Impact of a system-wide multicomponent intervention on administrative diagnostic coding for delirium and other cognitive frailty syndromes: Observational prospective study

Sample Calculation to illustrate how inclusion of a delirium code may change the tariff received by a hospital for a given patient episode

Using the HRG4+ 2017/18 Reference Payment Grouper from the NHS National Casemix Office, a hospital would receive the following payment (https://improvement.nhs.uk/resources/developing-the-national-tariff/ for different hypothetical admissions:

1) £861 for an admission with: primary diagnosis of UTI (N390), and secondary codes of hypertension (I10X) and gout (M100), and length of stay of 2 days

2) £861 for an admission with: primary diagnosis of UTI (N390), and secondary codes of hypertension (I10X) and gout (M100), wrongly coded as not having delirium, and length of stay of 7 days

3) £1,504 for an admission with: primary diagnosis of UTI (N390), and secondary codes of hypertension (I10X), gout (M100), and delirium (F509), and length of stay of 7 days

In this example, delirium tips the patient into a higher payment Health Resource Group (HRG). In this case jumping from LA04S “Kidney or UTIs, without interventions, with CC Score 0-1” to LA04R “Kidney or UTIs, without Interventions, with CC Score 2-3”.

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