



Government of India

Improving and Strengthening the use of ICD 10 and Medical Record System in India

A Case Study (2004 & 2005)

Report and Recommendations



Central Bureau of Health Intelligence (CBHI)
Directorate General of Health Services
Ministry of Health & Family Welfare,
Nirman Bhavan, New Delhi - 110011



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Report and Recommendations

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**Central Bureau of Health Intelligence (CBHI)
Directorate General of Health Services
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In collaboration with
India Country Office of World Health Organisation

Improving & Strengthening the use of ICD 10 and Medical Record System in India

A Case Study (2004 & 2005)

Workshop of key trainers on ICD 10 from cities of Delhi & Rohtak
New Delhi : 21-23 July 2004

First Review Meeting of key trainers on the action plan and efforts made to
improve and strengthen the use of ICD 10 and identification of the
major constraints & technologists requirements
New Delhi : 03 September 2004

Visit of experts to the study hospitals for on the spot assessment on the status as well as
techno – operational and administrative constraints in the use of ICD 10
11-14 October 2004

Second Review meeting of Key Trainers on ICD 10 and the Incharges of Medical Record
Department to review the implementation of the action plan for improving the
use of ICD 10 and strengthening the medical record system
New Delhi : 17 November 2004

Review Workshop of key trainers on the major actions undertaken in order to improve the
regular use of ICD 10 as well as to strengthen the MRD in the hospital
New Delhi : 25 January 2005

Report & Recommendations

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FOREWORD

The International Statistical Classification of Diseases and Related Health Problems 10th version (ICD 10) is the international standard prescribed by World Health Organisation. Countries need to adopt and implement this classification so that the morbidity & mortality databases are comparable within the various region/states of the country and between countries of region/world. Such reliable information are essential for meaningful conclusion on the health status of the population and for planning the development of facilities for medical and health care and their efficient functioning. ICD 10 coding was introduced by WHO in the year 1993 and India adopted the same in the year 2000. India is to move alongwith the other countries of world. CBHI's continuing efforts to promote use of ICD 10 will yield results only if all the medical & health authorities decide to implement ICD 10 and work towards it.

A case study on ICD 10 involving 20 Delhi & Rohtak hospitals belonging to various management categories, as undertaken by Central Bureau of Health Intelligence (CBHI) with the WHO Biennium 2004-2005 support is an appropriate effort in this direction. This case study involved the Medical Record Officers, heads of Medical Record Deptts., Medical Superintendents of the hospitals and other administrative authorities. These officials and authorities who were oriented on the importance of implementing ICD 10, committed to provide the requisite support and logistics to the Medical Record Departments for efficient use of ICD 10 coding system. Through workshops, review meetings and visits to the medical establishments during this case study; the issues and constraints influencing the use of ICD 10 were identified and deliberated in detail on their feasible solutions. This study has come out with valuable **recommendations** for improved use of ICD 10 as well as strengthening the Medical Record Departments in the country.

Implementation of ICD 10 system necessitates continued sincere efforts in the form of orientation training programmes and computerized Medical Record System Departments in all medical & health institution. From 2005 onwards, CBHI has taken the important initiatives of conducting short term national level Orientation Training Courses on ICD 10. CBHI has also developed a Module and Workbook for Orientation Training on ICD 10 which serves as a handy self learning material for all concerned medical, nursing & paramedical personnels.

I hope that all the concerned medical & health authorities of various states/UTs as well as medical/health institutions will make every effort to efficiently implement the recommendations of this case study.

(Dr. R.K.Srivastava)

ACKNOWLEDGEMENT

CBHI organized a case study while closely interacting with the 20 Delhi & Rohtak Hospital authorities in order to identify the status of implementation of ICD 10, the major constraints and their feasible solutions to improve and strengthen the use of ICD 10 as well as Medical Record Departments, in the country.

These 20 study hospitals included - AIIMS, Apollo, Batra Hospital, Central Railway Hospital, Charak Palika Hospital, CGHS, Deen Dayal Upadhyay Hospital, ESI Hospital, Guru Govind Singh Govt. Hospital, Hindu Rao, Holy Family, Kalawati Saran Children Hospital, Kasturba Hospital, LNJP, PGI Rohtak, Rao Tula Ram Memorial, RML, Safdarjung, Sir Ganga Ram Hospital and Sucheta Kriplani Hospital (Lady Hardinge). The overwhelming response received from Hospital Authorities and Medical Record Department In-Charges/MROs/other functionaries for their active participation in the case study and their commitment is highly appreciated and acknowledged.

We are grateful to experts from Union Ministry of Statistics and Programme Implementation; Registrar General of India; State Bureau of Health Intelligence, New Delhi; Directorate Health Services, NCT Delhi; All India Institute Medical Sciences, New Delhi; Maulana Azad Medical College, New Delhi; World Health Organisation Country as well as South East Asian Regional Offices, New Delhi; Dte. General of Health Services, New Delhi; National Informatics Centre, New Delhi; who extended their invaluable contribution in this case study of high national & international importance.

The continuous guidance and support of Dr. R.K. Srivastava, Director General of Health Services and other divisions of Dte.GHS & MOHFW, GOI were very encouraging for successfully undertaking this case study of high national & international importance.

The officers and staff of CBHI have whole heartedly rendered their support and ensure that the series of workshops, review meetings, hospitals visits and designing the training programmes on ICD 10 were held with exquisite efficiency. Their efforts are highly appreciated.

The technical and financial support of WHO Country (India) office for this case study on 'ICD 10' deserves special mention with thanks.

(Dr. Ashok Kumar)

EXECUTIVE SUMMARY AND MAJOR RECOMMENDATIONS

EXECUTIVE SUMMARY

Hospital records coded uniformly using ICD 10 form a vast data base and conclusions drawn on the processed data are extremely important for understanding the public health situation of the country. World Health Organisation (WHO) brought out the 10th version of International Statistical Classification of Diseases and Related Health Problems (ICD 10) in 1993 for systematic coding of morbidity and mortality causes in the medical records of medical/health institutions. India adopted this classification in the year 2000. Five years have gone by since the adoption of ICD 10 in India and evaluation of the implementation and use of ICD 10 by the Medical and Health Institutions needed to be done, in order to examine the extent of use of ICD 10, various problems, constraints and bottlenecks experienced and to come out with a model for improving and strengthening the use of ICD 10 and Medical Record System in the country and to assess the practical training needs and identify the processes which need to be initiated / speeded up to gear up the proper use of ICD 10. For this purpose, CBHI undertook a case study of 20 hospitals in Delhi and Rohtak under the aegis of WHO/GOI Biennium 2004 and 2005.

This case study of 20 hospitals in cities of Delhi and Rohtak spanning over the various management categories such as Central Government, State Government, Local Bodies and Private Sector consisted of the following well thought of initiatives :

1. Workshop of key trainers on ICD 10 from cities of Delhi and Rohtak (New Delhi : 21-23 July 2004)
2. First Review Meeting of key trainers on the action plan and efforts made to improve and strengthen the use of ICD 10 and identification of the major constraints and technologic requirements (New Delhi : 03 September 2004)
3. Visit of experts to the study hospitals for on the spot assessment on the status as well as techno-operational and administrative constraints in the use of ICD 10 (11-14 October 2004)
4. Second Review meeting of Key Trainers on ICD 10 and the Incharges of Medical Record Department to review the implementation of the action plan for improving the use of ICD 10 and strengthening the medical record system (New Delhi : 17 November 2004)
5. Review Workshop of key trainers on the major actions undertaken in order to improve the regular use of ICD 10 as well as to strengthen the MRD in the hospital (New Delhi : 25 January 2005)

The workshop of key trainers on ICD 10 was conducted during 21-23 July 2004 at conference room of YMCA New Delhi. In this workshop, **Medical Record Officers/Officials of 20 study hospitals from Delhi and Rohtak (Post Graduate Institute)** participated. These hospitals belong to various management categories such as Centre, State, Local Bodies and Private Institutions. During this workshop, the participants were introduced to - ICD 10 rules for morbidity and mortality coding and experiences of ICD 10 use in South East Asia Region. Through group work and self work sessions, the measures for improving and strengthening the use of ICD 10 in each hospital were discussed and the participants drafted the hospital specific action plan, logistics and support requirements for efficient use of ICD 10. Resource persons were drawn from World Health Organisation Country Office, South East Asian Regional Office of World Health Organisation (SEARO), Ministry of Statistics and Programme Implementation, All India Institute of Medical Sciences, Office of Registrar General of India (RGI), Maulana Azad Medical College (MAMC) and State Bureau of Health Intelligence (SBHI), New Delhi.

The follow up first review meeting of all those **representatives from 20 study hospitals who participated in the July 2004 workshop**, was held on 3rd Sept. 2004 at Resource Centre, Dte.GHS/GOI, Nirman Bhawan, New Delhi wherein the participants made presentations on the efforts made towards the use of ICD 10 and/or its further improvement in the Hospitals, major problems and constraints experienced (with feasible solutions) to operationalise and/or improving use of ICD 10 and further support and logistics required from Hospital Administration and CBHI for ensuring better use of ICD 10 in the hospitals. During the afternoon session, the participants

were taken to Indraprastha Apollo Hospital, New Delhi for demonstration of computerized system of coding and maintaining medical records. The ICD 10 (3 volumes) were provided to all those hospitals which did not have the same in their Medical Record Departments (MRD). Also, a self work in three groups on “Action plan, logistics and support requirements for efficient use of ICD 10 in their hospital and suggestion in workbook on ICD 10 training were done. Experts and resource persons were from MAMC and office of RGI.

Subsequently the **6 hospitals of the case study** where no coding system of Medical Records was being used were visited by CBHI officers during 11-14 October 2004 for on the spot assessment and discussions with hospital authorities and MRD officials. The very purpose of this visit was to recognise the constraints and problems which were preventing the Medical Record Department of the hospitals from effectively using ICD 10 coding in the Medical Records/System. Also, the current status on the use of ICD 10 and their further plans on its implementation were discussed. Suggestions were given by visiting CBHI officer to the Medical Record Department officials for effective use of ICD 10 in the hospital.

The **2nd review meeting on implementation of ICD 10** of these 20 hospitals was held on 17th November 2004 (1000-1800 hrs) in Conference Room of NIHFV, New Delhi. During this 2nd review meeting, **the medical officer/authority incharge of Medical Record Deptt. from 20 study hospitals** were also invited alongwith the Medical Record Officials who participated in the earlier workshop and review meeting. The efforts made by the hospital authorities for implementing ICD 10 and action taken to handle major problems and constraints and further support and logistics required from hospital authorities and CBHI for ensuring continued use of ICD 10 were discussed, which was followed by self work session in which each hospital identified specific issues requiring further attention for coding the morbidity and mortality records according to ICD 10 and prepared hospital specific action plan to address these issues. The “ICD 10 (3 volumes)” on CD-ROM were provided to all the Govt. hospitals for facilitating the use of ICD 10.

As already planned, in the final stage of this case study on ICD 10 , review and concretization of the actions undertaken by the hospitals was done in order to come out with a model to improve and strengthen the use of ICD 10 in the country. The review workshop was organized on 25th January 2005 (0930-1730 hrs) at India Habitat Centre, New Delhi, wherein the (i) **hospital authorities viz. Medical Superintendents and Medical Officer Incharges of Medical Record Departments of the 20 study hospitals from Delhi and Rohtak**, (ii) **administrative authorities of Govt. under which these hospitals function viz. DHS of NCT of Delhi, Medical Officer of Health from MCD and NDMC**, (iii) Director Medical and Health Services of Railways and ESI, (iv) Director CGHS/Dte.GHS, as well as (v) experts from WHO and various partners i.e. RGI, Ministry of Statistics and Programme Implementation, Medical College(s), concerned authorities for MOHFW and Dte.GHS/GOI, deliberated and made far reaching recommendations for improved use of ICD 10 in future.

The Proceedings of the individual workshops and review meetings are attached as Annexure I, II, III, IV and V respectively. The copies of Technical Presentations are also annexed. Major recommendations as emerged during the deliberations of the different activities of the case study are summarized in the next few pages. The implementation of these recommendations will definitely result in improved use of ICD 10 in the medical/health institutions across the country.

MAJOR RECOMMENDATIONS

A. Essential use of ICD 10

1. All Government and Private health and medical institutions in the country should essentially use ICD 10 in their records and reports and the same should be ensured by all concerned authorities through well designed guidelines, directives and continued monitoring.

[Action : Centre and States/UTs]

2. All medical and health institutions, including hospitals of any size, in the country should equip themselves with WHO publication on ICD 10 (3 volumes) as a reference and ICD 10 codes relevant to each medical specialty be prominently made available in concerned wards in the hospitals. No medical record should remain without ICD 10 code for the diagnosed disease.

[Action : Centre, States/UTs and Respective Medical and Health Authorities]

3. CBHI should be appropriately further strengthened and equipped to efficiently function as National Nodal Institute on ICD 10 with the objective of further strengthening use of ICD 10, its continuous monitoring, evaluation and capacity building including creation of Master Trainers.

[Action : CBHI]

4. WHO may consider setting up of WHO Collaborating Centre on Family of International Classification of Diseases and Related Health Problems for SE Asia Region, on priority basis, at CBHI, Dte. General of Health Services, Govt. of India, New Delhi

[Action : WHO and CBHI]

B. Manpower Capacity Building for ICD 10 Use

5. All State/UT authorities should formulate a plan for regular orientation training on the use of ICD 10 and every medical and health institution should make efforts to keep their medical/nursing/paramedical staff duly oriented on ICD 10 through well drawn and regularly conducted Orientation Programs in their institutions.

[Action : States/UTs and Respective Medical & Health Authorities]

6. The syllabi and curricula of undergraduate and postgraduate medical as well as paramedical courses in India should appropriately cover the teaching on ICD 10 and its appropriate use.

[Action : All concerned Councils]

C. Operational Plan for implementation of ICD 10, its Monitoring and Evaluation

7. States/UTs should set up a task force for time-bound implementation and monitoring of ICD 10 use. They should maintain a database of various medical and health institutions using/not using ICD 10 and ensure that all these institutions use ICD 10.

[Action : States/UTs]

8. WHO may develop offline software package for ICD 10 coding of disease nomenclatures and provide it for its use in various medical/health institutions in India. Computerised user manual/self learning module for ICD 10 may be prepared and circulated through website of CBHI. Further, online help and a newsletter on ICD 10 aspects may be established through CBHI website. CBHI should make an inventory of all such vendors which are involved in designing the health information system using ICD 10 and share the list with States/UTs for getting the institution specific hospital information system designed through a suitable agency.

[Action : CBHI and WHO]

9. Directives need to be issued from heads of the medical/health institutions to all concerned Medical/Nursing/Paramedical personnel of all departments in the medical/health institutions for ensuring completion of medical records of both outpatient and inpatient departments, and for clearly writing diagnosis using standard medical terminology, while avoiding the abbreviations.

[Action : States/UTs and Respective Medical and Health Authorities]

10. Data on morbidity/mortality based on Medical Records should be regularly compiled, analysed and should form the part of various documents/reports of the medical/health institutions including their annual report.

[Action : States/UTs & Respective Medical and Health Authorities]

11. There should be regular visits / interaction by CBHI to facilitate the speedy implementation of ICD 10 in the States/UTs.

[Action : CBHI & States/UTs]

D. Strengthening Medical Record Unit/Department and Computerised Medical Record System

12. The medical record system in each medical/health institution should be computerized with appropriately designed software for both outpatient and inpatient records, while using meticulously designed formats, local area network as well as internet facility in all the departments/wards of the medical/health institution.

[Action : States/UTs and Respective Medical and Health Authorities]

13. The medical record department in each medical/health institution should be given highest priority and be headed by a senior level expert/officer of the same rank as in other existing technical departments in the same institution. The medical record department should be equipped with requisite number of trained personnel of different categories like medical record officer, Dy. Medical Record Officer, Assistant Medical Record Officer, Sr. Medical Record Technician, Medical Record Technician and other support staff in order to efficiently handle and manage the medical record system of the institution. The standardized staffing pattern of medical record department, keeping in view the bed strength in an institution be worked out by the concerned State/UT authorities and medical record departments in various medical and health institutions be equipped accordingly.

[Action : States/UTs and Respective Medical and Health Authorities]

14. All the technical functionaries in the medical record department be trained through the prescribed training programmes and such training personnel should not be diverted to other departments. The contribution of medical record department functionaries in any of the research papers be duly acknowledged.

[Action : States/UTs and Respective Medical and Health Authorities]

15. There should be clear guidelines for period of retention of medical records for both outpatient and inpatient departments and after the said period, they must be destroyed. This will provide adequate space for the records.

[Action : States/UTs and Respective Medical & Health Authorities]

Annexure I

**Workshop of Key Trainers on ICD 10
from Cities of Delhi and Rohtak In
order to Improve and Strengthen the
use of ICD 10
21-23 July 2004, New Delhi**

Annexure I

Proceedings of Workshop of Key Trainers on ICD 10 from Cities of Delhi and Rohtak In order to Improve and Strengthen the use of ICD 10, 21-23 July 2004, New Delhi

Analysis of morbidity records by a health facility will provide information on the treatment load by different specialties and will help to make provision for tackling the load in a hospital. This will also reveal the public health scenario of the region for planning necessary public health interventions. Whereas, the analysis of mortality records of a facility will indicate those diseases and health problems which are the underlying causes of death in the particular area and will alert the public health authorities on the existing situation for necessary preventive, curative and rehabilitative actions. Thus hospital records are a vast data base in itself and systematic coding of medical records, their processing and generation of data base is extremely important for understanding the public health situation of the country.

Cumulation of the records of different hospital data bases are possible if these are coded uniformly using ICD 10. Such cumulated data base will reveal the country situation on the whole and is a necessary evidence for policy making. World Health Organisation (WHO) brought out the 10th version of International Classification of Diseases and related Health Problems "ICD 10" in 1993 and India adopted this classification in the year 2000. More than 3 years have passed since the adoption of ICD 10, however, experience suggests that the use of ICD 10 needs further improvement and strengthening.

For this purpose, it is required to understand the bottlenecks in actual use of ICD 10 and assess the practical training needs and identify the processes which need to be initiated/speeded up to gear up the proper use of ICD 10 in the country. Thus, CBHI planned an indepth "Case Study" in the cities of Delhi and Rohtak. As a first step of this case study, a workshop of Key Trainers on ICD 10 from twenty hospitals in cities of Delhi and Rohtak was organized during 21-23 July, 2004 at Conference Room, 2nd floor, Cultural Centre Building, YMCA, Jai Singh Road, New Delhi with the specific objective to study the understanding of the Medical Record Personnel on ICD 10 and bottlenecks requiring immediate attention so as to come out with a user friendly model for improving and strengthening the uses of ICD 10 which can be replicated in other parts of the country. The workshop programme is enclosed at **Annexure-IA** and the list of participants at **Annexure-IB**.

As per the workshop programme, the proceedings started with welcome address by Dr. Ashok Kumar, Director CBHI, wherein he emphasized on the objectives, methodology as well as expected output of this workshop. He thanked Dr. R.K. Srivastava, Additional DGHS for his continued support and interest in this endeavour.

Dr. Paramita Sudharto, Public Health Administrator of WHO shared her experience in Indonesia and Nepal in the implementation of ICD 10. She felt happy on the overwhelming response of the hospital authorities from Delhi and Rohtak and emphasized that the workshop is for completing the task of understanding problems, identify solutions and for selecting the problems to draw an action plan for ICD 10 alongwith logistics and technical support requirements. She also informed that the name of the classification has been expanded to also cover the health problems and reiterated that its time to review what activities have been undertaken by the medical institutions on ICD 10 use. She expressed about WHO's commitment to continue to extend technical and financial support for this purpose to CBHI and India.

Dr. R.K. Srivastava, Additional DGHS, Govt. of India in his augural address said that the development of detailed classification (ICD 10) has taken 10 long years for WHO and the usefulness of the classification can be assessed only after its implementation. In this context, the contribution of those hospitals which have implemented the classification will be very useful. ICD 10 is also a necessary yard stick for sharing/comparing data of different countries for taking pro-active action and ICD 10 has tremendous input which can be used for bringing about the uniform database and

will help in preparedness. He appreciated the interest and enthusiasm with which Dr. Ashok Kumar is working and expressed that benefit will prove only if hospitals implement ICD 10, overcoming the initial hitch. He emphasized that the national nodal point for ICD 10 as proposed by Director CBHI will facilitate use of ICD 10 and will elevate the levels of Medical Records Department. He hoped that the meeting will be participatory and concrete proposals to facilitate use of ICD 10 will emerge. He wished for the success of the workshop.

Smt. S. Jeyalakshmi, Joint Director CBHI proposed vote of thanks.

The Plenary session-I on “ICD 10 concepts” started with the talk on present system of classifying and coding morbidity and mortality by Dr. Sidharth Satpathy, Associate Professor (HA), AIIMS, New Delhi. During his presentation he referred to the Consumer Protection Act (CPA), which is already in vogue and the Maintenance of Clinical Records Act (MOCRA) which is yet to be passed by our parliament. The passing of MOCRA will make it statutory to give copies of medical records of patients to those asking for it. Thus he concluded that the systematic maintenance of clinical records and easy retrievability will be essential, for which ICD 10 coding system needs to be adopted vigorously. He also suggested that sensitization towards ICD 10 disease nomenclatures is to be given to the medical professionals for using clear and standardized descriptions of diseases in the medical records.

Dr. S.K. Nath, DDG, Social Statistics Division, Central Statistical Organisation deliberated on “Importance, Structure and Principles of ICD 10 Classification” and emphasized that it may be necessary to prepare smaller classification for Indian version. He also proposed the necessity of establishing a nodal centre for ICD 10, development of alphabetical index according to chapters and computerized coding tools like search system for identifying code and provision of helpline through CBHI website.

Dr. Megha Chander Singh, Associate Professor, Maulana Azad Medical College, New Delhi made detailed presentation on “Basic Coding Guidelines” and illustrated with various examples explaining the intricacies involved in coding based on ICD 10.

Sh. Shiv Kumar, Dy. Registrar General of India during his talk on “Overview of Morbidity and Mortality Coding and its Usage in Medical Certification of Cause of Death”, mentioned that the Registration of Births and Deaths (RBD) Act 1969 is the legal provision for compulsory registration of birth and death events. RBD is Central Act and states make rules to implement the provision of the act. He informed the participants that for recording cause of death, Verbal Autopsy method is followed by the Registrar General from 1999 onwards. In 2003 baseline survey, a new technique on verbal autopsy has been implemented with the assistance of World Health Organisation. In this method, the instruments for collection of information are separate for infant and adult deaths.

In Plenary Session-II, participants from four of the hospitals shared their experience and factors influencing the use of ICD 10. **Sh. Vijay Kumar Harnal**, Medical Record Officer, Safdarjung Hospital, New Delhi informed that coding in Safdarjung Hospital is done with ICD 10 since 1996 by trained medical record technicians. He also explained diagnostic indexing and informed that it is now being done through computers. **Sh. Shiv Charan Sharma**, MRO, PGI Rohtak informed that they are doing coding at present using ICD-9. **Sh. Satyendra Kumar**, MRO, Hindu Rao Hospital said that neither ICD 10 or ICD-9 is used ; impact on coding work is done in Hindu Rao Hospital due to shortage of staff. **Sh. C.S. Singh**, Dy. Manager, MRD, Indraprastha Apollo Hospital, New Delhi informed that ICD 10 is being used for coding in their hospital since 1996. The volumes have been purchased from WHO and all work relating to coding, indexing etc. are done through computers. Apollo Hospital group has developed their own Software for ICD 10 coding and he offered to give life demonstration of the software package subsequently, during next meetings. Apollo hospital has local area network system in which all department computers

including that of Medical Record Department are connected. Currently coding is done for inpatient records.

Dr. Anton Fric, Regional Advisor, WHO, SEARO gave a presentation on “Experiences on Use of ICD 10 in South East Asia Region Countries”. He told that out of 192 member countries of WHO in the world, 109 countries have implemented ICD 10.

The presentation by Dr. Paramita Sudharto, Public Health Administrator, WHO (India) on “Measures for improving and strengthening the use of ICD 10 in India” explained her experiences in Nepal and Bangladesh and hoped that a dedicated training centre for ICD 10 coding would be established soon in India. Sh. N. Anantha Krishnan, Technical Director, NIC, during his lecture on “Need for Computerized Medical Record System, Networking of Hospitals and Related Softwares”, emphasized the need for electronic maintenance of hospital records. Dr. Nihal Singh, WHO, SEARO who talked on “Concurrent monitoring for ICD 10 implementation”, informed about the electronic tools for self learning for ICD 10 coding for non medical persons.

At the end of Plenary Session-II, the participants and resource persons were divided into two groups for group work on “Improving and Strengthening the use of ICD 10” in Medical Care Institutions, with the following common terms of reference :

1. Existing system of medical recording, analysis and flow of coded data
2. Need/usefulness on use of ICD 10
3. Identify the major problems and constraints in use of ICD 10 alongwith feasible solutions to each of these problems and constraints
4. Suggestions for improving, strengthening and streamlining of computerized medical recording based on ICD 10.

On 22.7.2004, the group work sessions were held and the group reports were presented and discussions ensued on these group reports. Dr. Anton Fric chaired the session. The group recommendations are enclosed at Annexure-III and are also included in the workshop recommendations.

During the discussion of group reports, Dr. Megha Chander Singh, Associate Professor, Maulana Azad Medical College mentioned that a committee of “Medical Record Officers and Others” may be formed to look into the status of medical record departments, and a separate study could be commissioned for this purpose.

At the end of group reports presentations, Dr. Ashok Kumar, Director CBHI suggested that the recommendations can be put under various categories such as technical, operational, administrative and capacity building and assured that though CBHI mandate is for sensitization and development of manpower for use of ICD 10 coding, CBHI would convey other issues concerning logistics such as availability of ICD books etc. to concerned Hospitals and WHO (India) office.

Dr. Ashok Kumar, Director CBHI informed that with help of this case study, CBHI will bring out a user friendly capacity building/training module for easy implementation of ICD 10. Dr. Megha Chander Singh, suggested that the States can also be called for one day workshop to sensitize their representatives on use of ICD 10 and the States in turn can arrange such sensitization workshop for districts.

Subsequently the **self work session** started in five groups on “Action Plan, logistics and support requirements for efficient use of ICD 10 in each participating hospital”. In each group, four hospital participants took part ; Coordinator of the group was from CBHI and one Resource Person was associated with each group as indicated in the programme (Annex-I). The self work in five group continued through the third day i.e. on 23.7.2004 till 1100 hrs. The self work presentations were made by Coordinators of the groups and chaired by Dr. Paramita Sudharto and co-chaired by Mr. Sunil Nandraj. The self work presentations are summarized and enclosed at Annexure-IV. During the course of discussions, the following major points emerged ;

- The term “Implementation of ICD 10” may be clearly explained whether it means coding of medical records using ICD 10
- If analysis is done according to diagnostic classification, it will improve use of ICD 10.
- Doctors may be told about importance of writing clear diagnosis
- Continuing training on ICD 10 is to be arranged for officials
- Participants may play an important role to talk with officials below and above and to medical superintendent and inform them about the proceedings, action plan and guidance expected
- Implementation of coding for mortality records at the first instance
- Implementation of ICD 10 coding to start for the department of hospital which is having best diagnostic records, and departments may be covered in stages
- Prominent display of important ICD 10 codes relating to the department
- To send RGI prescribed ICD 10 tabulation list to the 20 participating diagnosis hospitals.

This was followed by the briefing on further work plan by Smt. S. Jeyalakshmi, Joint Director, CBHI, viz. the review meetings in the first week of September and November 2004 during which time the use of ICD 10 by individual participants will be reviewed with the participants of this workshop, visits by CBHI officers to participating hospitals for on the spot guidance, if any required and finally a workshop will be conducted in January 2005 to consolidate on use of ICD 10 and its training module for use by various institutions.

In the valedictory session Sh. S.P. Singh, DD CBHI presented the draft recommendations as emerged and the same were finalized after discussions. The workshop proceedings ended with conclusion by Dr. Ashok Kumar and valedictory thanks by Shri P.K. Mukhopadhyay, Joint Director CBHI.

Workshop of Key Trainers on ICD 10 from Cities of Delhi and Rohtak In order to Improve and Strengthen the use of ICD 10, 21-23 July 2004, New Delhi

Venue : Conference Room, 2 Floor, Cultural Centre Building, YMCA Jai Singh Road, New Delhi

Programme

21.07.2004 (Wednesday)

0900-1000 hrs	Registration
1000-1100 hrs	<u>Inaugural Session</u>
Welcome and objective	Dr. Ashok Kumar, Director, CBHI
Address	Dr. Paramita Sudharto, PHA, WHO (India)
Inaugural Address	Dr. R.K.Srivastava, Addl DGHS/GOI
Vote of thanks	Smt. S. Jeyalakshmi, Joint Director CBHI
1040-1100 hrs	Tea/Coffee

Plenary Session-I (ICD 10 Concepts)

21.07.2004	Chairperson : Dr. Ashok Kumar, Rapporteurs : Dr. Anjan Prakash, and Sh. S.P. Singh,	Speakers
1100-1120 hrs	Present System of Classifying and Coding morbidity and Mortality	Dr. Sidhart Satpathy, AIIMS, New Delhi
1120-1140 hrs	Introduction to ICD10: Importance, Structure and Principles of Classification	Dr. S.K. Nath, M/o Statistical and P.I.
1140-1200 hrs	Basic Coding Guidelines	Dr. Megha Chander, MAMC, New Delhi
1200-1220 hrs	Overview of Morbidity Coding	Sh. S.C. Gupta, PGI, Rohtak
1220-1240 hrs	Overview of Mortality Coding and its Usage in Medical Certification of Cause of Death	Sh. Shiv Kumar O/o RG India
1240-1300 hrs	Discussions	
1300-1400 hrs	Lunch	

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Plenary Session-II (Experiences on use of ICD 10)

21.07.2004	Chairperson : Dr. S.K. Nath Rapporteurs : Dr. P.K. Baliar Singh and Sh. A.K. Sharma	Speakers
1400-1500 hrs	Use of ICD 10 in India- Experiences and Influencing Factors	<ul style="list-style-type: none"> • Sh. Vijay Kumar Harnal, MRO Safdarjung Hospital, New Delhi • Sh. Shiv Charan Sharma, MRO PGI of Medl. Sciences, Rohtak • Sh. Satyendra Kumar, MRO Hindu Rao Hospital, New Delhi • Sh. C.S. Singh, Dy. Manager MRD Indraprastha Apollo Hospital, New Delhi
1500-1520 hrs	Experiences on use of ICD 10 in South East Asia Region	Dr. Anton Fric, Regional Advisor, WHO/SEARO
1520-1540 hrs	Tea/Coffee	
1540-1600 hrs	Measures for Improving and Strengthening the Use of ICD 10 in India	Dr. Paramita Sudharto, PHA, WHO (India)
1600-1620 hrs	Need for Computerized Medical Record System, Networking of Hospitals and Related Softwares	Sh. N. Anantha Krishnan, NIC, New Delhi
1620-1640 hrs	Concurrent Monitoring for ICD 10 Implementation	Dr. Nihal Singh WHO/SEARO
1640-1730 hrs	Discussions	
1730-1800 hrs	Groups Formation and TOR	Mr. Pranab Kr. Mukhopadhyay, CBHI/Dte.GHS

22.07.2004 (Thursday) -Group work and Self- work Sessions

1000-1500 hrs	Group work on improving and strengthening the use of ICD 10 in Medical Care Institutions [Two Groups] Terms of Reference (Common) 1.Existing system of medical recording, analysis and flow of coded data 2.Need/usefulness on use of ICD 10 3.Identify the major problems and constraints in use of ICD 10 alongwith feasible solutions to each of these problems and constraints 4.Suggestions for improving, strengthening and streamlining of computerized medical recording based on ICD 10.
1500-1520 hrs	Tea/Coffee
22.07.04	Chairperson : Dr. Anton Fric, Rapporteurs : Sh. P.K. Mukhopadhyay and Sh. R.K. Gupta
1520-1620 hrs	Groups Presentations and Discussions

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22.07.2004	Self work in 5 groups on “Action plan, logistics and support requirements for efficient use of ICD 10 in your hospital”				
1620-1800 hrs	Group 1	Group 2	Group 3	Group 4	Group 5
Resource Person	Sh. S.C. Gupta	Dr. A.N. Sinha	Sh. Shiv Kumar	Dr. Megha Chander	Dr. Anjan Prakash
Coordinator (CBHI Officer)	P.K.Mukhopadhyay	R.K. Gupta	A.K.Sharma	S. Jeyalakshmi	S.P. Singh
Members	1.Sh. Vijay Kumar Harnal (Safdarjung Hosp) 2.Ms. Lucy Joseph (Holy Family Hosp) 3.Ms. Susham Lata Bhagat (Holy Family Hosp) 4.Sh. Alic Masih (Sir Ganga Ram Hosp) 5.Sh. Gaurav Malhotra, MRT (Sir Ganga Ram Hosp) 6.Dr. Alok Mathur (CGHS Hosp)	1.Dr. S.K. Satrawal (LNJP Hosp) 2.Sh. Satyendra Kumar, (Hindu Rao Hosp) 3.Ms. Manju Saxena (Hindu Rao Hosp) 4.Sh. A.K. Singhal (Central Railway Hosp) 5.Sh. Kuldeep Kumar (RML Hosp)	1.Mr. Bhagwan Swarup, (Kasturba Hosp) 2.Sh. S.S. Rawat (AIIMS) 3.Sh. Shiv Charan Sharma (PGI Rohtak) 4.Sh. Jagdish Chander Vashisth (Deen Dayal Upadhyay Hosp)	1.Sh.M.S.Yadav(Sucheta Kriplani Hospl) 2.Mr. C.S.Singh, (Apollo Hosp) 3. Mr. Kashinathan (Apollo Hosp) 4. Sh. Rameshwar Sharma (Rao Tula Ram Hosp) 5. Mr. Prabhat Kumar (Kalawati Saran Hosp)	1.Sh. Nanak Chand (Guru Gobind Singh Hosp) 2.Mr. D.K. Kachroo (Batra Hosp) 3.Mr. Madan Lal (Batra Hosp) 4.Sh. Alfred David (ESI Hosp) 5.Dr. Ranbir Singh (Charak Palika Hosp)

23.07.2004 (Friday) – Self Work Presentation and Further Work Plan on ICD 10

	Chairperson : Dr. Paramita Sudharto Co-Chair : Sh. Sunil Nandraj Rapporteur : Sh. R.K. Gupta
00-1130hrs	Presentation of self work by 5 groups (10 mts. each) and discussions
30-1145 hrs	Tea/Coffee
45-1215 hrs	Briefing and discussion on Further work plan - Mrs. S. Jeyalakshmi <ul style="list-style-type: none"> • Use of ICD 10 by individual participants • Review meetings in September and November 2004 Follow up workshop in January, 2005 to consolidate on use of ICD 10 and module for use by various Medical Care Institutions

1215-1315 hrs	Valedictory Session
	Chairperson : Dr. Ashok Kumar
	Rapporteur : Mrs. S. Jeyalakshmi
	Finalization of workshop recommendations: Mr. S.P. Singh
	Conclusion
	Thanks Giving – Sh. P.K. Mukhopadhyay
1320 hrs	Lunch

A Request : All the Rapporteurs to kindly collect the copies of presentations from Resource Person/Groups and handover the same alongwith comprehensive session report to Smt. S. Jeyalakshmi, Joint Director, CBHI and workshop coordinator, on the same day.

**Workshop Of Key Trainers On Icd 10 From Cities Of Delhi And Rohtak In Order To Improve
And Strengthen The Use Of Icd 10, 21-23 July 2004, New Delhi**

Sl. No.	Name	Designation, Address with Pincode, Tele No. and E-mail Address
I. Participants		
1.	Dr. A.N. Sinha	CMO(HA) Dte.GHS, Nirman Bhawan, New Delhi Tel : 23017978
2.	Dr. P.K. Baliar Singh	Ex-CMO (NFSG) CBHI/Dte.GHS, Nirman Bhawan Tel : 26889680 ®
3.	Dr. Alok Mathur	CMO CGHS General Hospital, Timarpur, Delhi Tel : 23813803
4.	Mr. Jagdish Chander Vashist	L.D.C. (Trained M.R.T.) Deen Dayal Upadhyay Hospital, Hari Nagar, New Delhi Tel : 25494402+08, Ext. 261
5.	Mr. B.K. Kachroo	M.R.O. Batra Hospital, New Delhi Tel : 29958747, Ext. 3008 E-mail : bkkachroo@rediffmail.com
6.	Mr. Madan Lal	Assistant Technologist Batra Hospital 1, M.B. Road, New Delhi Tel : 29956255
7.	Mr. Kuldip Kumar	Incharge (Medical Record) Dr. Ram Manohar Lohia Hospital, New Delhi Tel : 23365525 Ext.4325
8.	Mr. Satyendra Kumar	Medical Record Officer Hindu Rao Hospital, New Delhi Tel : 23919476, Ext. 312
9.	Ms. Manju Saxena	Statistical Clerk Hindu Rao Hospital New Delhi Tel : 23919625 Ext. 312
10.	Mr. Shiv Charan Sharma	Medical Record Officer Post Graduate Institute of Medical Sciences, Rohtak Tel : 211311
11.	Mr. Bhagwan Swarup	Medical Record Officer Kasturba Hospital, New Delhi Tel : 23283389
12.	Mr. S.S. Rawat	Sr. M.R.O AIIMS, New Delhi-110029 Tel : 26588500 Ext. 4737

Sl.No.	Name	Designation, Address with Pincode, Tele No. and E-mail Address
13.	Mr. Rameshwar Sharma	R.O. Rau Tula Ram Memorial Hospital Govt. of Delhi Tel : 28010380
14.	Mr. Gaurav Malhotra	MRC Tec. Sir Ganga Ram Hospital New Delhi-60 Tel : 25735205
15.	Mr. Alic Masih	Sr. MRT Sir Ganga Ram Hospital Tel : 09416264134
16.	Mr. Nanak Chand	Medical Record Officer Guru Gobind Singh Govt. Hospital, New Delhi 25749197
17.	Mr. M.S. Yadav	Medical Record Officer L.H.M.C. and Smt. S.K. Hospital Tel : 23408406
18.	Mr. P.K. Sharma	MRO Kalawati Saran Children Hospital, New Delhi Tel : 23344160, Ext. 414
19.	Mr. K. Kasinathan	Chief Technologist Apollo Hospital, Sarita Vihar, New Delhi Tel : 26925858
20.	Ms. Lucy Joseph	Dy. Medical Record Officer Holy Family Hospital Okhla Road, New Delhi 26845900, Extn. 205 9818541556 (Mobile)
21.	Ms. Susham Lata Bhagat	Sr. Medical Record Clerk Holy Family Hospital Okhla Road, New Delhi Tel : 26845900
22.	Dr. Ranbir Singh	CMO (HA) NDMC Charak Palika Hospital, Moti Bagh, New Delhi Tel : 26870934
23.	Mr. C.S. Singh	Dy. Manager Apollo Hospital, Sarita Vihar, New Delhi Tel : 26925858 E- mail : cssingh@apollohospdelhi.com
24.	Mr. A.K. Singhal	O.S. (Comp) Northern Railway Hospital New Delhi Tel : 30936532

Sl.No.	Name	Designation, Address with Pincode, Tele No. and E-mail Address
25.	Dr. S.K. Satrawal	CMO (NFSG) LNJP Hospital, New Delhi Tel : 23233400, Ext. 4365 E-mail : satrawal@rediffmail.com
26.	Mr. V.K. Harnal	MRO Safdarjung Hospital, New Delhi Tel : 26707253
27.	Mr. Alfred David	Senior MRT ESI Hospital, New Delhi Tel : 25100664
28.	Ms. Lalita	Deptt. of Community Medicine PGIMER, Chandigarh 2744993
II. Resource Persons		
1.	Dr. R.K. Srivastava	Addl. DG Dte.GHS, Nirman Bhawan Tel : 23019251
2.	Dr. Ashok Kumar	Director CBHI/Dte.GHS, Nirman Bhawan Tel : 23793175 E-mail : dircbhi@nb.nic.in
3.	Dr. S.K. Nath	DDG (Social Statistics) Ministry of Statistics and PI, East Block, R.K. Puram, New Delhi Tel : 26189034
4.	Dr. Sidhartha Sathpathy	Associate Professor (HA) AIIMS, New Delhi
5.	Sh. Shiv Kumar	Dy. Registrar General Office of RGI, R.K. Puram, New Delhi. Tel : 26104012
6.	Dr. Megha Chandra Singh	Associate Professor (Community Medicine) Maulana Azad Medical College, New Delhi Tel : 23239271, Ext. 225 Mobile : 9818354458 E-mail : megharita.yahoo.com
7.	Dr. Anton Fric	Regional Advisor WHO/SEARO
8.	Dr. Paramita Sudharto	Public Health Administrator WHO (India)
9.	Mr. Sunil Nandaraj	National Professional Officer WHO (India)
10.	Dr. Nihal Singh	WHO/SEARO
11.	Dr. Anjan Prakash	CMO (NFSG) SBHI, New Delhi Tel : 22306226
12.	Smt. S. Jeyalakshmi	Joint Director CBHI/Dte.GHS, Nirman Bhawan Tel : 23017695

Sl.No.	<u>Name</u>	Designation, Address with Pincode, <u>Tele No. and E-mail Address</u>
13.	Mr. P.K. Mukhopadhyay	Joint Director CBHI/Dte.GHS, Nirman Bhawan Tel : 23017695
14.	Mr. S.P. Singh	Deputy Director CBHI/Dte.GHS, Nirman Bhawan Tel : 23017695
15.	Sh. A.K. Sharma	Assistant Director CBHI/Dte.GHS, Nirman Bhawan Tel : 23017695
16.	Sh. R.K. Gupta	Statistician CBHI/Dte.GHS, Nirman Bhawan Tel : 23017695

Annexure II

**First Review Meeting of key trainers on
the action plan and efforts made to
improve and strengthen
the use of ICD 10 and identification of the
major constraints and technologists
requirements
New Delhi : 03 September 2004
at Nirman Bhavan, New Delhi**

Annexure II

First Review Meeting Of Key Trainers On The Action Plan And Efforts Made To Improve And Strengthen The Use Of ICD 10 And Identification Of The Major Constraints And Technologicals Requirements – Proceedings

In order to implement use of ICD –10 an in depth case study has planned to understand how the medical and Health institutions have understood ICD 10, what are the practical training needs and the bottlenecks in actual uses of ICD 10 to come out with an apprehensive user-friendly model on improving and strengthening of ICD –10 uses. Keeping the above justification in view a workshop was organized with key persons handling the medical records in 20 medical institutions in Delhi and Rohtak (Haryana) during 21-23 July 2004. As discussed and decided during that workshop, the follow up first Review Meeting of all those representatives from 20 hospitals who participated in workshop in July 2004 was held on 3rd September 2004 at Resource Centre (445-A Wing), Dte. GHS, Nirman Bhavan, New Delhi.

In the review meeting, Director CBHI welcomed the participants and explained the objective of such review meetings after the workshop held during 21-23 July 2004. This review meeting is organised with an objective to understand the efforts made towards use of ICD 10 and/or its further improvement in the hospitals, major problem and constraint experienced to operationalise and/or improving use of ICD 10 and further support and logistic required from Hospital Administration and CBHI for ensuring better use of ICD 10 in the hospital. He also informed that from the next calendar year (2005) CBHI will start providing one-week training course on ICD 10 through its own and other various training Institutions. CBHI will also make a second review in November 2004 followed by a workshop in January 2005 for finalizing the action plan to come up with a document for ICD – 10 for widely used in States / UTs. Director CBHI also informed that Dr. J. K. Bhanthia, RGI was also to join the workshop but for his urgent preoccupation.

Dr. Paramita Sudharto, PHA, WHO (India), O/o WR (India) addressed the participants. In her address she mentioned once again about the keenness of WHO in implementation of ICD – 10 and its support for training Module, workbook, Literature (ICD 10 Books, Vol. I, II and III) supplied by WHO to CBHI for effective utilization in different hospitals where the Medical Record Departments are not having any material. She also expressed that in the next step of WHO will try to provide software to hospitals for data entry on ICD 10.

Sh. P. K. Mukhopadhyay, Joint Director explained about the days programme (Copy of the programme enclosed at Annexure – II A) and introduced the experts and the participants (Annexure – II B). The hospitals were divided into three groups viz. (A) Hospitals using ICD – 10 (10 Hospitals) (B) Hospitals using ICD – 9 (3 Hospitals) and (C) Hospitals not using coding (7 Hospitals). This was followed by presentation by 17 hospitals on the following aspects:

1. Efforts made by the hospitals towards use of ICD 10 and/or its further improvement
2. Major problem and constraint experienced (with feasible solutions) to operationalise and/or improving use of ICD 10 in the hospitals.
3. Further support and logistic required from Hospital Administration and CBHI for ensuring better use of ICD 10 in the hospitals.

(Three hospitals viz. Batra Hospital, Sir Ganga Ram Hospital and Charak Palika Hospital could not participate who have been requested to give feedback on the above aspects).

A brief summary of the presentations of the hospitals is given in next page. The detail presentations are annexed at annexure – III A to III Q.

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PRESENTATION BY THE HOSPITALS

(A) Hospitals using ICD – 10 (10 Hospitals)

Sl. No.	Name of the Hospitals	Efforts made for use of ICD – 10 / its improvement after July workshop	Problems experienced	Support / Logistics required	
				From Hospital Authority	From CBHI
A1	ESI Hospital	<ul style="list-style-type: none"> • Already in use since 1999 	<ul style="list-style-type: none"> • No major problem 		<ul style="list-style-type: none"> • ICD – 10 software from CBHI with a nominal cost • Visit by CBHI to the hospitals in 3/6 months time to see the implementation
A2	RML Hospital	<ul style="list-style-type: none"> • ICD – 10 using since 2000 • Networking is in progress 	<ul style="list-style-type: none"> • Inadequate staff in MRD • Training for the MRD staff in ICD – 10 • CD / Software of ICD – 10 codings 	<ul style="list-style-type: none"> • More man power needed • Computer training to all MRD staff 	<ul style="list-style-type: none"> • CD / software for ICD – 10 • Modification in coding lists in Indian context.
A3	Holy Family Hospital	<ul style="list-style-type: none"> • Using ICD – 10 for IPD records 	<ul style="list-style-type: none"> • Use of non-standard abbreviations • Delay / incomplete case sheets 	<ul style="list-style-type: none"> • Doctors should be apprised for use of proper diagnosis for easy coding 	<ul style="list-style-type: none"> • Uniform software package on ICD 10 • Online help on difficulties/problems in coding • Regular follow up and sharing of experiences for improved use of ICD 10
A4	Safdarjung Hospital	<ul style="list-style-type: none"> • Using ICD – 10 since 1996 • Introduced software to generate morbidity and mortality data in computer using the codes 	<ul style="list-style-type: none"> • No major problem 		<ul style="list-style-type: none"> • As the hospital is conducting training for MRO/MRT more (5) sets of ICD 10 volumes required
A5	IP Apollo Hospital	<ul style="list-style-type: none"> • Using ICD – 10 for IPD 	<ul style="list-style-type: none"> • More strengthening of HIS is required 		
A6	Kalawati Saran Children Hospital	<ul style="list-style-type: none"> • Using ICD – 10 since 2003 	<ul style="list-style-type: none"> • Manually done – very slow and difficult • MRD needs computerization along with internet facility 	<ul style="list-style-type: none"> • Computer training to all MRD staff and provision of computer with internet 	<ul style="list-style-type: none"> • Modification in coding lists in Indian context.

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Presentation by the hospitals (continued)

Sl. No.	Name of the Hospitals	Efforts made for use of ICD – 10 / its improvement after July workshop	Problems experienced	Support / Logistics required	
				From Hospital Authority	From CBHI
A7	AIIMS	<ul style="list-style-type: none"> Using ICD – 10 since 1998 	<ul style="list-style-type: none"> Use of non-standard abbreviations Procedure (instead of diagnosis) are written 	<ul style="list-style-type: none"> More man power required in MRD 	<ul style="list-style-type: none"> CD of ICD – 10 codes
A8	PG Institute of Medical Sciences Rohtak*	<ul style="list-style-type: none"> Made a 20 page lists of 3-digit ICD codes for wide circulation 	<ul style="list-style-type: none"> No major problems 		<ul style="list-style-type: none"> ICD 10 volume needed
A9	Batra Hospital	Could not participate in the meeting – they have been requested to send their observation on these aspects			
A10	Sir Ganga Ram Hospital	Could not participate in the meeting – they have been requested to send their observation on these aspects			

(B) Hospitals using ICD – 9 (3 Hospitals)

Sl. No.	Name of the Hospitals	Efforts made for use of ICD – 10 / its improvement after July workshop	Problems experienced	Support / Logistics required	
				From Hospital Authority	From CBHI
B11	Kasturba Hospital *	<ul style="list-style-type: none"> Hospital Authority has been apprised of ICD – 10 	<ul style="list-style-type: none"> No ICD – 10 books in Hospital No Training to existing manpower on ICD 10 	<ul style="list-style-type: none"> Computer / ICD 10 training to existing MRD staff 	<ul style="list-style-type: none"> ICD – 10 volumes
B12	Sucheta Kripalini Hospital *	<ul style="list-style-type: none"> One MRO sent for training (one year) to Safdurjang Hospital w.e.f July 2004. Planned to start ICD – 10 Coding from January 05 	<ul style="list-style-type: none"> Use of non-standard abbreviations Doctors not practicing use of ICD – 10 codes in diagnosis Lacking trained staff in MRD 	<ul style="list-style-type: none"> Regular interaction with CBHI and hospital authority for usefulness of ICD 10 Adequate and computer Staff for data record using ICD 10 	<ul style="list-style-type: none"> CBHI / DteGHS should provide support for maintaining the Medical Record system and apprise hospital authority of its importance
B13	Rao Tula Ram Hospital*	<ul style="list-style-type: none"> Still using ICD – 9 Preparing for use of ICD – 10 	<ul style="list-style-type: none"> Non-availability of training, computer and ICD 10 volumes 	<ul style="list-style-type: none"> Computers 	<ul style="list-style-type: none"> ICD – 10 books CD of ICD – 10

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(C) Hospitals not using coding (7 Hospitals)

Sl. No.	Name of the Hospitals	Efforts made for use of ICD – 10 / its improvement after July workshop	Problems experienced	Support / Logistics required	
				From Hospital Authority	From CBHI
C14	LNJP Hospital*	<ul style="list-style-type: none"> Started ICD – 10 in new born cases Using N Rly Hospital prepared ICD 10 code list 	<ul style="list-style-type: none"> Not enough man power; also frequent transfer of trained man power No ICD 10 volumes 	<ul style="list-style-type: none"> Sensitization of doctors in different deptts. about use of ICD – 10 coding Training of MRD staff on required 	
C15	Deen Dayal Upadhy Hospital*	<ul style="list-style-type: none"> Efforts are on to procure books for starting ICD – 10 coding 	<ul style="list-style-type: none"> Frequent transfer; even of a trained person Vacant posts should be filled 	<ul style="list-style-type: none"> Trained man power to be posted in vacant post 	<ul style="list-style-type: none"> ICD 10 volumes needed
C16	Hindu Rao Hospital*	<ul style="list-style-type: none"> Hospital Authority has been apprised of ICD – 10 Requests for books and training also indicated Preliminary work using N Railway Hospital prepared list started 	<ul style="list-style-type: none"> It is difficult to start coding without books and training Shortage of trained man power in MRD 		<ul style="list-style-type: none"> CBHI should meet the Medical Superintendents of different hospitals also to explain the importance and utility of ICD – 10
C17	CGHS Hospital, Timarpur*	<ul style="list-style-type: none"> Stated ICD – 10 coding from August 04 using N. Rly. Hospital prepared list based on ICD 10 	<ul style="list-style-type: none"> No MRT / MRO in Hospital 	<ul style="list-style-type: none"> Trained MRT / MRO may be posted for maintaining the medical record 	<ul style="list-style-type: none"> Sensitize higher authority (Addl Director, CGHS) about importance of ICD – 10
C18	Guru Gobind Singh Govt. Hospital, Delhi	<ul style="list-style-type: none"> Efforts initiated to procure books for ICD – 10 coding 	<ul style="list-style-type: none"> Frequent transfer; shortage of staff in MRD No ICD 10 volume 	<ul style="list-style-type: none"> Vacant posts should be filled in 	
C19	Northern Railway Hospital*	<ul style="list-style-type: none"> A short list prepared 	<ul style="list-style-type: none"> No man power in MRD 	<ul style="list-style-type: none"> Trained man power to be posted for MRD 	
C20	Charak Palik Hospital	Could not participate in the meeting – they have been requested to send their observation on these aspects			

*** - The participants of these hospitals were given one set each of ICD – 10 (3 Volumes) for use in their respective hospitals.**

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After the individual presentation the three groups (as already mentioned above) of hospitals discussed about their Action plan, logistics and support requirements for efficient use of ICD 10 in their hospitals and suggestion in workbook (supplied to them during the July 2004 workshop) on ICD 10 training. Regarding the logistics and support requirements individual hospital has already indicated in their presentation in the earlier session. For drawing an action plan for each hospital it was generally felt that the same can be chalked out with the higher authorities in the hospitals. The participants of these hospitals were agreed to inform accordingly later. In the next meeting the Medical Superintendent may also be invited to participate for concretizing the action plan. However the hospitals which have not yet started work on ICD – 10 because of lack of any materials has expressed their strong will to start the exercise of coding in ICD – 10 in near future, before the next review meeting. It was also discussed that regular visits / interaction by CBHI will definitely improve on the situation the implementation of ICD – 10 will be total. All the participants agreed to send their comments on the Workbook (supplied during the July workshop) on ICD – 10 in order to modify the same in Indian context.

All the participants along with the resource persons then visited Indraprastha Apollo Hospital for getting an over view of the computerized medical record system maintained in the hospital. The hospital authority demonstrated how the records of an individual who reports to OPD / IPD gets updated at different stages through their networking system. Once a person registered in the IPD the necessary entry started in the file of the person. All the departments are having computers and they are connected in Local Area Network (LAN). It was shown, the records prepared at different departments comes to MRD and gets the coding as per ICD – 10 classifications. The coding are generated through computers. On query, it was told that the software have been developed by M/S Wipro. It has also the flexibility to get the name of the disease from the coding. Several doubts were raised about the indexing, filing of records which was also demonstrated by them. On the basis of coded information different tables are generated and as per predesigned requirement of different agencies like Dte.GHS, DHS of Delhi, MCD, etc are updated regularly. It was also clarified about the generating tables as per the users requirements like tabulate data for a particular period, get information for a particular person – search by name, etc. Later they have shown how the medical records are kept in their storerooms where 24 hours service is available to identify and locate any record wanted. The maintenance of Medical Records in OPD / IPD for better maintenance was also discussed in this session. Dr. Ritu Rawat, the Medical Superintendent of IP Apollo Hospital also interacted with the participants on this aspect. It was opined that there should be a clear guidelines for keeping the Medical record for both OPD and IPD and after the said period they must be destroyed to have proper maintaining of records.

Annexure II A

First Review Meeting of key trainers on the action plan and efforts made to improve and strengthen the use of ICD 10 and identification of the major constraints and technologists requirements

Date: 3.9.2004

Venue: Resource Centre (Room No. 447 – A- Wing), Dte.GHS Nirman Bhavan, New Delhi

Programme

1000 - 1030 Hrs	Introductory Session		
Welcome and objective	Dr. Ashok Kumar,	Director, CBHI	
Address	Dr. Paramita Sudharto	PHA, WHO (India)	
1030-1300 Hrs.	Plenary Session		
	Rapporteurs: Sh. A. K. Sharma and Sh. R.K. Gupta		
Presentation by representatives of 20 participating hospitals on (i) Efforts made towards use of ICD 10 and/or its further improvement, in the hospitals,(ii)major problem and constraint experienced (with feasible solutions) to operationalise and/or improving use of ICD 10,and (iii) Further support and logistic required from Hospital Administration and CBHI for ensuring better use of ICD 10 in the hospital.(5 minutes each)			
1300-1400 hrs Lunch			
1400-1445 hrs	Self work in 3 groups on “Action plan, logistics and support requirements for efficient use of ICD 10 in your hospital and suggestion in workbook on ICD 10 training		
GROUPS	Group 1 (Hospital Using ICD 10)	Group 2 (Hospital Using ICD-9)	Group 3 (Hosp Not using ICD codes)
Resource Persons	Sh. Shiv Kumar and Sh. P.K. Mukhopadhyay	Smt. S. Jeyalakshmi	Dr. Megha Chandar Singh
Coordinator (CBHI officer)	Sh. R.K. Gupta	Sh. S.P. Singh	Sh. A.K. Sharma
Name of the hospitals	1. ESI Hospital 2. RML Hospital 3. Holy Family Hospital 4. Safdarjung Hospital 5. Batra Hospital 6. Apollo Hospital 7. Sir Ganga Ram Hospital 8. Kalwati Saran Hospita 9. AIIMS, New Delhi 10. PG Institute of Medical Sciences Rohtak	1. Kasturba Hospital 2. Sucheta Kripalini Hospital 3. Rao Tula Ram Hospital	1. LNJP Hospital 2. Deen Dayal Upadhy Hospital 3. Hindu Rao Hospital 4. CGHS Hospital, Timarpur 5. Guru Gobind Singh Govt. Hospital, Drlhi 6. Charak Palika Hospital 7. Northern Railway Central Hospital
1445 - 1500 Hrs.	Summarisation and Discussion on Further work plan - Smt. S. Jeyalakshmi		
1500 - 1800 Hrs	Visit to Indraprashta Apollo Hospital, New Delhi (from Nirman Bhavan and back to Nirman Bhavan) to overview the Medical Record System using ICD 10 – Sh. P.K. Mukhopadhyay		

* * * * *

List of Participants

Sl. No.	Name and Designation	Office Address	Tele.No.(O)
Resource Persons			
1.	Dr. Megha Chander Singh, Associate Professor	Maulana Azad Medical College, New Delhi	23239271/227
2.	Sh. Shiv Kumar, Dy. RGI	O/o Registrar General of India R.K. Puram, New Delhi-110066	26104012
Participants			
3.	Mrs. P. Bali	CGHS General Hospital Timarpur, Delhi	23813803
4.	Mr. Jagdish Chander Vashist L.D.C. (Trained MRT)	DDU Hospital Hari Nagar, New Delhi	25494402+08 Ext. 261
5.	Mr. Kuldeep Kumar MRO	RML Hospital New Delhi	23365525 Ext. 4325
6.	Mr. Satyendra Kumar MRO	Hindu Rao Hospital, New Delhi	23919476 Ext. 312
7.	Mr. Bhagwan Swarup MRO	Kasturba Hospital, New Delhi	23283389
8.	Ms. Manju Saxena MRT	Hindu Rao Hospital, New Delhi	23919625 Ext. 312
9.	Mr. S.S. Rawat Sr. MRO	AIIMS, New Delhi	26588500 Ext. 4737
10.	Mr. Rameshwar Sharma, RO	Rau Tula Ram Memorial Hospital Govt. of Delhi	28010380
11.	Dr. Kuldeep Kumar Dy. MS	PGIMS, Rohtak	0126-211311
12.	Mr. Shiv Charan Sharma, MRO	PGIMS, Rohtak	211311
13.	Mr. Nanak Chand MRO	Guru Gobind Singh Govt. Hospital, New Delhi	25749197
14.	Mr. M.S. Yadav MRO	L.H.M.C. and Smt. S.K. Hospital	23408406
15.	Mr. P.K. Sharma MRO	Kalawati Saran Children Hospital, New Delhi	23344160 Ext. 414
16.	Ms. Lucy Joseph Dy. MRO	Holy Family Hospital Okhla Road, New Delhi	26845900 Ext. 205
17.	Mr. C.S. Singh Dy. Manager	Apollo Hospital Sarita Vihar, New Delhi	26925858
18.	Mr. A.K. Singhal OS	Central Railway Hospital New Delhi	30936532
19.	Dr. S.K. Satrawal CMO	LNJP Hospital New Delhi	23233400 Ext. 4365
20.	Mr. V.K. Harnal MRO	Safdarjung Hospital, New Delhi	26707253
21.	Mr. Alfred David, Sr.MRT	ESI Hospital, New Delhi	25100664
CBHI, Dte. General of Health Services			
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25.	Mr. P.K. Mukhopadhyay	Joint Director CBHI/Dte.GHS, Nirman Bhawan	23017695
26.	Mr. S.P. Singh	Deputy Director CBHI/Dte.GHS, Nirman Bhawan	23017695
27.	Sh. A.K. Sharma	Assistant Director CBHI/Dte.GHS, Nirman Bhawan	23017695
28.	Sh. R.K. Gupta	Statistician CBHI/Dte.GHS, Nirman Bhawan	23017695

Annexure III

**Visit of experts to the study
hospitals for on the spot
assessment on the status as well
as techno – operational and
administrative constraints in the
use of ICD 10
11-14 October 2004**

Six Hospitals Not Using "ICD 10" Coding, Visited By CBHI Officers During 11-14 October 2004 – Observations/Suggestions

Hosp Sl. No.	Name of CBHI Officer who visited (and Date of visit)	Name of the Hospitals and officials with whom discussed	Current status on use of ICD 10/Further Plan	Problems experienced in use of ICD 10	Suggestions given by CBHI official
C14	Smt. S. Jeyalakshmi, Joint Director (12.10.2004)	LNJP Hospital* (1)Dr. V.K. Ramteke, Medl. Supdt. (2)Dr. L.T. Ramani, M.O. Incharge of Medical Records, (3)Dr. Robinson, (4)MRO Incharge	1.Data for births and deaths being sent to MCD online in prescribed forms, everyday for the 15-20 deaths per day in the hospital. ICD 10 Code is also inserted when data is sent to MCD, as per RGI list. 2. Computerisation is going on at present in the whole hospital including the Medical Record Deptt., thereafter coding will be done as per 'ICD 10' both morbidity and mortality, to begin with Inpatients and later Outpatients records	1. None of the officials is trained in ICD 10 coding, MRT, MRO. 2.The Medical Officers are not indicating underlying cause of death in the Medical Records to enable insertion of ICD 10 codes	1. To depute the Medical Record Deptt. officials for training in MRO/MRT courses and ICD 10 coding courses conducted by CBHI during 2005 for which training schedule already sent. 2. ICD 10 coding, which is done for the mortality records, which is only 15-20 per day may be taken at the first instance for proper ICD 10 coding ; the Medical Officer should indicate the underlying cause of death which may be then coded by the Medical Record officials
C15	Sh. R.K. Gupta, Statistician (11.10.2004)	Deen Dayal Upadhyay Hospital* (1)Dr. K.N. Srivastava, Medl. Supdt. (2)Mrs. Manorama Gupta MRO	1.Not started coding Medical records using ICD 10 2. Information on births and deaths to MCD online ; No coding done	1.Clerical staff of Medical Record Deptt. frequently transferred, thus creating enormous problems for maintaining records and statistics. 2.All three posts of Medical Record Technician are vacant and hence indexing and coding not yet introduced. 3.No sufficient space for keeping medical records	1.MRO may be sent for ICD 10 training during 2005 course 2. MRO/MRT trained persons may not be transferred to some other Deptt. 3. Adequately and properly organized system for medical records may be developed.
C16	Sh.P.K.Mukhopadhyay Joint Director (14.10.2004)	Hindu Rao Hospital* (1) Dr. Madhur Kureshia, Medl. Supdt.	1.Hospital has started coding Medical records using ICD 10. 2. Started computerizing birth and death records as per MCD requirements and sending online	1. Staff of Medical Record Deptt. excepting MRO are not trained in Medical record system	1. Requested to avail the training courses conducted by CBHI on ICD 10 and MRO/MRT courses during 2005.

Hosp Sl. No.	Name of CBHI Officer who visited (and Date of visit)	Name of the Hospitals and officials with whom discussed	Current status on use of ICD 10/Further Plan	Problems experienced in use of ICD 10	Suggestions given by CBHI official
C17	Sh. A.K. Sharma, Assistant Director (13.10.2004)	CGHS Hospital, Timarpur* (1) Dr. R.K. Mundra, Medl. Supdt. (2) Dr. Alok Mathur, Medical Officer (3) Ms. P. Bali, Sr. Nurse	1. All records of IPD is being coded as per ICD 10 and the list of codes prepared by Northern Railway Hospital given to them during July 04 workshop are used for coding 2. Dr. Alok Mathur, Medical Officer and Ms. P. Bali, Sr.Nurse who attended the earlier workshop/review meeting are doing the coding 3. There is no Gynae ward and hence no births, also no death	1. No MRO/MRT or other staff for Medical Record Deptt. 2. No computer facility is available in the hospital	1. CGHS, Nirman Bhawan may be requested for posting staff for Medical Record Deptt.and their training during 2005 2. Director CGHS may be requested to provide PC with internet facility to the hospital
C18	Sh. S.P. Singh, Dy. Director (11.10.2004)	Guru Gobind Singh Govt. Hospital, Delhi (1)Dr. G.S. Soin, Medl. Supdt. (2)Mr. Nanak Chand, MRO	1. Medical Records are kept in order 2. Hospital is using ICD-9 coding system on a limited basis 3. MRD or hospital is equipped with one computer system 4. MRO has requested the doctor should write the underlying cause of death/ Cause of Morbidity on the IPD sheets to enable coding in medical record unit 5. One set of ICD 10 volume purchased in addition to one supplied by CBHI during Sept. 04	1.Currently one MRO and one ANM are there in Medical Record Deptt. and more staff required 2. MRD staff are not trained in ICD 10 coding	1. Appointment of Statistical Assistant in Medical Record Unit against the vacant post 2. MRD staff to be sent for training courses on ICD 10 coding conducted by CBHI during 2005
C20	Sh. S.P. Singh Dy. Director (15.10.2004)	Charak Palika Hospital R.K. Puram (1) Dr A.K.Aggarwal, Medl. Supdt.	1.Inpatient records are maintained ward-wise and there is no separate Central Record Unit 2. No ICD 10 coding is done as of now	1. NDMC administration turned down the proposal for creation of Medical Record Unit as the hospital is a small one.	1. Emphasised the need for creation of separate Medical Record Unit and requested for approaching NDMC administration for the same. 2. The officials of the hospital may be sent for training for ICD 10 coding

**Second Review meeting of Key Trainers on
ICD 10 and the Incharges of Medical
Record Department to review the
implementation of the action plan for
improving the use of ICD 10 and
strengthening the medical record system
17 November 2004, New Delhi**

Second Review meeting of Key Trainers on ICD 10 and the Incharges of Medical Record Department to review the implementation of the action plan for improving the use of ICD 10 and strengthening the medical record system - Proceedings

The second review meeting of Key trainers on ICD 10 from 20 study hospitals of the cities of Delhi and Rohtak, to improve and strengthen the use of ICD 10, was held in the conference room of National Institute of Health and Family Welfare (NIHFW), Munirka, New Delhi on 17.11.2004, as per the scheduled programme (**Annexure-IV A**). This meeting was attended by the Medical Officer Incharge, the Medical Record Officer and Official of Medical Record Departments (MRD) of all the study hospitals except Batra and ESI hospitals (**Annexure-IV B**).

While welcoming all the participants and invitees, Dr. Ashok Kumar, Director CBHI reiterated that ICD 10 is essential for uniform coding and analysis of data within hospitals/country and internationally, which helps in analyzing the burden of morbidity/mortality for necessary planning and health programmes implementation. He further narrated that the challenging task of ensuring the proper use of ICD 10 in the country has been taken up by CBHI under the guidance of Dr. R.K. Srivastava, Addl. DGHS and for this purpose, the 20 study hospitals from Delhi and Rohtak, represent the spectrum of Central Government, State Government, Local Bodies and Private Sector hospitals have been considered. Based on this experience, the model will be prepared that may be replicated in other provinces of our country. He summarized the efforts under this case study beginning from the workshop held during 21-23 July 2004 followed by the first review meeting on 3rd September 2004, subsequent visit of CBHI officers to the six hospitals which were not using any ICD code initially for an on the spot discussions with the hospital and MRD officials. Subsequently, this second review meeting has been organized to discuss the specific issues requiring further attention for coding the morbidity and mortality according to ICD 10, action plan to address such hospital specific issues and suggestions on ICD 10 Workbook for its adaptation in Indian context and its use during CBHI's ICD 10 course of one week duration planned from the year 2005. He emphasized that today's meeting is a continuation of efforts wherein CBHI has also invited the medical officers who are looking after the Medical Record Deptt. from all the 20 study hospitals, with a view to consolidate appropriate actions required for efficient use of ICD 10 in the hospitals.

Dr. Ashok Kumar also informed that based on WHO invitation he participated in the annual meeting of WHO - FIC Collaborating centres at Iceland, 24-30 October 2004, wherein the urgent need for establishment WHO-FIC Collaborating Centre in SEAR was raised and WHO appreciated the need for the same in India.

Dr. R.K. Srivastava, Addl. DGHS, in his inaugural address observed that it is absolutely necessary that the heads of Medical Record Departments understand and value ICD 10 and its efficient use. He re-emphasised that understanding and use of ICD 10 is important in order to analyse the present data for consideration of the finance providers for efficient organisation and functioning of Medical Record Departments. This will also enable us to claim our portion of global resources for improvement of medical health information system. All hospitals have been advised to adopt ICD 10 since the year 2000, however as of today in 2004 we have not made sufficient progress. The picture which has emerged indicates slow in acceptance, use and sharing of hospital data within the same city. He emphasized that each of the hospital should have a well defined road map for implementation of ICD 10 and this is the local effort of all the hospitals. It is in the interest of hospital that they implement ICD 10, with the help of CBHI which is a facilitator. He also appreciated the continuous energetic efforts of Dr. Ashok Kumar, Director CBHI and

wished him for good health in his endeavour of preparing a suitable model for facilitating the efficient implementation of ICD 10 in the country.

Smt. S. Jeyalakshmi, Joint Director CBHI proposed vote of thanks.

While chairing Plenary Session-1, Mr. Sunil Nandaraj, NPO(EIP), WHO/India requested the Medical Officer Incharge of MRDs of the participating hospital to make brief and specific presentation on **(i)** Efforts made for implementing the action plan for better use of ICD 10 and/or its further improvement in the hospital, **(ii)** Action taken to handle various major problems and constraints to operationalise and/or improving use of ICD 10 in the hospital, and **(iii)** Further support and logistic required from Hospital Administration and CBHI for ensuring continued use of ICD 10 in the hospital ; keeping in view the efforts already made by them since first workshop held in July 2004. The summary on these presentations in tabular form is attached (**Annexure-IVC**). At the end of presentations, the Chairperson suggested to write to MCI to include ICD 10 in undergraduate and post graduate medical curricula and the hospital authorities should insist that all research papers should acknowledge the contributions of MRD.

In the afternoon, during the Self Work Session, 3 groups were formed as specified in the workshop programme and the hospital representatives deliberated on;

- (i) Identifying the specific issues requiring further attention for coding the morbidity and mortality according to ICD 10 in outpatient and inpatient records, and
- (ii) Action plan to address these issues in order to sustain the continued use of ICD 10 in record, compilation and reporting.

The self work reports of the hospital were presented by the group coordinators and were deliberated during the Plenary Session –II, under chairpersonship of Mrs. S. Jeyalakshmi. In the discussions, the following major issues emerged:

- a) Directives need to be issued from the office of Medical Superintendent to Medical Officers of all departments for ensuring completion of medical records and for clearly writing diagnosis using standard medical terminology, while avoiding the abbreviations.
- b) The hospital authorities should prepare and circulate list of 3 digit codes of ICD 10, speciality wise to each department, for ready reference and easy use by the doctors, nurses and other officials.
- c) For birth and death registration, the office of RGI may be requested to include more number of diagnostic conditions in the disease basket, for sending data on line.
- d) Staffing pattern for Medical Record Department may be standardised with reference to the bed strength, inpatient and outpatient load. Also the pay scales and status of medical record personnel be made at par with their corresponding positions in the hospital. For this purpose the study done by National Institute of Health and Family Welfare in 1977 and also the Work Study Report (2001) of Safdarjung Hospital may be referred by the hospital authorities. Further the current staffing pattern in MRD of Government and Private Hospitals may also be studied ; especially Ganga Ram Hospital which is efficiently implementing ICD 10 with no problems faced. A separate study may be commissioned under the WHO Biennium programme.
- e) The hospital authorities should take necessary action to computerize outpatient and inpatient records and provision be made for linking OPD and IPDs.
- f) CBHI has been admitting candidates only from Government Establishments for its courses meant for Medical Record Officers (MRO) and Medical Record

Technicians (MRT) as well as on Health Statistics and Medical coding. CBHI may also consider candidates from registered Non-Government Establishments for these courses.

Subsequently the plenary session-III under the chairmanship of Dr. Ashok Kumar discussed and reviewed the suggestions on work book and answer book on ICD 10 training for its adaptation in Indian context. PGI Rohtak representative suggested the computer key board diagram needs to be included in the relevant space. Whereas the Safdarjung Hospital representative felt that the exercises may consist of coding only 5 nomenclatures for which the chairperson mentioned that the lecturer may decide against the existing 20 in each exercise in the ICD 10 workbook on number of such nomenclatures for coding in practical session depending upon the time available.

The representative of Sir Ganga Ram Hospital suggested to include material on Anatomy, Physiology and Medical Terminology in the workbook. The other participants were of the view that the student workbook and answerbook are very useful tools for ICD 10 training.

Dr. Ashok Kumar, Director CBHI in his concluding remarks emphasized that the Medical Record Unit in each hospital/health facility is key wing and thus discharge its duties and support in a such manner that all the other hospital departments and authorities understand its vital importance. They should actively support the functions of different department of the hospitals in maintaining the medical records in desired manner and promptly support authorities with compiled information for better planning and functioning of hospital. He also requested the hospitals to send information on the hospital specific issues requiring further attention for coding morbidity and mortality according to ICD 10 in outpatient and inpatient records and action plan to address these issues, so as to reach CBHI by 24.11.2004.

Sh. P.K. Mukhopadhyay, Joint Director CBHI proposed valedictory thanks and the meeting was concluded.

Second Review meeting of Key Trainers on ICD 10 and the Incharges of Medical Record Department to review the implementation of the action plan for improving the use of ICD 10 and strengthening the medical record system

Venue: Conference Room above National Documentation Centre, NIHF, Munirka, New Delhi

Date : 17 November 2004 (Wednesday)

Programme

0930 hrs	Registration		
1000-1030 hrs <u>Inaugural Session</u>	Welcome and Objective – Dr. Ashok Kumar, Director CBHI Remarks – Dr. (Mrs.) Paramita Sudharto, PHA, WHO (India) Inauguration – Dr. R.K. Srivastava, Addl. DG/Dte.GHS Vote of thanks – Mrs. S. Jeyalakshmi, Joint Director CBHI		
1030-1330 hrs <u>Plenary Session-I</u>	Chairperson : Dr. Anton Fric, WHO (SEARO) Co-Chair : Mr. Sunil Nandaraj, NPO, WHO (India) Rapporteur : Sh. A. K. Sharma , AD, CBHI		
Presentation (8-10 mts/each) by Medical Officer Incharge of Medical Record Departments of 20 participating hospitals on (i) Efforts made for implementing the action plan for better use of ICD 10 and/or its further improvement in the hospital,(ii)Action taken to handle various major problems and constraints to operationalise and/or improving use of ICD 10 in the hospital,and (iii) Further support and logistic required from Hospital Administration and CBHI for ensuring continued use of ICD 10 in the hospital			
1330-1400 hrs LUNCH			
1400-1530 hrs Self Work Session	Self work with regard to your hospital (i) identifying the specific issues requiring further attention for coding the morbidity and mortality according to ICD 10 in outpatient and inpatient records, and (ii) Action plan to address these issues in order to sustain the continued use of ICD 10 in record, compilation and reporting.		
GROUPS	Group 1 (Hospitals Using ICD 10)	Group 2 (Hospitals Using ICD-9)	Group 3 (Hosp earlier Not using any ICD codes)
Resource Persons	Sh. P.K. Mukhopadhyay	Sh. S.P. Singh	Smt. S. Jeyalakshmi
Coordinator (CBHI officer)	Sh. R.K. Gupta	Ms. Pratima Gupta	Sh. A.K. Sharma
Name of the hospitals	1. ESI Hospital 2. RML Hospital 3. Holy Family Hospital 4. Safdarjung Hospital 5. Batra Hospital 6. Apollo Hospital 7. Sir Ganga Ram Hospital 8. Kalwati Saran Hospital 9. AIIMS, New Delhi 10. PG Institute of Medical Sciences Rohtak	1. Kasturba Hospital 2. Sucheta Kripalini Hospital 3. Rao Tula Ram Hospital	1. LNJP Hospital 2. Deen Dayal Upadhyay Hospital 3. Hindu Rao Hospital 4. CGHS Hospital, Timarpur 5. Guru Gobind Singh Govt. Hospital, Delhi 6. Central Railway Hospital 7. Charak Palika Hospital
1530-1545 hrs TEA			
1545 - 1645 hrs Plenary Session-II	Chairperson : Mrs. S. Jeyalakshmi Rapporteur : Sh. R.K. Gupta		
	Presentation and discussion by the three groups coordinators on Self work		
1645-1745 hrs Plenary Session-III	Chairperson : Dr. Ashok Kumar Rapporteur : Sh. S.P. Singh		
	Suggestions on Workbook (and Answerbook) on ICD 10 training for its adaptation in Indian context		
1745 hrs	Conclusion – Dr. Ashok Kumar Valedictory thanks – Sh. P.K. Mukhopadhyay		

LIST OF PARTICIPANTS

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			<u>Office</u>	<u>Residence</u>
<u>Hospitals</u>				
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2.	Dr. Anand R.T., Medical Officer	AIIMS	26583308	
3.	Shri N.K. Sharma, Chief MRO	-do-	26588500 Extn. 4737	26588202
4.	Dr. Ishwar Dayal Verma, R.O.	Rao Tula Ram Hospital	25318444	25582553
5.	Dr. Usha Chawla, CMO	Safdarjung Hospital	26703453	23093300
6.	Sh. V.K. Harnal, MRO	- do -	26707253 9810556427	24677018
7.	Dr. Praval Pant, Sr. DMO	Central Hospital, Northern Railways	23664221	23366032
8.	Dr. S.C. Mohapatra Addl. M.S.	LHMC and SSK Hospital	23408251 Subashm15@hotmail.com	24675910
9.	Shri M.S. Yadav MRO	-do-	23408406	55742184
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17.	Mrs. P. Bali, Nursing Sister	- do -	23813808	9810080302
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19.	Sh. Prem Nath Malhotra, Sr. Medical Record Officer	Sir Ganga Ram Hospital, Rajinder Nagar	25735205 Extn.8102	25136143
20.	Shri Alic Masih, Sr. MRT	- do -	25735205	9416264134
21.	Gorau Malhotra, MRT	-do-	25735206	9891406406
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24.	Shri Rameshwar Sharma, RO	Rao Tula Ram Memorial Hospital	28010380	
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31.	Dr. Ashok Kumar, Director	CBHI/DGHS	23793175	23793175
32.	Smt. S. Jeyalakshmi Joint Director	CBHI/DGHS	23017695	23017695
33.	Mr. P.K. Mukhopadhyay, Joint Director	CBHI/DGHS	23017695	23017695
34.	Mr. S.P. Singh, Deputy Director	CBHI/DGHS	23017695	23017695
35.	Sh. A.K. Sharma, Assistant Director	CBHI/DGHS	23017695	23017695
36.	Sh. R.K. Gupta Statistician	CBHI/DGHS	23017695	23017695
37.	Ms. Pratima Gupta Assistant Director	CBHI/DGHS	23017695	

Presentation by Hospitals**A) Hospital using ICD 10 (10 hospitals)**

S. No	Efforts made for implementing action plan for better use of ICD 10	Action taken to handle major problems and constraints	Further support/ Logistics required	
			From Hospital authority	From CBHI
A1	ESI Hospital			
	Did not participate in the meeting			
A2	RML Hospital			
	<ul style="list-style-type: none"> ICD 10 coding implemented since 2004 for indoor cases (death and discharge casesheet). OPD record not maintained by MRD Networking of computer service in progress with emphasise to MRD 	<ul style="list-style-type: none"> No major problems and constraints experienced 	<ul style="list-style-type: none"> More manpower Computer training to retrieve data Training to all MRD staff 	<ul style="list-style-type: none"> ICD 10 in CD
A3	Holy Family Hospital			
	Did not participate in the morning session			
A4	Safdarjung Hospital			
	<ul style="list-style-type: none"> Using ICD 10 since 1996 	<ul style="list-style-type: none"> Internal work study unit made recommendations for increasing the staff strength of MRD of Safdarjung Hospital vide its report issued in 2001 	<ul style="list-style-type: none"> To implement the recommendations of work study unit regarding increase of staff in MRD (report 2001) 	<ul style="list-style-type: none"> 5 more sets of ICD 10 code books for use of training centre
A5	Indraprastha Apollo Hospital			
	<ul style="list-style-type: none"> Presently coding done for inpatient records 	<ul style="list-style-type: none"> No major problems constraints faced 		<ul style="list-style-type: none"> Request suggestion for further improving the ICD coding on morbidity and mortality
A6	Kalawati Saran Children Hospital			
	<ul style="list-style-type: none"> From January 2003 doing ICD 10 coding for IP records 		<ul style="list-style-type: none"> Central computers to be introduced Photostat machine to be repaired Creation of Junior Medical Record Technicians (7 posts) and Chief Medical Record Officer (1 post) Training of personnel in computer operation and ICD 10 	

A7	AIIMS			
	<ul style="list-style-type: none"> No computers in MRD and coding is done manually ; proposal for provision of computers has been sent to higher authorities Importance of ICD 10 coding is emphasized through monthly bulletins of Medical Record Deptt. 		<ul style="list-style-type: none"> Training of doctors and MRD personnel in ICD 10 Doctors to be made aware of problems created by abbreviations Pay scales of MRD officials are to be revised as scales of MRTs is less than other technicians 	
A8	PG Institute of Medical Sciences, Rohtak			
	<ul style="list-style-type: none"> MRD is computerized in 1990 ICD 10 is being implemented in full swing from August 2004 and necessary follow up action is taken up with all the departments Tenders have been floated for software for HMIS Directors fully support implementing ICD 10 All head of Deptts. sensitized in ICD 10 and trained Strict instructions and directions given to all to implement ICD 10 and no file without ICD 10 code will be taken by MRD As of now ICD 10 fully implemented for Indoor patients records From 1st January 2005 all OPD will be computerized with state of art technology and will try to implement ICD 10 for OPD records 	<ul style="list-style-type: none"> No impediments 	<ul style="list-style-type: none"> Give incentive to MRO/MRT for ICD 10 implementation 	
A9	Batra Hospital			
	Did not participate in the meeting			
A10	Sir Ganga Ram Hospital			
	<ul style="list-style-type: none"> ICD 10 manually used w.e.f. 1998 In addition operational coding on the basis of International Classification of Procedures in Medicine (WHO 1976) Hospital authorities are planning to computerize the coding, indexing 			<ul style="list-style-type: none"> Operational code 10th version may be introduced by WHO as Leproscopic procedure, microdissection and some cardiac operations are not there in the 9th version.

(B) Hospitals using ICD-9 (3 hospitals)

S.No	Efforts made for implementing action plan for better use of ICD 10	Action taken to handle major problems and constraints	Further support/ Logistics required	
			From Hospital authority	From CBHI
B11	Kasturba Hospital			
	No representation in the meeting			
B12	Sucheta Kriplani Hospital			
	<ul style="list-style-type: none"> Efforts have been made to create awareness among junior doctors on ICD 10 and also less use of abbreviations in diagnosis Medical Record Deptt. has going to be computerized shortly and it will help in furthering ICD 10 implementation 			<ul style="list-style-type: none"> CBHI may look into the development of Medical Records and Medical Record Deptt.
B13	Rao Tula Ram Memorial Hospital			
	<ul style="list-style-type: none"> At present not able to adopt ICD 10 due to shortage of staff as medical record staff are used for other adhoc works Plan is being made for sensitizing OPD officials about putting diagnosis and by giving them the abridged list ; the difficulties will be assessed after 2, 3 months 			

(C) Hospitals earlier not using coding (7 hospitals)

S.No	Efforts made for implementing action plan for better use of ICD 10	Action taken to handle major problems and constraints	Further support/ Logistics required	
			From Hospital authority	From CBHI
C14	LNJP Hospital			
	<ul style="list-style-type: none"> ICD 10 coding is being done in new born nursery in paediatrics deptt. since August 2004 for both morbidity and mortality data A form has been developed to be attached on the front of case sheet which will be signed by consultants, Sr. Resident in which columns for provisional final diagnosis and ICD 10 coding are there. 		<ul style="list-style-type: none"> Trainee in ICD 10 coding for doctors, at undergraduate, resident and post graduate and specialist levels Training of MRD officials Posting of adequate manpower for MRD Computers and Connectivity for MRD 	
C15	Deen Dayal Upadhyay Hospital			
			<ul style="list-style-type: none"> Sufficient space (2 LDCs trained in MRD but transferred to transport deptt.) for MRD, trained staff, sufficient stationery 	

C16	Hindu Rao Hospital			
	<ul style="list-style-type: none"> From August 2004 ICD 10 coding for inpatient records for morbidity and mortality are started with the help of two persons 	<ul style="list-style-type: none"> The matter of writing the diagnosis clearly by doctors has been discussed in the hospital management meeting 		
C17	CGHS Hospital			
	<ul style="list-style-type: none"> ICD 10 is being implemented since 1st August 2004 and the Sister Incharge of hospital has been given this additional responsibility A zerox copy of abridged ICD 10 of Railway Hospital, New Delhi was used originally ; now the three volumes of ICD 10 given to the hospital by CBHI is used for coding 	<ul style="list-style-type: none"> In order to tackle the problem of non-availability of trained persons in keeping medical records, correspondence has been initiated with higher authorities (Addl. Director Hqr. CGHS) 		<ul style="list-style-type: none"> Support of CBHI required for emphasizing the need to implement ICD 10 by trained medical record keeper
C18	Guru Govind Singh Govt. Hospital, Delhi			
	<ul style="list-style-type: none"> Letter has been sent to CMO, Directorate of Health Services for modification of formats in which monthly report was sent on ICD-9 code wise ; no response received as yet 	As in earlier column	<ul style="list-style-type: none"> Training on ICD 10 to MRO and Paramedical staff 	<ul style="list-style-type: none"> CBHI requested to contact DHS for issuing ICD 10 disease list for monthly report ICD 10 in CD
C19	Northern Central Railway Hospital			
	<ul style="list-style-type: none"> Abridged version of ICD 10 is given to all departments. The computer programme is such that unless ICD 10 code is filled, discharge summary will not be generated as such ICD 10 coding is being done 			
C20	Charak Palika Hospital			
	<ul style="list-style-type: none"> Hospital authorities have been apprised of ICD 10 and action plan, logistic and support requirement 		<ul style="list-style-type: none"> Requirement of proper space to establish the MRD Requirement of computers for MRD with networking Requisite trained staff for MRD 	<ul style="list-style-type: none"> As none of the officer/official has and that the meetings held earlier, the MRO/MOI be trained from the initial stage Furnish the information about the computers and other equipments Furnish the information-required of the manpower category wise

**Review Workshop of key trainers on the
major actions undertaken in order to
improve the regular use of ICD 10 as
well as to strengthen the MRD in the
hospital
25 January 2005, New Delhi**

Review Workshop Of Key Trainers On The Major Actions Undertaken In Order To Improve The Regular Use Of ICD 10 As Well As To Strengthen The MRD In The Hospital - Proceedings

As already planned, the final review workshop as a part of CBHI's case study for improving and strengthening use of ICD 10 was held on 25th January 2005 at Jacaranda Part-II Hall, India Habitat Centre, Lodhi Road, New Delhi-110003, as per the scheduled programme (**Annexure-V A**) and attended by the (i) Medical Superintendents and Incharges of MRD of 20 study hospitals of Delhi and Rohtak (ii) their administrative govt. authorities viz. Director of Health Services of NCT of Delhi, Municipal Corporation of Delhi and CGHS (iii) special invitees from WHO, DGHS CSO (MOSPandI), RGI and Maulana Azad Medical College and (iv) CBHI officers (**Annexure-V B**).

Dr. Ashok Kumar, Director CBHI while welcoming, informed that WHO introduced ICD 10 in the year 1993 and India adopted it in the year 2000 and four years have passed since, however its implementation is not upto the mark. CBHI took up the challenging task of improving and strengthening use of ICD 10 and under the WHO/GOI biennium 2004-2005 undertook this case study involving 20 hospitals of Delhi and Rohtak. He summarised the events starting from July 2004 workshop of key trainers on ICD 10, the first review meeting (Sept. 2004), the visits of CBHI officers to hospitals (October 2004), the second review meeting (November 2004) and now the final review workshop. He emphasized that the cooperation of hospital and health institutions authorities is essentially required for implementing ICD 10. He also informed that as was recommended during July 2004 workshop, the one week orientation training course on ICD 10 has been instituted by CBHI/Dte.GHS from the year 2005 and Module/Workbook on the same have been made ready to serve as reference material.

Dr. S.J.Habayeb, WR (India) in his address said that ICD 10 is the tool to collate morbidity and mortality data, identify risk population, epidemiological analysis, clinical intervention and comparison of data over regions. Classifications are common language and CBHI's initiative for efficient use of ICD 10 in the study of 20 hospitals can be replicated in the other parts of the country. He promised requisite and continued technical support in this endeavour of CBHI/Dte.GHS.

The participants and invitees introduced themselves.

Dr. R.K. Srivastava, Addl. DGHS and chief guest released the "Module and Workbook – Orientation Training on ICD 10" as prepared and brought out by CBHI, as a reference material for self-learning/training on ICD 10 in the country. A copy of the same was shared with all those present in the workshop.

In his inaugural address, Dr. R.K. Srivastava said that the initiatives of CBHI to improve the use of ICD 10 has culminated in assembling the decision makers of hospitals, to further impress upon them the importance of implementing ICD 10. He appreciated the short term training course on ICD 10 planned from 2005 through CBHI training centres and emphasized that this Module and Workbook is very useful for the training and requested the Medical Superintendents, Medical Officers and officials of Medical Record Department to chart the calendar for 2005 for achieving full implementation of ICD 10 in their hospitals. ICD 10 implementation is the complex activity and as Medical Record Departments are not given the due priority, the implementation has not been taking place and thus advised that time has come now to accord the due priority to Medical Record Departments and to provide the necessary financial and technical inputs to ensure the implementation of ICD 10. Dte. General of Health Services appreciates CBHI for taking up this important activity and he put on record the support extended by WHO and welcomed that it will continue in the future. He requested the participants to contribute to the well conduct of workshop and decide on concrete actions to improve ICD 10 use.

Dr. Ashok Kumar, Director CBHI brought to the attention of the house that there is no collaborating centre for ICF, ICD and other classifications in South East Asia region and he requested WR (India) to consider setting up of a WHO Collaborating Centre on International Classifications of Diseases and Health Related Aspects in India on a priority basis.

Smt. S. Jeyalakshmi proposed vote of thanks.

The **plenary session-I** chaired by Dr. R.N. Salhan, Medical Superintendent of Safdarjung Hospital with Ms. Pratima Gupta, Assistant Director CBHI as rapporteur. Dr. Ashok Kumar, Director CBHI made a presentation on “CBHI case study on ICD 10 – observations and actions” wherein he summarised the entire activities under this initiative, observations and actions planned, undertaken and need to be further pursued for efficient use of ICD 10 in the country (**Annexure-III D**). This was followed by the presentations by Medical Superintendents/representatives from the 20 study hospitals on “Major Actions undertaken in order to improve the regular use of ICD 10 as well as to strengthen the MRD in the hospital”. The presentations are summarised hereunder :

Sl.No.	Name of Hospital	Major action undertaken/Proposed to be undertaken to improve regular use of ICD 10 and strengthening MRD
1.	AIIMS	ICD 10 classification is being done for indoor patients. Morbidity tabulation list distributed to all clinical departments. MRD staff sensitized regarding use of ICD 10. AIIMS felt that regular monitoring and evaluation of ICD 10 use by External Agencies should be there and also Maintenance of Clinical Records Act (MOCRA) needs to be brought out.
2.	Hindu Rao Hospital	ICD 10 implemented from July 2004 for inpatient coding only
3.	ESI Hospital	Could not attend
4.	RML Hospital	Implementing ICD 10 since 2000 manually for inpatient records ; computerization is in progress. ICD 10 downloaded and made into multiple copies. Instructions given for writing final diagnosis clearly.
5.	Holy Family Hospital	ICD 10 implemented from 2002 onwards ; timely assessment are done to identify departments which are not putting up complete medical records and necessary corrective actions taken. Existing computer programme based on ICD 9 coding could not be used for ICD 10 coding. Also there is Non availability of updated procedural coding system. Delay in completion of the case sheets by doctors, Use of non standard abbreviations and Non systematic entry of disease/cause of death are some of the other factors inhibiting the efficient use of ICD coding.
6	Kasturba Hospital	Birth and death registration done online with ICD 10 codes ; ICD 10 is done for IPD records. Hospital authorities are being pursued for filling vacant posts in MRD.
7.	Safdarjung Hospital	ICD 10 coding for indoor patients done from 1996; instructions have been given by Medical Superintendents that all Junior Residents and Senior Residents are to be sensitized with ICD 10 ; the importance of keeping good and complete records have been imposed on the medical officers.
8.	Batra Hospital	Using ICD 10 since 1993, successfully

9.	Sucheta Kriplani Hospital (Lady Hardinge)	ICD 10 coding from January 2005 for inpatients. All departments instructed to use ICD 10. ICD 10 three character categories given to all departments. Online birth death registration incorporating ICD 10 codes. OPD coding will be done subsequently.
10.	Apollo Hospital	ICD 10 implemented since 1993. MRD inter-linked through LAN with OPD emergency and other departments. Reports generated for Govt. agencies, hospital management etc. Medical Records are scanned and stored in electronic form ; scanning for old documents is outsourced. Planning to link all Apollo hospitals in Delhi, Chennai, Columbo, Kolkata and Ahmedabad. From July 2004, Inpatient and Outpatient are being maintained and ICD 10 coding of Outdoor patients is being planned.
11.	PGI Rohtak	Booklet containing 20 pages of ICD 10 3 digit codes on the basis of all the three volumes of ICD 10 book was framed which was supplied to all clinical departments. ICD 10 coding is being done by the doctors. No files in MRD are taken without proper coding. Involvement of ICD 10 in UG, PG medical curriculum , availability of Window based ICD 10 software, Senior faculty members be made aware of ICD 10 and its utility are some suggestions made for efficient use of ICD 10. The d base software (dos base) being used since 1990 is outdated now and new software need to be developed using windows or linux system.
12.	Rao Tula Ram Memorial Hospital	Being under the control of DHS, ICD 10 implementation is a policy matter and the correspondence is being made in this regard. Sending information in the ICD 9 format. Matter of implementation for ICD 10 has to be taken up at appropriate level. Computers to be provided. Trained staff should be posted in the MRD.
13.	Central Railway Hospital	Could not attend
14.	Sir Ganga Ram Hospital	ICD 10 used for coding and records are maintained very well.
15.	LNJP Hospital	ICD 10 is being used from November 2004. From 1st of January 2005 started using ICD 10 coding with paediatrics unit and will be extended to all the units of the hospital from subsequently
16.	Guru Govind Singh Govt. Hospital	ICD 10 coding is expected to be started by February 2005. The suggestions made were - MRD staff should be transferred less frequently and CBHI should issue the guidelines as to how much staff should be there in MRD for coding purpose.
17.	CGHS, Timarpur	Implementing ICD from 1st August 2004 for indoor records. As MRD Department is not there in the hospital, higher

		authorities are being approached for setting up the same. List of common diseases with codes is being prepared. ICD 10 is proposed to be extended in OPD.
18.	Deen Dayal Upadhyay Hospital	ICD 10 coding in death cases has been started. ICD 10 coding for inpatients could not be started. It was stated that the main constraint preventing implementation of ICD 10 coding is the lack of staff in MRD.
19.	Charak Palika Hospital	No presentation made.
20.	Kalawati Saran Children Hospital	Proposal for sanction of new post in MRD sent. Establishment of centralised computer system is in the process. Computer training programme got approved. MRT pay scale is to be revised. MRD officials are allowed for training courses. Suggestions made for use of ICD 10 efficiently - Abbreviation should not be used in the final diagnosis. Pediatrics should write disease name rather than the surgical procedure. Death case sheet should't miss the immediate cause. Each case sheet should be signed by a senior doctor Incharge. There should be a uniform software in the hospitals and linking, to channelise data to the centre.

The **plenary session-II** chaired by Dr. S.K. Nath, Addl. Director General with Dr. Megha Chander Singh, Associate Professor MAMC as co-chair and Sh. Umed Singh, Assistant Director CBHI as the rapporteur ; had the detailed presentation by Smt. S. Jeyalakshmi, Joint Director CBHI on CBHI's inservice orientation training on ICD 10 and user friendly module and workbook developed by CBHI. She explained the objective of the training course, the training schedule 2005, training institutions, eligibility criteria for admission, training syllabus and curriculum and the user friendly student workbook as self learning reference material.

During the discussions, Director CBHI responded that it may not be feasible to make common software on ICD 10 for all hospitals and the chairperson Dr. Nath suggested that CBHI can collect information from various hospitals using ICD 10 on the vendors who have developed the Hospital Information System, including ICD 10 and this information can be shared with the hospitals for appropriate actions. Dr. Anjan Prakash, Chief Medical Officer SBHI, New Delhi said that medical record data should be annexed with the annual report of the hospital.

About the module and workbook, Director CBHI mentioned that it is also for self learning purpose and felt that CD of this module and workbook may be given free by CBHI to those hospitals which can make best use of the same. The Chairperson Dr. Nath made a request for making department specific/subject wise prominent ICD 10 codes for their better use. He also mentioned that usage of standardized abbreviations may be developed to improve ICD 10 culture. Some important view points emerged during the discussions, viz-

- (i) To introduce ICD 10 in undergraduate training curriculum through MCI
- (ii) Standardise the staffing pattern of Medical Record Department in a hospital
- (iii) Expand the training Institutions for ICD 10 orientation
- (iv) Introduce ICD 10 helpline
- (v) Speciality-wise code sheets for prominent display in Hospitals by the authorities
- (vi) Inventory of vendors who are creating Hospital Information System, with ICD 10 as its integral part.

The workshop concluded with vote of thanks proposed by Sh. P.K. Mukhopadhyay, Joint Director, CBHI.

Review Workshop of key trainers on the major actions undertaken in order to improve the regular use of ICD 10 as well as to strengthen the MRD in the hospital

**Venue: Jacaranda Part-II Hall, Habitat World at India Habitat Centre, Lodhi Road,
New Delhi-110003.**

Date : 25 January 2005 (Tuesday)

Programme

0930 hrs	Registration
<u>Inaugural Session</u> 1000-1045 hrs	Welcome and Objective - Dr. Ashok Kumar, Director CBHI
	Address - Dr. S.J. Habayeb, WRI - Smt. Bhavani Thyagarajan, Jt.Secy, MOHFW - Dr. R.K. Srivastava, Addl. DGHS
	Release of “ICD 10 Training Module and Workbook” and Inauguration - Dr. S.P. Agarwal, DGHS
	Vote of thanks - Mrs. S. Jeyalakshmi, Joint Director CBHI
1045-1100 hrs	TEA

<u>Plenary Session-I</u> 1100-1530 hrs	Chairperson : Dr. Paramita Sudharto, PHA, WHO (India) Co-Chair : Sh. Sunil Nandraj, NPO, WHO (India) Rapporteur : Ms. Pratima Gupta, AD (TandR)CBHI
<u>Topic</u>	<u>Speaker</u>
<u>CBHI Case Study on ICD 10</u> - Observations and Actions	Dr. Ashok Kumar, Director CBHI (20 mts.)
<u>Major Actions undertaken in order to improve the regular use of ICD 10 as well as to strengthen the MRD in the hospital</u>	Medical Superintendents of 20 study Hospitals from Delhi and Rohtak (8-10 mts each)
1300-1400 hrs	LUNCH
1530-1545 hrs	TEA

Plenary Session-II 1545 - 1645 hrs	Chairperson : Dr. S.K. Nath, Addl. DG, M/o SPI Co-Chair : Dr. Megha Chander Singh, Asso. Prof. MAMC Rapporteur : Mr. Umed Singh, AD (CBHI)
Topic	Speaker
Overview and Discussions on CBHI’s Inservice Orientation Training on ICD 10 and Userfriendly Module and Workbook developed by CBHI	Smt. S. Jeyalakshmi, Joint Director CBHI
1645 hrs	Conclusion – Dr. Ashok Kumar, Director CBHI Valedictory thanks – Sh. P.K. Mukhopadhyay, JD, CBHI

* * * * *

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Technical Papers

Annexure VI A