

# The Audit Process

# The Audit Process

- Phase 1: Audit Preparation
  - Phase 2: Conduct audit and analyse results
  - Phase 3: Findings and Recommendations
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- The Audit report
  - Computerised audit

# Audit Process

Always consider the resources required to conduct all phases of an audit

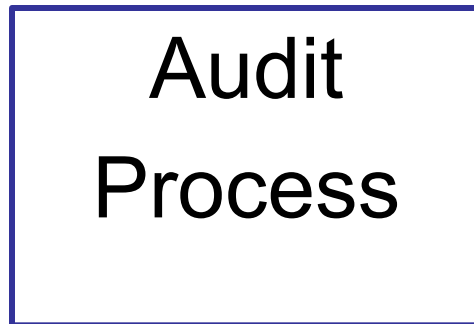
- Time
- Coding skills
- Analysis
- Administrative support
- Availability of charts
- Preparation of report

# Audit Process

## Phase 1- Audit Preparation

- Decide on subject of Audit
- Identify Population
- Identify Sample Size
- Contact Hospitals
  - Chart availability
  - Office requirements
  - Arrange to meet with coding staff/supervisor

# Audit Process



# Audit Process Phase 1

Phase 1- Decide on subject of Audit

- **Resources** may determine focus and size of audit
- One hospital or many hospitals
- Examples of audits
  - High cost areas
  - High frequency areas
  - High complexity areas

# Audit Process Phase 1

## Phase 1- Decide on subject of Audit Examples

- Particular DRG
- Cases with a long length of stay
- Cases with a particular procedure
  - E.g. Hip replacements
- Complex neonate cases
- Cases with a stay in intensive care
- Areas where there is a data quality query

# Audit Process Phase 1

Phase 1: Identify population and sample size

Population= The entire number of cases  
that meet the chosen criteria  
for the subject of the audit

When the population is known the sample  
size can be determined



# Audit Process Phase 1

Phase 1: Identify population and sample size

Sample size: The number of cases to be audited

Note: **Resources** may influence the sample size

# Audit Process Phase 1

Phase 1: Identify population and sample size

Sample Size: Must be practical

5% of one months discharges is a statistically acceptable sample size for a chart based audit (Source Australian Coding Benchmark Audit, 2<sup>nd</sup> Edition, NCCH, Sydney)

# Audit Process Phase 1

Phase 1: Identify population and sample size

Suggested Sample Size:

General Audit = Minimum of 40 charts

Targeted audits = Audits on specific topics  
can have a smaller sample size

# Audit Process Phase 1

## Phase 1: **Types of Samples**

Random Sample = each record in the population has an equal chance of being selected for inclusion in the sample

e.g. Population = 200 hip replacements

10% random sample = any 20 cases in the population

# Audit Process Phase 1

## Phase 1: **Types of Samples**

Stratified Random Sample = Identifying a subset of the population and randomly sampling that subset.

e.g. Patients aged over 65 with a hip replacement

Population = 200 hip replacements

10% random stratified sample= any 20 cases in the population where the patient is aged over 65 years

# Audit Process Phase 1

## Phase 1: **Types of Samples**

Targeted Sample = Sample includes only a particular section of the population

e.g. Patients aged over 65 with a hip replacement

Population = 200 hip replacements

Targeted sample= All cases in the population where the patient is aged over 65 years

# Audit Process Phase 1

## Phase 1: Contact hospitals

- Arrange dates
- Provide list of charts in the sample to be retrieved
- Note that not all charts requested will be available
- List of sample charts to be in same order as medical records are stored
- Request suitable space and facilities
- Make arrangements to meet coding supervisor
  - Pre-audit and post audit meetings

# Audit Process Phase 2

## Phase 2:

- Reabstraction
- Grouping
- Comparing codes



# Audit Process Phase 2

## Phase 2: Reabstraction

Will original codes be visible to auditor?

Will there be a audit data collection sheet?

Will additional information be collected?

e.g.

Presence of discharge summary

Documentation issues

# Audit Process Phase 2

## Phase 2: Reabstraction

- Adherence to guidelines
- Assessment of completeness of chart
- Meet with coding staff –
  - Opportunity for discussion of code differences
  - Preliminary findings and outline of next stage in process
  - Identify local issues that may affect coding

# Audit Process Phase 2

## Phase 2: Grouping

If DRG analysis is required then recoded cases must be grouped into DRGs

Access to grouper and sytem for regrouping to allow for comparison at DRG and MDC level

# Audit Process Phase 2

## Phase 2: Comparing Codes

- Compare original codes to re abstracted codes
- Compare original administrative data to re-abstracted data
- Compare DRG assignment between original codes and re-abstracted codes.

# Audit Process Phase 2

## Phase 2: Comparing Codes

- Diagnoses: Identify Differences e.g.
  - Differences in Principal Dx
  - Differences in Additional Dx
  - Compare Average number of Dx
  - Differences in Sequencing of codes
  - Diagnoses frequency
- Procedures

# Audit Process Phase 2

## Phase 2: Comparing Codes

Identify differences in administrative data

- Date of birth
- Admission & Discharge dates
- Admission code
- Discharge code

# Audit Process Phase 2

## Phase 2: Comparing Codes

Facility to record why codes are different.  
Helps to identify factors affecting coding quality

e.g. Original coding PDx= Abdominal Pain  
Re abstracted PDx= Appendicitis

Reason for difference: Original coder recorded symptom as Principal diagnosis and appendicitis as additional code

# Audit Process Phase 2

## Phase 2: Comparing Codes

Factors affecting coding quality can include:

- Documentation
  - Discharge summaries
  - Information on ventilation
  - Information on ICU stay
- Coder training levels
- Knowledge of coding guidelines
- Correct use of Classification
- Support for coding function

How will these factors be recorded?



# Audit Process Phase 2

## Phase 2: Comparing Codes

Identify how many differences in each data field

And the reason for the difference

# Audit Process Phase 2

## Phase 2: Compare DRG assignment

- Identify differences in DRG assignment
  - DRG frequency
  - Change in severity of DRG
- Identify differences in MDC assignment

# Audit Process Phase 3

## Phase 3: Findings & Recommendations

Having compared data make findings and recommendations based on evidence found by the audit process

E.g. 70% of cases record a different Principal diagnoses due to poor documentation.

# Audit Process Phase 3

## Phase 3: Findings & Recommendations

- Highlight any areas with major differences
- Highlight system problems found to affect data quality
- Draw conclusions based on findings

# Audit Process Phase 3

## Phase 3: Findings & Recommendations

- Make recommendations that address the problems identified
- Recommendations may involve areas other than the coding department

# The Audit Report

- Consider a standard format/house style for reports
- Will the same format be used for in-house reports?
- How will data be presented
- Consider confidentiality- use of a reference number instead of medical record number
- Use appendices for listing detailed information – e.g. details of all cases in the sample

# The Audit Report

## Suggested Format

- Introduction
- Methodology
- Audit Findings e.g.
  - Diagnoses
  - Administrative
  - DRG
- Conclusions
- Recommendations
- Appendices

# The Audit Report

- Issue the report
  - Keep a record of all audit documents and work to allow for queries by the hospital
  - Enclose a covering letter arranging for follow up discussions
  - Arrange any follow up promised by the report e.g. training



# National Audit

- Maintain a library of audits
- Similar issues can arise in different hospitals
- Where inappropriate coding is identified – how will cases be rectified.
- Number of national audits
- Type of national audits
- Maintain audit skills – hospital and national

# Computerised Audit

- Speeds up processes such as
  - Identifying Population
  - Creation of sample
  - Data entry and re-grouping
  - Collection of reasons for code differences
    - Error categories
  - Analysis of results
- Helps to maintain records of audits and outcomes to build a body of knowledge

# Computerised Audit

- Consider
  - Compatibility with hospital systems
  - User friendly
  - Creation of varied reports
  - Ease of updating software if changes made to coding system
  - Ownership of software
  - Access to software

# Exercise

- Suggest five topics for audit and:
  - A sampling method for each of the topics
  - Identify any resource issues that may impact on each of the audits
- List 5 factors that may affect data quality  
And make suggestions as to how these factors can be addressed