Appendix 1: Repeated PDSA cycles of the Quality Improvement Study Design showing the interventions and refinements to sustain the main outcome.

Plan	Baseline assessment of accuracy.		
	Further engagement of stakeholders.		
	Preparations for intervention: Permission to use the software, notification of participants, training or		
	co-facilitators and handling of logistics. Immediate measurement of outcome and balancing measure at the training venue. Induction of the intervention in all the General hospitals in Lagos State.		
	Mitigating contextual challenge of inadequate funds for monitoring and evaluation (M and E) of all 26		
	hospitals simultaneously.		
Do	A list of 220 diagnoses/health problems was selected from clinic attendance registers using		
	systematic sampling technique. It was presented to a randomly selected sample of clinical coders in		
	the ICD-10 validation study of an international primary care classification. It revealed the ICD-10		
	coding accuracy in the study setting (Olagundoye et al., 2018). The difficult items from this study		
	(Appendix 2 in the supplementary file) were presented at the end-of-training coding exercise for		
	immediate assessment of the intervention.		
	Access and permission to use the electronic terminology coding tool granted through the		
	representative of the developers (second author).		
	Installation of the software unto their computers and training of co-facilitators (Doctors) on the use of		
	the electronic terminology coding tool.		
	Randomization of training participants (clinical coders) into two groups (manual coding and semi-		
	automatic coding groups) at the registration desk on training day. Training activity on the usage of		

the electronic coding tool by a classification expert (main researcher).

Immediate end-of-training coding exercise for comparison of coding accuracy between a control group that used the current coding method/materials and a test group that used the intervention.

Software installation on the available personal computers and desktop computers in the hospitals' medical records departments.

Commencement of continuous monitoring and evaluation a month post-induction.

Monitoring and evaluation in phases: Division of hospitals into five geographical clusters according to the existing divisions of the State (IBILE- Ikeja, Badagry, Ikorodu, Lagos Island and Epe divisions) and random selection of a division for each phase of M and E.

Study

A baseline ICD-10 coding accuracy of 78.7% was revealed from the validation study of an international primary care classification that entailed manual ICD-10 coding by the clinical coders in this study setting (Olagundoye et al., 2018).

Outcome measure: Assessment of coding accuracy between the control group and the intervention group (Figure I).

Balancing measure: Assessment of speed of coding/time taken to complete the coding task by the two groups (Figure 2) and assessment of reliability.

Monthly evaluation of outcome measure and process measure.

The accuracy of codes assigned to the most recent diagnoses from a sample of 20 systematically selected patients' record folders out of the first 100 folders was assessed on a set date every month (See Figures III and IV). The sample size was based on the rule of thumb that the sample size should not be less than 5% of the population.

Process measures included evidence of consistency with the monthly submissions of the samples of semi-automatically coded data from the hospitals to the Monitoring and Evaluation Officer as well as the evaluation of feedback forms that captured information about self-report of usage of the encoding software and coders' experiences/challenges with the new system.

	Observation of a consistent pattern of wrong coding of certain frequently used diagnoses affecting			
	coding accuracy. This also implied that rote memory from years of assigning wrong codes consistently			
	affected coding accuracy in the early post-intervention stage. See Figure III			
Act	The target accuracy of ≥ 95% with ≤5% error margin was adopted.			
	Adoption of the intervention across the General hospitals on the basis of higher coding accuracy from			
	the intervention group.			
	Provision of feedback to the coders regarding any wrong code selections observed in the month			
	and E sheets for the previous month.			
PDSA	Cycle 2: Refinement of the intervention following observations from PDSA Cycle 1			
Plan	Ensuring continuous feedback to coders after the QI team's review of the accuracy of selected codes			
	from the randomly selected monthly samples.			
	Refining the intervention to address the observation of initial difficulty mastering search text			
	conventions for medical terms with two or more words, as well as the inability of some of the clinical			
	coders to decipher from the Thesaurus the synonyms of some medical terms commonly used by			
	Clinicians.			
Do	From the monthly collections of M and E samples of coded diagnoses/health problems from the			
	hospitals, a list of commonly used local terms and the corresponding codes for their synonyms which			
	the non-clinician coders found difficult to recognize in the Thesaurus was compiled. The list was			
	returned as additional feedback to the coders to be displayed on their work tables. This served to			
	complement the ongoing intervention in achieving the aim of the QI initiative (see Appendix 3 in the			
	supplementary file).			
Study	Continuous evaluation of coding accuracy across the hospitals (Figures III and IV).			

Act	Adoption of a list of medical terms frequently used locally and their search texts/synonyms from the
	Thesaurus as well as their corresponding ICD-10 codes.
PDSA	Cycle 3: Further refinement of the intervention to sustain the outcome.
Plan	Periodic medical terminology workshops and training of new coders on the use of the electronic
	terminology coding tool in order to complement ongoing intervention.
	Enhancing communication between the coders and the QI team through courtesy phone calls to
	encourage feedback, to draw attention to the corrections of wrong code selections indicated by the
	QI team lead on the monthly M and E coding sheets for the previous month. Also, to assist with
	difficult codes through phone calls.
	Biannual courtesy visits to the hospitals to interact with the coders; evaluate the process and obtain
	feedback from them. In addition, seizing the opportunity to tackle difficult codes.
Do	In addition to the changes introduced in PDSA cycles 1 and 2,
	a three-day training was conducted on ICD-10 coding and the importance of proper documentation
	for the coders and some in the first quarter of the year 2019.
	Monthly courtesy phone calls to the Heads of HIM departments in the hospitals to highlight corrections
	indicated on the reviewed M and E sheet and to obtain any feedback regarding the initiative.
	Periodic visits by a member of the QI team, to receive feedback, address questions and resolve any
	issues with the software.
Study	Continuous evaluation of monthly coding accuracy for an additional six months after the stipulated
	timeline to determine if the outcome was sustained (Figure III).
Act	Adoption of annual training/retraining of old/new coders on medical terminology and effective usage
	of the software.

Adoption of periodic courtesy phone calls to Heads of HIM departments for feedback purposes. Explanation of the Thesaurus' search text conventions for multiple worded terms to the coders at every opportunity.

APPENDIX 2

List of wrongly coded diagnoses/health problems (Difficult items)

	DIAGNOSES/HEALTH PROBLEMS	SELECTED WRONG CODES AND TITLES	CORRECT CODES AND TITLES
1.	Uterine fibroids	N93 (other abnormal uterine/vaginal bleeding)	D25 (leiomyoma of the uterus)
2.	CA Cervix	C57.9 (malignant neoplasm of female genital organ unspecified)	C53 (CA Cervix)
3.	Musculoskeletal pain	M76 (Enthesopathies of lower limb excluding foot)	M79.1 (Myalgia)
4.	Neck pain	M54.9 (Dorsalgia)	M54.2 (Cervicalgia)
5.	Upper Respiratory Tract Infection	J98.9 (Respiratory disorder, unspecified)	J00 - J06 (includes common cold; J00)
6.	Physical Assault	Y04 (Assault by body force)	T74.1 (physical abuse)
7.	Benign Prostatic Hyperplasia	N43.3 (Hydrocele unspecified)	N40 (Hyperplasia of prostate)
8.	Pharyngitis	J03 (Acute tonsillitis)	J02 (Pharyngitis)
9.	Arthralgia	M13 (Other athritis)	M25.5 (Pain in joint)
10.	Seizure Disorder	R56 (Convulsion NEC)	G40 (Epilepsy)
11.	Septic Arthritis	M13 (Other athritis)	M00.9 (Pyogenic athritis unspecified)
12.	Dyslipidaemia	No response	E78.5 (Hyperlipidaemia unspecified)
13.	Herpes zoster in Pregnancy	B00.9 (Herpes virus infection, unspecified)	O98.5 (other viral diseases complicating pregnancy)
14.	Gastroenteritis	K52.8 - Other specified non-infective gastro enteritis and colitis	A09-Gastroenteritis of presumed infectious origin
15.	Epistaxis	L04.0 – Lymphadenitis	
			R04.0 (Epistaxis)
16.	Somatization	F51 - Non-organic sleep disorder	F45.0 (Somatization disorder)
17.	Reduced hearing	R94.2 - Abnormal result of pulmonary function test	H93.2 (other abnormal anditory perception)
18.	Colles fracture	S42.0 - Fracture of clavicle	S52.5 (fracture of lower end of radius)

APPENDIX 3

	COMMON MEDICAL TERMS POSING DIFFICULTY WITH	SYNONYMS/SEARCH TEXTS IN THE CODING	ICD-10 TERMINOLOGY	ICD-10 CODE
	CODING ACCURACY	SOFTWARE (THESAURUS)		S
1.	CHRONIC HEPATITIS B	HEPATITIS; VIRUS, CHRONIC, TYPE B	CHRONIC VIRAL HEPATITIS	B18
2.	ACUTE HEPATITIS B	HEPATITIS; VIRUS, TYPE, B	ACUTE HEPATITIS B	B16
3.	VIRAL HEPATITIS	HEPATITIS; VIRUS	UNSPECIFIED VIRAL HEPATITIS	B19
4.	HEPATITIS	HEPATITIS	INFLAMMATORY LIVER DISEASE, UNSPECIFIED	K75.9
5.	ALCOHOLIC HEPATITIS	ALCOHOL;HEPATITIS	ALCOHOLIC HEPATITIS	K70.1
6.	PLEURAL EFFUSION	EFFUSION; PLEURA	PLEURAL EFFUSION, NOT ELSEWHERE CLASSIFIED	J90
7.	LEG ULCER	ULCER; LOWER LIMB	ULCER OF LOWER LIMB, NOT ELSEWHERE CLASSIFIED	L97
8.	SNAKE BITE (WITH VENOM)	SNAKE; BITE	SNAKE VENOM	T63.0
9.	SNAKE BITE (WITHOUT VENOM)	WOUND	OPEN WOUND OF UNSPECIFIED BODY REGION	T14.1
10.	VITAMIN B DEFFICIENCY	DEFICIENCY; VITAMIN B	VITAMIN B DEFFICIENCY, UNSPECIFIED	E53.9
11.	BRONCHITIS	BRONCHITIS	BRONCHITIS, NOT SPECIFIED AS ACUTE OR CHRONIC	J40
12.	ANAEMIA	HEMOGLOBIN; LOW	OTHER ANEMIAS	D64
			ANEMIA UNSPECIFIED	D64.9
13.	RETROVIRAL DISEASE	DISEASE; RESULTING FROM HIV DISEASE	UNSPECIFIED HIV DISEASE	B24
14.	SEPSIS	GENERALIZED INFECTION	SEPTICAEMIA, UNSPECIFIED	A41.9
15.	HAEMORRHAGIC STROKE	STROKE	OTHER NON-TRAUMATIC INTRACRANIAL HEAMORRHAGE	162
	ISCHAEMIC STROKE	STROKE	CEREBRAL INFARCTION	163
15.	CEREBROVASCULAR ACCIDENT (CVA) OR STROKE	CEREBROVASCULAR ACCIDENT	STROKE, NOT SPECIFIED AS HAEMORRHAGE OR INFARCTION	164
16.	ERECTILE DYSFUNCTION	ERECTILE; DISORDER	FAILURE OF GENITAL RESPONSE	F52.2
17.	URINARY TRACT INFECTION(UTI)	URINARY; INFECTION	URINARY TRACT INFECTION; SITE NOT SPECIFIED	N39.0
18.	SINUSITIS	SINUSITIS	CHRONIC SINUSITIS;UNSPECIFIED	J32.9
19.	ACUTE SINUSITIS	ACUTE;SINUSITIS	ACUTE SINUSITIS; UNSPECIFIED	J01.9
20.	OTITIS MEDIA	OTITIS;MEDIA	OTITIS MEDIA;UNSPECIFIED	H66.9
21.	GOITRE	GOITER OR NONTOXIC;GOITER	NONTOXIC DIFFUSE GOITRE	E04.0
22.	TOXIC GOITRE	TOXIC;GOITER	THYROTOXICOSIS WITH DIFFUSE GOITRE	E05.0

	OBSTETRICS AND GYNAECOLOGICAL PROBLEMS	SYNONYMS/SEARCH TEXTS IN THE CODING SOFTWARE (THESAURUS)	ICD-10 TERMINOLOGY	ICD-10 CODE S
23.	SICKLE CELL DISORDER IN PREGNANCY	BLOOD; DISEASE, COMPLICATING PREGNANCY	OTHER DISEASES OF BLOOD AND BLOOD FORMING ORGANS AND CERTAIN DISORDERS INVOLVING THE IMMUNE MECHANISM COMPLICATING PREGNANCY, CHILDBIRTH AND THE PUERPERIUM	O99.1
24.	PUERPERAL SEPSIS	SEPSIS; PUERPERAL	PUERPERAL SEPSIS	O85
25.	PRE-ECLAMPSIA	PRE-ECLAMPSIA	PRE-ECLAMPSIA UNSPECIFIED	O14.9
26.	PIH (PREGNANCY INDUCED HYPERTENSION)	C.PREGNANCY; HYPERTENSION, PREGNANCY INDUCED	GESTATIONAL PREGNANCY INDUCED) HYPERTENSION WITHOUT SIGNIFICANT PROTEINURIA	O13
27.	FAILED ATTEMPTED ABORTION	ABORTION; ATTEMPTED	FAILED ATTEMPTED ABORTION	O07
28.	UTI IN PREGNANCY	URINARY TRACT; INFECTION, COMPLICATING PREGNANCY	UNSPECIFIED INFECTION THE URINARY TRACT IN PREGNANCY	O23
29.	FIBROID	FIBROID; UTERUS OR LEIOMYOMA; UTERUS	LEIOMYOMA OF UTERUS, UNSPECIFIED	D25
30.	FIBROID IN PREGNANCY	UTERUS; FIBROMYOMA, IN PREGNANCY OR CHILDBIRTH	MATERNAL CARE FOR TUMOR OF CORPUS UTERI	O34.1
31.	EARLY CYESIS	PREGNANCY	PREGNANCY STATE; INCIDENTAL	Z33
32.	SPONTANEOUS DELIVERY	SPONTANEOUS;DELIVERY	SINGLE SPONTANEOUS DELIVERY	O80
33.	CESAREAN SECTION	CESAREAN SECTION	DELIVERY BY CESAREAN SECTION, UNSPECIFIED	O82.9
34.	ELECTIVE CAESARIAN SECTION	CESAREAN SECTION	DELIVERY BY ELECTIVE CESAREAN SECTION	O82.0
35.	EMERGENCY CAESARIAN SECTION	CESAREAN SECTION; EMERGENCY	DELIVERY BY EMERGENCY CESAREAN SECTION	O82.1
36.	MULTIPLE DELIVERY	DELIVERY; MULTIPLE	MULTIPLE DELIVERY, UNSPECIFIED	O84.9
37.	INCOMPLETE ABORTION	ABORTION	SPONTANEOUS ABORTION, INCOMPLETE, WITHOUT COMPLICATION	O03.4
38.	COMPLETE ABORTION	ABORTION	SPONTANEOUS ABORTION, COMPLETE OR UNSPECIFIED, WITHOUT COMPLICATION	O03.9
39.	TWIN GESTATION	TWIN; PREGNANCY	TWIN PREGNANCY	O30.0
40.	MULTIPLE GESTATION	MULTIPLE;PREGNANCY	MULTIPLE GESTATION; UNSPECIFIED	O30.9
41.	RAPE	RAPE	SEXUAL ABUSE	T74.2
42.	PELVIC INFLAMMATORY DISEASE (PID)	PELVIC INFLAMMATORY DISEASE	FEMALE PELVIC INFLAMMATORY DISEASE, UNSPECIFIED	N73.9
43.	SEXUALLY TRANSMITTED INFECTION	SEXUAL; TRANSMITTED DISEASE	UNSPECIFIED SEXUALLY TRANSMITTED DISEASE	A64

44.	OVARIAN CYST	CYST;OVARY	OTHER AND UNSPECIFIED OVARIAN CYSTS	N83.2
45.	CERVICAL INCOMPETENCE	CERVICAL; INSUFFICIENCY, IN PREGNANCY	MATERNAL CARE FOR CERVICAL INCOMPETENCE	O34.3
46.	ABNORMAL UTERINE/VAGINALBLEEDING	HEMORRHAGE; UTERUS OR HEMORRHAGE; VAGINA	OTHER ABNORMAL UTERINE AND VAGINAL BLEEDING	N93
47.	CA CERVIX	CERVIX; CARCINOMA (click to show Neoplasm browser then type Cervix in search bar and click ICD10 box)	MALIGNANT NEOPLASM OF CERVIX UTERI, UNSPECIFIED	C53.9
	PROBLEMS IN CHILDREN	SYNONYMS/SEARCH TEXTS IN THE CODING SOFTWARE (THESAURUS)	ICD-10 TERMINOLOGY	ICD-10 CODE S
48.	NEONATAL SEPSIS	SEPSIS; NEWBORN	BACTERIAL SEPSIS OF NEWBORN, UNSPECIFIED	P36.9
49.	PERINATAL ASPHYXIA	BIRTH; ASPHYXIA	BIRTH ASPHYXIA, UNSPECIFIED	P21.9
50.	SEVERE PERINATAL ASPHYXIA	ASPHYXIA; NEWBORN, SEVERE	SEVERE BIRTH ASPHYXIA	P21.0