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CRACKING THE CODES FOR INTRA-VESICAL BOTOX IN GYNAECOLOGY, NORTHERN IRELAND – A REGIONAL PRODUCTIVITY ASSESSMENT

C. M. E. Daly¹, P. Campbell²

¹*Department of Health, Belfast, UK*

²*Belfast City Hospital, UK*

Introduction

In 2016, the best configuration for delivery of Health and Social Care(HSC) Northern Ireland(NI) was considered (1). Intra-vesical Botox(IVB) for overactive bladder, was identified as one of the gynaecological procedures that could be delivered within a Day-Case-Selective-Care Centre(DECC). Current activity identified through the Hospital Information System(HIS) was not thought to be representative due to errors in coding. As baseline Activity/Demand/Capacity and Backlog will be used to model future IVB productivity within DECCs, accurate data capture at Trust level was proposed.

Methods

Region-wide, theatre ledger and Theatre Management System(TMS) 'Activity' data capture at Trust level (Financial Year (FY) 2018/2019). 'Activity' compared to HIS data. HIS Data trends (FY 2015/2016 – 2018/2019) and coding issues explored.

Primary Outcome - Activity - Number IVB procedures NI FY 2018/19 compared to HIS data trends.

Secondary Outcomes -Backlog and capacity considerations

Results

IVB may be coded as OPCS Code X85.1 with a relevant ICD-10 diagnosis or with OPCS code M43.4. A time-lag of 12 months from procedure occurring to coding was identified. In comparison to Trust data, HIS Activity figures were fewer but more accurate when searched with both codes and with the time-lag removed. FY 2018/2019 Trust level data: Activity n= 476, HIS Data: Activity FY 2017/2018 n= 400. A 55% rise in number of procedures performed was seen between FY 15/16 (n=223) and FY 17/18 (n=400) (HIS data). This was in the setting of an increased backlog (numbers waiting at end of FY15 (n=4) versus FY 19 (n=34). Capacity findings are mapped in Figure 1 and reveal variation in practices.

Conclusion

Capturing accurate IVB activity from HIS data requires accurate coding searches. Future strategies aimed at improving IVB productivity require accurate baseline measurements to identify if change has led to an improvement.

Reference

1. Bengoa et al. (2016). Systems, Not Structures – Changing Health and Social Care. Retrieved from <https://www.health-ni.gov.uk/publications/systems-not-structures-changing-health-and-social-care-full-report>