International Journal of Population Data Science

Journal Website: www.ijpds.org

Barriers to high quality coding of hospital chart information to administrative data: A qualitative study

Tang, Karen¹, Lucyk, Kelsey^{1*}, and Quan, Hude¹

¹Institute for Clinical Evaluative Sciences

Objective

Administrative data are widely used in research, health policy, and the evaluation of health service delivery. We undertook a qualitative study to explore the barriers to high quality coding of chart information to administrative data, at the level of coders in Canada.

Approach

Our study design is qualitative. We recruited professional medical chart coders and data users working across Alberta, Canada, using a multimodal recruitment strategy. We conducted an in-depth, semi-structured interview with each participant. All interviews were audio-recorded and transcribed. We conducted thematic analysis (e.g., line-by-line open coding) of interview transcripts. Codes were then collated into themes and compared across our dataset to ensure accurate interpretations of the data. The study team met to discuss, modify, and interpret emergent themes in the context of the barriers to coding administrative data.

Results

We recruited 28 coding specialists. In general, coders had high job satisfaction and sense of collegiality, as well as sufficient resources to address their coding questions. They believed themselves to be adequately trained and consistently put in the extra effort when searching charts to find additional information that accurately reflected the patient journey. Barriers to high quality coding from the coder perspective included: 1) Incomplete and inaccurate information in physician progress notes and discharge summaries; 2) Difficulty navigating a complex hybrid of paper and electronic medical records; 3) Focus on productivity rather than quality by the employer, which at times resulted in inconsistent instructions for coding secondary diagnoses and discordant

expectations between the employer and the coders' professional standards.

Conclusions

Future interventions to improve the quality of administrative data should focus on physician education of necessary components in charting, evaluation of electronic medical records from the perspectives of those who play a key role in abstracting data, and evaluation of productivity guidelines for coders and their effects on data quality.

*Corresponding Author:

Email Address: klucyk@ucalgary.ca (K. Lucyk)