Home-grown coders: transitioning from qualified to work ready

Patricia Catterson
Coding Educator
Ballarat Health Services
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

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
<table>
<thead>
<tr>
<th>UR</th>
<th>Admission date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Principal Diagnosis**

<table>
<thead>
<tr>
<th>Your codes</th>
<th>Original codes if different</th>
<th>Reason for difference</th>
<th>Standards/advice to apply</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Additional Diagnoses**

|            |                             |                        |                           |
|            |                             |                        |                           |

**Procedures**

|            |                             |                        |                           |
|            |                             |                        |                           |

**Anaesthesia**

|            |                             |                        |                           |
|            |                             |                        |                           |

**Histology** | **Radiology** | **Smoker/sex**
• 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
<table>
<thead>
<tr>
<th>record type</th>
<th>UR number</th>
<th>Brief summary of case</th>
<th>Issue code</th>
<th>Error type</th>
<th>Principal diagnosis</th>
<th>Procedure codes</th>
<th>Additional diagnosis</th>
<th>Procedure codes</th>
<th>Explanation of error</th>
<th>ACS to be applied</th>
<th>Error comment</th>
<th>General comments</th>
<th>Date coded</th>
<th>Audited</th>
<th>LOS</th>
<th>DRG</th>
<th>change</th>
<th>OLD DRG</th>
<th>OLD V</th>
</tr>
</thead>
<tbody>
<tr>
<td>dental</td>
<td>cames</td>
<td>20120071</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>dental</td>
<td>cases</td>
<td>201200711</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>dental</td>
<td>impacted teeth</td>
<td>201200720</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>dental</td>
<td>impacted teeth</td>
<td>201200720</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>dental</td>
<td>impacted teeth</td>
<td>201200720</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>dental</td>
<td>impacted teeth</td>
<td>201200720</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>dental</td>
<td>cases</td>
<td>201200720</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ophthal</td>
<td>H21.1</td>
<td>201200704</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ophthal</td>
<td>H21.1</td>
<td>201200704</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ophthal</td>
<td>H21.1</td>
<td>201200704</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
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.
Contact details:
patsyc@bhs.org.au