Improving Quality of Discharge Summaries and Clinical Coding in Paediatrics

Dr Ed Coxson, Dr Jayne Sage, Dr Thomas Kus, Diane Goulding, Beverly Hawker, Jackie Maloney

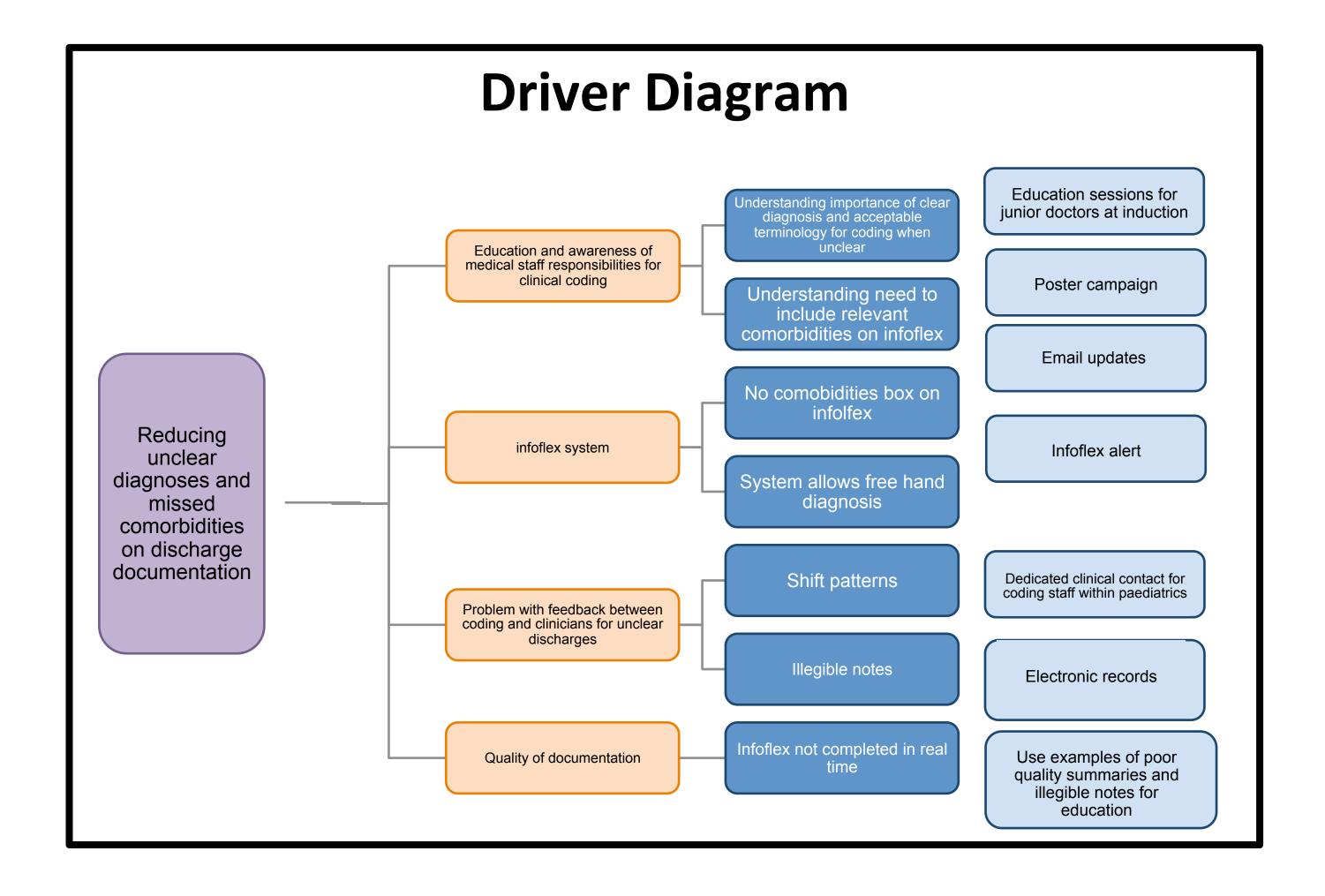
Departments of Paediatrics and Clinical Coding, Gloucestershire Hospitals NHS Foundation Trust

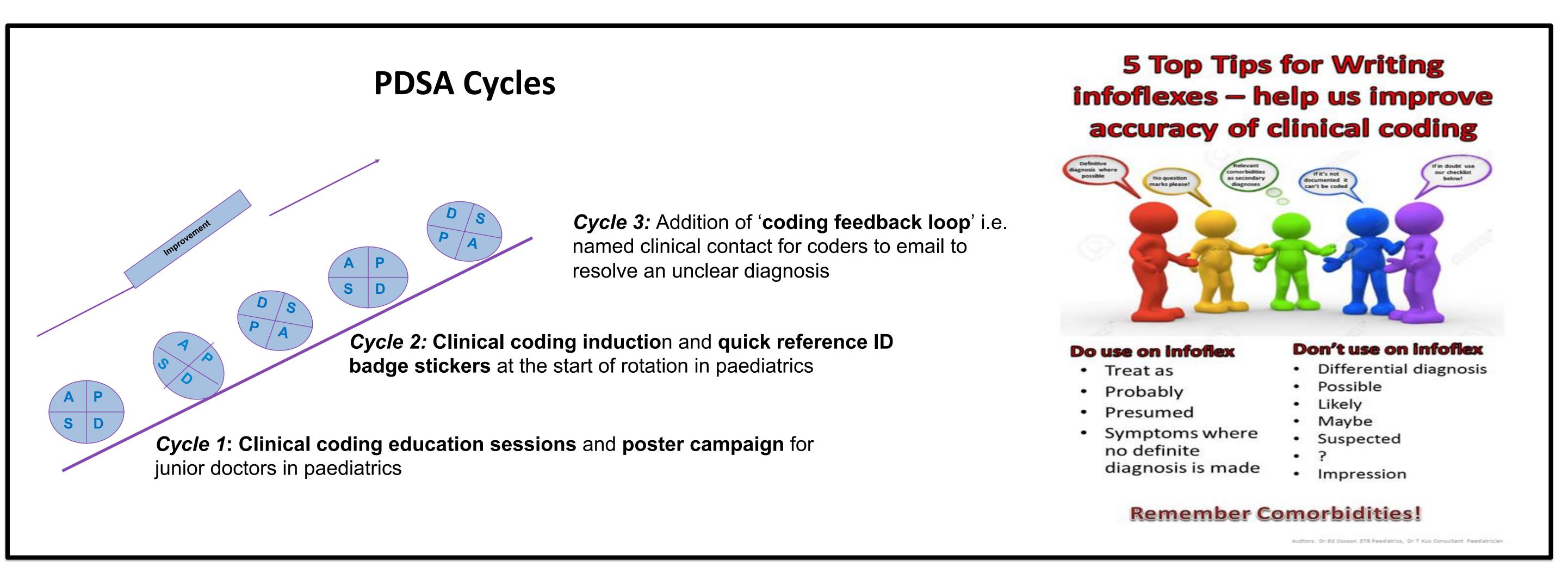
The Problem

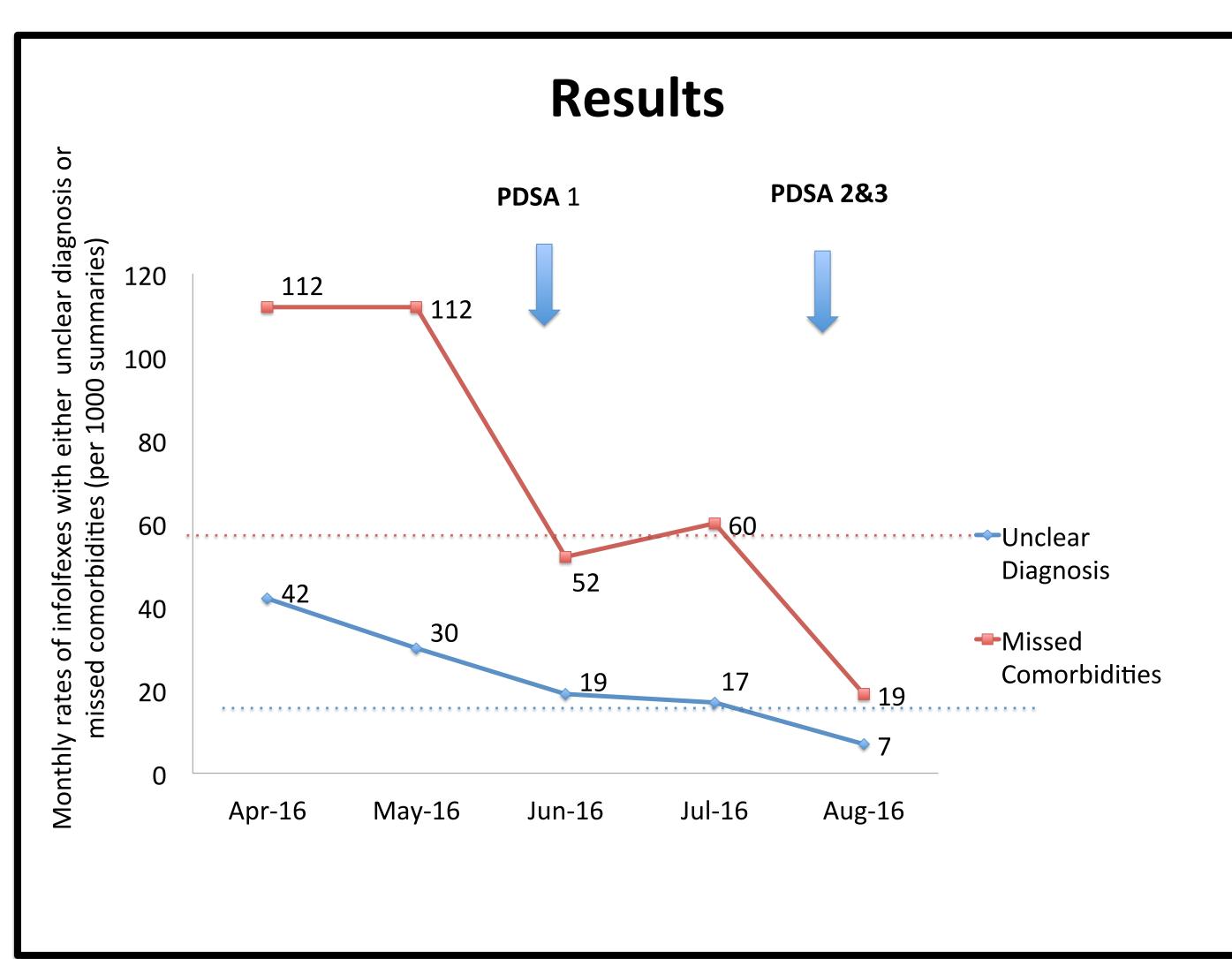
- ➤ Clinical coding is the translation of medical terminology written by clinicians into a coded format
- Codes are used for epidemiological purposes, audit, determining service provision and to ensure departments are paid accurately for clinical activity
- There is evidence that understanding of clinical coding amongst clinicians and, in particular, junior doctors is poor (O'Dowd, 2013)
- Coders had identified that discharge summaries from paediatrics frequently contained diagnoses which were unclear or ommitted relevant comorbidities
- These provide a potential clinical risk for patients and typically result in underpayment for the hospital admission

Improvement Aim

➤ Reduce the rate of discharge summaries with unclear diagnoses or missed comorbidities by 50% in 3 months







Lessons Learnt

- ➤ The education campaign and introducing coding awareness at departmental induction were successful in reducing unclear diagnoses and missed comorbidities on discharge summaries (81% and 83% reduction over 3 months respectively)
- Addition of a coding feedback loop provided a useful addition safety net to minimise unclear summaries
- All of these initiatives require ongoing commitment from enthusiastic clinicians within the department
- Information technology solutions may provide a more attractive long-term solution to the problem

