La actualización de la Codificación Clínica en Irlanda
Updating Clinical Coding in Ireland
El Camino hacia I DC-10
The Journey to ICD-10
Deirdre Murphy
www.esri.ie
Updating Clinical Coding in Ireland
The Journey to ICD-10

Deirdre Murphy
Health Research and Information Division
Economic and Social Research Institute (ESRI)
Dublin, Ireland.

www.esri.ie

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Hospital InPatient Enquiry (HIPE)

- **Activity data** on Inpatient and Day cases in all HIPE Public hospitals in Ireland.

- Each time a patient is discharged (or dies) this is a **HIPE record** to be coded.
HIPE Applications

- Clinical Research
- Service Planning
- Health Policy
- Epidemiology
- Casemix
- Consultant workload
Health Research and Information Division
ESRI

- Contracted by Health Service Executive (HSE) to manage, collect and compile HIPE National Files
- Supports and trains all clinical coders
- Responsible for timely and accurate national files
- HIPE software
- Provides national HIPE statistics
The HIPE Data Collection Process

1. **Discharge summary**
   - Coder extracts data from chart

2. **Training**
   - Patient discharged

3. **Validation**
   - Reporting

4. **AUDIT**
   - Monthly export to ESRI

5. **Data onto HIPE system**
   - HIPE National Database ESRI

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Classifications used in Ireland to date:

- 1969 - 1980 ICD-8
- 1981 - 1989 ICD-9
Coding in Ireland

- 250 coders including part-time and full time
- Nominated by hospitals from administration staff
- Approx 1.3m records from 60 hospitals
- A full time coder may code between 7000-8000 records per year depending on experience & specialties.
Coding in Ireland

- Coders are supported at hospital level by the HIPE/Casemix coordinator (HCC).

- The ESRI provides training and support to all coders, HCCs and other personnel involved in coding in Ireland.
HIPE Coverage

- Over 96% coverage
- Data complete by 6 weeks of discharge
- Casualty and Outpatient data NOT collected
Clinical Coder Training

- Basic Coding Course
  Module 1 - **2 days**, Module 2 - **3 days** (6 weeks later)

- Intermediate Coding Course - **3 Days**

- Specialty Workshops - **1 Day**

- Coding Refresher Course - **3 Days**

- Update courses

- IT courses
Clinical Coder Training

Specialty Workshops

- Clinical and coding information on specialty areas e.g.
  - Neoplasms,
  - Obstetrics and Gynaecology,
  - Cardiology,
  - Diabetes.

- Expert speaker to address the clinical aspects of the topic.

- Coders are invited to submit preferences
HIPE Calendar 2009

For further information on HIPE training/education courses please see:
“Latest News” at http://www.esri.ie/health_information/
All HIPE courses are advertised in Coding Notes

IMPORTANT DATES

<table>
<thead>
<tr>
<th>Colour Key</th>
</tr>
</thead>
<tbody>
<tr>
<td>6th Edition - Phase 2 Implementation Workshops</td>
</tr>
<tr>
<td>Module 1 Basic Course</td>
</tr>
<tr>
<td>Module 2 Basic Course</td>
</tr>
<tr>
<td>Intermediate Course</td>
</tr>
<tr>
<td>Anatomy and Physiology</td>
</tr>
<tr>
<td>HIPE Exports due date</td>
</tr>
<tr>
<td>Bank Holiday</td>
</tr>
</tbody>
</table>

These pre-planned training courses are dependent on participation numbers and are intended for HIPE staff. Additional training courses are also held subject to educational demands. All courses are advertised in Coding Notes and via the “Latest News” section on the ESRI website.

If you would like to request a training course please contact the:

Education Manager
e-mail: hipe@esri.ie
phone: 01 6633000
fax: 01 6632100

HIPE Unit, Health Research and Information Division, ESRI, Whitaker Square, Sir John Rogerson’s Quay, Dublin 2

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Continuing Education

- Hospital based training
- Regional workshops
- Hospital visits
Support

Query Process

Coding Queries

- Database of coding queries maintained
- Clinical advice available
- Up-to-date reference material maintained
- Published in Coding Notes
Data Quality

- Education on data quality initiatives for key personnel
- Coding Audit Toolkit
- Information on conducting data reviews
- Monitoring of queries issued
- Communication with hospitals
- Coding Standards
Data Quality- Audit

- Chart based Coding audits
- Scrutinising national data
- Training developments based on audit findings
- Local involvement in audit process
- Track & record all audit activity
- Training for audit role

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Coding Notes

- New or amended guidelines
- New Codes
- I.T. Information
- Help and guidance
- Developments in HIPE
- Upcoming Courses
- Coding Queries
- Coding Features.
Coding Notes

• Issued to all involved in HIPE

• Available by e-mail

• All issues available on www.esri.ie
HIPE Software Suite

Windows HIPE Data Entry System

ICD-10-AM eBook

HIPE Audit Toolkit

Windows HIPE Reporter

Windows HIPE Batch Coder

Windows HIPE Reference Viewer

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HIPE Data entry software

- All HIPE records are keyed using the HIPE PC data entry system
- Validation checks
- Standard format
- Hospitals with PAS/HIS systems can download administrative fields
Tools

- W-HIPE data entry system
- W-HIPE Reporter
- Audit – Local & National
- Training Courses
- Training Materials
- Selector Checks
- Roundtable meetings
- Coding Notes
ESRI Supports:

- Training
- Classification - Books
- W-HIPE - Data entry & Reporting software
- Audit Function
- Coding Notes
- & all support to help hospitals to provide data to the HIPE National DataBase
- Data Request function
Coders’ Roles

- Data Management
- Communication
- Quality
- Training
- Liaison
- Managing the Coding Team
Data Quality-National Level

Data quality framework

- Edits
- Training of coders
- Clinical Classification & Coding Standards
- Coding query clearing house available to coders
- Chart-based audit

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Data Quality-National Level

Data quality framework

- Edits
- Training of coders
- Clinical Classification & Coding Standards
- Coding query clearing house available to coders
- Chart-based audit
Tools

- W-HIPE data entry system
- W-HIPE Reporter
- Audit – Local & National
- Training Courses
- Training Materials
- Selector Checks
- Roundtable meetings
- Coding Notes
Reporter Tool

- Produce reports on hospital activity
- Routine quality control
- Used also at national level
- All hospitals receive queries and most are generated through Reporter checks

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Audit

Common Findings

- Quality of documentation
- Levels of clinician involvement
- Coder training
- Coding Issues
- Communication
Classifications used in Ireland to date:

- 1969 - 1980 **ICD-8**
- 1981 - 1989 **ICD-9**

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Updating Clinical Coding in Ireland:

Options and Opportunities

1. A review of countries who actively develop ICD-10 and procedure classifications
   - U.S.A.
   - Nordic Block
   - Australia
   - Canada


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What is needed from a Classification?

✓ Composite Coding Scheme
✓ Regular Updates
✓ Training and Support
✓ International Comparability
ICD-10-AM

✓ Composite Coding Scheme ✓ ICD-10-AM & ACHI
✓ Regular Updates ✓ Biennial
✓ Training and Support ✓ NCCH
✓ International Comparability ✓

Also

✓ Australian Coding Standards (Volume 5)
✓ eBook

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The Minister for Health and Children, formally announced the move at the Annual National Casemix Conference in April 2004 by stating

“Moving to ICD-10AM will bring us fully up-to-date in clinical coding”
Pilot of ICD-10-AM

HI PE Unit, ESRI

& 6 HI PE Hospitals

December 2002 – February 2003
The Pilot had two major strands:

1. The appropriateness of the classification to the Irish hospital setting

2. The readiness of the Irish Hospital Clinical Coder to adopt this coding scheme, which demands even more self-education and regulation of guidelines than ever before.
The Pilot

- 474 charts coded
- 11 coders
- 6 hospitals
Pilot of ICD-10-AM
HIPE Unit, ESRI

December 2002 - February 2003

3 PHASES IN THE PILOT

Phase 1. HIPE Pilot Project team preparation

Phase 2. Hospital and coders

Data collection

Phase 3. Data collation and analysis.

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Pilot of ICD-10-AM
HIPE Unit, ESRI
December 2002 - February 2003

Phase 1
September - November 2002

- Interest volunteered by Irish hospitals
- Pilot site selection
- Resource acquirement
- Training and Education - HIPE Project Team
Pilot of ICD-10-AM

HIPE Unit, ESRI

December 2002 - February 2003

Phase 2

November 2002 - January 2003

- Training and Education - Pilot Hospital coders
- Hospital based exercise - Dual Coding study
- Data and feedback collection
- Group focus day
Pilot of ICD-10-AM
HIPE Unit, ESRI
December 2002 – February 2003

Phase 3
February - April 2003
- Compilation of pilot study sample data
- Data entry of coded cases
- Analysis & evaluation of pilot study
- Final report
## Pilot of ICD-10-AM - Sample result

### Table 20 - Procedures codes collected for Excision of Skin Lesion

<table>
<thead>
<tr>
<th>ICD-10-AM CODE</th>
<th>Procedure</th>
<th>No</th>
<th>ICD-9-CM CODE</th>
<th>Procedure</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>31235-00</td>
<td>Excision of lesion of skin and subcutaneous tissue of other site of head</td>
<td>5</td>
<td>86.3</td>
<td>Other local excision or destruction of skin</td>
<td>14</td>
</tr>
<tr>
<td>31205-00</td>
<td>Excision of lesion of skin and subcutaneous tissue of other site</td>
<td>5</td>
<td>86.4</td>
<td>Radical excision skin lesion</td>
<td>1</td>
</tr>
<tr>
<td>31235-03</td>
<td>Excision of lesion of skin and subcutaneous tissue of leg</td>
<td>3</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>30099-00</td>
<td>Excision of sinus of skin and subcutaneous tissue</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>31245-03</td>
<td>Extensive excision of skin and subcutaneous tissue for sycosis, from face or neck</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td>15</td>
<td></td>
<td></td>
<td>15</td>
</tr>
</tbody>
</table>
### Pilot of ICD-10-AM - Sample result

#### Table 23 - Procedure codes recorded in ICD-9-CM in Pilot Study that would not normally be collected in ICD-10-AM according to ACS 0042

<table>
<thead>
<tr>
<th>ICD-9-CM Code</th>
<th>Procedure</th>
<th>Code Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>99.21</td>
<td>Injection antibiotic</td>
<td>38</td>
</tr>
<tr>
<td>87.44</td>
<td>Routine chest X-ray</td>
<td>26</td>
</tr>
<tr>
<td>88.71</td>
<td>Diagnostic ultrasound - head/neck</td>
<td>9</td>
</tr>
<tr>
<td>88.72</td>
<td>Diagnostic ultrasound - heart</td>
<td>7</td>
</tr>
<tr>
<td>89.52</td>
<td>Electrocardiogram</td>
<td>7</td>
</tr>
<tr>
<td>99.29</td>
<td>Inject/infuse NEC</td>
<td>6</td>
</tr>
<tr>
<td>88.75</td>
<td>Diagnostic ultrasound - urinary</td>
<td>6</td>
</tr>
<tr>
<td>89.14</td>
<td>Electroencephalogram</td>
<td>5</td>
</tr>
<tr>
<td>89.54</td>
<td>ECG monitoring</td>
<td>4</td>
</tr>
<tr>
<td>etc</td>
<td>..</td>
<td>...</td>
</tr>
</tbody>
</table>
Summary Results of Pilot

- Chart documentation to improve.
- Adherence to coding guidelines mandatory.
- Medical terminology to be improved.
- Self education and responsibility for developing own skills vital for coders.
Summary Results of Pilot

- The commitment of coders and HCCs to support data quality initiatives is vital to HIPE.
- There is a need for renewed efforts to ensure compliance with national coding guidelines by all clinical coders.
Summary Results of Pilot

ICD-10-AM could be:

• Used successfully by coders in Irish hospitals and was

• Acceptable to these coders.
ICD-10 → ICD-10-AM

- There is no change in the structure of ICD-10
- The meaning of the three character and four character codes in ICD-10 are not changed
- Any modifications are consistent with existing ICD-10 codes and conventions
- The ability to compare ICD-10-AM data with ICD-10 data over time is not compromised.
Features of ICD-10 maintained in ICD-10-AM include:

- Alphanumeric codes
- Inclusion of codes for post-procedural disorders at the end of each appropriate chapter
- A change of the axis for classifying injuries from type of injury in ICD-9-CM to body site in ICD-10
- The use of Dagger and Asterisk Coding
Australian Coding Standards - Volume 5

- Coding conventions/definitions
- Clinical and coding information
  Indexed in Volume 1 and Volume 3 as appropriate.

- \textit{Coding Matters} between editions of ICD-10-AM
E-Book for ICD-10-AM

- e-Book

In addition to the books, an e-book, a searchable CD-ROM version of all the volumes of ICD-10-AM accompanies the 5-volume sets.
ICD-10-AM/ACHI/ACS

Sixth Edition

July 2008

ICD-10-AM Tabular List of Diseases
ICD-10-AM Alphabetic Index of Diseases
ACHI Tabular List of Interventions
ACHI Alphabetic Index of Interventions
Australian Coding Standards (v)

10-AM Commandments (Coding Matters)
Fracture (abduction) (adduction) (avulsion) (closed) (comminuted) (compound) (compression) (cortical) (dislocated) (displaced) (closed) (fractured) (Greenstick) (implied) (infected) (linear) (mane) (missile) (oblique) (open) (puncture) (separation) (simple) (slipped epiphysis) (spiral) T14.2 - with - communicating open wound — code also Wound, open, with, fracture - acetabulum S32.4 - acromion (process) S42.12 - alveolus 802.8 - ankle 802.88 - bimalleolar 882.81 - talus 882.1 - trimalleolar 882.82 - antrum — see Fracture, skull, base - arm (upper) 842.3 - meaning upper limb — see Fracture, limb, upper - — specified part NEC S42.8 - astragulus 802.1 - atlas (cervical vertebra) S12.0 - axis (cervical vertebra) S12.1 - back — see Fracture, vertebra - Barton's S52.53 - base of skull S02.1 - Bennett's S62.21 - bimalleolar, ankle S82.81 - blow-out (orbit) S62.3 - bone T14.2 - birth trauma P12.9 - following insertion of orthopaedic implant, joint prosthesis or bone plate M96.8 - in (due to) neoplastic disease NEC (M8000M) (see also Neoplasm) D43.0† M80.7-*
Code first the dislocation (S73 - ).

**S72 Fracture of femur**

Use additional open wound code S71.81 with category S72 to identify an open/compound fracture [open wound communicating with a fracture].

**S72.0 Fracture of neck of femur**

- S72.00 Fracture of neck of femur, part unspecified
- S72.01 Fracture of intracapsular section of femur
- S72.02 Fracture of upper epiphysis (separation) of femur
- S72.03 Fracture of subcapital section of femur
- S72.04 Fracture of midcervical section of femur
  - Transcervical NOS
- S72.05 Fracture of base of neck of femur
  - Cervicofemoralatic section
- S72.08 Fracture of other parts of neck of femur
  - Fracture of hip NOS
  - Head of femur

**S72.1 Pertrochanteric fracture**
Coding Matters

- Coding Matters is the quarterly newsletter of NCCH (Sydney).

- Any changes in practice are expected to be implemented by coders once they have been published in Coding Matters.
What’s the same?

- Extraction of information from charts
- Selection of main term, ICD code and verification in tabular
- Definition of the Principal Diagnosis
- Guidelines e.g.
  - Poisoning & Adverse effects
  - Neoplasms
What’s different?

- 5 books /E-Book
- Australian Coding Standards
- 7-digit codes for Procedures presented in blocks.
What’s different?

Secondary/ additional diagnoses

- NCCH has tightened the definition of additional diagnoses to limit coding of conditions to only those that affect patient management in a significant way.

- An additional diagnosis should not be routinely coded just because a patient is on ongoing medication for treatment of this condition.
What’s different?

Anaesthetics

Anaesthetic codes are collected in ICD-10-AM when a procedure is performed.

- General Anaesthetic and Sedation are always coded
- Anaesthetic codes require a two-character extension, which represents the patient's ASA (American Society of Anaesthesiologists) score.
What’s different?

Australian Coding Standard *0042 Procedures normally not coded* lists procedures not coded because they are usually:

- routine in nature
- performed for most patients and/or
- can occur multiple times during an episode
- the resources used to perform these procedures are often reflected in the diagnosis or in an associated procedure.
Examples of procedures listed under

ACS 0042 Procedures normally not coded:

- Application of plaster
- Dressings
- Drug treatment
- Echocardiogram
- Postprocedural urinary catheterisation
- Primary suture of surgical and traumatic wounds
- Ultrasound
- X-rays without contrast (plain)
Implementation In Ireland

- 2004 – Introduce the Classification
- 2005 – Working with the Classification
Training - 2004

- Coding Notes
  - March 2004 & following editions.

- A series of One Day workshops and introductory days held nationally in 2004
A new era for clinical coding in Ireland

Following an international review of options for the update of mortality coding in Ireland and a Pilot study of ICD-10-AM, the Department of Health and Children have approved the implementation of ICD-10-AM in Ireland from January 2005.

ICD-10-AM consists of:
1. An A4 disease classification based on the World Health Organization (WHO) publication ICD-10 with modifications to ensure a consistent and appropriate classification for clinical practice.
3. Australian Coding Standards to aid in the selection of disease and procedure codes.

The Classifications are presented as a five volumes in both standard book (7 volumes) format and e-book format.

ICD-10-AM is maintained and developed by the National Centre for Classification in Health (NCCIH) in Sydney, Australia, with support from the Commonwealth Department of Health and Family Services, the Australian Institute of Health and Welfare and the Australian Bureau of Statistics.

All HIPE Discharges from 1 January 2005 will be coded using ICD-10-AM. The WHIPE software will be amended to accept the appropriate codes according to the discharge data. Patients discharged on or before 31 December 2004 will be coded using ICD-9-AM. Patients discharged on or after 1 January 2005 will be coded using ICD-10-AM.

We look forward to working with you on the transition. We hope all those involved in HIPE in Ireland will embrace this opportunity to move forward with ICD-10-AM. Training will begin in Spring 2004. Turn to pages 3 and 4 for more samples of coding diagnosis and procedures with ICD-10-AM.
Preparation Advice

- Communicate with hospital staff
- Improve chart documentation
- Tackle Backlogs to cut down on the Dual Coding Period
- The Dual Coding Period
ICD-10-AM Training

Australia

- 3 members of HIPE Data Quality and Training group from ESRI travelled to Australia in May 2004

  1- Training
  2 - Data Quality

- Train the trainer week in NCCH Sydney
- Attended 4th Edition Update workshops
**Initial stages April – July 2004**

- W-HIPE data entry and reporting software amended
- Edits reviewed
- Liaison by phone and email with NCCH
- Ordering of books/eBooks
- Organise Phase 1 training courses
- Web Page for ICD-10-AM on [www.esri.ie](http://www.esri.ie)

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Ireland

**Phase 1** – Training given by ESRI Staff

A series of 2-day introductory workshops were held across Ireland from August to December 2004.

**Phase 2** - Training given by **NCCH**

In January 2005 two trainers from NCCH travelled to Ireland and spent 2 weeks conducting 4 workshops.

**Phase 3** – Training given by ESRI Staff

April to June 2005 with a series of 1-day nationwide workshops to address any outstanding issues.
Coding Notes provided information on the implementation

In this issue

1. ICD-10 AM
2. Coding for Care
3. ICD-10 AM: The Top 10 - To date
4. ICD-10 AM: The Top 10 - To date

In this issue

1. Coding for Care
2. ICD-10 AM: The Top 10 - To date
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2. Coding for Care
3. ICD-10 AM: The Top 10 - To date
4. ICD-10 AM: The Top 10 - To date

The Top 10 reasons to use ICD-10 AM

1. ICD-10 AM provides an integrated solution.
2. Consistency for clinical coding.
3. Greater flexibility for both diagnostic and procedural coding.
4. Improved medical coding.
5. The availability of the complete ICD-10 AM database.
6. The availability of ICD-10 AM updates and maintenance.
7. The availability of the latest clinical guidelines.
8. The availability of the latest medical terminology.
9. The availability of the latest medical knowledge.
10. The availability of the latest medical technology.

Training for ICD-10 AM

Update to Time is well underway with over half the coders in the country having attended the Phase I introductory workshops so far. The response has been good with positive feedback and everyone looking forward to going with ICD-10 AM next year. These introductory workshops will be followed up in January 2005 with email update sessions to be conducted by two trainers from the RCOG in Australia. You must have attended Phase I workshop before you can attend the course in January. The dates for these courses are more available and we will begin to take bookings shortly. There are 4 courses: 2 in Dublin, 1 in Galway and 1 in Cork. Each course is for 2 days. Every coder and ICD will need to attend these courses.

1. Dublin: Monday 17th & Tuesday 18th January 2005
2. Dublin: Monday 24th January & Tuesday 25th January 2005
3. Cork: Monday 24th January & Tuesday 25th January 2005
4. Galway: Monday 27th & Tuesday 28th January 2005
Phase 1 - Two-day workshops

- 15 held nationwide - Autumn 2004
- 15 sets of books available & eBooks
- Smaller groups for Introductory phase
- Evaluation forms for preparing January 2004 courses with NCCH
Phase 1 Two-day workshops

Agenda

- Introduce the Classification
- Conventions used in ICD-10-AM
- Australian Coding Standards
- Principal diagnosis
- Additional Diagnoses
- Procedure Conventions for ICD-10-AM
Tools available at Phase 1 courses

- Workbooks
- Posters
- Exercises
- Access to books/ eBooks
- Advise on Update
Other preparations for hospitals

- Tackle Backlogs
- Stabilize coding team
- Appoint Ten Team Leader
- Set up an Implementation Group
Phase 2 - January 2005

- Workshops held in January 2005 - two NCCH trainers conducted four 2-day workshops.
- Each workshop had about 50 attendees.
- Dedicated separate training sessions on the eBook.
ICD-10-AM Training

Phase 2 - January 2005 - with NCCH

1 course
Galway

2 courses
Dublin

1 course
Cork

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Phase 3 - ESRI

- April to June 2005
- 1-Day workshops (11 nationwide)
- Coders had started to use ICD-10-AM
Phase 3

- Sligo: 1x course
- Midlands: 1x course
- West: 1x course
- Midwest: 1x course
- Cork: 2x courses
- Dublin: 3x courses
- NE: 1x course
- SE: 1x course
- Sligo: 1x course

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Impact of ICD-10-AM

- Develop and phase in new training
- Australian Coding Standards (ACS)
- Workshops throughout 2005
- Irish Coding Standards developed to compliment the ACS
Impact of ICD-10-AM

- Coverage
- Audit
- Quality Review
- Training Review
- WHIPE Data Entry software
- Casemix

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Impact of ICD-10-AM

Coverage

By end of April 2005

- Over 85% of ‘new year’ coded compared to same time last year for 2004.

- 95% of hospitals participating in HIPE had returned records for 2005.
Impact of ICD-10-AM

Data Quality

- An audit in February 2005 showed good compliance and understanding of ICD-10-AM.
- Ongoing reviews confirm quality is good.
Transition

- Coding Courses now all in ICD-10-AM
- Work on edits in W-HIPE ongoing
A successful implementation

- A focused 3-phased national training plan undertaken by the ESRI in collaboration with the NCCH in Sydney.

- Additional information has been provided regularly to coders through *Coding Notes*.

- The support of the Department of Health and Children, the hospitals, coders and HCCs is also acknowledged as crucial to the implementation.
Ongoing..

- Ongoing timely and accurate HIPE data.
- Update to future editions ICD-10-AM
- Data Quality Framework
- Development of software
- Irish Coding Standards (ICS)
- Accreditation for coders
Irish Coding Standards (ICS) have been developed to be used in conjunction with the Australian Coding Standards. Coders need to be familiar with ICS. ICS are not indexed in the ICD-10-AM classification (coding books or e-book).
Future Directions

- ICD-10-AM
- Accreditation for Coders
Future Directions

- ICD-10-AM – 7th Edition
- NCCH contract runs to end July 2010 (publication 7th Edition)
- Future of ICD-10-AM at NCCH unclear.
Accreditation for Coders

- Accreditation of clinical coder training provided by the ESRI.
- Technological advances for training opportunities
- Linkage to Grading & Pay to training.
- Workforce study
Accreditation for Coders

Benefits to workforce

- more stable,
- skilled
- qualified,
- appropriately remunerated coders
- recognised clinical coding profession

Benefits to system

- Coded data will be viewed as of higher quality.
Clinical Coding

The Coding Process
The source document for coding in Ireland for HIPE is the medical record or chart. The clinical coder, the person who translates medical terminology into alpha-numeric code, performs an essential function in providing quality, accurate, and uniform medical information and greatly contributes to the continuous growth of medical knowledge. In addition to the discharge summary or letter, additional documentation referenced for coding a case include; nursing notes, consultation reports, progress notes, operative reports, pre- and post-operative reports and pathology reports. The clinical coder, following The 5 Steps to Coding Quality, uses the entire chart to extract the conditions and procedures to draw an adequate picture of the patient and their health care encounter.

Data Quality, Audit and Training
The Clinical Coding Support Team in the HIPE Unit provides data quality, audit and training to all HIPE Coders in Ireland. They also provide education and support to HIPE users on all aspects of the system.

ICD-10-AM / ACHI / ACS
For any further information

Deirdre Murphy,
Health Research and Information Division,
ESRI

e-mail: deirdre.murphy@esri.ie
¡Gracias por su atención!

e-mail: deirdre.murphy@esri.ie