Coding of Sepsis at Southend University Hospital NHS Foundation Trust

The main accelerant for tackling the coding of Sepsis was that our Trust was highlighted as an outlier for Sepsis in our SHMI reports several months prior to the implementation of the new Sepsis coding guidelines issued in April 2017.

On studying the new guidelines we anticipated there could be major issues that could potentially worsen our status along with the financial implications this could impose on the Trust. We knew we had to put measures in place to reduce this impending decline.

Having regularly attended our Mortality Review Group, we had already built up a good relationship with the sepsis team. We were kindly invited and accompanied the lead Sepsis Sister and Professor in anaesthetics to the UCLPartners Sepsis Collaborative Learning Session in July 2016. Although we are non-clinical, this was an excellent insight into the clinical side of managing sepsis and how the screening tool for Sepsis is used. Our nurse and Consultant have also explained the difference between Sepsis V Bacteraemia as these terms are often intertwined and confusing to coders.

In the past few months, our new lead Sepsis nurse has volunteered to validate all patients diagnosed with Sepsis and/or Bacteraemia. She sits in our coding office and jointly reviews the notes and the clinician’s terminology used, comparing results of blood cultures/tests carried out using the Trusts Nerve Centre System and results portal to establish whether it was a local or generalised systemic infection. If there are any anomalies she will take the notes and validate further with another senior nurse or clinician.

The Sepsis team also includes us in the Trusts Group Sepsis audit as a learning tool for all. Our discharge summaries also posed the question “Did the patient have Sepsis- i.e. did they have an infection triggering organ dysfunction? – YES/NO” Although not completely fail safe, it is a really useful alert for coders.

Working closely on this subject has given her a good insight into the problems coders face. As a result, she is systematically working her way around the wards educating junior and senior doctors alike on the terminology of Sepsis V Infection as well as carrying out her extremely important role of implementing good clinical practice.

We have also recently been offered support and guidance from our lead consultant in Infectious diseases recognising the importance of working together with coders.
As a coding department, we are also working our own way around the Trust incorporating a “Sepsis V Infection” slide into our presentations with an HRG/Tariff comparison example between UTI V Urosepsis ……An excellent eyebrow raiser!

Highlighting the general use of the term “Sepsis” and its multiple implications is vital in getting clinicians to document things correctly.

I think the main difficulty will be time and sustainability due to ever increasing workloads on all sides but if the Trust starts to see major benefits from this early project then this will definitely be the incentive to engage additional staff into the validation process.

Believe me when I say, we are not deluded enough to think things will change overnight but we sincerely hope that working closer together in this way will eventually improve not only our Sepsis outlier status but the quality and standard of coding in general.

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