

Improving and utilising coded sepsis data - clinical audit and coding quality.

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## **Introduction**

In Ireland, activity for admitted acute care in public hospitals is coded using the 12th edition of ICD-10-AM, ACHI & ACS and the national system for this data collection is called the Hospital In-Patient Enquiry (HIPE) system. The Healthcare Pricing Office (HPO) manages the national HIPE data system. Since 2010 the National Clinical Programme for Sepsis has utilised coded data in their annual report and also more recently to inform sampling for clinical audits. The HPO and the Sepsis Programme also collaborate on areas including sepsis classification, clinical education, coder education and documentation issues. The sepsis programme are now performing clinical audits on compliance with sepsis clinical care pathways and most recently this has expanded to include patients who potentially have sepsis (infection with organ dysfunction) but do not have a diagnosis of sepsis recorded. Using coded data, the sepsis programme wanted to identify patients who may potentially have had sepsis but did not record a diagnosis of sepsis. There are four separate audits to be performed

- 1) adults in acute hospitals,
- 2) adults non-acute hospitals<sup>3</sup>) paediatric (excluding neonates)
- 4) maternity.

## **Methods**

There is close collaboration on sepsis data and on the requirements for each audit are specified. For each of the 4 groups listed above, the sepsis audits have expanded to include two categories of patients for review;

### a) Sepsis Diagnosed:

Those patients that had sepsis or septic shock coded- to ensure correct pathways were followed for sepsis patients and

### b) Potential sepsis:

Those patients who may have had sepsis but where sepsis was not coded - to identify if correct pathways were followed in the identification and diagnosis of sepsis or septic shock. Cases with organ failure AND an infection are included.

- \* HPO communicate with coding teams in hospitals regarding the audits and how reports are to be run.
- \* Sepsis Leads in each region liaise with Coding departments in each hospital to retrieve sample cases
- \* Sepsis leads perform clinical audit
- \* Relevant findings feedback locally and inform annual sepsis report.

## **Results**

The approach has identified relevant cases for inclusion in the audits and the sepsis programme have refined their specifications over the years. Ongoing development has been needed in both the specifications to identify the cases and in the instructions for running the reports locally. All HIPE departments have the same reporting software which enables a standardised approach. The audits have ensured ongoing collaboration in sepsis coding and reporting at hospital level.

**Discussion/Conclusions**

This collaboration has fostered increased clinical engagement with activity data in the area of sepsis. While these audits focus on clinical care, the use of activity data as a resource brings increased clinical appreciation of the role of coders and the challenges with documentation. Sepsis cases are clinically complex and having a sepsis resource available for coding queries at local, and at national level, has been a significant development through this work.

This work raises awareness amongst coders of the direct impact their work has on patient care and the importance of quality coding and clinical collaboration.

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