Home-grown coders: transitioning from qualified to work ready

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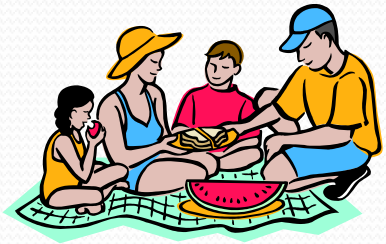
Identified shortfall in the clinical coder workforce

- We are acutely experiencing this in Victoria

- Rural areas often have difficulty in recruiting and retaining Health Information Managers and clinical coders

Funding and Information Policy Branch, Victorian Government Department of Health, *Health Information Workforce Strategy*, February 2012

Our experience is that people who have ties to the locality are more likely to return or stay



Where have the coders gone?

•28 HIMs and 4 clinical coders have passed through Ballarat Health Services in the last 22 years.

•7 HIMS currently work in HIM roles at BHS

•2 HIMS code regularly, 5 code as duties allow

•Only 1 clinical coder has remained

HIMs trained up through BHS are well respected in the region

- Casemix analysis and clinical costing
- Director of Information Management
- Business analyst within Grampians Rural Health Alliance
- Chief HIM at private hospital
- Area HIM at private hospital group
- Project Officer/HIM at regional health service

HIMs currently working within HIS are involved in

- Special projects
- Forms design
- Scanned digital medical record
- Privacy Officer
- Data management
- Mental Health liaison
- Patient Services
- Clinical application support

A shift in resourcing

•Historically, BHS had relied mainly on HIMs to complete coding

•Between 1998 and 2003, three clerical staff graduated from coding course, one has remained and is a very experienced coder now

•Offers made to clerical staff to undertake HIMAA coding course from 2009

- Two graduates in 2010

- HIM graduates and coding course graduates are not immediately work-ready

Why we needed a formal training program

- Provide experience with live records
- Provide an orderly progression through casemix
- Monitor and measure progress
- Set expected outcomes
- Allow for scenario of non-achievement of outcomes

Training program - stage 1

A pre-training phase of practice coding of same day records, for approximately 32 hours (4 hours/week for 8 weeks)

Coders benefit

- Exposure to real records
- Tutorials in same day specialties
- An opportunity to demonstrate commitment to coding

BHS benefit

- Initial stage largely self-directed by coders
- Minimal input of resources
- Formal assessment of a coding ability and initiative without committing to ongoing employment

Stage 1 process

•Coders spend 3 hours a week coding pre-coded same day episodes, specialty by specialty

•Coders record their codes on a worksheet, then compare their coding with answers

•Coders self-assess their work, and provide explanation for their errors on their worksheets

worksheet.doc [Compatibility Mode] - Microsoft Word

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UR Admission date

Principal Diagnosis			
Your codes	Original codes if different	Reason for difference	Standards/advice to apply
Additional Diagnoses			
Procedures			
Anaesthesia			

Histology Radiology Smoker/ex

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•Coders attend a one hour tutorial with coding educator to discuss the specialty just coded, and where errors occurred

•Coding Educator compares coding against answers, and determines where errors are occurring, and tailors tutorials accordingly

•Coding Educator forms an opinion of coding ability and suitability for progression in coder training program, based on anecdotal evidence from worksheets, tutorials and demonstrated commitment to training

Stage 1 outcome

Coders gain exposure to live coding, and BHS can assess their potential and initiative

Stage 2

A three month stage of coding same day/overnight cases for one day per week

Coders benefit

•They are now coding live records

•Opportunity to apply all their knowledge gained so far and do their best to succeed at coding simple casemix

•All records are checked, with feedback given case by case

•Accuracy is measured by DRG change, with a benchmark of 10% or less

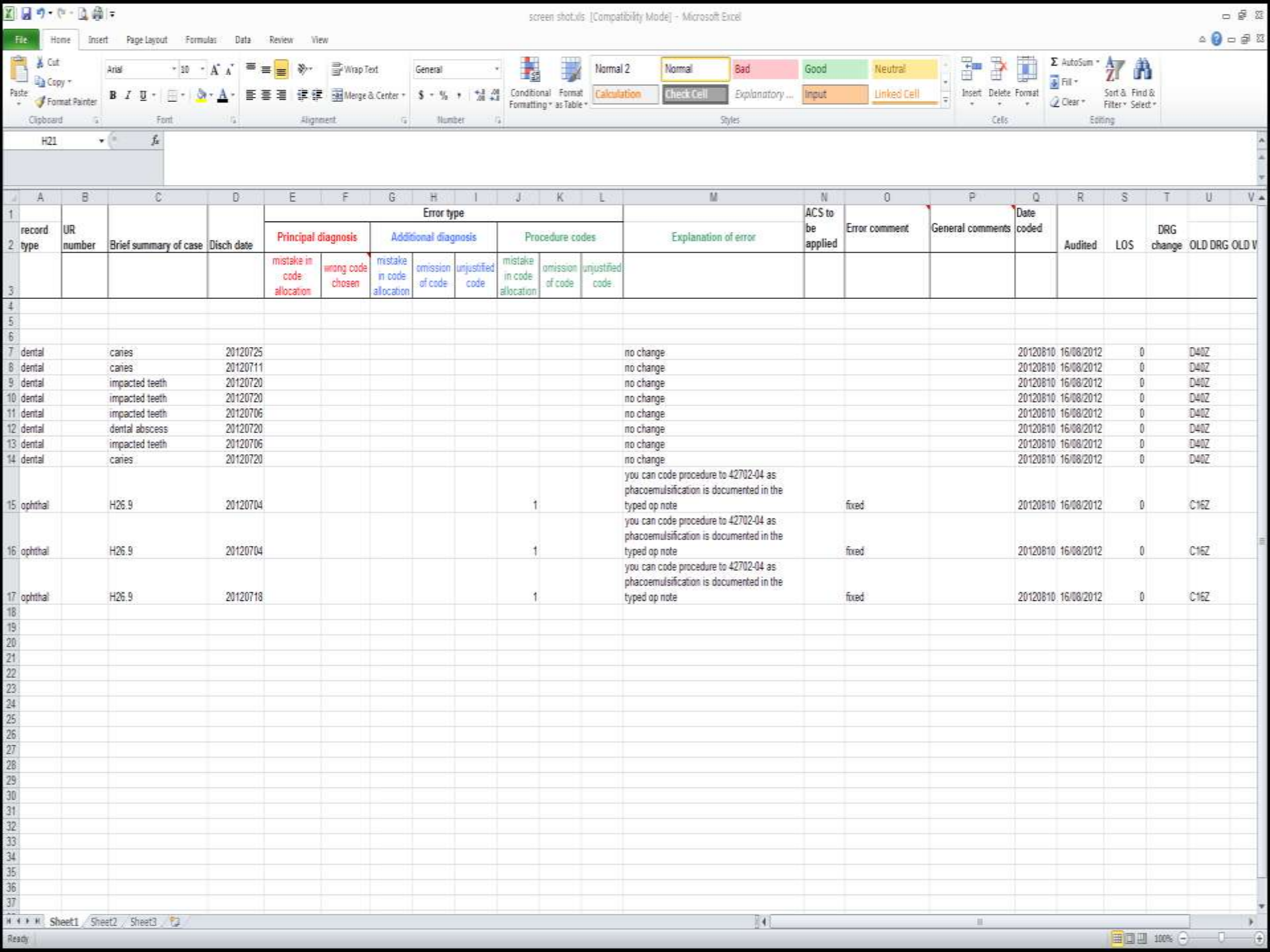
•Coders correct their mistakes themselves, corrections are also checked

BHS benefit

•Trainees are now contributing to coding throughput

•Very measured approach to assessing ability, by tabulation of error by principal diagnosis, additional diagnoses and procedures, which over time demonstrates assimilation of advice

•Checking burden is not onerous – multiple simple cases of the same specialty



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General Number

Conditional Formatting Format as Table

Normal 2 Normal Bad Good Neutral Calculation Check Cell Explanatory ... Input Linked Cell Styles

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H21

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V
1					Error type																	
2	record type	UR number	Brief summary of case	Disch date	Principal diagnosis		Additional diagnosis			Procedure codes			Explanation of error	ACS to be applied	Error comment	General comments	Date coded	Audited	LOS	DRG change	OLD DRG	OLD V
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9	dental		impacted teeth	20120720									no change				20120810	16/08/2012	0		D40Z	
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Sheet1 Sheet2 Sheet3

Ready

100%

Stage 2 outcome

After 3 months (effectively 12 days, or 2.5 weeks of coding) coders are fully independant in same day/overnight episodes

Stage 3

- Six months of coding two days per week, working through specialties with length of stay up to five days

- Independent ongoing coding of stage 2 level coding

Coders benefit

- Coders maintain skills in stage 2 level coding
- Coders work on more complex cases specialty by specialty
- Gradual building of knowledge

BHS benefit

- Regular throughput
- Checking is specific to a specialty
- Coders are gradually adding to their knowledge, and building on it
- Very measured approach to assessing ability

Stage 3 outcome

After a further 10.5 weeks (EFT) coders are fully independant in a wide range of casemix, with length of stay up to five days

Overall expected outcomes of training program

Coders who

- Are confident
- Can self-direct their learning
- Can self-monitor as to when they need help
- Only require monitoring by means of coding audit
- Demonstrate constant improvement following audit feedback

What has BHS learnt?

•New graduates have the fundamentals of coding and coding standards

•Main areas of coding training on the job are in

- Abstracting
- Application of ACS
- Structure of classification

What else have we learnt?

Coders need to be taught how to be good coders

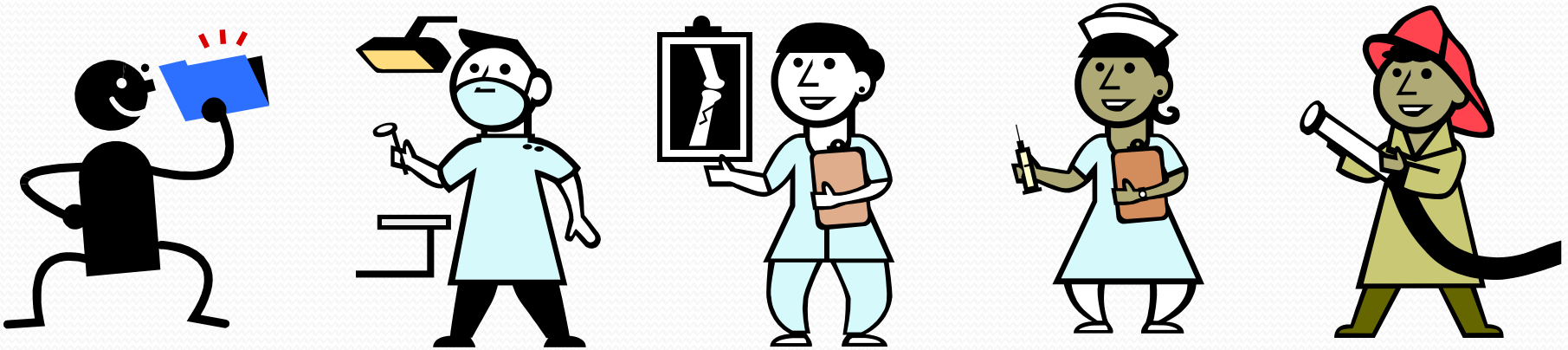
- Correct patient
- Correct abstraction of medical statements
- Correct application of coding standards
- Correct code entry
- Correct validation of codes

How far have we come?

- First two graduates are independent
- Four more trainees are in progress
- OTEN/HIMAA combination

We have expanded our definition of “home-grown”

Home-grown coders can include those from the community/already working within BHS



Where to next?

- Need time to even the balance
- No new trainees for the time being

Conclusion

The Ballarat Health Services clinical coder training program is a work in progress, but has a long term goal of building up the coding workforce for Ballarat Health Services to a high level of quality and throughput, by re-skilling home-grown staff

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