Implementation of ICD-10-AM/ACHI/ACS Tenth Edition: The Sunshine Coast Hospital and Health Service experience

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Introduction
When there is a new edition of the International Statistical Classification of Diseases and Related Health Problems, Tenth Revision, Australian Modification (ICD-10-AM), Australian Classification of Health Interventions (ACHI) and Australian Coding Standards (ACS) scheduled for implementation, is there anything else you need to do except complete the Australian Consortium of Classification Development (ACCD) online education and wait for the 1 July discharges?

While completing the online education is an important step in the process there is more to do, especially if you have a large health service that is geographically dispersed. To ensure a smooth transition from one edition to another, someone senior in the clinical coding service needs to have read and understood the changes to create an implementation plan and be a source of reference for those with questions. The following is an insight into the Sunshine Coast Hospital and Health Service (SCHHS) experience with implementing Tenth Edition.

The SCHHS consists of five public facilities ranging in bed capacity from 24 to 507 beds. We run a health service-wide clinical coding service with the bulk of the team located at Nambour General Hospital and the new Sunshine Coast University Hospital. Our clinical coding team currently has 30 people and is continuing to grow.

A number of members of the clinical coding team played a part in implementing the edition changes, including the clinical coding service manager, the clinical coding co-ordinator and the quality team. The previous year, 2017, was a challenging year for us with a new electronic medical record, a new hospital and rapid expansion of the clinical coding service, topped off with an edition change. So where did we start with the implementation of Tenth Edition?

Preparing systems
The patient administration systems (PAS) needed reference file updates to accept the new edition codes. For SCHHS that utilises a state-wide PAS this is conveniently taken care of by centralised services within Queensland Health. This also includes testing of interfaces between state-wide clinical coding software and the PAS. The SCHHS could not start coding in Tenth Edition until these systems changes had been made in the PAS, with our only involvement being testing of the reference file updates by selected members of the clinical coding team.

In conjunction with the PAS upgrade, the Queensland Health data services in consultation with the Clinical Coding Authority of Queensland (CCAQ), reviewed and approved new, revised or deleted state-wide data validations around the new edition codes to ensure ongoing data quality at the state level. For example, validations around codes relating to tobacco use had to be amended to include Z58.7 Exposure to tobacco smoke as per the Tenth Edition changes. SCHHS have membership representation on the CCAQ and had active involvement in decisions around revised validation edits.

Lastly, some of our internal reference material needed to be revised and updated to the new edition. The
SCHHS clinical coding services tries to keep this type of health service specific information to a minimum due to the burden of updating.

**Notifying SCHHS key stakeholders**

While system changes were occurring, there were other key stakeholders that needed to be considered and informed of the pending edition changes, namely, the people utilising the clinical coded data. This included clinical data managers, clinical information system administrators and those responsible for financial and activity reporting. These people needed lead time to make changes to their own systems and reporting templates and to test the impact on revenue where code changes were affecting Diagnosis Related Groups (DRGs). This is when we were glad that certain members of our service were involved in reviewing the ICD Technical Group and DRG Technical Group papers, so we had advanced warning about the impact of changes.

While some stakeholders were aware that edition changes were coming they did not know the detail to affectively assess how changes would affect them. The SCHHS clinical coding service was crucial in providing clinical coding advice. For example, the change in clinical coding of hospital complications for Tenth Edition meant many existing surgical complication reports became redundant and were rebuilt with the new codes after consultation with expert members of the clinical coding quality team.

**Educating the clinical coding team**

Undertaking the online training required planning to reduce the impact on meeting monthly clinical coding deadlines and to ensure education was completed. We were very conscious of needing to be up-to-date or preferably ahead of clinical coding deadline dates before starting the online training. Thirty people completing eight hours of training amounts to a significant amount of lost clinical coding time in the monthly cycle. This meant ramping up clinical coding throughput in the weeks preceding the training where we could and hoping that the winter sick leave, chronic vacancies and the opening of a new hospital did not thwart our efforts.

Online education time was scheduled into weekly rosters to ensure all were completing the training and using their time wisely. Consideration was also given to when online training would start to ensure minimal lapse of time between completing the training and actually applying the knowledge. Leave planning was another consideration, with emphasis on minimum leave in the time period around the edition change to achieve maximum completion of training across the team.

Over the last few edition changes we have noted that Clinical Coders (CCs) read and understand the online material sufficiently to pass the competency test at the end of the online training. However when it comes to applying the knowledge around complex changes some may flounder. The SCHHS find benefit in supplementing the online training with some one hour focus sessions on particular changes. This year the focus sessions were on obstetric, complications and endoscopy. Before the opening of the new Sunshine Coast University Hospital CCs would gather at Nambour General Hospital, as this meant that only four CCs had to travel. However, 2017 was different, with most of the team split between two sites and not just one. Therefore, we decided that the presenter would travel, rather than the team. This saved on CC’s time, expense, and the headache of co-ordinating travel for CCs.

The SCHHS also had a couple of speciality clinical coding mornings where CCs only coded obstetrics cases, and then only coded same day endoscopy cases, as practice makes perfect. This proved very useful as it generated group discussion and everyone had a slightly different scenario to test the new rules on.

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**Follow up with ACCD**

The online education always generates a lot of discussion among the quality team and we appreciate the window of opportunity to directly feedback questions to ACCD via their website. We coordinate this through one or two members of the clinical coding team so we know that questions are being asked, however all CCs are welcome to pose their own questions. We took full advantage of the opportunity to provide questions to ACCD and were keen to see our answers published in the ACCD September 2017 frequently asked questions (FAQs).

In 2017 the Queensland Health Information Manager – CC Network ran two state-wide Tenth Edition question and answers sessions via videoconference. We chose to participate in the October 2017 session with a couple of months of using Tenth Edition behind us, and post release of the ACCD FAQs. It proved reassuring for the team to hear that the rest of the state were interpreting the advice the in same way or had similar questions. Any questions that remained unanswered or arose after the ACCD FAQs went to the CCAQ for further deliberation.

**Lessons learnt**

So what might we do differently next time? Next time more preparation will go into the focus sessions. Rather than me standing at the front of the room talking from my own notes, we will have reference material prepared, and immediately follow up the focus sessions with speciality clinical coding mornings with the trainers and educators on hand to guide discussion and field any clinical coding queries.

Making a contact list of our key stakeholders for future edition changes would also be beneficial. The SCHHS expanded significantly in 2017 and a number of informatics and data manager positions were established across various services. We did not get around to everyone, as we simply did not know they existed and were appreciative that others made contact with them on our behalf.

Every clinical coding service has variations on the implementation activities and levels of involvement when it comes to implementing edition changes. Some may want to review audit programs or go and speak to clinicians about documentation changes. However it is not just a case of completing the training. A plan needs to be developed and put in place, and it must involve not just the clinical coding service but also the people and services that either support or utilise the clinical coded data. The take home message is, 'Don’t underestimate the value of the plan!'

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**Victorian Cancer Registry**

**Changes to cancer reporting - 1 July 2018**

Cancer reporting requirements for hospitals and radiotherapy services will change from 1 July 2018. The revised specifications have recently been released (Cancer Registration - Hospital Information Kit)

There are 3 new data elements to assist with reporting of stage of cancer – TNM-T, TNM-N and TNM-M.

Changes also include the removal of 5 data elements, re-labelling of others and updated code sets.

If you need any assistance with implementation including testing, please contact the Registry: vcr@cancervic.org.au or (03) 9514 6236.