

How one hospital went 'back to school' to prepare for ICD-10



*Editor's note: Tying in with the theme of this year's Clinical Documentation Improvement Week—ICD-10: Preparing for Tomorrow Today—***Sherri A. Clark, BSN, RN-BC, CCDS**, CDI specialist at The University of Tennessee Medical Center in Knoxville, contributed the following case study describing her facility's preparations for ICD-10. She can be reached at SClark@mc.utmck.edu.

Overview of the institution and CDI/coding programs

Situated at the base of the Appalachian Mountains, The University of Tennessee Medical Center at Knoxville (UTMCK) is located in Knox County, whose estimated population is 432,226. UTMCK is the region's only academic medical center, designated as a Magnet Recognition Program® for excellence in nursing by the American Nurses Credentialing Center.

The facility includes a Level One trauma center, a dedicated heart hospital, and Joint Commission comprehensive stroke and joint replacement centers. There are a total of 581 inpatient beds, including 82 ICU beds.

The facility's HIM manager, **Lisa Peterson, RHIA**, who has been at the hospital for nearly 20 years, also manages the clinical documentation improvement (CDI) and coding programs. **Carla Stump, RHIT, CCS**, serves as coding coordinator, with more than 30 years of experience, and **Dr. Trey La Charité** is the CDI/coding physician advisor. Dr. La Charité is also a UT hospitalist, assists with Recovery Auditor (aka., RAC) audits, and oversees the denial process. There are presently four full-time CDI nurse specialists to cover inpatient admissions hospitalwide.

The coding team is composed of seven full-time inpatient coders, eight full-time outpatient coders, three full-time emergency room coders, and one emergency room coder/documentation specialist. There is also one full-time CDI/coding assistant who performs data entry and generates reports for the CDI and coding programs. Much of the daily communication between the CDI nurse specialist

and coders occurs via the hospital email system.

Preparation for ICD-10 in medical records

Initial preparations for ICD-10 began in 2010. UTMCK formed an ICD-10 steering committee whose membership consisted of key players in the institution. The committee completed an application inventory to ensure that potential hospital vendors would be ICD-10 compliant by the deadline. Next, the institution contracted with Jvion to perform data analytics in an effort to target the areas of highest risk. Peterson and **Buddy Fain**, vice president and director of medical records, presented ICD-10 information to senior leadership, including the senior VPs, VPs, and directors, with plans to present to the University Health Service, Inc., board in the future. At present, the ICD-10 budget has been approved and the initial computer testing for ICD-10 began in the summer of 2013. This process involves testing the process from coding, bill production, and reports generated throughout the revenue cycle.

Also in 2010, staff discussed a timeline with the CDI nurse specialist and coders outlining the general plan to educate and prepare staff for the expected ICD-10 changes. The plan included training the CDI nurse specialist and coders in ICD-10 as a group. Classroom lectures, presentations, and written material would be provided to all participants simultaneously. Discussions began that year with Karen Feltner of Roane State Community College in Harriman, Tenn., regarding two mandatory college classes related to ICD-10 that staff would take.

In spring 2012, the CDI nurse specialist, coders, the HIM manager, and coding coordinator successfully completed the first of the two

classes. The curriculum for the first class, Medical Terminology and Anatomy for ICD-10 Coding, included completing assignments, quizzes, and exams online over a 15-week semester. The text included 15 chapters, covering all body systems. The objective was to build on current knowledge of medical terminology and anatomy to an advanced level in order to review medical reports, including operative reports, with greater proficiency.

During the summer of 2012, Peterson and Stump prepared for ICD-10 by successfully completing the AHIMA-Approved ICD-10-CM/PCS Trainer course. At that same time, the hospital began transitioning from paper charting to an electronic health record (EHR). The EHR transition is scheduled to be completed in March 2014. The hospital's information services staff, under Fair's management, plays a vital role in preparing the software and programs required in the transition. They also provide much of the education, training, and technical support needed during the EHR transition.

The curriculum for the second class, Advanced Coding and Classification Systems (to be taken in the fall of 2013), includes weekly three-hour coding labs to be attended over a 15-week semester. The text for the class includes ICD-10 coding guidelines for multiple body systems. The online assignments, coding labs, quizzes, and exams are intended to promote skills related to classifying and coding medical diagnoses and procedures under ICD-10 guidelines.

The plan for 2014 includes dual coding (both ICD-9 and ICD-10), scheduled to begin in January, and physician, surgeon, and resident ICD-10 education/training by Dr. La Charité. Peterson is also looking to add additional online education modules through QuadraMed/Nuance.

Interview with a CDI nurse specialist and coder

Below is an interview I conducted with coder Andrea Montgomery, RHIT, with 21 years of experience, and CDI nurse specialist Mack McNeilly, RN, who has four years of experience as a CDI specialist and 40 years of nursing experience, detailing their personal experiences in the ICD-10 training/education process.

Initial reaction to ICD-10, preliminary training

Clark: What were your initial thoughts and attitude about the changes associated with ICD-10?

Montgomery: I did not want the transition to happen, but after I had some exposure to the ICD-10 coding process, I believe in the long run it will be an improvement over our current coding system.

McNeilly: I was worried about the changes, and that my job would be more difficult to do. I do feel initially it will be difficult, and that the transition in the hospital may take up to one year.

Clark: Did you ever consider changing positions or leaving your CDI/coding position when you were told that ICD-10 was going to be implemented in October 2014?

Montgomery: Not really. At this point in my life I have so many years vested in my career I thought I would just stick with it and tackle it head-on.

McNeilly: I am a special case. I started as a CDI nurse specialist with the intention to work two years. I have now worked four years. I may retire soon, but not because of the ICD-10 implementation.

Clark: Did your institution offer incentives if you completed the ICD-10 training/education?

Montgomery: Yes, a retention/incentive bonus. And I am also hoping for across-the-board raises for all of us as well.

McNeilly: Not sure. Incentives were discussed for the coders, but not sure what the CDI nurse specialists can expect.

Clark: What did your institution do to initiate your ICD-10 training/education in the beginning?

Montgomery: Management presented a general scenario verbally of what would be expected of us over the next several weeks and months.

McNeilly: I started with the online college class Medical Terminology and Anatomy for ICD-10 in the spring of 2012, offered through Roane State Community College. At the successful completion of the class, I earned three hours of college credit.

Clark: Did you feel confident in the beginning that the ICD-10 training/education would be adequate?

Montgomery: Yes.

McNeilly: Yes.

ICD-10 college curriculum

CDI and coding staff at UTMCK were required to enroll in two college courses as part of their ICD-10 training/education, and to complete those courses with a passing grade in order to continue in their positions (per the hospital's ICD-10 timeline). Staff were not required to pay out of pocket for the classes, offered through Roane State Community College in Harriman, Tenn. The instructor for both classes is Karen Feltner, RHIT, CSS, program director at the college.

Clark: How did you feel about this requirement and reentering college as part of your ICD-10 training/education?

Montgomery: The thought of going back to school after so many years was a bit intimidating at first, but after our first class began it wasn't as difficult as expected.

McNeilly: I felt okay; I was ready to attend.

Clark: What are the names of the classes you were required to take?

Montgomery: Medical Terminology and Anatomy for ICD-10 Coding, and Advanced Coding and Classification Systems.

Clark: When were those classes offered?

Montgomery: We took the medical/terminology class in spring of 2012 and will be taking the ICD-10 Advanced Coding and Classification Systems course in the fall of 2013.

Clark: Were you allowed to take these classes during your normal workday?

Montgomery: No. Classes were required to be taken on my own time per management.

McNeilly: No. I am required to take the classes and do the tests and homework assignments on my own time.

Clark: Did you feel better prepared after completing the first class?

Montgomery: Yes.

McNeilly: Yes. It was a good refresher course.

Clark: What was different for you once you completed the first class?

Montgomery: I felt I had a better grasp and in-depth knowledge of certain body systems and functions than I did before.

McNeilly: I felt that it sharpened my skills and knowledge related to human anatomy and medical terminology.

Additional ICD-10 training

Clark: Please describe any other ICD-10 training/education programs that you have attended.

Montgomery: Other programs I have attended for exposure to the ICD-10 system are through my local association KAHIMA (Knoxville Area Health Information Management Association) and their annual coding symposiums and bimonthly coding roundtable meetings.

McNeilly: I attended the 2011 ACDIS Conference, which had ICD-10 presentations. I attend quarterly CDI/coder education classes taught by our physician advisor, HIM manager, and coding coordinator. I participate in the quarterly ACDIS conference calls.

Clark: How often do those training/education programs occur?

Montgomery: Annually and bimonthly.

McNeilly: Quarterly and yearly.

Clark: Who at your facility conducts the ICD-10 training/education?

Montgomery: Carla Stump, the coding coordinator.

McNeilly: Lisa Peterson, our HIM manager; Dr. Trey La Charité, CDI/coding physician advisor; Carla Stump, coding coordinator.

Clark: Were you required to do additional projects to assist in preparing for the changes associated with ICD-10?

Montgomery: No, not so far.

McNeilly: Review printed ICD-10 related materials provided by Carla Stump and Dr. La Charité.

Clark: When does your institution plan to dual code (i.e., use both ICD-9 and ICD-10)?

Montgomery: January 2014.

McNeilly: Same as above.

Clark: What suggestions do you have in regards to training/education that could be of help to you and the others involved?

Montgomery: Not sure at this point in time.

McNeilly: Provide additional classes/learning sessions related to ICD-10. After the scheduled classes are completed, if additional information is needed, I hope that we will be provided with more class time to address issues our team might have.

Clark: Will you be ready on October 1, 2014, for ICD-10?

Montgomery: Yes, most definitely!

McNeilly: Yes.

Conclusion

Management and staff at UTMCK recognized early the challenges they would face with ICD-10 implementation. The federal delay to October 1, 2014, did not interrupt the plan to educate the coders, CDI nurse specialist, and staff. The plan required more than 26 people from the medical records department to re-enter college in order to maximize the goal of adequately preparing every person for the implementation. Peterson, Stump, and Dr. La Charité continue to assist in preparing staff by organizing programs to cover questions and issues related to ICD-10. Stump sends email updates with ICD-10 related material weekly or biweekly to the coders and CDI nurse specialist (e.g., "Learn the foreign language of ICD-10-PCS," by Cynthia L. Stewart, CPC, CPC-H, CPMA, CPC-I, CCS-P). Staff are actively encouraged to attend conferences and symposiums with ICD-10 related presentations.

In January of 2014, the plan to dual code will begin and is intended to give the coders and CDI nurse specialist some much needed experience before the implementation start date. Issues and challenges will be addressed during the dual coding period, along with the initiation of ICD-10 training for physicians, surgeons, and residents. Dr. La Charité will lead these education programs with the assistance of the CDI nurse specialist. The transition to a complete EHR by March 2014 is part of the challenging goal to be prepared for ICD-10.

Change is never easy. We will all transition to ICD-10 in a little more than a year. The changes associated with ICD-10 may be challenging to adopt, but preparation for those changes is key to a successful transition. In the year ahead, the time spent to educate staff will prove to be a wise investment. Preparation will not only lessen the fears and anxiety associated with a changing environment, but can lead to a willing and confident acceptance of the transition to ICD-10 in your facilities.



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