



# Intelligent Business Services - Admin - Clinical Coding

## Problem

- UHN's clinical coding teams are burdened with time-intensive but simple tasks.
- On average, one clinical coder handles 25 episodes/day with a total volume of 700-750 episodes/month just for endoscopy procedures

## Solution

### Identify HVLC areas

- ✓ Identify high-volume, low-complexity (HVLC) clinical coding procedures.
- ✓ Leverage a database of 750,000 previously coded procedures to train the automation, combining clinical notes with logic to generate accurate coding.

### Implementation Plan

- ✓ Automate the following ward areas:
  - Phase 1: Endoscopy (KGH)
  - Phase 2: CSSTU, GTA & PCU (KGH)
  - Phase 3: Danetre & Endoscopy (NGH)

### Long-term Vision

- ✓ Transition coders to validators, ensuring the quality and accuracy of automated coding, further optimising the coding process.

## Expected Benefit

- Automation covers up to 4.2 FTE Band 5 workloads, resulting in cost savings of £471,238 spread across 5 years.
- Driving improvements in the quality and speed of HVLC coded data freeing resources to focus on coding high complexity activity

### Mapping & Analysis

1 month

### Automate: Phase 1, 2 and 3

4 months

### Iterative refinement of deployed automation

5 months



Kettering General Hospital  
NHS Foundation Trust



Northampton  
General Hospital  
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