

Cinica project summary

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Project details

Title: **Outpatient Hysteroscopy Coding**

Code: **Gynaecology/SE/2020-21/04**

Speciality: **Gynaecology**

Business unit: **Women's Services**

Date registered: **15/07/2020**

Other associated specialities: **N/A**

Division: **Women's and Children's**

Is your project related to particular sites?: **No**

Is your project related to particular wards/areas?: **No**

Project information

Priority: **4**

Lead participant: **[REDACTED]**

Audit mentor: **[REDACTED]**

Audit facilitator: **[REDACTED]**

Forward plan/additional

Forward plan/additional activity: **Additional activity**

Rationale

Hysteroscopy is now performed as an outpatient procedure. HRG codes range from £333 to £450. Coding is automated via outcome forms and Medway. Doctors fill in paper outcome forms, which are transposed to Medway by the admin team and an HRG code is generated automatically. An increasing number of interventional procedures are occurring (including uterine biopsy and endometrial ablation).

Data collection and analysis for this project was undertaken by medical student Will Harris.

Guidance

No items have been selected

Criteria

No criteria has been added

Governance

Governance: **N/A**

Reference details: **N/A**

Project progress

Sign off date: **17/03/2021**

Presentations

Meeting title	Date & time	Location	Status
Obstetrics and Gynaecology audit meeting	17/03/2021 09:30	Online	Presented

Results



Two cycles of data collection were carried out retrospectively, looking at a random sample of a quarter of all patients with non-hysteroscopy coding from across the 12 months from April 2018, and looking at all patients with non-hysteroscopy coding for the first quarter of 2020.



Round 1

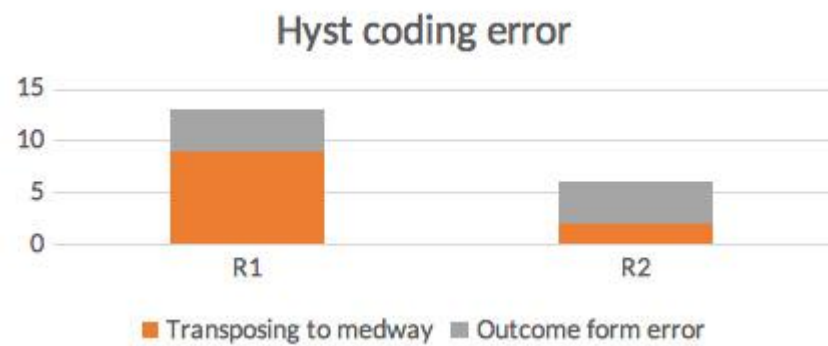
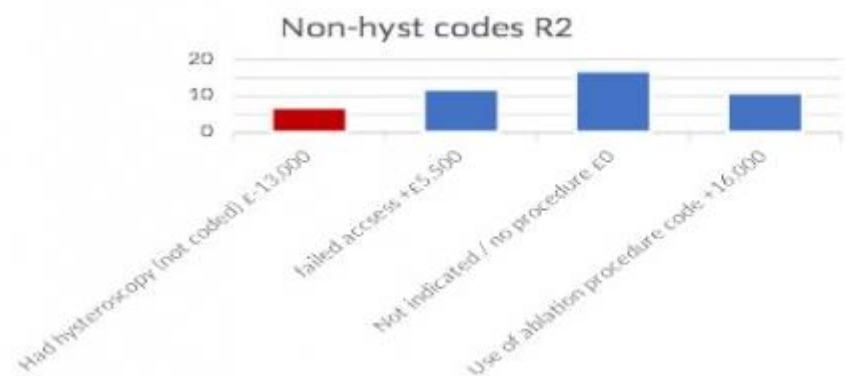
1 in 4 non-hyst codes were randomly selected and analysed (39 patients). There were three main groups: Miscoded hysteroscopy, miscoded failed access, and no procedure. Over half of non-hysteroscopy codes were miscoded (59%).



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Round 2

In this cycle, all non-hyst codes were analysed (47 patients). We saw a larger variety of non-hysteroscopy codes, including ablation procedures, and the rate of coding error decreased to 15%.



Conclusions

We identified that despite previous audits on coding within the department we found outpatient hysteroscopy appointments were inaccurately coded.

1. **Simple changes** in aligning outcome forms to Medway **checklists** and ensuring appointments attract **appropriate tariffs** greatly improved clinical coding accuracy.
2. As a result of this improved accuracy and without incurring any additional administrative costs, we achieved a **23% increase in total yearly tariffs** (equating to £142,000 over 5 years).
3. We worked with management to use this extra money within the department to fund:
 1. Training of a **clinical nurse specialist**
 2. **Paid educational supervision** sessions for trainee doctors

Assurance & risk

Assurance

Assurance not selected

Risk

Risk not selected

Action plan

	Recommendation(s)	Action	Responsible	Date raised	Due date	Action RAG	Progress
1	Update outcome form so it directly correlates to the Medway checklist	Updating outcome form so it directly correlates to the Medway checklist	██████████ ██████████	11/11/2020	31/12/2019	●	Fully Complete

Re-audit

Would you like to schedule this audit to be conducted again?: **No**