It's time to get geared up for ICD-10 to build our Action Plan. We just finished developing the budget for a large hospital system and found the bulk of the budget will go to software applications, hardware upgrades and education and training. These are the three highest risk areas. Now we have to turn the impact assessment and GAP Analysis into the action plan. I am finding that working with hospital systems that have a large steering committee with several sub-committees helps distribute the action items. For example, every department will need education whether it is awareness, fundamental, documentation or in-depth training. By assigning the task to the education sub-committee they can map out an education plan which is top of the list on the action plan. I find it is helpful to map out the action items and milestones in large physician groups or hospitals on an intranet portal so every steering committee member and sub-committee chairs can view the action items and progress along the way.

How do you begin this process? First start with a simple spreadsheet identifying the following:

- Business area or department
- Action item
- Start Date
- End Date
- Duration (estimated time for completion)
- Responsible committee or person
You will see below an excerpt of Action Plan with steps that should be taken for Implementation (not all inclusive).

<table>
<thead>
<tr>
<th>Business Area</th>
<th>Action</th>
<th>Start Date</th>
<th>End Date</th>
<th>Duration</th>
<th>Responsibility</th>
</tr>
</thead>
</table>
| Information Systems    | • Update systems to support patient flow processes and background operations and execute comprehensive testing.  
• Upgrade all software applications impacted by ICD-10 (see application list)  
• Investigate interfacing software with EHR |            |          |          | Information Systems-Director and subcommittee |
| Education and Training | Develop education and training plan for all staff including HIM and Physicians  
• Determine where to obtain training.  
• Budget for Training  
• Obtain Training. |            |          |          | Education sub-committee              |
<p>| Hardware Upgrades      | • Meet with vendor to discuss upgrading hardware based on requirements obtained from EHR vendor |            |          |          | Information Systems-Director         |
| Finance/Revenue Cycle  | • Create mitigation plans to address billing delays, slow- down in payment processing; denials, coding error rates, documentation issues. |            |          |          | Patient Financial Services-Sub committee |
| Medical Records        | • Develop response to new information demands, continued education and training on code sets. |            |          |          | Health Information Management-sub committee |</p>
<table>
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<tr>
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</tr>
</thead>
<tbody>
<tr>
<td>Cost and Reimbursement</td>
<td>• Ensure Grouper is complaint. Upgrade to version 16.0</td>
<td></td>
<td></td>
<td></td>
<td>Finance Sub-committee</td>
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<td></td>
<td>• Standardized building of scorecards and more consistent calculation.</td>
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<td></td>
<td>• HPM extract may need to be rewritten for ICD-10.</td>
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<td></td>
<td>• Currently, there have been code changes after claim submission due to different Groupers in HPM and EHR. Need to develop process for avoiding or eliminating this problem.</td>
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<td></td>
<td>• Combined patient accounts are not being combined causing Grouper differences. Develop protocol for combining accounts (72 hour rule).</td>
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<td></td>
<td>• Patient Accounts and HIM will need to develop a workflow when insurance carrier changes DRG.</td>
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<td></td>
<td>• Create a better process with CDI to ensure claims are not released when queries are pending. Develop a work queue in Epic to ensure staff review the claim before the bill is submitted</td>
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</tr>
</tbody>
</table>
Information System should have its own Action Plan which ties into the Hospital or Physician Practice
Action plan which identifies all software applications, what departments use the particular software
application upgrades with dates, interfaces, testing internal, external, and end-to-end. Information
systems have a big task ahead. In my experience with hospital systems they sometimes have 40-50
software applications. Some applications interface, some do not, and some applications have the
capability to interface with the Electronic Health Record.

Once the Action plan is developed for the organization along with the Information Systems Action plan
the real work begins. Action items should be assigned to the sub-committees or some of my hospitals
refer to the committees as action teams. Each sub-committee should take each action item; reference the
Impact Assessment and GAP Analysis to determine how they will accomplish their goals.

Each sub-committee should map out a plan to complete each action item to present to the Executive
Steering Committee within 30 days of receiving their assignments. It is important to allow at least a
month for the committees to develop the action items to give them time to think through the process
and develop their plan.

Progress should be updated on the organizations intranet or ICD-10 portal so the entire Steering
Committee can review progress in between meetings. Keep in mind when creating a site on the intranet
or ICD-10 portal it should be password protected so that only the Executive Steering Committee and
authorized sub-committee members have access.

Since many organizations have limited meeting time, using the intranet portal allows the Executive
Steering Committee to review the reports in advance and prepare questions and comments before the
meeting so the meeting can progress in a timely manner. No one has time to sit through a 4 hour
meeting, so organization is important in keeping the Steering Committee engaged and interested.

As I have indicated in the past, the Steering Committee should meet at a minimum monthly and the closer
to the ICD-10 Implementation deadline, the Steering Committee should be meet on a weekly or bi-weekly
basis.

So where are we in the execution of the Action Plan? We presented the action plan to the Executive
Steering Committee who reviewed and approved the action items. Subcommittees were developed with
assignment of a chairperson for each committee. Each subcommittee chair submitted a list of the
members of his/her committee for Steering Committee approval. Meetings were scheduled for each
subcommittee to meet and discuss objectives of the action items. Right now they are currently in the
process of developing a plan of action for each item along with timelines for completion.

So what’s next? The sub-committees will develop the plan of action for their action categories and
upload those to the internet portal for the next Executive Steering Committee discussions. Once the plan
for each Action item is approved it will be time to begin execution of the items. This is where it gets really
tough keeping everyone on task within the timelines. It is difficult to stay on task when there are so many competing issues in healthcare right now, but the project manager has a huge task of making sure we stay on the timeline. Monitoring progress and milestones is critical for ICD-10 implementation. Executing the action plan will begin the operational change towards successful implementation.

The fun is just beginning!

Deborah Grider