



Validating Subsets through Audit and Payment

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Audience

Clinical staff; those responsible for system configuration; individuals in clinical effectiveness units and coders in clinical coding units that code to classifications for payment such ICD-10.

Objectives

The presentation will provide the approach undertaken and lessons learnt through taking a business process approach (from data entry, to clinical audit and outcomes monitoring, to payment) to validating the content of subsets, and should enable others to re-use some of the methods used.

Abstract

A large NHS Foundation Trust within the UK, which consists of three hospitals and related services, have had an Electronic Health Record system for over three years, but use of structured content within patient records using SNOMED CT is ad hoc. They are currently undertaking an initiative to increase the use of SNOMED CT within records; partly to support their linkage with GPs within the region through their integrated health record work, and partly to increase efficiencies in clinical coding for payment and monitoring of clinical effectiveness. This work is being supported by the national release centre within the UK: the UK Terminology Centre. The presentation looks at the approach taken and lessons learnt.

Currently, clinicians who do enter SNOMED CT into the record do so using favorites list within the system. It is perceived that this is the most appropriate way for the clinical staff to be able to find the terms they require. However, those who have developed their favorites list do so purely from their understanding of the terminology and within the scope of their search abilities. No feedback on the quality of the favorites list has been given by any other stages in what is a complex clinical and business process. This work aimed to provide clinicians with quality subsets and test their suitability for other aspects of the process by looking at their suitability for the work of the clinical effectiveness team and also that of the clinical coding team.

The clinical effectiveness team is responsible for producing reports from the data warehouse to support monitoring for the hospital against national clinical audits. Currently this can take weeks and when the report is produced it tends to include all patients in that category rather than those that meet specific criteria. For example, there is a requirement for all patients with acute stroke to receive brain imaging within 1 hour of arrival at the hospital. Currently the hospital can only measure all patients identified as stroke patients. The clinical effectiveness team is looking at re-defining these audit requirements in terms of queries that incorporate SNOMED CT and ensuring that the data recorded clinically supports these.

The other key aspect to consider as well as the clinical process is the business process. It has already been identified that with some refinement on terms within a subset, the task of assigning classifications codes is improved, and actually the more precise terms are also preferred by the clinician. In the clinical area looked at (hematology), this has not resulted in an excessive increase in the number of terms in the subset.

This presentation will go through the approach taken, the current stage of the work and lessons learnt to date.