22274VIC Certificate IV in Clinical Classification

This course has been accredited under Parts 4.4 of the Education and Training Reform Act 2006.

Accredited for the period: 1 July 2014 to 30 June 2019

22274VIC Accreditation extended to: 30 June 2020

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Section A: Copyright and course classification information

1. Copyright owner of the course	Department of Education and Early Childhood Development
2. Address	Department of Education and Early Childhood Development Higher Education and Skills Group Executive Director Market Facilitation and Information GPO Box 4367 Melbourne 3001 **Organisational Contact:** Manager Training Products Higher Education and Skills Group Telephone: (03) 9637 3688 **Day to Day Contact:** Curriculum Maintenance Manager – Human Services Swinburne University Phone: (03) 9214 8501 email: cmmhs@swin.edu.au
3. Type of submission	Accreditation
4. Copyright acknowledgement	Copyright of the following units of competency from nationally endorsed Training Packages are administered by the Commonwealth of Australia and can be accessed at on the National Register of VET, training.gov.au (TGA) website here © Commonwealth of Australia: • BSB07 Business Services – BSBWHS201A Contribute to health and safety of self and others – BSBMED301B Interpret and apply medical terminology appropriately – BSBMED305B Apply the principles of confidentiality, privacy and security within the medical environment – BSBWOR401A Establish effective workplace relationships – BSBWOR501B Manage personal work priorities and professional development • HLT07 Health – HLTHIR402D Contribute to organisational effectiveness in the health industry

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6. Course accrediting body	Victorian Registration and Qualifications Authority
7. AVETMISS information	***ANZSCO code:*** 599915 Clinical Coder ***ASCED Code:*** 0803 Business and Administration ***National course code*** ***22274VIC***
8. Period of accreditation	1 July 2014 to 30 June 2020

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Section B: Course information

1. Nomenclature	Standard 1 AQTF Standards for Accredited Courses
1.1 Name of the qualification	Certificate IV in Clinical Classification
1.2 Nominal duration of the course	510 hours
2. Vocational or educational outcomes	Standard 1 AQTF Standards for Accredited Courses
2.1 Purpose of the course	The Certificate IV in Clinical Classification is an entry level course that develops the skills and knowledge to translate descriptions of medical diagnoses and procedures into codes, which are recorded as health data. Entry level Clinical Coders are responsible for the coding of moderately complex medical records and the current pathway to coding complex records is through on the job experience.
3. Development of the course	Standards 1 and 2 AQTF Standards for Accredited Courses
3.1 Industry / enterprise/ community needs	Clinical Coders work in the health system and the health data they produce is used to meet national and jurisdictional reporting requirements, assist in health service planning, monitor patient safety, assist in research, and underpins information for the hospitals funding models. The current clinical coding workforce is largely female and employed in both part time and full time arrangements in hospitals. Clinical coders can work largely as an individual or as part of team under limited supervision, with responsibility for their own coding outputs. Under the Council of Australian Governments agreements reached in November 2008 (National Partnership Agreement on Hospital and Health Workforce Reform) and in April 2010 (National Health and Hospitals Network Agreement), there is a commitment to develop and implement a nationally consistent approach to Activity Based Funding (ABF), a funding approach which Victoria implemented in the mid 1990s. Victoria has implemented classification, costing and data collection systems to support ABF and Clinical Coders play a critical enabling role as part of this system. Victoria has also developed a Health Information Workforce Strategy to address current shortages and mitigate future national reform impacts in the health care system. This course supports the Health Information Workforce Strategy goal of 'improving the fit of the education solutions with the business needs of the workforce'. The Victorian Department of Health undertook research in 2013 to develop a Clinical Coding Capability Framework with the aim of improving the education of entry level coders so that they are work ready and employable without the need for extensive supervision. The project examined existing pathways into clinical coding and the work undertaken by entry level clinical coders and mapped this against the outcomes of the existing 3 endorsed units of competency for clinical

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	coding from the HLT07 Health Training Package, as there is no Training Package qualification specific to the job role outcome of a Clinical Coder. This identified that the Training Package units do not adequately address the skill and knowledge outcomes required for clinical coders in Victoria. The gaps in the Training Package have been recognised by the Community Services and Health Industry Skills Council in its consultation to scope new roles in the health industry, conducted in 2013. The Clinical Coding Capability Framework detailed the required work outcomes across a range of settings and levels of responsibility and identified the following 7 capability areas: • Work effectively in the health system • Prepare to work as a clinical coder • Abstract clinical information to support clinical coding • Assign codes to an episode of care • Ensure quality of coded data • Manage time, resources and professional development • Comply with workplace policies, procedures and professional requirements. The Framework formed the basis for the development and validation of a Skills and Knowledge Profile, on which the Certificate IV in Clinical Classification is based. The Profile was further informed by the Project Steering Committee and confirmed the skill and knowledge outcomes represented in the units of competency that make up the qualification. **Project Steering Committee** A Project Steering Committee was established to guide and oversee the development of the 22274VIC Certificate IV in Clinical Classification and comprised: Jennie Shepheard (Chair) – Principal Advisor, Health Information Classification and Coding, Dept. of Health Julie Brophy – Manager Health Information Workforce Strategy, Dept. of Health Autumn Shea – Human Services Curriculum Maintenance Manager, Swinburne University Patricia Catterson – Coding Educator, Ballarat Health Service Pamela Williams – Manager Health Information Services, The Royal Melbourne Hospital Carly Uzkuraitis – Manager Health Information – Coding & Casemix, Box Hill Hospital Two Project Steering Committee meetings were held on: • 5 March2014 • 7 May 2014
3.2 Review for re-accreditation	Not Applicable

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4. Course outcomes	Standards 1, 2, 3 and 4 AQTF Standards for Accredited Courses
4.1 Qualification level	*Standards 1, 2 and 3 AQTF Standards for Accredited Courses* The Certificate IV in Clinical Classification is consistent with the criteria and specifications of AQF Level 4 as outlined in the Australian Qualification Framework Second Edition January 2013, as follows: Graduates of this course will have the following theoretical knowledge: • principles of the operation of and reporting requirements for health information service • concepts underpinning human anatomy and physiology • factors which may affect patient's health status • principles of health service funding models. Graduates of this course will have the following factual knowledge: • health classifications and standards used by clinical coders • roles, responsibilities, functions and authorities of health care professionals • structure and physiology of normal functioning of body systems • patient management across clinical disciplines and its documentation and recording requirements • medical terminology including the meaning of Latin roots, suffixes and prefixes. Graduates of this course will have the cognitive skills to: • accurately interpret the health information statutory and legislative reporting requirements of a health service • analyse clinical data to accurately assign and audit codes • analyse patient information documentation to identify principal diagnosis, additional diagnoses and interventions • identify sequencing of diagnoses and interventions • identify and address incomplete clinical documentation • interpret error reports to identify and address clinical coding issues. Graduates of this course will have the technical and communication skills to: • accurately code and audit data • use relevant technology • address deficiencies in documentation with relevant clinicians • communicate effectively within their work team/s. Graduates of this course work largely autonomously and apply judgement to, and take immediate responsibility for, their own coding of moderately complex medical records. The volume of learning for this course is anticipated to be between 1 year to 18 months and will include structured delivery of knowledge based information, self-directed learning and work based or simulated

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	opportunities to practice using de-identified moderately complex medical records.
4.2 Employability Skills	*Standard 4 AQTF Standards for Accredited Courses* The following summary reflects the Employability Skills required for this qualification. **Communication** • read and comprehend current International Statistical Classification of Diseases and Related Health Problems, Australian procedure classifications and Australian Coding Standards • read and synthesise information from clinical documentation to identify the interrelationships that impact on accurate clinical coding • identify and interpret information presented in a range of formats in clinical documentation • navigate and identify accurate information from additional resources such as medical dictionary and Monthly Index of Medical Specialties (MIMS) • compose clear and concise paper based and / or electronic communications to clinical health professionals or other coding staff to clarify coding issues • oral communication skills to make and respond to verbal inquiries and negotiate conversations with peers and clinical health professionals. **Teamwork** • participate in formal and informal meetings • provide feedback to managers / supervisors on issues such as the completeness of clinical documentation. **Problem Solving** • identify the impact of stakeholder roles and responsibilities, funding models, patient journeys and national and jurisdictional policies on the work of clinical coding • identify the impact of incorrect, incomplete and outdated coding on the ways in which clinical coding is primarily used • determine the relationship between clinical documentation and the accurate coding of medical information • establish that the clinical information sourced relates to the correct episode of care being assessed • identify ambiguous, absent or incomplete documentation and / or data • identify principal diagnosis, additional diagnoses and interventions • identify sequencing of diagnoses and interventions • evaluate the appropriateness of the assigned Diagnosis Related Group (DRG) • determine appropriate codes relevant to the episode of care

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	• quantify the impact of classification errors including the calculation of % error rate. **Initiative and Enterprise** • participate actively and responsively in internal and external audits • act on audit results and feedback • apply and assess requirements for speed and accuracy. **Planning and Organising** • identify and prepare medical records for audit • organise relevant references. **Self – management** • make amendments to clinical coding activities according to organisational requirements • recognise and seek clarification of audit issues • perform work according to organisational procedures and protocols • access relevant references. **Learning** • maintain and update own knowledge and skills to ensure clinical classification is undertaken according to current standards • recognise and address own coding performance. **Technology** • digital technology skills to access and use relevant computer programs • digital literacy skills to navigate computer based programs to enable information to be entered accurately.
4.3 Recognition given to the course (if applicable)	*Standard 5 AQTF Standards for Accredited Courses* Not Applicable
4.4 Licensing/ regulatory requirements (if applicable)	*Standard 5 AQTF Standards for Accredited Courses* Not Applicable

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5. Course rules — Standards 2, 6,7 and 9 AQTF Standards for Accredited Courses

5.1 Course structure

The 22274VIC Certificate IV in Clinical Classification is an all core qualification due to the focussed nature of the work outcomes, which do not vary between health services where clinical coders are employed.

To be eligible for the award of the 22274VIC Certificate IV in Clinical Classification learners must successfully complete the following 12 units.

A Statement of Attainment will be issued for any unit of competency completed if the full qualification is not completed.

Unit of competency code	Field of Education code	Unit of competency title	Nominal hours
BSBWHS201A	N/A	Contribute to health and safety of self and others	20
HLTHIR402D	N/A	Contribute to organisational effectiveness in the health industry	30
BSBMED301B	N/A	Interpret and apply medical terminology appropriately	60
BSBMED305B	N/A	Apply the principles of confidentiality, privacy and security within the medical environment	20
BSBWOR401A	N/A	Establish effective workplace relationships	50
BSBWOR501B	N/A	Manage personal work priorities and professional development	60
VU21652	080313	Apply knowledge of the health system for clinical coding purposes	30
VU21653	080313	Prepare for clinical coding	40
VU21654	080313	Analyse clinical documentation	40
VU21655	080313	Abstract clinical information to support clinical coding	60
VU21656	080313	Assign codes to an episode of care	50
VU21657	080313	Participate in clinical coding audits	50
		Nominal Duration	**510**

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5.2 Entry requirements	*Standard 9 AQTF Standards for Accredited Courses* There are no mandatory entry requirements for the 22274VIC Certificate IV in Clinical Classification. Learners enrolling in the Certificate IV in Clinical Classification are best equipped to successfully undertake the qualification if they have literacy, numeracy and oracy skills that align to Level 3 of the Australian Core Skills Framework (ACSF). Indicators of ACSF Level 3 could include: • identifying relevant information from a range of written texts such as a course handbook and intranet • listening for relevant information and taking coherent notes from an information session • interpreting a course timetable. Learners with literacy, numeracy and oracy skills at lower levels than those suggested will require additional support to successfully undertake the qualification. Learners are best equipped to undertake the qualification if they have digital literacy and technology skills to use the basic functions of common word processing, spreadsheet and data base computer programs, as these skills are required to achieve the qualification outcomes. Learners who do not enter with these skills will require additional support to undertake the qualification.
6. Assessment	Standards 10 and 12 AQTF Standards for Accredited Courses
6.1 Assessment strategy	*Standard 10 AQTF Standards for Accredited Courses* All assessment will be consistent with the AQTF Essential Conditions and Standards for Initial/Continuing Registration Standard 1.5. RTOs should develop an assessment strategy which includes a variety of assessment methods and evidence gathering techniques, including Recognition of Prior Learning (RPL) and which offers an integrated approach to assessment to: • maximise opportunities for integrated skill and knowledge development and evidence gathering • reduce repetitious delivery and over assessment • reduce atomisation and duplication of evidence collection • make the evidence gathering more efficient for learners and teachers / assessors. It is not expected that an entry level coder will achieve a 100% accuracy rate upon completion of the 22274VIC Certificate IV in Clinical Classification. At the time of accreditation there was no agreed standard for the assessment of accuracy. Industry bodies in Victoria are considering the timeframes and accuracy expectations of an entry level coder and when this becomes available it should inform assessment of competency. Until such time as jurisdictional or national recommendations become available, assessors should liaise with their local health industry to determine the accepted

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	accuracy rate of entry level coders. If this is not possible or practicable, competency should be assessed as a 75% accuracy rate for a graduate of this qualification, including assessment of principal diagnosis selection, condition onset flag assignment and sequencing in addition to actual assignment of code. It is expected that accuracy rates improve over time and with experience in performing the role. Assessment tools must take into account the requirements of the unit in terms of skills, knowledge and performance. The *Evidence Guide* of each unit provides information specific to the outcomes of each unit. Assessment methods and tools may include: • portfolios containing examples of accurately coded clinical information • direct observation of skill application • third party feedback from managers / supervisors detailing work performed • oral and or written questioning to confirm knowledge that underpins performance. Evidence may include: • interview records / checklists • assessment records • student portfolios. Assessment of units of competency from nationally endorsed Training Packages must be in accordance with the assessment requirements incorporated in the endorsed component of the relevant Training Package.
6.2 Assessor competencies	*Standard 12 AQTF Standards for Accredited Courses* Assessor competencies for these courses are consistent with the requirements of the AQTF Standards for Registration Standard 1.4 that require trainers and assessors to: • have the training and assessment competencies determined by the National Skills Standards Council or its successors, • have the relevant vocational competencies at least to the level being delivered or assessed, and; • continue to develop their vocational and training and assessment competencies to support continuous improvements in the delivery of RTO services. Assessors of this qualification must have the knowledge and skill at least to the level described in the Certificate IV in Clinical Classification and sufficient experience in the clinical coding and auditing of medical records to operate independently. Assessors of the imported units of competency must meet the requirements of the relevant Training Package.

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7. Delivery	Standards 11 and 12 AQTF Standards for Accredited Courses
7.1 Delivery modes	*Standard 11 AQTF Standards for Accredited Courses* There are no mandatory delivery modes for the Certificate IV in Clinical Classification, however learners must be provided with opportunities to use moderately complex medical records to ensure they are prepared for the workplace. The use of medical records must comply with confidentiality and privacy regulations. Moderately complex medical records are those that include: • single condition reason for admission but with the existence of co-morbidities and/or the need for multiple interventions • multiple conditions reason for admission without co-morbidities or the need for interventions. Where areas of content are common to more than one unit it is appropriate to use an integrated delivery strategy.
7.2 Resources	Standard 12 AQTF Standards for Accredited Courses Training providers will need access to the following resources in order to deliver and assess the Certificate IV in Clinical Classification: • moderately complex medical records • common error alerts or reports • medical dictionary and Monthly Index of Medical Specialities (MIMS) or similar • current classifications, standards and guidelines • organisational procedures and protocols that reflect those typically found in health services • a computer based program typically used for the coding of clinical data • personnel who would commonly participate in formal and informal meetings related to internal and external audits Resources include teachers/trainers who meet the Australian Quality Training Framework Essential Conditions and Standards for Initial / Continuing Registration Standard 1.4. As this is a new qualification vocational competence of trainers will need to be verified in the context of existing training arrangements for clinical coders. Vocational competence can be evidenced by one of the following methods: • Verification by a panel consisting of an industry specialist and / or a clinical coding educator and a clinical coding practitioner of the knowledge and skill at least to the level described in the Certificate IV in Clinical Classification and sufficient experience in the clinical coding and auditing of medical records to operate independently in the workplace

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	• Holding the Certificate IV in Clinical Classification or a Degree in Health Information Management and having sufficient experience in the clinical coding and auditing of medical records to operate independently in the workplace. Trainers of the imported units of competency must meet the requirements of the relevant Training Package.
8. Pathways and articulation	Standard 8 AQTF Standards for Accredited Courses
	There are no formalised articulation arrangements in place for this qualification at the time of accreditation. Imported units of competency provide pathways into a range of qualifications in the Business and Health sectors.
9. Ongoing monitoring and evaluation	Standard 13 AQTF Standards for Accredited Courses
	The Curriculum Maintenance Manager Human Services has responsibility for the ongoing monitoring and maintenance of the qualification. A formal review will take place once during the period of accreditation and will be informed by feedback from users of the curriculum and will consider at a minimum: • any changes required to meet emerging or developing needs • changes to any units of competency from nationally endorsed Training Packages or accredited curricula • investigation of emerging pathway opportunities. Any significant changes to the courses will be notified to the VRQA.

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Section C: Units of Competency

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Unit Code	**VU21652**
Unit Title	**Apply knowledge of the health system for clinical coding purposes**
Unit Descriptor	This unit describes the skills and knowledge to work effectively in the clinical coding field by applying knowledge of the health system to inform coding practices.
Employability Skills	This unit contains Employability Skills.
Application of the Unit	This unit applies to those with responsibility for the coding of health service clinical data. Work may be performed as an individual or as part of team under limited supervision.

Element	**Performance Criteria**
Elements describe the essential outcomes of a unit of competency. Elements describe actions or outcomes that are demonstrable and assessable.	Performance criteria describe the required performance needed to demonstrate achievement of the element – they identify the standard for the element. Where bold/italicised text is used, further information or explanation is detailed in the required skills and knowledge and/or the range statement. Assessment of performance is to be consistent with the evidence guide.
1 Analyse the impact of significant factors affecting clinical coding work	1.1 Identify the ***broad political, economic and social influences*** that impact the health system and may influence clinical coding outcomes
	1.2 Identify the ***scope, structure and functions*** of public and private hospital and ***other health services***
	1.3 Identify the ***key stakeholders*** of public and private hospital services and their role in health care delivery
	1.4 Analyse the interrelationship between stakeholders and the factors that influence health services
2 Determine the relationship between funding sources and clinical coding	2.1 Identify current ***source(s) of funding*** for health care services
	2.2 Identify the principles of ***Activity Based Funding models*** (ABF) and their relationship to clinical coding
	2.3 Determine the relationship between clinical coding work and hospital funding
3 Relate health worker roles to patient care	3.1 Identify the types of roles and scope of practice of ***health professionals***
	3.2 Identify the responsibilities and reporting lines of various health professionals operating in health services and their specific interaction with patients

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	3.3 Analyse how the various health professional groups interact with, and support each other to achieve patient outcomes
	3.4 Identify the role of hospital administration in relation to patient care
4 Analyse impact of patient journeys on clinical coding	4.1 Compare typical patient journeys into, through and out of hospital services and across the various clinical disciplines
	4.2 Analyse possible impact of different ***patient management pathways*** on clinical coding

Required Knowledge and Skills

This describes the essential skills and knowledge and their level required for this unit.

Required Knowledge:

- the purposes of Activity Based Funding (ABF) and the current Commonwealth and State forms of ABF to enable analysis of the relationship between clinical coding work and hospital funding
- the different pathways for management of patients through non-admitted, emergency, admitted, sub-acute and post discharge services across the various clinical disciplines to enable analysis of their impact on clinical coding work

Required Skills:

- analytical skills to identify the impact of stakeholder roles and responsibilities, funding models and patient journeys on the work of clinical coding

Range Statement

The Range Statement relates to the unit of competency as a whole. It allows for different work environments and situations that may affect performance. Bold / italicised wording in the Performance Criteria is detailed below.

Broad political, economic and social influences may include:	• political: − funding arrangements • economic: − public vs private − accessing health system • social: − ethnicity − mental health − drug and alcohol usage − chronic disease

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Scope, structure and functions may include:

- admitted patient services
- emergency department services
- privately managed public hospitals
- private patients treated in public hospitals
- care types that hospitals are authorised to report

Other health services may include:

- community care centres
- Medicare Locals
- GP services
- mental health and aged care residential facilities
- day procedure centres

Key stakeholders may include:

- clinicians, including medical, nursing and midwifery and allied health staff
- patients
- hospital management and administrative staff:
  - Chief Executive Officers
  - Chief Finance Officers
  - admission clerk
  - waiting list clerk
- national and jurisdictional government agencies
- health funds

Source(s) of funding may include:

- commonwealth and jurisdictional
- grants for special purposes outside regular funding models – provided by either national or jurisdictional bodies:
  - new technology grant
- special services funding:
  - transplant service
- Medicare Benefits Schedule
- co payments
- National Weighted Activity Units (NWAUs)
- fund raising activities

Activity Based Funding models can include:

- admitted care (i.e. inpatients)
- emergency care
- non-admitted services (i.e. outpatient services)
- subacute care

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	• mental health care • teaching, training and research functions
Health professionals may include:	• specialist medical practitioners • registrars • junior medical officers • registered nurses and midwifes • enrolled or division 2 nurses • allied health professionals • clinical coders • health information managers • clinical costing professionals • hospital management and administrative staff
Patient management pathways include those for:	• non-admitted patients in hospital services • emergency patients in hospital services • admitted patients in hospital services • sub-acute patients in hospital services • post discharge patients in hospital services

Evidence Guide

The evidence guide provides advice on assessment and must be read in conjunction with the Elements, Performance Criteria, Required Skills and Knowledge, the Range Statement and the Assessment section in Section B of the Accreditation Submission.

Critical aspects for assessment and evidence required to demonstrate competency in this unit	Assessment must confirm the ability to: • identify and analyse factors that relate to and impact on the work of clinical coding including: − roles and responsibilities of health care professionals − the architecture of the health care system − principles of Activity Based Funding − patient journeys and management pathways • identify and analyse the interrelationships between the factors that relate to and impact on the work of clinical coding
Context of and specific resources for assessment	Assessment must ensure access to: • sources of information on factors that relate to and impact on the work of clinical coding

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Method(s) of assessment	The following assessment methods are suitable for this unit: • oral and or written questioning to assess knowledge of factors that relate to and impact on the work of clinical coding • portfolio of relevant information and an analysis of its relationship to and impact on the work of clinical coding

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Unit Code	**VU21653**
Unit Title	**Prepare for clinical coding**
Unit Descriptor	This unit describes the skills and knowledge to identify the roles and responsibilities of a clinical coder, current clinical coding classifications and the ways in which coding data is used.
Employability Skills	This unit contains Employability Skills.
Application of the Unit	This unit applies to those with responsibility for interpreting, capturing and extracting patient clinical information for the purposes of clinical coding. Work may be performed as an individual or as part of team under limited supervision.

Element	**Performance Criteria**
Elements describe the essential outcomes of a unit of competency. Elements describe actions or outcomes that are demonstrable and assessable.	Performance criteria describe the required performance needed to demonstrate achievement of the element – they identify the standard for the element. Where bold/italicised text is used, further information or explanation is detailed in the required skills and knowledge and/or the range statement. Assessment of performance is to be consistent with the evidence guide.
1 Identify the legislative and regulatory framework	1.1 Define the ***roles, scope and responsibilities of a health information service***
	1.2 Identify the ***statutory and government reporting requirements*** of health services
	1.3 Analyse the link between statutory and government reporting requirements of health services and coded data
	1.4 Identify the ***National and jurisdictional policies*** that relate to clinical coding and analyse their impact on clinical coding work
	1.5 Identify ***National and local bodies*** that provide guidance and direction clinical coders and their influence on work activities
	1.6 Determine the ***relevance of privacy and confidentiality legislation*** to clinical coding
2 Analyse coding classifications	2.1 Identify the ***types of data*** reported by health services
	2.2 Identify the purpose and application of current International Statistical Classification of Diseases and Related Health Problems

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2.3 Identify the purpose and application of current procedural classification

2.4 Identify the purpose and application of current Australian Coding Standards (ACS)

2.5 Identify the development and maintenance processes for the ***classifications***

2.6 Identify the main ***uses of coded data***

2.7 Analyse the impact of incorrect, incomplete and outdated coding on these main uses

Required Knowledge and Skills

This describes the essential skills and knowledge and their level required for this unit.

Required Knowledge:

- privacy and confidentiality legislation to enable analysis of its impact on clinical coding and the use of patient information

Required Skills:

- analytical skills to:
  - determine the impact of national and jurisdictional policies on clinical coding work
  - understand the impact of incorrect, incomplete and outdated coding on the ways in which clinical coding is primarily used
- literacy skills to read and comprehend current International Statistical Classification of Diseases and Related Health Problems, Australian Classifications of Health Interventions and Australian Coding Standards
- digital literacy and technology skills to access and identify the legislative and regulatory framework

Range Statement

The Range Statement relates to the unit of competency as a whole. It allows for different work environments and situations that may affect performance. Bold / italicised wording in the Performance Criteria is detailed below.

Roles, scope and responsibilities of a health information service may include:

- developing, storing and maintaining medical records
- coding admitted episodes of patient care
- developing processes and tools for data collection
- analysing data for various purposes
- supporting clinical, administrative and planning decisions
- preparation and provision of health information for a variety of purposes

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Statutory and government reporting requirements may include:	• National and jurisdictional admitted patient data collections • cancer registration
National and jurisdictional policies may include:	• hospital admission and discharge policies • national and jurisdictional funding and reporting policies
National and local bodies may include:	• national authorities for health classification and coding advice • jurisdictional coding committees
Relevance of privacy and confidentiality legislation may include:	• use of patient personal data • use of patient clinical data • security of clinical data • compliance with statutory requirements
Types of data may include:	• datasets commonly reported by health services: − admitted episode datasets − emergency episode datasets
Classifications may include:	• International Statistical Classification of Diseases and Related Health Problems • Diagnosis Related Group
Uses of coded data may include:	• funding arrangements • public health surveillance / epidemiology • clinical research • services planning • benchmarking • quality improvement

Evidence Guide

The evidence guide provides advice on assessment and must be read in conjunction with the Elements, Performance Criteria, Required Skills and Knowledge, the Range Statement and the Assessment section in Section B of the Accreditation Submission.

Critical aspects for assessment and evidence required to demonstrate competency in this unit	Assessment must confirm the ability to: • identify the legislative and policy framework that relates to clinical coding and analyse its impact on clinical coding activities and outputs

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	• analyse current coding classifications and identify the impact of incorrect, incomplete and outdated coding
Context of and specific resources for assessment	Assessment must ensure access to: • sources of information on regulatory and legislative factors and current coding classifications that relate to and impact on the work of clinical coding
Method(s) of assessment	The following assessment methods are suitable for this unit: • oral and or written questioning to assess knowledge of the legislative and regulatory framework impacting on the work of clinical coding • portfolio of relevant information and an analysis of its relationship to, and impact on, the work of clinical coding

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Unit Code	**VU21654**
Unit Title	**Analyse clinical documentation**
Unit Descriptor	This unit describes the skills and knowledge to correctly interpret information in clinical documentation to support accurate clinical coding.
Employability Skills	This unit contains Employability Skills.
Application of the Unit	This unit applies to those with responsibility for interpreting and extracting patient clinical information for the purposes of clinical coding. Work may be performed as an individual or as part of team under limited supervision.

Element	**Performance Criteria**
Elements describe the essential outcomes of a unit of competency. Elements describe actions or outcomes that are demonstrable and assessable.	Performance criteria describe the required performance needed to demonstrate achievement of the element – they identify the standard for the element. Where bold/italicised text is used, further information or explanation is detailed in the required skills and knowledge and/or the range statement. Assessment of performance is to be consistent with the evidence guide.
1 Access patient information	1.1 Identify the ***systems used by health services*** to store patient demographic, administrative and clinical information 1.2 Locate medical records using a manual or electronic tracking system 1.3 Manage patient information according to ***organisational protocols*** and ***confidentiality and privacy requirements***
2 Identify the purpose and content of clinical documentation	2.1 Identify the structure and layout of medical records 2.2 Identify the ***different types of information*** recorded in medical records 2.3 Identify the documentation flow in relation to a ***typical patient journey*** through a hospital or health service 2.4 Determine the ***functions of a hospital Patient Administration System (PAS***) 2.5 Identify the ***mandatory data elements*** that hospitals report to the jurisdictions for admitted patients.
3 Analyse the relationship between clinical	3.1 Identify the ***structure and physiology of normal functioning body systems***

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documentation and clinical coding

3.2 Develop knowledge of commonly encountered ***clinical abbreviations***

3.3 Analyse the medical record to determine the reason for a patient admission and any surgery and / or intervention performed

3.4 Identify any absent information or reports required to accurately code

3.5 Determine organisational protocols for clarifying any absent or incomplete clinical documentation

Required Knowledge and Skills

This describes the essential skills and knowledge and their level required for this unit.

Required Knowledge:

- organisational protocols for:
  - the storage, access and use of medical records and patient data
  - clarifying issues affecting clarity and accuracy of clinical documentation
- structure of normal functioning body systems to enable accurate identification of clinical information for coding including:
  - cells, tissues and organs
  - cardiovascular system
  - respiratory system
  - musculo-skeletal system
  - endocrine system
  - digestive system
  - urinary system
  - reproductive system
  - integumentary system
  - lymphatic system
  - nervous system, including sensory systems - eye and ear
  - the special senses - smell, taste, vision, equilibrium and hearing
  - immune system
- concepts underpinning human anatomy and physiology to enable accurate identification of clinical information for coding, including:
  - levels of structural organisation of body systems
  - human life processes
  - homeostasis and the relationship between homeostatic imbalance and disease
- common and medical anatomical terminology to enable interpretation of clinical documentation and clear communication with clinical health professionals
- methods of referencing information in current medical dictionary used for clinical coding

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Required Skills:

- analytical skills to determine the relationship between clinical documentation and the accurate coding of medical information
- literacy skills to read and synthesise information from clinical documentation to identify the interrelationships that impact on accurate clinical coding

Range Statement

The Range Statement relates to the unit of competency as a whole. It allows for different work environments and situations that may affect performance. Bold / italicised wording in the Performance Criteria is detailed below.

Systems used by health services may include:	• Electronic Medical Records systems (EMR) • Patient Administration Systems (PAS) • emergency management systems • diagnostic systems: − pathology / diagnostic imaging
Organisational protocols may include:	• work instructions • standard operating procedures • written or verbal processes / protocols • good operating practice defined by industry codes of practice • procedures for referring queries to an appropriate person
Confidentiality and privacy requirements may include:	• use of patient personal and clinical data • security of patient data
Different types of information may include:	• clinical notes: − medical − nursing − allied health • orders and prescriptions • operation, treatment and procedure reports • pathology investigation results • diagnostic imaging results • discharge summary • correspondence
Typical patient journeys may include:	• non-admitted patients • emergency patients

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- admitted patients
- post discharge patients

Functions of a hospital Patient Administration System (PAS*)* *may include:*

- registering a patient and allocate a unit record (UR) number
- recording admission, transfer and separation details for admitted patients
- recording all episode data
- recording all coded data
- recording outpatient and theatre data
- performing mandatory reporting

Mandatory data elements may include:

- patient demographics
- clinical codes:
  - diagnoses
  - procedure / intervention
- data items critical to Diagnosis Related Group processing and funding:
  - mental health legal status
  - admission weight of newborn
  - hours of mechanical ventilation in ICU
  - admission and discharge dates

Structure and physiology of normal functioning body systems includes:

- cells, tissues and organs
- cardiovascular system
- respiratory system
- musculo-skeletal system
- endocrine system
- digestive system
- urinary system
- reproductive system
- integumentary system
- lymphatic system
- nervous system, including sensory systems - eye and ear
- the special senses - smell, taste, vision, equilibrium and hearing
- immune system

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Clinical abbreviations may include:	• those detailed in The Australian Dictionary of Clinical Abbreviations, Acronyms & Symbols

Evidence Guide

The evidence guide provides advice on assessment and must be read in conjunction with the Elements, Performance Criteria, Required Skills and Knowledge, the Range Statement and the Assessment section in Section B of the Accreditation Submission.

Critical aspects for assessment and evidence required to demonstrate competency in this unit	Assessment must confirm the ability to: • identify and use manual and / or electronic systems used by a health service to store patient and clinical data • analyse the relationship between clinical documentation and information and accurate clinical coding
Context of and specific resources for assessment	Assessment must ensure access to: • an electronic patient information system which contains de-identified medical records • a range of typical medical records to enable assessment of knowledge of the layout of medical records and the information typically contained
Method(s) of assessment	The following assessment methods are suitable for this unit: • observation of the learner accessing medical records from a manual or electronic patient information storage system • oral and or written questioning to assess knowledge of: − the structure of normal functioning body systems − concepts underpinning human anatomy and physiology − the purpose and content of clinical information • portfolio containing an analysis of the relationship between clinical documentation and clinical coding

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Unit Code	**VU21655**
Unit Title	**Abstract clinical information to support clinical coding**
Unit Descriptor	This unit describes the skills and knowledge to abstract clinical information from medical records to identify and extract clinical data required for clinical coding.
Employability Skills	This unit contains Employability Skills.
Application of the Unit	This unit applies to those with responsibility for the coding of health service clinical data. Work may be performed as an individual or as part of team under limited supervision.
Element	**Performance Criteria**
Elements describe the essential outcomes of a unit of competency. Elements describe actions or outcomes that are demonstrable and assessable.	Performance criteria describe the required performance needed to demonstrate achievement of the element – they identify the standard for the element. Where bold/italicised text is used, further information or explanation is detailed in the required skills and knowledge and/or the range statement. Assessment of performance is to be consistent with the evidence guide.
1 Evaluate clinical data from medical records	1.1 Determine the appropriate method/s of accessing patient information held in hard copy and / or electronic ***medical records*** and ***hospital patient management systems***
	1.2 Interpret documentation provided in medical records completed by ***clinical health professionals***
	1.3 Interpret investigation results and treatment provided to a patient
	1.4 Establish that the ***clinical information*** sourced relates to the correct ***episode of care*** being coded
	1.5 Establish that the documentation supports coding criteria and has the appropriate detail required to meet coding requirements
	1.6 Identify any ambiguous, absent or incomplete documentation and / or data in medical records that could affect code assignment
2 Clarify coding queries	2.1 Identify any additional information or clarifications required to enable accurate coding
	2.2 Formulate written coding queries to relevant clinical health professionals according to ***organisational procedures and protocols***

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	2.3 Provide timely and accurate responses to any written communications regarding coding queries as required
	2.4 Make verbal inquiries of clinical health professionals as required according to organisational procedures and protocols
	2.5 Refer any unresolved issues concerning clarity and accuracy of the clinical documentation and data to the ***appropriate person*** according to organisational procedures and protocols
3 Abstract clinical data from medical records	3.1 Select appropriate ***conditions/diseases*** and ***interventions*** for coding an episode of care from clinical documentation according to the Australian Coding Standards (ACS)
	3.2 Identify the ***principal diagnosis*** according to the ACS for an episode of care from the identified patient information
	3.3 Identify ***additional diagnoses*** and interventions from the identified patient information according to the ACS
	3.4 Establish the ***correct sequencing*** of diagnoses and interventions according to the ACS for the episode of care
	3.5 Use ***resources*** to assist in clarifying information where required

Required Knowledge and Skills

This describes the essential skills and knowledge and their level required for this unit.

Required Knowledge:

- organisational procedures and protocols to:
  - enable appropriate written and oral communications with clinical health professionals to clarify coding queries
  - refer unresolved issues
- functional knowledge of medical terminology to enable:
  - correct interpretation of clinical documentation and
  - clear and accurate communication with clinical health professionals to clarify coding queries, including the meaning of Latin roots, suffixes and prefixes
- structure of normal functioning body systems to enable accurate interpretation of clinical information for coding including:
  - cells, tissues and organs
  - cardiovascular system
  - respiratory system

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- musculo-skeletal system
- endocrine system
- digestive system
- urinary system
- reproductive system
- integumentary system
- lymphatic system
- nervous system, including sensory systems - eye and ear
- the special senses - smell, taste, vision, equilibrium and hearing
- immune system

- concepts underpinning human anatomy and physiology to enable accurate interpretation of clinical information for coding, including:
  - levels of structural organisation of body systems
  - human life processes
  - homeostasis and the relationship between homeostatic imbalance and disease

Required Skills:

- analytical skills to
  - establish that the clinical information sourced relates to the correct episode of care being assessed
  - identify ambiguous, absent or incomplete documentation and / or data
  - identify principal diagnosis, additional diagnoses and interventions
  - identify sequencing of diagnoses and interventions
- reading skills to:
  - identify and interpret information presented in a range of formats in clinical documentation
  - navigate and identify accurate information from additional resources such as medical dictionary and Monthly Index of Medical Specialties (MIMS)
- writing skills to compose clear and concise paper based and / or electronic communications to clinical health professionals or other coding staff to clarify coding issues
- oral communication skills to make and respond to verbal inquiries and negotiate conversations with peers and clinical health professionals
- self management skills to access and organise relevant references
- digital technology skills to store and retrieve information in digital format

Range Statement

The Range Statement relates to the unit of competency as a whole. It allows for different work environments and situations that may affect performance. Bold / italicised wording in the Performance Criteria is detailed below.

Medical records may include:	• paper based, scanned or electronic: − charts or records − clinical notes − operations / procedure / treatment notes − pathology results

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- diagnostic imaging results
- correspondence

Hospital patient management systems may include:	• Electronic Medical Records systems (EMR) • Patient Administration Systems (PAS) • emergency management systems • diagnostic systems: − pathology / diagnostic imaging
Clinical health professionals may include:	• specialist medical practitioners • registrars • interns • Registered nurses and midwives • allied health professionals • scientific officers • medical imaging professionals
Clinical information may include:	• emergency notes • test results • drug charts • operation reports • progress notes • pathology and imaging results • correspondence • operation reports • discharge summary
Episode of care relates to:	• the care provided between the date/time of admission and the date/time of separation either from the hospital or to another care type
Organisational procedures and protocols may include:	• work instructions • standard operating procedures • written or verbal processes / protocols • good operating practice defined by industry codes of practice • procedures for referring queries to an appropriate person • organisational governance arrangements

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	• patient confidentiality agreements • data access and security guidelines
Appropriate person may include:	• senior coder • supervisor / manager • clinical health professional
Conditions/diseases include:	• any medical condition for which patients may present to a health service
Interventions may include:	• a clinical intervention that: − is surgical in nature − carries a procedural risk − carries an anaesthetic risk − requires specialised training
Principal diagnosis means:	• diagnosis established after study to be chiefly responsible for occasioning the patient's episode of care in hospital
Additional diagnoses may include:	• any diagnoses which are recorded in a patient record and meet criteria for coding that are not principal diagnosis
Sequencing includes:	• determining the precise order of diagnoses and intervention codes
Resources may include:	• medical dictionary • Monthly Index of Medical Specialities (MIMS) • Australian Coding Standards • national and local coding advice • senior clinical coders / supervisors

Evidence Guide

The evidence guide provides advice on assessment and must be read in conjunction with the Elements, Performance Criteria, Required Skills and Knowledge, the Range Statement and the Assessment section in Section B of the Accreditation Submission.

Critical aspects for assessment and evidence required to demonstrate competency in this unit	Assessment must confirm the ability to: • access and interpret clinical information from medical records to enable clinical codes to be accurately assigned • identify and address issues requiring clarification

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Context of and specific resources for assessment	Assessment must ensure access to: • resources such as medical dictionary and Monthly Index of Medical Specialities (MIMS) • moderately complex medical records
Method(s) of assessment	The following assessment methods are suitable for this unit: • portfolio containing: − accurately identified principal and additional diagnoses and interventions and sequencing from medical records − written enquiries to clinical health professionals to resolve coding queries • oral and or written questioning to assess functional knowledge of medical terminology, structure of normal functioning body systems, concepts underpinning human anatomy and physiology and their relationship to accurate clinical coding

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Unit Code	**VU21656**
Unit Title	**Assign codes to an episode of care**
Unit Descriptor	This unit describes the skills and knowledge to assign clinical classification codes to an admitted episode of care using patient and clinical data from medical records of moderately complex episodes of care.
Employability Skills	This unit contains Employability Skills.
Application of the Unit	This unit applies to those with responsibility for interpreting and extracting patient clinical information for the purposes of clinical coding. Work may be performed as an individual or as part of team under limited supervision.

Element	**Performance Criteria**
Elements describe the essential outcomes of a unit of competency. Elements describe actions or outcomes that are demonstrable and assessable.	Performance criteria describe the required performance needed to demonstrate achievement of the element – they identify the standard for the element. Where bold/italicised text is used, further information or explanation is detailed in the required skills and knowledge and/or the range statement. Assessment of performance is to be consistent with the evidence guide.
1 Access medical records	1.1 Access ***moderately complex medical records*** to be coded according to ***organisational procedures and protocols***
	1.2 Establish expected ***timeframe*** and ***accuracy rate*** for completion of coding according to organisational procedures and protocols
	1.3 Confirm most current ***classification*** is being used to assist in code assignment and code sequencing
2 Assign codes to medical records	2.1 Identify the ***principal diagnosis*** related to the ***episode of care***
	2.2 Identify any ***additional diagnoses*** and establish the correct ***sequencing of diagnoses codes*** according to the relevant classification standards and conventions
	2.3 Identify any ***interventions*** and establish the correct sequencing of intervention codes according to the relevant classification standards and conventions.
	2.4 Assign complete and accurate disease and intervention codes by correctly using the indices to the classifications

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	2.5 Establish the correct assignment of additional ***jurisdictional classification requirements*** according to current guidelines
3 Maintain clinical coding data	3.1 Enter, edit and maintain validity of coded data into hospital information system(s) for the relevant episode of patient care
	3.2 Address ***changes to data collection and clinical coding requirements***, according to relevant standards, protocols and legislation
	3.3 Make amendments to clinical coding activities according to organisational requirements
	3.4 Maintain and update personal knowledge and skills to ensure that amendments to classifications or standards for classifications are addressed as required

Required Knowledge and Skills

This describes the essential skills and knowledge and their level required for this unit.

Required Knowledge:

- organisational procedures and protocols for:
  - accessing medical records and maintaining the security of patient data
  - identifying timeframes and accuracy rates for coding admitted episodes
- relevant classification standards and conventions to enable accurate codes to be assigned
- guidelines in current Condition onset flags and jurisdictional additions to enable the correct assignment of condition onset flags to codes

Required Skills:

- digital technology skills to access and use relevant computer programs
- digital literacy skills to navigate computer based programs to enable information to be entered accurately
- numeracy skills to apply and assess requirements for speed and accuracy
- self management skills to:
  - access and organise references
  - maintain and update own knowledge and skills to ensure that amendments are addressed as required
  - make amendments to clinical coding activities according to organisational requirements
- analytical skills to determine appropriate codes relevant to the episode of care

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Range Statement

The Range Statement relates to the unit of competency as a whole. It allows for different work environments and situations that may affect performance. Bold / italicised wording in the Performance Criteria is detailed below.

Moderately complex medical records may include:	• single condition reason for admission but with the existence of co-morbidities and/or the need for multiple interventions • multiple conditions reason for admission without co-morbidities or the need for interventions • episodes as defined by national or jurisdictional guidelines
Organisational procedures and protocols may include:	• accessing and using patient demographic and clinical data • security and confidentiality of patient data • timeframes, productivity and accuracy rates as determined by jurisdictions and hospitals • procedures for referring classification or documentation queries to an appropriate person
Timeframe may include:	• jurisdictional or national recommendations • hospital data submission timeframes mandated by jurisdictions • internal hospital timeframes for the completion of coding to inform management of performance targets and funding systems
Accuracy rate may include:	• the health industry accepted accuracy rate for entry level coders • jurisdictional or national recommendations • as a default, 75% accuracy rate including assessment of principal diagnosis selection, condition onset flag assignment and sequencing in addition to actual assignment of code
Classification may include:	• International Classification of Diseases (ICD) • procedure classifications
Principal diagnosis means:	• diagnosis established after study to be chiefly responsible for occasioning the patient's episode of care in hospital

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Episode of care includes:	• the care provided between the date/time of admission and the date/time of separation either from the hospital or to another care type
Additional diagnoses may include:	• any diagnoses which are recorded in a patient record and meet criteria for coding that are not principal diagnosis
Sequencing of diagnoses includes:	• determining the precise order of diagnoses and intervention codes
Interventions may include:	• a clinical intervention that: − is surgical in nature − carries a procedural risk − carries an anaesthetic risk − requires specialised training
Jurisdictional classification requirements may include:	• condition onset flags
Changes to data collection and clinical coding requirements may include:	• updated editions of the classifications • newly released advice from the national or local jurisdiction • new and updated requirements for data submission to jurisdictions that may impact on clinical coders work • changes to admission policy • hospital data submission timeframes mandated by jurisdictions • internal hospital timeframes for the completion of coding to inform management of performance targets and funding systems • new coding advice published by local or national body

Evidence Guide

The evidence guide provides advice on assessment and must be read in conjunction with the Elements, Performance Criteria, Required Skills and Knowledge, the Range Statement and the Assessment section in Section B of the Accreditation Submission.

Critical aspects for assessment and evidence required to demonstrate competency in this unit	Assessment must confirm the ability to: • assign codes from moderately complex medical records at levels of speed and accuracy expected in the workplace

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	• edit, amend and maintain validity of coded data according to current standards and organisational requirements
Context of and specific resources for assessment	Assessment must ensure access to: • current classifications, standards and guidelines • organisational procedures and protocols that reflect those typically found in health services • a computer based program typically used for the coding of clinical data
Method(s) of assessment	The following assessment methods are suitable for this unit: • observation of the candidate interpreting and coding clinical data within timeframes and accuracy rates typically expected by health services • oral and or written questioning to assess knowledge of: − relevant organisational procedures and protocols − relevant classification standards and conventions − current guidelines and jurisdictional additions to enable the correct assignment of condition onset flags to codes

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Unit Code	**VU21657**
Unit Title	**Participate in clinical coding audits**
Unit Descriptor	This unit describes the skills and knowledge to participate actively in internal and external audits of clinical coding to evaluate, validate and correct own work and contribute to audit review processes.
Employability Skills	This unit contains Employability Skills.
Application of the Unit	This unit applies to those with responsibility for interpreting and extracting patient clinical information for the purposes of clinical coding. Work may be performed as an individual or as part of team under limited supervision.

Element	**Performance Criteria**
Elements describe the essential outcomes of a unit of competency. Elements describe actions or outcomes that are demonstrable and assessable.	Performance criteria describe the required performance needed to demonstrate achievement of the element – they identify the standard for the element. Where bold/italicised text is used, further information or explanation is detailed in the required skills and knowledge and/or the range statement. Assessment of performance is to be consistent with the evidence guide.
1 Prepare for internal and external audits	1.1 Clarify the purposes of ***internal and external audits***
	1.2 Identify the ***type of clinical coding audit*** to be undertaken
	1.3 Identify and prepare ***medical records*** for audit according to ***organisational procedures and protocols*** or external requirements
2 Validate own clinical coding data	2.1 Independently and accurately validate own coding of an ***episode of care*** across ***moderately complex medical records***
	2.2 Interpret ***error notifications*** to identify possible clinical coding errors
	2.3 Resolve ***clinical coding issues*** according to organisational procedures and protocols
	2.4 Evaluate the appropriateness of the assigned Diagnosis Related Group (DRG) in the context of a clinically coded episode of care
3 Review audit outcomes	3.1 Participate in formal and informal meetings to address unusual or error classification or documentation issues according to organisational procedures and protocols
	3.2 Respond appropriately to questions as required

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3.3 Raise relevant documentation and classification queries with health information personnel and/or clinicians as required according to organisational procedures and protocols

3.4 Determine ***strategies or actions*** to improve audit results

Required Knowledge and Skills

This describes the essential skills and knowledge and their level required for this unit.

Required Knowledge:

- factors that impact on classification allocation including the impact of specific diagnosis and/or intervention codes to enable participation in audits
- purposes of internal and external audits to enable appropriate participation
- organisational procedures and protocols for:
  - accessing, using, securing and releasing data
  - resolving coding issues
  - communicating with colleagues and clinicians

Required Skills:

- analytical skills to:
  - evaluate the appropriateness of the assigned AR-DRG
  - recognise and seek clarification of audit issues
- communication skills to:
  - participate in formal and informal meetings
  - provide feedback to managers / supervisors on issues such as the completeness of clinical documentation
- numeracy skills to quantify the impact of classification errors including the calculation of % error rate
- self management skills to:
  - perform work according to organisational procedures and protocols
  - participate actively and responsively in internal and external audits
  - act on audit results and feedback
- digital technology skills to access and use relevant computer programs
- digital literacy skills to navigate computer based programs

Range Statement

The Range Statement relates to the unit of competency as a whole. It allows for different work environments and situations that may affect performance. Bold / italicised wording in the Performance Criteria is detailed below.

Internal and external audits may include:	• scheduled or unscheduled internal audits that contribute to quality monitoring and improvement

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	• scheduled external audits to meet funding body contractual requirements for reporting
	• targeted audits:
	  − high cost / high volume scenarios
	• random audits:
	  − % of episodes

Medical records may include:	• hard copy, scanned or electronic:
	  − charts or records
	  − clinical notes
	  − operations / procedure / treatment notes
	  − pathology results
	  − diagnostic imaging results
	  − correspondence

Organisational procedures and protocols may include:	• accessing and using data • security and confidentiality of patient information • meeting protocols • preparing records for external audit
Episode of care may include:	• the care provided between the date/time of admission and the date/time of separation either from the hospital or to another care type
Moderately complex medical records may include:	• single condition reason for admission but with the existence of co-morbidities and/or the need for multiple interventions • multiple conditions reason for admission without co-morbidities or the need for interventions and/or specialist care in a critical care unit • episodes as defined by national or jurisdictional guidelines

Error notifications may include:	• alerts or reports generated:
	  − by manager / supervisor / auditor
	  − from patient reporting system
	  − from software package
	  − audit program

Clinical coding issues may include:	• incorrect selection or coding of the principal diagnosis • inaccurate coding due to inadequate clinical documentation

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- missing or incorrect additional diagnosis and procedure codes
- unjustified assignment of diagnosis and procedure codes
- discrepancies between the original codes and auditor assigned codes

Strategies or actions may include:

- further self education to improve knowledge and / or skills
- suggestions to manager / supervisor for:
  - improvements to documentation
  - advice to clinicians on use of documentation to support accurate and complete coding
  - coding education activities

Evidence Guide

The evidence guide provides advice on assessment and must be read in conjunction with the Elements, Performance Criteria, Required Skills and Knowledge, the Range Statement and the Assessment section in Section B of the Accreditation Submission.

Critical aspects for assessment and evidence required to demonstrate competency in this unit

Assessment must confirm the ability to:

- identify the purpose of internal and external audits and participate actively and responsively
- recognise and address own coding performance within organisational procedures and processes

Context of and specific resources for assessment

Assessment must ensure access to :

- moderately complex medical records
- common error alerts or reports
- personnel who would commonly participate in formal and informal meetings related to internal and external audits
- organisational procedures and processes relevant to internal and external audits

Method(s) of assessment

The following assessment methods are suitable for this unit:

- observation of participation in formal and informal meetings
- portfolio of self reviewed error reports where errors have been accurately identified and addressed
- third party reports from a manager / supervisor detailing work performance

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