Table 2

Core Impact Area

Core Impact Area	Response Highlights: Go-Live (October 2015)
Strategic planning	P3: "Have all your personnel willing . . . to learn . . . . If someone is pulling back, it's not going to go well, and that's why we're having such a hard time because everybody is not on board."
	P3: "Hindsight. If we had the opportunity to go back and see the seriousness of where the hiccups would have been and what the impact of training, or the lack thereof and probably the timing when training should be done . . ."
	P1: "The way I decreased my anxiety is knowing that [the facility] was going to and has created superbills of the most common codes."
	P7: "Superbills were the key points, and the superbills were the biggest anxiety reliever to get the provider to relax."
Education and training	P6: "Have a group of volunteers that are receptive or embracing it to see if that training is good . . . get some feedback so that . . . the ones that are resistant will be less resistant."
	P2: "Knowing that there was training . . . that helped me prepare mentally for the transition."
	P3: "I would say hire the appropriate number of trainers and allow the appropriate amount of training time. Make sure that the providers and the coders are not distracted . . . . Retrain as necessary."
	P7: "My only complaint is that it [training] should have been longer because they tried to cram two days in one day."
	P8: "If you're going to go ahead and do the training, you might as well allot the appropriate amount of time; otherwise, you're wasting your time."
System readiness	P1: "The people that were in charge did not implement or test early enough to get the kinks out of the system."
	P3: "Our system is not ICD-10 CM capable . . . . Our system still only has ICD-9 codes."
	P6: "If our system was ready, ICD-10 CM would be a piece of cake . . . . I was so looking forward to this new thing."
	P7: "Doctors have been given the okay to continue with ICD-9 codes with the exception of the three who have decided against that. You, as a coder, have to go back and map from the ICD-9 code to an ICD-10 code, but sometimes that is challenging because the code that they are providing does not match with the provider's documentation."