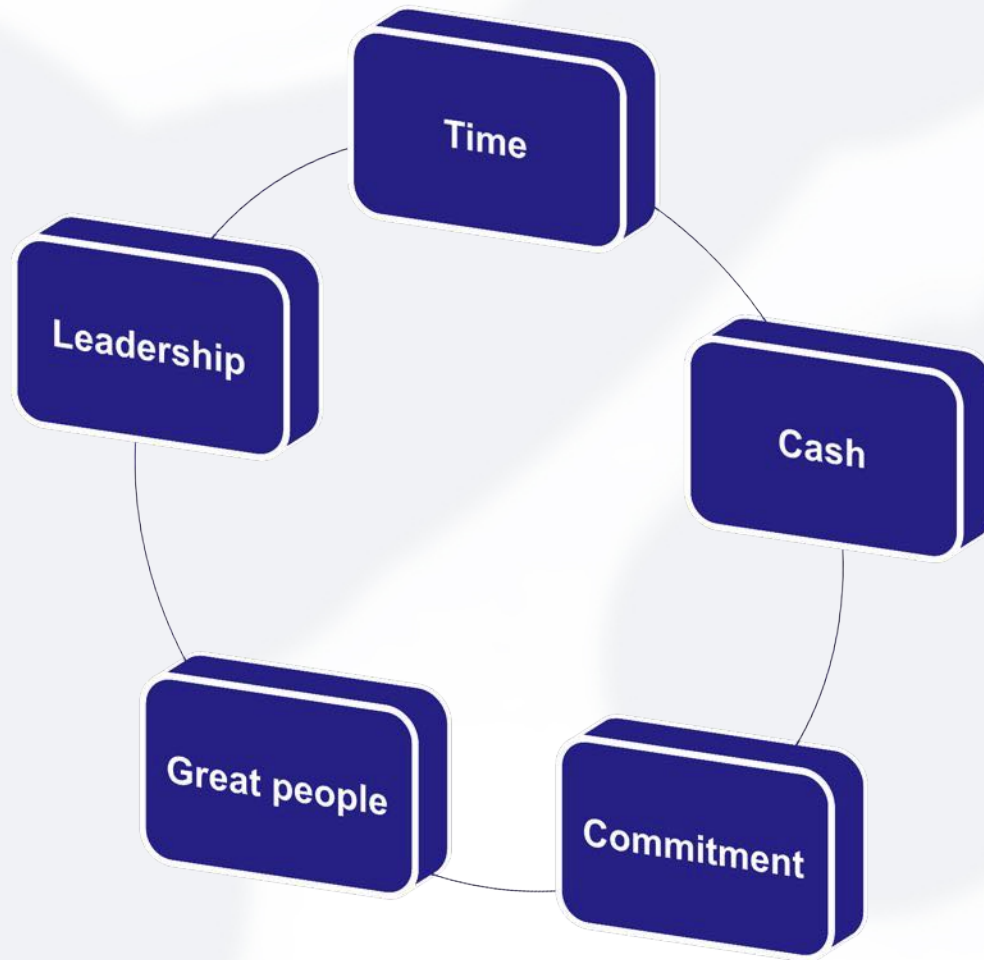
Triple Crown



Largest health organisation in Wales



What does it take ?



Challenges



Informatics/Organisation?

- Legacy PAS Systems
- Inadequate training
- Data Standards
- ICT Infrastructure
- SOPs

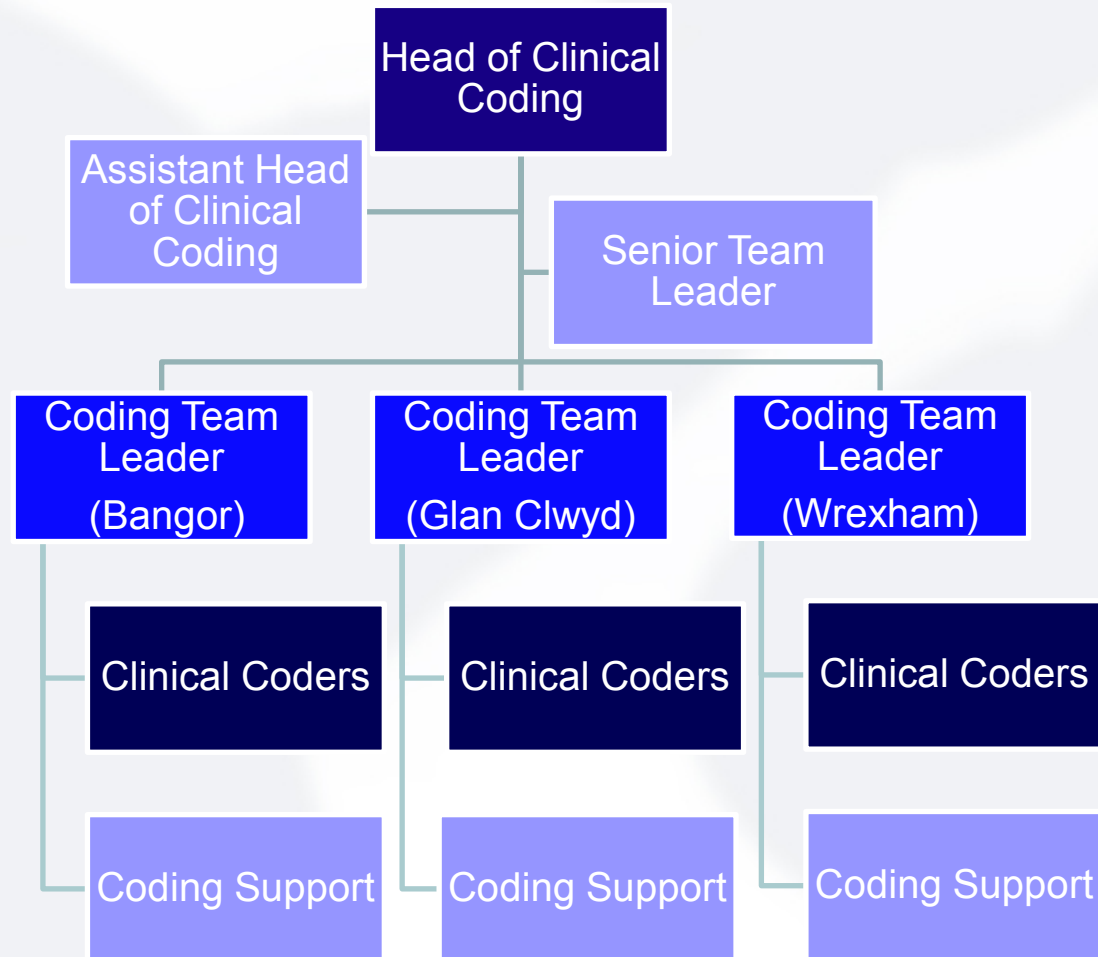
Organisation/Informatics?

- Targets
- Lack of Investment
- Geography
- Organisational Change
- National Programme



Clinical Coding

Structure



Training



- 9 Coders gained ACC across BCU in the past 4 years
- All Coders attend a refresher course every 3 years
- Training package for all Trainee Coders

Clinical Involvement



- Coding representatives attending mortality reviews
- E-mail Coding details of all deceased patients to responsible consultant
- Coding Query Proforma
- Inviting Consultants to the Department for a Q&A session

NHS Wales Informatics Service Clinical Coding Accuracy Audit 2013/14



Site	Primary Diagnosis	Secondary Diagnosis	Primary Procedure	Secondary Procedure	% ACC
Wrexham	93.48	84.01	94.00	97.64	86.67%
Glan Clwyd	93.33	81.97	91.30	94.15	80.00%
Site 3	92.22	88.38	98.28	95.45	100.00%
Site 4	91.30	81.78	95.06	95.21	50.00%
Site 5	91.21	91.57	80.49	90.27	23.08%
Site 6	91.11	86.25	92.94	92.39	25.00%
Site 7	88.89	85.84	92.98	95.16	87.50%
Site 8	86.67	85.92	89.55	84.44	11.11%
Site 9	85.56	67.31	94.19	94.86	0.00%
Bangor	85.23	76.02	85.45	94.89	33.33%
Site 11	84.62	72.77	84.85	85.71	87.50%
Site 12	84.44	78.98	86.30	87.04	12.50%
Site 13	82.22	74.29	81.67	84.05	11.11%
Site 14	78.57	76.08	90.63	93.94	0.00%
Site 15	74.44	80.00	91.43	91.21	0.00%
Site 16	74.23	64.29	81.25	97.16	39.13%
Site 17	72.22	75.67	91.11	89.47	30.77%
Site 18	70.97	64.60	85.37	77.11	0.00%
Site 19	60.61	65.68	71.43	94.05	11.11%



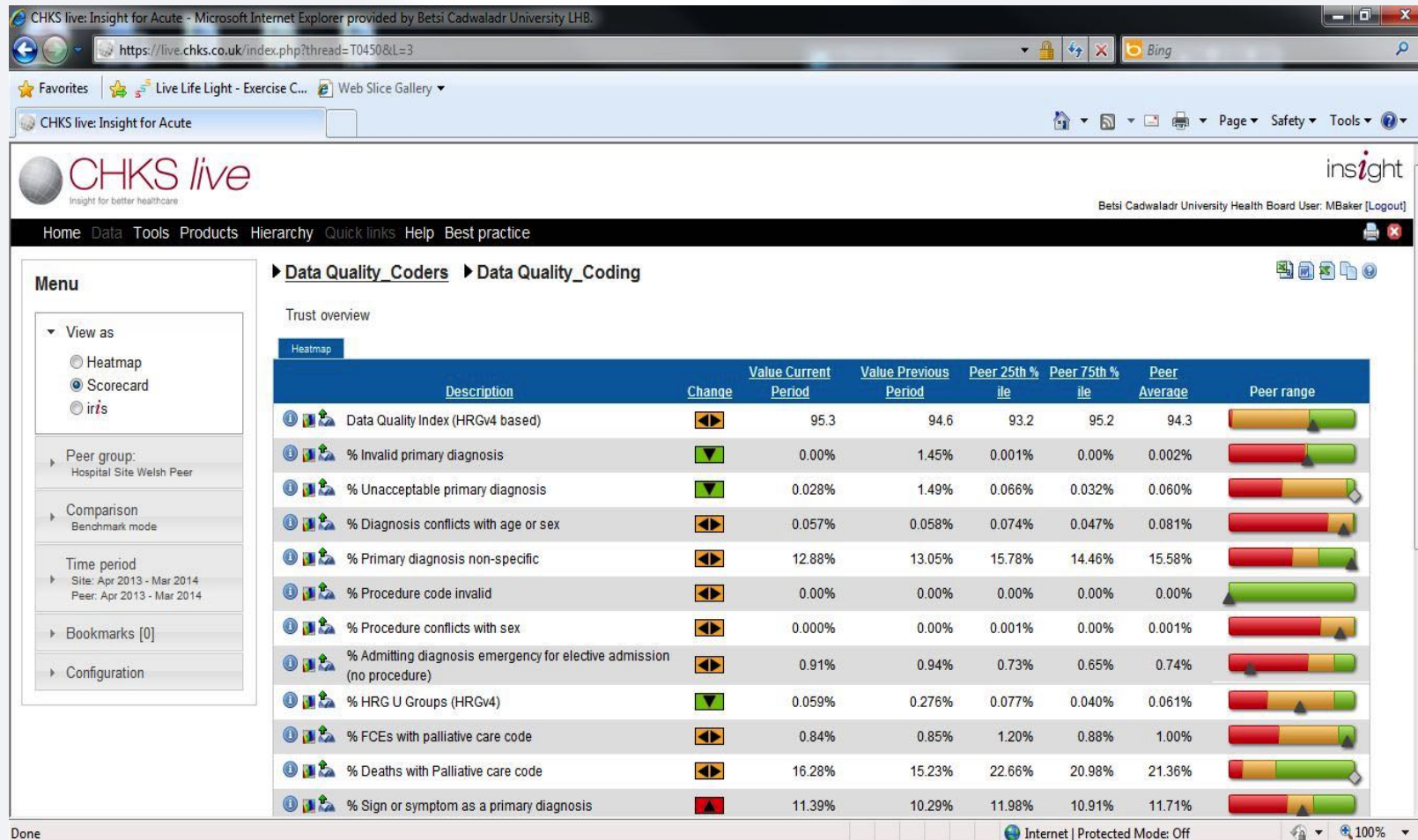
Analysis

Data Quality Role

- Monitoring
- Performance tracking
- Review of DQ issues using clinical knowledge
- Review of PAS admin processes
- Discussions of performance from board to shop floor, including CLIP reports



Monitoring and tracking performance



Reviews of coding sequencing



Month of data submission	Risk score. Old v new	Admission Method	Admission Source	Discharge Method	Derived_HRG	Specialty	Diagn1	Diagn2	Diagn3
July 2013 data	42.03%	21	19	Deceased	S12	301	D65X	A419	E162
June 2013 data	0.17%	21	19	Deceased	S12	301	A419	D65X	E162

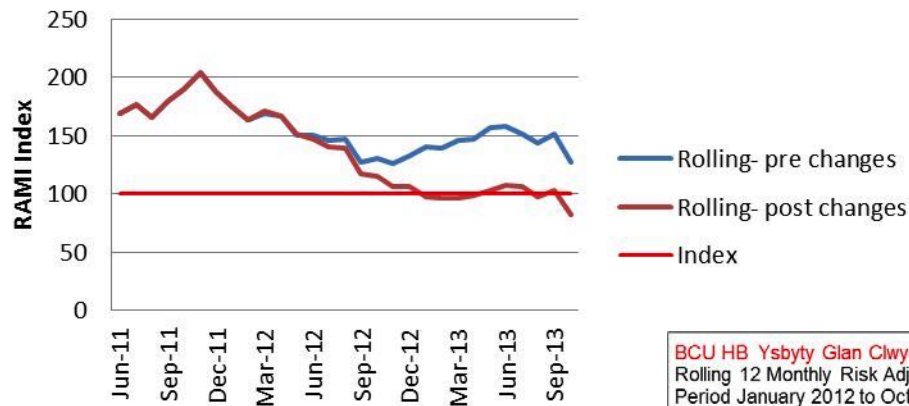
Month of data submission	Risk score. Old v new	Admission Method	Admission Source	Discharge Method	Derived_HRG	Specialty	Diagn1	Diagn2	Diagn3	Diagn4
July 2013 data	93.23%	22	19	Deceased	E18	620	I500	I259	N189	Z518
June 2013 data	8.23%	22	19	Deceased	E22	620	I255	I259		

Month of data submission	Risk score. Old v new	Admission Method	Admission Source	Discharge Method	Derived_HRG	Specialty	Diagn1	Diagn2
July 2013 data	13.06%	22	53	Alive	L99	302	N390	B962
June 2013 data	9.60%	22	53	Alive		302		

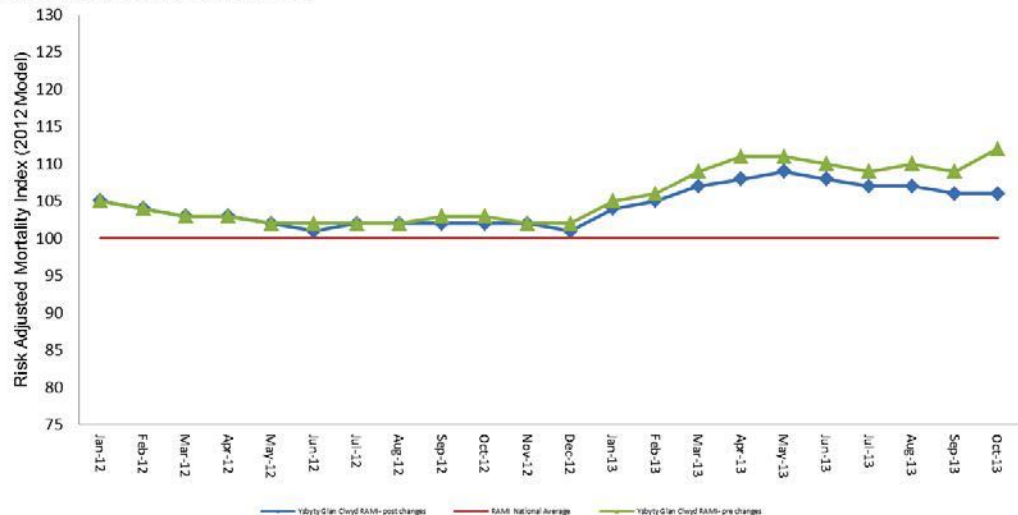
Month of data submission	Diagn3	Diagn4	Diagn5	Diagn6	Diagn7	Diagn8	Diagn9
July 2013 data	L892	B956	R600	G318	E871	R638	F329
June 2013 data							

Data and effect on RAMI

**Central region elective admissions
rolling RAMI 12**



BCU HB Ysbyty Glan Clwyd Secondary Care Units
Rolling 12 Monthly Risk Adjusted Mortality Index (RAMI 2012 Model)
Period January 2012 to October 2013



RAMI Risk reviews



- High risk AAA with multi returns to theatre
- Low risk deaths with coding
- Support mortality and clinical reviews with OMD
- Spot audits of Z518 and Z515 coded patients
- Comparison of systems against coding

Any Questions???

