



HSS Registered

Clinical Coder Tertiary Sites
Health Salaried Officers Agreement; HSO Level G4/5
Position Number: 115013
Finance and Performance
Fiona Stanley Hospital / South Metropolitan Health Service

Reporting Relationships

Executive Director Finance
Class 1
Position Number: 110862



Area Manager Clinical Coding
HSO G8
Position Number: 112804



This Position



Directly reporting to this position		
Title	Classification	FTE
Nil		

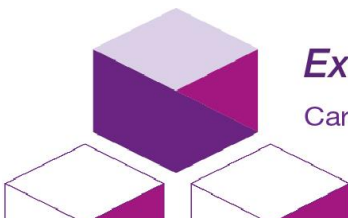


Also reporting to this supervisor:

- Clinical Coding Auditor & Educator HSO G5
- Clinical Coder HSO G4/5
- Clinical Coder HSO G4
- Trainee Clinical Coder HSO G3
- Administration Assistant HSO G3
- Clinical Coding Clerk HSO G2

Key Responsibilities

Abstract, code and group all inpatient episodes of care using the coding and grouping software.



Excellent health care, every time

Care ■ Integrity ■ Respect ■ Excellence ■ Teamwork

SMHS Values

The SMHS considers the values, attributes and attitudes of candidates along with the assessment of competency-based criteria of the position as part of employee recruitment and ongoing performance development.

SMHS is unified across its hospitals and services by its values and behaviours that provide a strong expectation of conduct for all SMHS staff no matter where they work.



Brief Summary of Duties (in order of importance)

1. Clinical Coding

- 1.1 Abstracts and assigns complete and accurate diagnostic and procedure codes for all inpatient episodes of care; in accordance with The International Statistical Classification of Diseases and Related Health Problems, 10th Revision, Australian Modification (ICD-10-AM), The Australian Classification of Health Interventions (ACHI), Australian Coding Standards and Department of Health (DoH) Guidelines.
- 1.2 Accesses and abstracts data for the above purposes from a variety of intra-Hospital computer databases to provide maximum data accuracy.
- 1.3 Monitors the application of Hospital Morbidity Data System (HMDS) guidelines in the Data Reference Manual and Technical Bulletins/Operation Directives for admission criteria. Notifies incorrect practices to the coordinator for appropriate action when required. Resolution of DoH Edits as per DoH guidelines.
- 1.4 Ensures the accurate transfer of data and Diagnostic Related Group (DRG) onto the electronic patient master index, via the patient administration system within reporting guidelines.
- 1.5 Interacts with clinicians to ensure accurate analysis of clinical documentation. Generates clinical coding queries with clinical and other Hospital staff to ensure accurate completion of discharge summaries.
- 1.6 Analyses and interprets coded data and provides expert technical advice.
- 1.7 Provides advice on the importance of quality documentation and its impact on coding and casemix/Activity Based Funding (ABF) outcomes, as required.
- 1.8 Maintains a professional standard and undertakes continuing education and professional development as a Clinical Coder, including knowledge of casemix/ABF, hospital data requirements and hospital policies and procedures.
- 1.9 Assists in the provision of support and mentoring of inexperienced Clinical Coders.
- 1.10 Facilitates and participates in quality improvement activities within the Clinical Coding Service.
- 1.11 Assists clinical and other health professional staff with requests for clinical audits and research activities, involving access to coded clinical information and Diagnosis Related Groups (DRGs).

2. SMHS Governance, Safety and Quality Requirements

- 2.1 Commits to undertake the duties of the role in accordance with the WA Health Code of Conduct, the SMHS Vision and SMHS Values of Care, Integrity, Respect, Excellence and Teamwork.
- 2.2 Participates in the maintenance of a safe work environment.
- 2.3 Participates in an annual performance development review.
- 2.4 Supports the delivery of safe patient care and the consumers' experience including participation in continuous quality improvement activities in accordance with the requirements of the National Safety and Quality Health Service Standards and other recognised health standards.
- 2.5 Completes mandatory training (including safety and quality training) as relevant to role.
- 2.6 Performs duties in accordance with Government, WA Health, South Metropolitan Health Service and Departmental / Program specific policies and procedures, and applicable legislative obligations under the Public Sector Management Act, the Health Services Act, Work Health and Safety Act, the Disability Services Act and the Equal Opportunity Act.

3. Undertakes other duties as directed.

SMHS Job Description Form

Work Related Requirements

The following criteria should be read together with the Brief Summary of Duties and considered in the context of the role and the SMHS Values.

Essential Selection Criteria

1. Possession of a HIMAA (Health Information Management Association of Australia) Introductory Course or equivalent, or equivalent competency gained through experience in clinical coding.
2. Well-developed computer skills with demonstrated ability to use the coding and grouping software as the primary coding tool.
3. Comprehensive working knowledge of ICD-10-AM,ACHI and the Australian Coding Standards including medical terminology, human anatomy, and disease processes.
4. Demonstrated ability to work autonomously and within a team environment.
5. Well-developed written and verbal communication and interpersonal skills.
6. Demonstrated organisational skills and ability to prioritise allocated workload to meet deadlines.
7. Effective analytical and reasoning skills.

Desirable Selection Criteria

1. Demonstrated ability to code moderate to complex in-patient episodes of diverse specialty within a large hospital.
2. Working knowledge of casemix and Diagnosis Related Groups (DRGs).
3. Experience in computerised patient administration systems and Windows based applications.
4. Current knowledge and commitment to Equal Opportunity in all aspects of employment and service delivery.

COMPETENCY REQUIREMENTS ARE TO BE MET FOR PROGRESSION FROM LEVEL G4 TO LEVEL G5 (as per OP 2038/06)

1. Possession of a HIMAA Introductory Course (or equivalent), or equivalent competency gained through experience in clinical coding.
2. Comprehensive experience as a Clinical Coder, including a minimum of 12 months recent experience as a Clinical Coder at a tertiary hospital level.
3. Demonstrated capacity and preparedness to carry out the full range of coding specialties in a tertiary hospital including complex coding tasks.
4. Ability to provide clinical coding expertise and advice to assist the development of less experienced Clinical Coders.
5. This classification applies in tertiary hospitals only.

Appointment Prerequisites

Appointment is subject to:

- Provision of the minimum identity proofing requirements.
- Successful Criminal Record Screening Clearance.
- Successful Pre-Employment Integrity Check.
- Successful Pre-Employment Health Assessment.