Coding of Sepsis Consultation Results

We would like to thank everyone who completed this consultation and contributed their feedback. We received some useful and constructive comments which have helped to inform the update to DChS.I.1: Sepsis, septic shock, severe sepsis and neutropenic sepsis.

There were a total of 1155 unique views of the consultation and we received feedback from 67 individuals. Responses were received from across the country from NHS Trusts, national centres, Clinical Commissioning Groups and independent companies.

The feedback varied in nature from simple one-line comments through to in depth multiple page information. One Trust based across different sites produced a questionnaire that they sent to the leads at each site to enable them to provide feedback at an organisational level. We also received some very helpful information regarding collaborative processes that Trusts have put in place where coding departments are working closely with their clinicians to ensure sepsis is recorded and coded correctly at their organisation.

The issues raised during the consultation, our responses and actions are as follows.

**Documentation of sepsis (It is not always clear in the medical record if a patient has sepsis)**

- The main problem coders face in coding sepsis correctly is the inappropriate use of ‘sepsis’ by clinicians, with the term being used to refer to localised infections (without sepsis).

- There is variation across the NHS in how sepsis is identified and documented. The implementation and use of national guidance used by clinicians for the identification and treatment of sepsis and the various toolkits, scoring systems, early warning screening tools and flags (Red Flag/High Risk sepsis and Amber Flag/Mod-to-High Risk sepsis) varies between organisation.

- The meaning of terms such as 'urosepsis', 'urinary sepsis' and 'biliary sepsis' differs from clinician to clinician and from Trust to Trust with some using these terms to mean infection only and others meaning sepsis and infection. The prescriptive instruction that these patients must be coded to sepsis with local infection means coders have to code the sepsis even if they strongly suspect the patient only has a localised infection.
It is impractical and difficult to speak to the clinician every time it is unclear if the patient has sepsis or not.

Response and Actions

Because there are so many variations in practice throughout the NHS in the identification and recording of sepsis, it is not possible to produce a standard which covers all scenarios. The aim of the standard is to ensure that patients with sepsis are coded correctly so that data on the incidence of sepsis is accurate. The experts on the NHS England Cross-system Sepsis Programme Board advised that clinicians should not be using ‘sepsis’ to refer to infection only. However, it is evident that this is not the case and therefore, in the update to the standard, we will make it clear that to ensure patients with sepsis are coded accurately, Trust coding departments should work with their clinical teams to agree internal processes to clearly identify which patients have sepsis. This should also help to reduce the burden of seeking clarification from the responsible consultant for individual patients when it is unclear if they have sepsis or not.

To stress the importance and benefits of engaging with clinical teams and to aid coding departments in understanding how other Trusts have engaged with their clinical colleagues, we have published a knowledge sharing article which describes the processes that have been put in place at Southend University Hospital NHS Foundation Trust to ensure sepsis is recorded and coded correctly. The document 'Coding of Sepsis at SUHNFT' can be found in the Resource Library on Delen. We would like to thank Jane Higgins at Southend University Hospital NHS Foundation Trust for producing and sharing this.

We welcome any further examples, relating to the coding of sepsis or any other subject, that we could share through Delen that would be helpful to other coding departments.

Because the use and meaning of terms such as ‘urosepsis’, ‘chest sepsis’ and ‘biliary sepsis’ differ from clinician to clinician, we will remove the instruction that these terms must be coded to sepsis and infection, to allow Trusts to code these terms to reflect the meaning within their organisation. For example, if within an organisation a diagnosis of ‘urosepsis’ refers to a urinary infection only then only the infection will be coded, if it refers to sepsis and urinary infection then both will be coded.

Effect on data and finance

The implementation of the standard has led to a rise in the reporting of sepsis with probable over-reporting leading to a financial impact for Trusts and Clinical Commissioning Groups.

Response and Actions
The increase in the reporting of sepsis can be attributed to several factors including:

- a greater awareness of sepsis both in clinicians and the public
- a greater focus and more guidelines on the importance of identifying patients with sepsis
- the incorrect use of the term sepsis by clinicians combined with the instruction in the coding standard to always code terms such as ‘urosepsis’, ‘chest sepsis’ and ‘biliary sepsis’ as sepsis and localised infection as some of these patients will only have a localised infection

For local and national data to accurately reflect the incidence of sepsis and reduce the risk of over-reporting, we will be removing the instruction to always code terms such as ‘urosepsis’, ‘chest sepsis’ and ‘biliary sepsis’ as sepsis and localised infection, as indicated above. Where Trusts put in place processes so that sepsis is accurately identified within the medical record this will help coders to collect the information correctly within the coded record so that only patients with sepsis are coded as having sepsis.

Our colleagues at the National Casemix Office are currently reviewing the HRG’s for sepsis to ensure they will be reflective of the updated standard from April 2018.

We will be working with NHS England and NHS Improvement Pricing Team to ensure that in future all parties are aware of changes to coding standards and the impact these may have on tariff.

Sequencing instructions

There are inconsistencies and ambiguities in the sequencing instructions within the current standard:

- Should sepsis always be assigned in the primary position or can another infection or condition be in the primary position?
- How is sepsis and the underlying infection sequenced if the underlying infection is not linked to the sepsis?
- How is severe sepsis sequenced when the organism is resistant to antibiotics?

Response and Actions

The sequencing of sepsis will be simplified, and we will clarify the following in the update to the standard:

- Sequencing of sepsis with other infections and conditions must follow DGCS.1 Primary diagnosis because sepsis may not always be the main
condition treated and the underlying infection and sepsis may not always be linked.

- Sequencing of severe sepsis and neutropenic sepsis that is resistant to antibiotics and antimicrobial drugs

Other issues

In addition to the above points we were also asked:

- For more complex and realistic examples
- Individual questions that apply to specific scenarios

Response and Actions

- Some of the current examples will be deleted as they are either ambiguous or unrealistic/unlikely to occur
- New examples will be added to cover more complex episodes of care
- New examples will be added to illustrate how some of the specific questions raised during service feedback, that are not appropriate for specific inclusion in the standard but that follow the principles of the classification, should be coded.

It is not possible to cover all scenarios that might occur in a clinical coding standard, however coders should continue to submit queries to us if assistance and advice is needed for coding specific scenarios.

Outcome

- We have produced a proposed update to DChS.I.1: Sepsis, septic shock, severe sepsis and neutropenic sepsis containing the changes described above which, when finalised, will be used form 1 April 2018.

You can review the Proposed Update to DChS.I.1 Sepsis and send us your comments and feedback in the Consultation area on Delen.

Please submit your feedback by Friday 8 December.

- The ‘Coding of Sepsis at SUHNFT’ knowledge sharing article which describes the processes that have been put in place at Southend University Hospital NHS Foundation Trust to ensure sepsis is recorded and coded correctly can be found in the Resource Library on Delen.