Challenges in coding and classification

I have worked within the health industry for the past 25 years, 22 of which have been spent as a clinical coder. Throughout this time I have worked in various public and private hospitals in New South Wales, the Australian Capital Territory, the Northern Territory, and now in Western Australia. Over these years, I have, like many others, experienced and seen many changes not only within the coding industry, but also within the health industry as a whole. Along with this variety, I have had the opportunity to work in a large teaching hospital for approximately 5 years where there was wide-range implementation of Casemix, and where I gained further expertise in my profession.

As a newcomer to Western Australia, writing this article has provided an opportunity to look at the ‘challenges in coding and classification’ from a different perspective from simply that of the challenges faced by a clinical coder when embarking upon a new position in a different state or territory.

We moved from country Northern Territory to Perth, Western Australia in mid-January 2005. After settling in to our new house and becoming moderately familiar with our surrounds, the time came for me to look for work. Believe me, this was not an easy task. I can say the UBD Perth Street Directory has become our ‘bible’. After doing some research, I was referred to an informal interview, where I have been temporarily employed on a six-month full-time contract with the South Metropolitan Area Health Service. What a challenge the past 10 weeks have been! I can certainly say it has been frightening.

After contacting the hospital and going through an informal interview, I have been temporarily employed on a six-month full-time contract with the South Metropolitan Area Health Service. What a challenge the past 10 weeks have been! I can certainly say it has not been easy; everything about this position is very different from my previous experience. In addition, when the hospital’s one and only clinical coder took maternity leave I was left ‘holding the reins’. The following is a list of some of the areas in which I have encountered challenges.

**Administrative challenges**

- The start and end of the pay period is different from that of my previous employer.
- Staff are expected to pay for their own criminal background search out of their first pay.
- There was a different superannuation scheme which had to be amalgamated with my existing schemes.

**Coding issues**

Challenges in this area included:

- becoming familiar with the WA Coding Query Database
- becoming familiar with the Department of Health Technical Bulletins
- teaching and validating a new clinical coder
- learning and remembering codes that I have not coded in many years, for example, tonsillectomy and vasectomy (the nice and easy ones for a change!)
- locating and abstracting information (e.g. on smoking) from forms
- becoming familiar with the names and specialties of the doctors, getting to know them, and interpreting their handwriting and idiosyncratic abbreviations
- coding Admission and Wait List Forms
- coding Outpatient Same Day Unit episodes
- discovering how to chase up outstanding histopathology results
- locating active files within other Departments, e.g., rehabilitation and mental health
- finding out when to complete a Cancer Notification Form and where to send it
- coding an episode without Discharge Summary and then rechecking when completed
- not having the Grouper at the local level
- prioritising coding, e.g., any episode with a blue card has first priority
- learning how to chase up any outstanding episodes and files.

**Computer applications**

This involved:

- learning and understanding a new computer application in general, e.g., for coding, reports, maintenance requests and sick leave that is not user friendly with respect to coding data input
- learning the Pathology computer application to view outstanding results before chasing them up
- learning the Department of Health application to run off Edit Reports
- learning the Outpatient Same Day Unit computer application.

**Terminal digit filing system**

- The colours are all different, e.g., 00-09 is silver/grey, 10-19 is brown, 20-29 is red. This has really thrown my mind in a twist, but I am slowly coming to terms with it. I have been told that it is different once again at other hospitals throughout WA.
- Year label stickers are different.
- Client Medical Record Number is different.
Compilation of end-of-month statistics

This entails:

- running off edit reports, correcting errors and reporting those that cannot be corrected at hospital level to the Department of Health via email (I am still trying to establish a routine to deal with this issue)
- inputting daily coding output levels that are broken down to three levels, coded within 14 days, coded within 30 days, coded post-30 days, on a weekly basis and reporting totals at end of the month
- collecting and running off end-of-month statistics and inputting this information on a total summary sheet and forwarding this to management.

Conclusion

Yes, my days are busy and challenging — there is always something new to learn. I am using many skills that I have not been able to utilise for many years. Overall, we all have the Australian Coding Standards to follow, but each Area Health Service in their state or territory also has their own coding databases with which a coder needs to become familiar. I have found each state and territory to be unique and not just in the coding aspect, but in everything else that comes with job.

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