Coding audits – a positive experience

Ellen Logan, Julie Turtle and Sharon Wiseman

Queensland Health (QH) has identified a number of initiatives over recent years to examine the status of clinical coding and improve the quality of its coded data. One of these initiatives was the establishment in late 2004 of the Clinical Classification Management Project (CCMP). The focus of this two year project was on clinical coding auditing and education of coders. As this project is nearing completion, it is timely to share our experiences.

Project design and pilot

Having first examined previous corporate approaches to coding audits, the project team – a project manager and two Auditor/Educators – confirmed that the project was about providing a service to meet the needs of the Queensland Health Service Districts to support them in improving their data quality. There would also be an opportunity to identify common coding issues across all 38 Districts and assist with solutions that would benefit all.

An audit framework was developed which identified communication strategies, auditing processes, dispute resolution approaches, definitions for error types, reason for errors and an audit report structure. The framework was supported through the development of templates, checklists and procedures – compliance with the framework would promote standardisation of the service. Development of the framework reinforced the team’s commitment to the ultimate goal of providing a high quality service to the Districts.

If this process was to be valuable, the challenges of any poor past experiences and perceptions of coding audits among hospital staff had to be overcome. Auditing can have negative connotations and, although the team was focused on making this a positive and valuable exercise, some resistance had to be anticipated. The project was promoted in various formal forums, reinforcing the team’s affirmative approach to auditing. Districts would be given the opportunity to select the sample criteria. They would be encouraged to identify areas that might be an issue for them or where quantifiable data was needed to support corrective action. As samples were going to be site-specific, there was assurance that the results could not be used as an indication of the quality of the coding service as a whole, nor as a measure of the quality of one coding service against another. There was no intention to produce state error rate statistics. The focus of the auditing was also to remain at a fairly high level, with reporting focused on episodes where auditing resulted in a change in allocated Diagnosis Related Group (DRG). There was no intention or capacity for auditors to report the number of errors in codes as a proportion of all codes but types of errors could be identified to support targeted interventions.

Many practical and operational matters also had to be addressed: What audit tool would be used? How would the auditors gain timely access to information systems on site? What about travel and accommodation arrangements?

The framework was piloted over a six-month period and refined as necessary. One new feature that was added during the pilot was for an action plan that a site would develop after the audit in order to systematically address its recommendations. This would also allow the CCMP Team to identify further opportunities for supporting Districts and complete the continuous quality improvement cycle, ensuring there would be outcomes associated with the audit beyond the audit itself. Links between sites can also be promoted as CCMP becomes aware of sites undertaking similar improvement activities and can suggest direct contact between the facilities to share ideas. Similarly, the team is also well posi-
tioned to identify corporate initiatives that might assist the Districts.

The education side of the project also took shape during the Pilot phase. A feedback session was incorporated into the audit process, where general findings could be discussed with the site’s coding team at the conclusion of the audit. This was extended to include education for single-coder regional sites, where regular peer review and support is unavailable. Findings from the audit and coder-initiated issues would direct the content for this education.

Existing opportunities for coder education within Queensland Health and from external organisations were sought out and it was confirmed that a lot of activity was already occurring, particularly in the metropolitan areas. So rather than compete with these already established education opportunities, the CCMP Team offered its expertise to develop and deliver education within the existing forums. This approach was welcomed and also allowed CCMP to focus on its strengths rather than divert resources to the organisational logistics of setting up and running education events.

Implementation and observations
The six month audit plan evolved into a two year audit and education schedule. To date, twenty four audits (involving over 4500 inpatient episodes) have been performed across metropolitan and regional areas in Queensland with significant contributions also made to eleven formal education forums, involving both development and delivery of education material.

Box 1 describes the basic process in organising and undertaking a coding audit.

A number of other outcomes have also emerged. The team has developed strong relationships with coding teams. There is trust now that wasn’t apparent at the commencement of the project. This can be attributed to the approach of the project, including in large part to the Auditor/Educators’ passion and commitment to the production of high quality health information. With trust as a cornerstone, the opportunity to continue to work together to improve the quality of the data is exciting. Sites are already talking with CCMP about facilitating benchmarking opportunities with other. CCMP is also promoting a number of opportunities through the Queensland Coding Committee (QCC) for standardising practice which should lead to improved data quality. Best practice approaches have also been identified and information sharing is being encouraged.

A number of common themes have appeared over the last two years. Particular coding standards and conditions seem to present more of a challenge to coders than others. This appears to be further exacerbated by clinical documentation which may not meet coding needs. Increased interaction between clinicians and coding teams will hopefully bridge the gap between the two elements resulting in more accurate and complete data capture. With an increased focus on coded morbidity data for administrative and clinical decision making, there are tangible benefits to be gained. Increased information sharing between coding teams could reduce duplication of effort, which is particularly important in an environment of limited resources. The opportunity to pool resources to develop and deliver coder education material, clinician education material and coding quality programs might be worth investigating. A number of innovative ideas are currently under construction corporately in Queensland Health to assist in addressing the issues.

The Auditors’ perspective …
The CCMP with its Auditor/Educator positions presented new opportunities for Queensland coders. Restricted by budgets, unavailability of auditors, and coding backlogs some hospitals did not have a frequent or regular internal audit program. For some, coding audits were performed only when there was a perceived problem with coded data or as part of a hospital accreditation cycle. Most coders want to be reassured, in a positive and non-threatening environment, that their coding is up to standard or, if errors exist, what they can do to prevent these errors from recurring. Regular auditing with a focus on skills development had not previously been widespread. The CCMP goal was to improve data quality through audit and education. In CCMP audits, coders receive feedback on their coding performance so they can identify and focus on areas that need to be strengthened. The CCMP has supported this through individual attention or
Box 1: Steps to Undertaking a Coding Audit

1. Write to the District Manager (with a copy also to the director responsible for the clinical coding service) seeking support for conducting an audit

2. Contact the director (as above) to further discuss CCMP’s goals, objectives and the audit process and seek nomination of a local contact person, who may be the director, the coding manager or, in a small facility, the coder

3. Speak to the local contact person to explain CCMP’s goals, objectives and the audit process and to establish a relationship

4. Create the sample after having consulted with the director and local contact person about what they feel would be of most use to them

5. Follow-up with the local contact person for any questions or issues that might arise prior to the audit

6. On arrival at the hospital/facility, meet with all coding staff and the director/manager to explain the process to be undertaken, demonstrate the software application and show the forms to be used
   • this is an opportunity to put the coders at ease and foster an understanding that not only are the auditors’ intentions good but that they will follow through and assist corporately in any way possible

7. Code the sampled records and compare the original codes with those of the auditor
   • while all variances are flagged by the software application, a Record for Review form is completed only for those cases where the DRG changes or the auditor feels there would be benefit in a review (e.g. if a particular standard was not followed or was interpreted differently)

8. Review variances with the coder or nominated reviewer (e.g. the hospital may choose to nominate the coding manager as reviewer)
   • this step is very important as there may be things that the auditor missed or coded incorrectly (it happens!) or may give insight into why alternate codes were chosen e.g. was the coding standard open to interpretation?
   • if it appears that there is a need for clarification and/or standardisation, a query to the Queensland Coding Committee is generated

9. At completion of audit, meet with the coding staff and director/manager to provide general feedback on the types of issues encountered and to explain the reporting process
   • facilities are invited to utilise CCMP as a resource for skills development, data quality improvement, etc.

10. Distribute audit satisfaction surveys to relevant staff
    • this aids reflection on the audit process and auditor behaviour with a view to their optimisation

11. Send a draft report to the nominated contact person for review and comment on structure and content
    • this is an opportunity to check that nothing of importance from discussions has been missed and that there is shared understanding about the issues
    • that, where appropriate, the message is supportive of local quality strategies and proposed initiatives

12. Send the final report to the District Manager, with a copy to the director responsible for the coding service
    • the report includes a request for copies of action plans developed by the facility post-audit, especially if CCMP can assist with their accomplishment and also to provide a basis for later follow-up about strategies which worked, sharing with other Districts and evidence to support establishment of best practice models

13. Maintain contact with audit sites, providing further assistance as required.
group feedback including education focused on areas that commonly cause coding difficulty.

CCMP has also offered a new employment opportunity for advanced level clinical coders - the prospect of being part of the Auditor/Educator team in the new higher level positions. Previously, there had been little career structure for coders who did not have a qualification other than in disease coding. Advanced level coders were sometimes asked to conduct internal audits and occasionally there was an exchange program between two hospitals, but the audit role was usually limited to the functions of re-coding and feedback rather than being involved in the whole process. While this provided some professional development, there were few personal benefits - no increase in pay or expanded horizons.

Some professional development opportunities did exist for those working in certain private sector facilities or for contract coding/consultancy companies. These sometimes offered more flexible work conditions and provided greater exposure to more components of auditing process. The number of positions of this type was, however, quite limited.

As the newly appointed Auditor/Educators, we brought advanced coding skills as well as:
- extensive experience in audit (internal and external)
- education (in small and large groups)
- computer and communication skills, and
- a number of personal attributes valuable for assisting the project to succeed.

We both have a passion for “getting the data right” and supporting our coding peers. But early work also exposed individual strengths and weaknesses. We managed this together as a team, with support and guidance from the CCMP Manager. We worked on the audit process and education material together until we were all happy with the outcome. We had not previously had so much input into audit development (eg. processes, form design, and software applications) and getting this much professional development in such a supportive and friendly work environment was an extremely positive experience.

What could be done to ensure that hospital managers and our coding peers got at least as much benefit out of the audits as we did in conducting them? The CCMP Manager nurtured our enthusiasm and excitement and guided the implementation so that the focus remained on quality improvement regardless of how the current coding or hospital data stood. It wasn’t about making comparisons or rankings but on sharing and overall improvement. It was about awareness of context, having a consultative process, timely feedback, and well-informed hospital coders and managers. We needed to listen and be understanding. Coders come from different backgrounds, with different levels of experience and work in a range of environments with varying resources available to them.

There are different reasons for coding variances. As auditors, our field of expertise is coding and we are ‘outsiders’ to the hospitals. Hence our findings objectively identified the coding issues but our recommendations have not been made overly prescriptive. This allows a hospital to take the generic recommendation and address it in the most appropriate way for their local circumstances.

The audit process was facilitated by a number of tools that were developed early on, including:
- templates
- a time gauge
- pre-audit survey questionnaire
- auditor and hospital checklists
- record for review forms, to document DRG changes and significant coding issues
- satisfaction surveys, and
- a basic report template.

These audit tools proved to be invaluable to the audit process and its ability to run smoothly.

On return from audits we would get together as a team and discuss experiences (both social and work related!). Full of enthusiasm, we looked at what we had found in common for other facilities and what education we could put together to offer. We found several coding managers who were keen to work with us by organising forums in their districts with clinicians as guest speakers as well as our participation. These were good opportunities for building relationships and skills for all of those involved.

In 2005, the Northern Zone of Queensland Health (now the Northern Area Health Service) created its own Auditor/Educator position. Although this was separate to CCMP the view was taken that we could work in a complementary
fashion rather than duplicating effort and this is what has occurred.

The personal benefits gained from participation in the CCMP have come in the form of travel and the opportunity to meet new people. We have worked in mining, industrial and rural towns, and also had the opportunity to explore beaches, mountains and rainforests, museums, galleries, churches, parks, shops and markets around the state, and have met some very interesting people along the way!

Separation from home and family while undertaking audits or providing education sessions in far-flung parts of the countryside is also an issue that needs to be carefully considered in planning an initiative such as CCMP. How would the family cope with us gone for one or two weeks at a time? Or perhaps more to the point, how would we cope with being away from our families? However, in this case, everyone has survived our work schedules and there were even moments when the respite proved to be beneficial to all parties!

The CCMP has been a huge learning curve for the Auditor/Educators. There has been something new to be learned from each audit and education session we have attended. The positions are very rewarding, especially in helping to build a network of clinical coders who may previously have felt isolated and devoid of chances to develop their skills.

All in all, the CCMP audits and education process have been a very positive experience personally and professionally and from a work environment perspective. It has been good to know we have made a difference.

**Next steps**

As well as the formal aspects of the task as described above, the Auditor/Educators have supported the Data Services Unit of QH with the rollout of a new data element for coding, provided advice to the QH Health Information Centre and is represented on the Queensland Coding Committee; in addition, there has been informal training and advice given directly to clinical coders around the state.

Post-audit and education surveys indicate a high level of satisfaction with the services that have been provided by CCMP, which is gratifying.

Due to the success of the CCMP over the past two years or so, the Data Services Unit has established two permanent Auditor/Educator positions to continue the work.

**Ellen Logan**  
BBus (Health Information Management)  
Principal Collection Officer  
Health Information Centre  
Queensland Health

**Sharon Wiseman**  
Clinical Coder  
Clinical Classification Auditor/Educator  
Health Information Centre  
Queensland Health

**Julie Turtle**  
Clinical Coder  
Director Clinical Coders’ Society of Australia Ltd  
Clinical Classification Auditor/Educator  
Health Information Centre  
Queensland Health  
Queensland Health Building  
147-163 Charlotte Street, Brisbane Qld 4000  
Ph: (07) 3234 1085  
Email: Julie_Turtle@health.qld.gov.au