Healthcare Innovations
How practice has changed

HERSTON HEALTH PRECINCT SYMPOSIUM 2021

DISC-0030

6 - 10 September 2021
Education Centre
RBWH

Royal Brisbane and Women's Hospital anaesthetic management coding audit

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Aim

An audit of anaesthetic coding assigned from RBWH anaesthetic records over a single day to determine if coding accurately represented anaesthetic management.

Methods

Anaesthetic records were retrospectively analysed on July 6th 2020 and the following data collected:

- Operation type
- ASA
- Difficult intubation
- Obesity management
- OSA management
- Intraoperative events including:
  - **Hypotension or Hypertension (determined from haemodynamic changes +/- management)**
  - **Acid base disturbances +/- management**
  - **Arrhythmia management**
  - **Acute haemorrhage / anaemia +/- management**

This data was then compared to the coding already allocated to these patients for that operative day and any differences identified and queried with the coding team. Differences in funding attributed to changes in coding were then recorded to identify the impact on hospital funding.

Results

- 52 patients had surgery on July 6th and were selected for coding analysis. 17 of these cases were excluded as they were already allocated a major complexity code which attracted the highest funding possible for that particular case.
- Anaesthetic coding for 35 patients were analysed - of these 24 cases did not have their coding changed and 11 cases were identified to have different coding assignments allocated respectively by both anaesthetic and coding staff. These were then submitted as Clinical Coding Queries and changes made resulted in an **extra $22 062.57 of funding for one day**.
- The same coding analysis was applied for the **week** of the 6th - 11th July 2020 and it attracted **$98 359.00** of additional funding to the anaesthetic department.

Discussion

Coding for anaesthetic management is complex and not all practices are coded for, e.g. coding is not allocated for ASA but allocated for specific pre-existing medical conditions.

Hypotension within 30 minutes post induction is considered normal and further management during this time does not attract funding however thereafter it does. Obesity related management was poorly documented. To improve coding accuracy for obesity and OSA management documentation should include accurate recordings of BMI; whether US guidance was required for PIVC insertion; the use of hover mats for transfer of patients > 100kg; difficulties with airway manipulation and the use of high flow oxygen in recovery.
These would enable coders to readily identify appropriate anaesthetic management and ensure the hospital does not miss an opportunity to claim for eligible funding for this high-risk group.

Education has subsequently been provided to the RBWH anaesthetic department through department- wide bulletins and at business meetings.