
GIRFT Coding Survey

Overview

Coding underpins activity metrics, payment for Trusts and epidemiological data. Despite this, coding still has a relatively low profile within provider organisations and is understood to a varying degree by clinicians.

Each of the GIRFT reports published to date has recommended that extra work is undertaken to improve data quality, and the programme has now set up a coding cross-cutting theme, recognising coding's crucial role in improving data quality for a variety of purposes.

This questionnaire is being sent to the coding lead or manager in every NHS Trust in England. It is the first step in the theme, gathering together a community whom it can understand and represent. We are seeking to:

1. build relationships with coding departments
2. identify trusts that would like support
3. identify areas of good practice
4. build a community of coders

We hope that you find this offer a welcome one and that you will find value and support in this much-needed and exciting theme for GIRFT. We believe there has never been a more receptive climate for change in the NHS. With the backing of the coding community, we can take this opportunity to make significant improvements to the profile of coding and data quality, and thereby provide the evidence that underpins vital clinical changes.

Please scroll down to the links for two excel tables that will need to be downloaded, completed and then uploaded for questions 15 and 29. You will be prompted to upload these tables when completing the survey.

About your trust

Please note that where a trust has multiple distinct hospitals we want the questionnaire to be filled out for each hospital.

1 Organisation (Trust) name:

2 Hospital/site:

3 Number of beds:

4 Number of consultants:

i.e the number of consultants with patient activity in 17/18 (inpatient and/ or outpatient activity)

5 Total FCEs coded per year (based on 17/18):

6 Total OP attendances for year (based on 17/18):

7 Does the organisation provide specialised services (i.e. specialised commissioning?)

Please select all that apply

Yes No

If yes, please list the specialised services:

About your coding department

8 Name of Coding Manager:

Or the equivalent person: the lead for the hospital/site entered on previous page

9 Job title:

10 Email address for Coding Manager:

11 Contact telephone number:

12 Details for person completing questionnaire:

Tick if same as above

If not, please enter details below

Coding Workforce Data Review

13 Organisational structure for coding

Please attach a copy of any documents you wish to include to this printout.

Please attach plan/diagram

If you prefer to use free text, please do so below.

14 In which directorate does clinical coding sit in the organisation structure?

15 Please complete and upload table 1, which gives details of banding and responsibilities within your Coding Department

Please attach a copy of any documents you wish to include to this printout.

Please upload a completed TABLE 1

16 Please provide information about the banding of different coding roles in your organisation (PLEASE COMPLETE even if repeated previously):

Trainee coder:

Trained but non-ACC coder:

ACC coder (this may be a range):

17 Do coders attaining ACC status automatically qualify for promotion?

Please select only one item

Yes No

18 Are coders paid a recruitment and retention premium (RRP)?

Please select only one item

Yes No

If Yes, please provide details: (what percentage or value is paid; which bands receive the RRP)

19 Do you have problems recruiting suitable trainee coders?

Please select only one item

Yes No

20 Have you used (in the past 12 months) or are you currently using contract coders?

Please select only one item

Yes No Currently using

21 Does your organisation have, or intend to recruit, to a specific GIRFT coding role?

Please select only one item

Yes No

If yes, please provide details (job title and banding)

22 Please attach the job descriptions and person specifications for trainee coder and coding manager

Please attach a copy of any documents you wish to include to this printout.

Trainee coder:

Please attach a copy of any documents you wish to include to this printout.

Coding Manager:

23 Does your organisation have one or more approved clinical coding trainers?

Please select only one item

Yes No

If YES, does this trainer(s) provide all of the training that the coding team receive?

Please select only one item

Yes No

If NO, (to either of above) please provide details of other training services /resources used:

24 Do you provide coders with the minimum training requirement (i.e. standards course for trainees and regular refresher training)?

Please select only one item

Yes No

25 Do you provide coders with training over and above the minimum requirement?

Please select only one item

Yes No

If YES, please provide details:

Audit and Data Quality

26 Does your organisation have one or more approved clinical coding auditors?

Please select only one item

Yes No

If YES, does this auditor(s) undertake all of the audit that is carried out?

Please select only one item

Yes No

If NO, (to either of above) please provide details of other audit services / resources used:

How many episodes are routinely audited per month?

How many episodes are routinely audited per year?

27 External coding audit

Date of audit:

No. of FCEs audited:

Specialties audited (please list or state if random audit):

Primary diagnosis correct %:

Secondary diagnosis correct %:

Primary procedure correct %:

Secondary procedure correct %:

Recommendations (please list):

28 Internal coding audit

Date of audit:

No. of FCEs audited:

Specialties audited (please list or state if random audit):

Primary diagnosis correct %:

Secondary diagnosis correct %:

Primary procedure correct %:

Secondary procedure correct %:

Recommendations (please list):

29 IG Toolkit

Please attach a copy of any documents you wish to include to this printout.

Please upload a completed table 2

Please provide details about the mechanisms you have in place to provide clinical validation of coded data:



Please attach a copy of any documents you wish to include to this printout.

feel free to add any additional documents

Emergency Department (ED) and Outpatients

30 Emergency Department

What coding system does the ED use?

Does the Coding Department do any ED coding?

Please select only one item

Yes No

If Yes, please describe the role played by the Coding Department:

If No, (or only some) who does allocate ED codes?

Please give a brief description of the coding process in ED

31 Outpatients

Does your hospital code OP interventions?

Please select only one item

Yes No

If Yes, is this all interventions or only those interventions that have a valid OP HRG?

Please select only one item

All interventions Only interventions that have a valid OP HRG

Does the Coding Department do any OP coding?

Please select only one item

Yes No

If Yes, please describe the role played by the Coding Department:

If No (or only some), who does allocate OP codes?

Does your hospital code any OP diagnoses?

Please select only one item

Yes No

Please give a brief description of the coding process for OP interventions



Best practice

32 Please share examples of best practice from your coding service:

Is clinical coding a regular feature at junior doctor induction?

Please select only one item

Yes No

Do you issue clinical staff with information about clinical coding (e.g. information cards, booklets, lanyards)

Please select only one item

Yes No

If Yes, please give details:

33 What coding deadline do you work to?

Do you currently have a coding backlog (i.e. are you failing to meet your deadline)?

Please select only one item

Yes No

If Yes, please give details:

Do you use quality assurance software?

Please select only one item

Yes No

If Yes, please specify:

Do you use an encoder?

Please select only one item

Yes No

If Yes, please specify:

Please select only one item

Medicode Dialect SimpleCode Other (give details)

Other (give details)

Do you use HRG optimisation software?

Please select only one item

Yes No

Do you use software that identifies previously recorded comorbidities?

Please select only one item

Yes No

If Yes, is this part of encoder functionality or information provided from a quality assurance process?

Please select only one item

Yes No

Does your hospital use comorbidity checklists / pro-formas to support the clinical coding process?

Please select only one item

Yes No

If Yes, please give details:

34 Do you routinely validate data on national audit databases:

SSNAP (stroke):

Please select only one item

Yes No

MINAP (myocardial ischaemia):

Please select only one item

Yes No

NCAP (heart failure):

Please select only one item

Yes No

NJR (joint):

Please select only one item

Yes No

NACAP (asthma and COPD):

Please select only one item

Yes No

Other – please specify

Do clinical coders use SNOMED?

Please select only one item

Yes No

If Yes, please provide details:

What is the main source document used for clinical coding?

Please select only one item

- Full patient record Discharge summary
 Dependent on specialty/service area

If dependent on specialty/service area, please provide details about which admissions are coded from full records and which from discharge summaries.

Does your hospital have a full electronic patient record (i.e. data is gathered and stored electronically)?

Please select only one item

- Yes No

Does your hospital have scanned patient records (i.e. a paper record is generated during the admission and then scanned)?

Please select only one item

- Yes No

Did any member of the coding team participate in the first two rounds of ICD11 field trials?

Please select only one item

- Yes No

Is any member of the coding team participating in the current (third) round of ICD11 field trials?

Please select only one item

Yes No

Support for GIRFT

35 Would any member of your clinical coding team be interested in supporting/ collaborating with the GIRFT clinical coding cross-cutting project?

Please select only one item

Yes No

If Yes, and contact details are the same as previously entered, please tick below

If Yes, and contact details are different, please enter below:

36 Please indicate which of the following you would be particularly interested in:

Select all that apply

Providing best
practice guidance
*Please select only one
item*

Providing expertise
relating to data
extraction
*Please select only one
item*

Providing expertise
relating to data
collection
*Please select only one
item*

Educational
materials for
clinical staff
*Please select only one
item*

Educational
materials for
clinical coders
*Please select only one
item*

Please let us know if you feel that you have good skills for particular specialties – please provide details: