

Background

Healthcare Management Advisors has been engaged by the Victorian Department of Human Services (DHS) to conduct an audit of admitted patient data as reported by Victorian public hospitals to the Victorian Admitted Episodes Dataset (VAED) for the financial years 2005-06, 2007-08 and 2008-09. The audit is being conducted on-site and requires access to all clinical documentation of the sampled patient-episode records as a "Random" site (known as DHS sample) or as a Follow-Up or Supplementary site (chosen as a result of the previous year's or previous two years (respectively) findings). There are no Partner Agency Samples in the 2008-09 round of the audit.

Casemix Auditor visit date(s) to your site will be notified in a separate document.

This Pre-Audit Survey is designed to contribute to the Casemix Auditor's understanding of the coding circumstances at your hospital. Such knowledge assists the auditor to identify the reasons influencing DRG changes (for example, an in-house rule to code a particular condition might be the reason for a systematic deviation from coding conventions). The information you provide will be incorporated as an appendix to the report on your site. Key features deemed by the auditors to have affected HMA's findings will be mentioned in the text of the report, otherwise, this survey and its contents will be available for readers of the report, but not be extracted into it. If relevant to the DRG and WIES findings, analysis of the responses may be reported as part of the Final Report of the audit. Some questions have been included at the request of DHS.

This third round under the audit contract reviews data from the 2008-09 financial year, when coding was performed with Sixth Edition ICD-10-AM and the acute funding formula was WIES 15 (with Vic DRGs Version 5.2). Answers to questions should reflect the use of those classifications, standards and the coding environment at your site at that time. Where circumstances having an impact on coding or coded data differed at that time from the situation now, please make this distinction clear.

(NB: For the purpose of the audit, hospital "coders" are defined as anyone with a role as a coder, irrespective of their qualification).

Thank you for taking the time to complete this Pre-Audit Survey.

INSTRUCTIONS

Please complete the Pre-Audit Survey immediately via the survey website to:

Angela Cook, Director, Healthcare Management Advisors Pty Ltd. If you have been unable to complete this electronically, please print the survey, complete it and fax to 08 8168 8099 or post to:
HMA, PO Box 10086 Gouger St, Adelaide 5000.

Please direct queries about this survey in the first instance to:

Angela Cook: Ph 08 8168 8057; angelacook@hma.com.au; or failing that, to

Andrea Groom: Ph 03 8415 0936 andragroom@hma.com.au; or

Brodie de Munk: Ph 03 8415 0938 brodiedemunk@hma.com.au

Coding Service

* 7. How many Full Time Equivalent (FTE) coders (including the Coding Manager) did you have in 2007-08?

0 FTE

0.1 - 1.0 FTE

1.1 - 5.0 FTE

5.1 - 10.0 FTE

10.1 - 15.0 FTE

15.1 - 20.0 FTE

20.1 - 30.0 FTE

> 30.0 FTE

* 8. How many FTE (including coders and managers) did you have for each listed qualification? Each row requires a tick.

	0 FTE	0.1-1.0 FTE	1.1-5.0 FTE	5.1-10.0 FTE	10.1-15.0 FTE	15.1-20.0 FTE	20.1-30.0 FTE	> 30.0 FTE
HIM (graduate)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HIMAA (distance education)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Specific Nosology course	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please give detail of "Other"

* 9. How many years of coding experience do the coders have by FTE? Tick "0" if there is no specified requirement or if the category does not apply. Each row requires a tick.

	0 FTE	0.1-1.0 FTE	1.1-5.0 FTE	5.1-10.0 FTE	10.1-15.0 FTE	15.1-20.0 FTE	20.1-30.0 FTE	>30.0 FTE
<1 year	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1-5 years	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6-9 years	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10-14 years	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15-20 years	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
>20 years	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

* 10. Does the hospital experience difficulties in terms of attracting/retaining coders? If "Yes", also tick relevant boxes in Question 11.

Yes

No

11. Were there any coding staffing issues specific to the period being audited (can tick more than one)

- Rural/remote location
- Other aspects of location
- Range of duties required
- Rate of reimbursement not attractive
- Inadequate skills/experience in applicants
- Used contract coders
- Insufficient FTE allocation for workload
- Coders no longer on staff
- Physical area for coding
- Hospital's casemix
- External perceptions of the hospital's coding service

Other (please specify)

* 12. In terms of aggregate coder/Manager FTE, approximately what proportion of time is spent on non-coding duties? (Indexing, i.e. data entry, of codes is included as a coding duty.) Each row requires a tick.

	Not applicable	<5% of their time	6-10% of their time	11-15% of their time	16-20% of their time	21-25% of their time	26-50% of their time	>50% of their time
Telephone/reception (in medical records or elsewhere)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Record searches for coding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Record searches for other purposes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Filing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tracking record location (to or from coding)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Research requests (identifying cases; retrieval; analysis)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Meetings unrelated to coding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other duties and proportion of time (please specify)

* 14. Indicate the internal deadline by which the hospital's coding must be completed.

less than 5 days from separation

5-10 days from separation

11-20 days from separation

less than 5 days from end of month of separation

5-10 days from end of month of separation

11-20 days from end of month of separation

Other (please specify)

* 15. With respect to the internal deadline selected in Q14, please indicate the frequency that the deadline is actually met.

Always Met

Usually Met

Sometimes Met

Rarely Met

Never Met

* 16. External Deadline: Are any of the following practices employed in order to meet DHS submission times? (Can tick more than one.)

Employing contract coders

Working paid (or time off in lieu) overtime

Cancelling leave

Guessing or assuming principal diagnosis

Coding R69 as principal diagnosis

Not submitting eligible episodes

None

Other

Other (please specify)

* 17. When and by whom is indexing performed?

Indexing is performed at the time of coding by the coder who coded the record.

Indexing is performed at the time of coding the record, by other than the coder.

Indexing is performed by batch entry.

Indexing is not required as Codefinder (or similar) is interfaced with the hospital system.

Other (please specify)

* 18. When and by whom is grouping performed?

Grouping is performed at the time of coding by the coder who coded the record.

Grouping is performed at the time of coding the record, by other than the coder.

Grouping is performed by batch entry.

Grouping is performed in Codefinder (or similar) and returned to the hospital system.

Grouping is not performed.

Other (please specify)

* 19. In your opinion, do your processes for indexing and/or grouping have any adverse impacts on the data quality?

Yes

No

* 20. List any impact on data quality from your indexing and/or grouping processes
(Can tick more than one.)

- Typographical errors in data entry.
- The process does not allow the coder to check accuracy of DRG for coded case.
- Other adverse impacts

If other, please specify

Technology and References

* 21. What coding tool(s) and references are used at your site? Each row requires a tick.

	Not accessible	Accessible but not used	Used by all	Some coders use it	Other
Hardcopy coding books	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NCCH e-book	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Codefinder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HIMAA Education notes (e.g. basic, intermediate course notes)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vic Coding Committee advice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
On-line drug guides	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medical Dictionaries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Web-based references	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If not accessible or not used, please say why

* 22. Please rate the negative features, if any, associated with the following coding tools. Select N/A if there are no negative features associated with a coding tool. (Can tick more than one.) Each row requires a tick.

	N/A	Access (including for all staff; at all times)	Functionality	Inconsistency between tools	Currency	Other
Hardcopy coding books	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NCCH e-book	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Codefinder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HIMAA Education notes (e.g. basic, intermediate course notes)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vic Coding Committee Advice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
On-line drug guides	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medical Dictionaries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Web-based References	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you selected other, please specify

* 23. What technology not available to you would be an advantage to the coding process and improved accuracy? (Can tick more than one.)

- Not applicable
- Can't envisage anything additional
- Hardcopy coding books
- NCCH ebook
- Codefinder
- Vic Coding Committee advice
- On-line drug guides
- Medical Dictionary
- Web-based references
- Electronic or scanned medical record
- Electronic results for all diagnostic tests

Other (please specify)

* 24. Are any components of the record routinely available (or only available) electronically? (Can tick more than one.)

- No components
- The complete medical record (e.g. scanned record, EMR)
- Pathology (all specialties)
- Pathology (some specialties)
- Imaging
- Other diagnostic results (e.g. ECG)
- For diagnostic results, hard copies are also filed in the record
- Specialist Unit notes only (e.g. ICU, obstetrics)

Other (please specify)

Documentation and Coding Policies and Procedures

* 25. How do you communicate with clinicians for the purposes of improving documentation and hence, coding quality? (Can tick more than one.)

- Formal orientation for clinicians at the start of a term/year/rotation.
- Education sessions with specialty groups
- Education sessions to clinicians and others regarding VAED requirements (administrative items)
- Written query about documentation for an individual case
- Informal discussion about individual cases
- Informal "chats"
- None (neither formal nor informal)
- Other

Other (please specify)

* 26. Which, if any, of the following factors apply at your hospital? (Can tick more than one.)

- Clinical documentation inadequate for coding purposes
- Lack of access to clinicians to resolve documentation queries
- Discharge summaries or discharge letters not available at the time of coding
- Inconsistent documentation in the record
- Poor forms design (duplicate information; no prompting for information; tick boxes and pre-recorded fields)
- Components of the record filed other than in the main record
- Components of the record held electronically but not available to coders
- None
- Other

Other (please specify)

* 27. Which, if any, of the following policies apply at your hospital? (Can tick more than one.) If applicable, complete box re. proportion of cases without summary.

- Discharge summaries are required for overnight patients
- Discharge summaries are required for same day patients
- Discharge summaries are required for deceased patients
- A discharge letter in lieu of a summary is acceptable
- Records can be coded without a summary (or letter)

What is the proportion of episodes coded without a summary or letter?

* 28. Is there a process to verify codes after the discharge summary (or letter), test results, Coroner's report or other is received?

No

Yes

* 29. Please select those that apply (Can tick more than one)

- The record is marked in some way to be returned to the coder
- Coders keep a list of any records that need to be followed up
- Records are returned to the coders for review if additional information is added
- Incomplete records are kept by coders until missing information is received
- The record is not coded until it is complete

Other (please specify)

* 30. Is there a process to verify codes assigned for contracted services? (That is, when your site is the purchasing site: Contract Role A as described in Section 3 of the VAED manual)

No

Yes

If Yes, please describe the process

* 31. Are there any "in-house" rules that influence the coding at your hospital? (For example, you have been told to code a condition in a certain way)

No

Yes

If Yes, please provide details

Data Quality and PICQ

* 32. What use is made of the PICQ licence available through DHS and/or PICQ output from DHS?

- Have not taken up the DHS licence
- Have the licence but don't use PICQ
- Have the licence and use PICQ infrequently
- Have the licence and use PICQ frequently

If you have not taken up the DHS PICQ licence or if you have taken it up, but not used it, please explain why.

* 33. Do you think that the use or non-use of PICQ has had an impact on the quality of the coded data?

- Yes
- No

Please explain why

* 34. What practices (excluding use of PICQ) are in place to monitor data quality? (Can tick more than one.)

- Random/target audits of coding/DRGs
- "Round Table" coding exercise
- Review of individual coder's work
- External (non-DHS) audit
- Clinician review of coding (own cases)
- Health round table
- None

Other (please specify)

Continuing Education

* 35. What proportion of coders receive the following continuing education? Each row requires a tick.

	100%	75-99%	50-74%	25-49%	Under 25%	New coders (to the service) only	Coding Manager only	None
In-house coding education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NCCH update sessions for new editions of ICD-10AM/ACHI/ACS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HIMAA Coding updates/education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NCCH workshops	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Conferences/seminars	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clinician presentations (internal) incl. Grand Rounds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (please specify)	<input type="text"/>							

Infrastructure

In this section we ask about the physical environment in which your coding service operates.

* 36. Please provide an opinion on the adequacy of the coding service's physical "infrastructure". Each row requires a tick.

	Very good	Adequate	Inadequate	Poor, but has been improved	Poor, but plans exist for improvement	No opinion or N/A	Other
Physical space for all coders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Location of coders (to each other)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Location of coders (to medical records)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Desk space	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Noise level	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lighting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Temperature	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Any other feature?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please explain why feature/s are less than adequate

Finally...

Here is your opportunity to comment on the aspects covered in this survey or any other issues you want to raise in relation to coding infrastructure or practice at your hospital.

37. Please raise any other issues you think are relevant which have not been covered by the survey's questions.