Developing 'facility tools' to improve clinical correct coding and settlements at Aarhus University Hospital

Introduction

Clinical correct registration of diagnoses and procedures often have a low priority among clinical staff as it takes valuable time from treating patients. From an economic perspective this is problematic as data plays an important role in the Danish case mix system called DkDRG. DkDRG is used e.g. in comparing productivity between hospitals and to determine settlements between the five Danish regions[1]. Aarhus University Hospital (AUH) settles for more than 100 million euros each year.

Consequently, AUH has developed a set of 'facility tools' to ensure the clinical quality of output data and thereby a more equitable productivity and settlement. This abstract will focus on one of these 'facility tools' concerning correct registration of certain medical treatments.

Methods

The different topics of the 'facility tools' were developed combining specialist knowledge of clinical data input (registration) and output (DRG-grouping and activity) and through a close dialogue with the clinical staff. By analysing DRG-data we discovered low activity in DRG-groups, where the registration of a procedure related to a certain medical treatment were required in order to be grouped correctly in the DRG-system.

Subsequently we pulled and combined data from two medical systems to locate the patients where the registration of this procedure for the medical treatment was missing. We published the data as a secured list (among the other facility tools) on the intranet of every department of the hospital along with a written guide explaining the why, where and how of the list. All this in order to make it simple for each clinical department to find the relevant patients in the Electronic Health Journal and add to each patient the missing procedure for the specific medical treatment.

Results

The clinical staff received the 'facility tools' with great enthusiasm as the tools were simple and pragmatic to use, and it quickly became a goal to keep the lists empty. Involving the clinical staff from the beginning created an ownership of the task of clinical correct registration and were an important factor in the success of the tools. Introducing the 'facility tools' to the different departments, improved the registration related to specific medical procedures by far and improved the data quality significantly. Economically this resulted in a significantly higher productivity and increased settlement with other regions.

Conclusions

From the patient's perspective the 'facility tools' improved the clinical documentation and from an economic perspective it improved the hospital productivity and overall economic earnings.

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[1] https://sundhedsdatastyrelsen.dk/da/english/health_finance

The key points of the success of the 'facility tool' are keeping the tools very simple an illustrative fitting the clinical workflow and involving the clinical staff from the beginning improving their ownership in the process.