

# WELCOME TO OUR ISPCAN WEBINAR



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# UPCOMING ISPCAN EVENTS

**ISPCAN HUDDLE**  
**May 2025**



**World Day For  
Child Protection  
Professionals**  
**July**



**ISPCAN Vilnius  
Congress**  
**October 2025**



**Rise Up Policy  
Forum**  
**October 2025**



# TIPS FOR MAKING THE MOST OF TODAY'S SESSION

## PLEASE ENGAGE WITH US!



To enhance your experience -  
you may enable Closed  
Captioning from your ZOOM  
control bar and choosing  
"Captions". This may be located  
under the three dots listing  
"More" options

### CHAT

Introduce yourselves – name, discipline & country  
Share your comments

### Q&A

Ask your questions in the Q&A

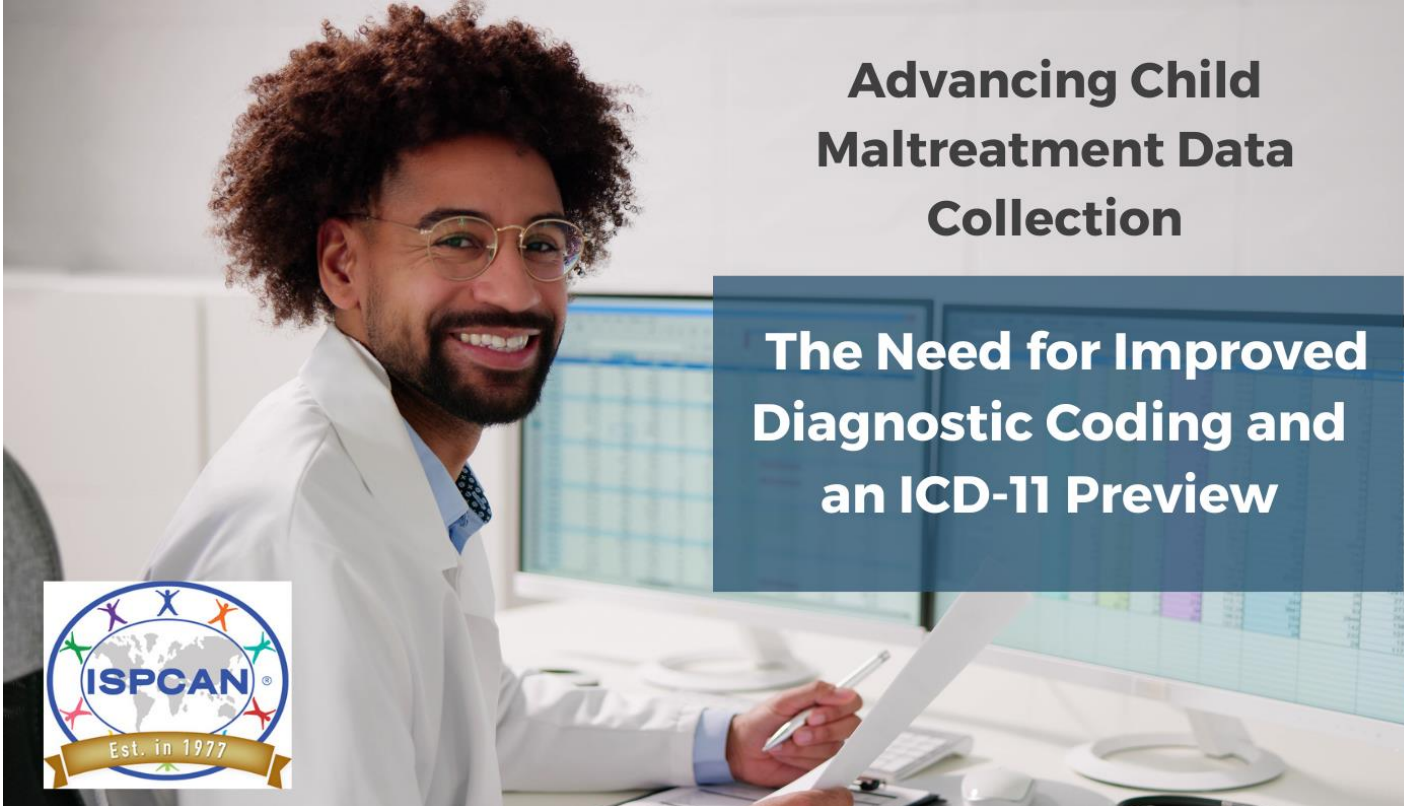
webinar with the following information:

Webinar Recording

Presentation Slides


Relevant links and resources

The WHO's International Classification of Diseases (ICD) is THE worldwide coding system in the medical field. Version 11 will be implemented in the next years in most of the countries and is quite a game changer compared to its predecessor ICD-10. In the context of child maltreatment, it will allow for new, specific codes instead of broad and very vague codes in ICD-10.



**Advancing Child  
Maltreatment Data  
Collection**

**The Need for Improved  
Diagnostic Coding and  
an ICD-11 Preview**





The WHO's International Classification of Diseases (ICD) is THE worldwide coding system in the medical field. Version 11 will be implemented in the next years in most of the countries and is quite a game changer compared to its predecessor ICD-10. In the context of child maltreatment, it will allow for new, specific codes instead of broad and very vague codes in ICD-10.

**As such, it's an opportune moment for health professionals to refresh their understanding. Improved documentation is crucial, as it helps identify and rectify gaps in care for vulnerable children and their families.**



# KEY LEARNING OBJECTIVES FOR TODAY'S SESSION



Increasing the awareness for the need to better document child maltreatment



Introduce the audience to the new approach of coding child maltreatment in the ICD-11



Identifying barriers to documenting and how to address them



Learn how to apply general structure of ICD-11-codes



**MEET OUR PRESENTERS**

## Dr. Gabriel Otterman



❖ Gabi is an ISPCAN Board Member and represents Barnafriid National Centre on Violence Against Children, Linköping University. He is a Senior Consultant Paediatrician at the Child Protection Team at Uppsala University Children's Hospital in Uppsala, Sweden and Adjunct Senior Lecturer at the Barnafriid National Centre on Violence Against Children at the Department of Biomedical and Clinical Sciences at Linköping University. Founding co-chair of the Section on Child Maltreatment of the Swedish Paediatric Society.



## Dr. Andreas Jud



❖ Andreas is full professor on Child Maltreatment Epidemiology at University of Ulm's Department of Child and Adolescent Psychiatry / Psychotherapy, Germany, ISPCAN Distinguished Advisory Council, and is staff at Zurich University of Applied Sciences, School of Social Work, Switzerland. His research focuses on service provision in multiple sectors of the child protection system. As the chair of the pan-European network Euro-CAN on Multisectoral Responses to Child Abuse and Neglect in Europe (COST Action 19106) he coordinates 130+ members in 35 countries and their efforts to improve data collection. Andreas Jud is an Associate Editor of Child Abuse & Neglect, the leading international journal in the area of child protection.

**Amber Davidson**  
**RHIA, CCS, CCS-P**  
**Children's Hospital Association**



❖ Ms. Davidson has over 30 years' experience with coding and classification systems, revenue integrity, auditing, compliance, data analytics and health information. In her 11 years with Children's Hospital Association, she is the subject matter expert for coding classification and grouping systems including ICD-10-CM, ICD-10-PCS, ICD-11, CPT, MS-DRGs and APR-DRGs. She helps maintain the Pediatric Health Information System (PHIS) database for all regulatory & coding updates, oversees the monthly PHIS data submission processes and assists CHA members with their coding and DRG related research requests.



TICANDAC  
Training to improve child abuse &  
neglect diagnostic & administrative coding



TICANDAC

Training to improve child abuse &  
neglect diagnostic & administrative coding

# Advancing Child Maltreatment Data Collection: The Need for Improved Diagnostic Coding and an ICD-11 Preview

Andreas Jud, PhD

Gabriel Otterman, MD, MPH, PhD

Amber Davidson, RHIA, CCS, CCS-P



- **Underreporting of CM in ICD-10 in Hospitals:** Child maltreatment is frequently and significantly underreported by health professionals.
- **TICANDAC aims** to contribute to the prevention of all forms of violence against children by supporting and enhancing national data collection efforts by identifying obstacles to reliable CM coding and contributing to their mitigation through a novel online training for HCPs (<https://www.elearning-childprotection.eu>)
- The project is funded by the European Union's DAPHNE programme (CERV-2022-DAPHNE project TICANDAC, project number 101096768)



## Training to improve child abuse and neglect diagnostic and administrative coding



### Welcome

We are delighted that you're considering our online course, established as part of the EU-funded "TICANDAC – Training to Improve Child Abuse and Neglect Diagnostic and Administrative Coding" initiative. This project is a collaboration between the Clinic for Child and Adolescent Psychiatry/Psychotherapy at University Clinics Ulm, Germany, and the Swedish National Centre on Violence Against Children, "Barnafrid" at Linköping University.

Below, we offer an insight into our project and online training, looking forward to potentially having you as participants.

Prof. Dr. Andreas Jud, Prof. Dr. Miriam Rassenhofer, Dr. Ulrike Hoffmann  
University Clinics Ulm, Clinic for Child and Adolescent Psychiatry/ Psychotherapy

Prof. Dr. Laura Korhonen, Dr. Gabriel Otterman  
Barnafrid National Centre on Violence Against Children, Linköping University





## Qualitative Interviews

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- **Aim:** As part of the TICANDAC project, interviews with German and Swedish health professionals were conducted to identify factors challenging reliable coding of CM
- **Method:** Thematic analysis of 28 semi- structured interviews with health professionals in both countries
- Child psychiatrists, pediatricians, pediatric surgeons, child protection coordinators, medical documenters and administrative staff involved in the diagnostic coding process
- Diversity in (sub)disciplines, gender and urban-rural location



# Obstacles to Reliable ICD-10 Coding

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**The Impact of Systemic Frameworks**

**The Role of Organizational Culture and Structures**

**Interpersonal Dynamics of (multidisciplinary) Cooperation and Communication**

**Intrapersonal Barriers: Knowledge, Competence, and Emotional Burdens**



# Obstacles to Reliable ICD-10 Coding

## The Impact of Systemic Frameworks

- Parallel coding: Using alternative ways to code (suspected) cases of CM
- Influence of time, human and financial resources
- Availability of standardized rules, training & education on coding and CM
- Legal regulation and condition

## The Role of Organizational Culture and Structures

## Interpersonal Dynamics of (multidisciplinary) Cooperation and Communication

## Intrapersonal Barriers: Knowledge, Competence, and Emotional Burdens





# Obstacles to Reliable ICD-10 Coding

## The Impact of Systemic Frameworks

## The Role of Organizational Culture and Structures

- Lack of transparency regarding responsibilities
- Shortcomings in quality control
- Culture and attitude of the clinic
- Staff responsible for child protection cases

## Interpersonal Dynamics of (multidisciplinary) Cooperation and Communication

## Intrapersonal Barriers: Knowledge, Competence, and Emotional Burdens



# Obstacles to Reliable ICD-10 Coding

## The Impact of Systemic Frameworks

## The Role of Organizational Culture and Structures

## Interpersonal Dynamics of (multidisciplinary) Cooperation and Communication

- Collaboration with statutory agencies
- Internal hospital communication and documentation
- Communication with caregivers and children

## Intrapersonal Barriers: Knowledge, Competence, and Emotional Burdens



# Obstacles to Reliable ICD-10 Coding

## The Impact of Systemic Frameworks

## The Role of Organizational Culture and Structures

## Interpersonal Dynamics of (multidisciplinary) Cooperation and Communication

## Intrapersonal Barriers: Knowledge, Competence, and Emotional Burdens

- Knowledge about coding system ICD- 10
- Uncertainty in identifying CM
- Psychosocial factors influencing professionals' decision- making of coding CM



## Why ICD-11?

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- The World Health Organization (WHO) developed ICD-11 to support modern healthcare needs.
- ICD-11 is digital-first, built for electronic health records, and allows for greater detail in coding.
- Developed to alleviate the need for separate “clinical modifications” for each country’s needs.
- The goal is better accuracy, consistency, and clinical relevance.
- Improvements are pivotal in sensitive areas like child maltreatment.

# An opportunity to enhance the Reliability of Child Maltreatment Coding

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- Reliable data on child maltreatment is essential for healthcare, research, and policy.
- ICD-11 provides clearer coding categories for abuse and neglect.
- The system allows greater specificity to document injuries, perpetrators, and circumstances.



## How ICD-11 Works – A Modular System

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- ICD-11 is structured as a flexible, layered system:
  - Stem Codes – Capture core conditions (e.g., fractures, injuries).
  - Extension Codes – Provide additional details (e.g., anatomical site, laterality, cause).
  - Cluster Coding – Links multiple elements to describe complex cases in full detail.
- This modular approach makes coding more comprehensive and clinically meaningful.



## ICD-11 Captures Greater Complexity

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- Child maltreatment cases are often multifaceted, requiring a coding system that reflects a reality.
- ICD-11 allows clinicians to code both the injury and its context within a single coding structure.
- Instead of fragmented codes, clusters create a complete picture of the child's case.



## Expanding the Scope of Documentation

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- ICD-11 provides dedicated codes for:
  - Physical abuse
  - Sexual abuse
  - Psychological abuse
  - Neglect
  - Exposure to intimate partner violence
  - Factitious disorder imposed on another
  - Suspected maltreatment
  - History of maltreatment
- Additional elements (e.g., location, perpetrator, severity) can be linked with a string of extension codes.





## Postcoordination & Clustering – A New Approach

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- ICD-11 allows for more precise documentation by combining codes to reflect multiple aspects of a case.
- For example: A fracture due to physical abuse can be coded as a single structured entry instead of separate, stacked unrelated codes.
- This improves clinical accuracy and streamlines data retrieval for healthcare and research.



## ICD-11 in Practice – What This Means for Clinicians

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- More clinically relevant coding aims to support better patient care and has the potential to enhance child protection efforts.
- Coding in ICD-11 is designed to be intuitive for digital health systems.
  - The tool may be embedded in EHR systems or in a separate tool to use for code selection.
- The structured approach ensures greater consistency across healthcare settings.



## ICD-11 WHO Classification and Coding Tool

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- There are two components to the ICD-11 with WHO:
  - **ICD-11 for Mortality and Morbidity (MMS)** – the complete ICD-11 classification - like having a code book to look through.
    - Separated into Chapters like the ICD-10.
    - Chapters for Body Systems or Similar Disorders/Services, for example:
      - Diseases of the Nervous System
      - Neoplasms
      - Developmental Anomalies
      - External Causes of Morbidity and Mortality
  - **ICD-11 Coding Tool** – this tool allow you to select diagnoses and conditions and build your final code clusters from the MMS.



# ICD-11 WHO Classification MMS and Coding Tool

## ICD-11 for Mortality and Morbidity Statistics 2025-01

Type for starting the search

- ▽ ICD-11 for Mortality and Morbidity Statistics
  - ▷ 01 Certain infectious or parasitic diseases
  - ▷ 02 Neoplasms
  - ▷ 03 Diseases of the blood or blood-forming organs
  - ▷ 04 Diseases of the immune system
  - ▷ 05 Endocrine, nutritional or metabolic diseases
  - ▷ 06 Mental, behavioural or neurodevelopmental disorders
  - ▷ 07 Sleep-wake disorders
  - ▽ 08 Diseases of the nervous system
    - ▷ Movement disorders
    - ▷ Disorders with neurocognitive impairment as a major feature
    - ▽ Multiple sclerosis or other white matter disorders
      - ▷ 8A40 Multiple sclerosis
        - 8A40.0 Relapsing-remitting multiple sclerosis
        - 8A40.1 Primary progressive multiple sclerosis
        - 8A40.2 Secondary progressive multiple sclerosis
        - 8A40.Y Other specified multiple sclerosis
        - 8A40.Z Multiple sclerosis, unspecified

### ICD-11 Coding Tool Mortality and Morbidity Statistics (MMS) 2025-01

multiple sclerosis ✕

Guessing the word being typed... Filter

Word list	Destination Entities
sclerosis-like	8A40.Z <b>Multiple sclerosis</b> , unspecified * <span style="float: right;">+ [Details]</span>
sclerosis	8A40.Y Other specified <b>multiple sclerosis</b> <span style="float: right;">+ [Details]</span>
	8A44.1 Adrenoleukodystrophy <span style="float: right;">[Details]</span>
	<b>Multiple sclerosis</b> -like disorder
	8D82 Autoimmune disorders involving the autonomic nervous system <span style="float: right;">[Details]</span>
	Autonomic disorder due to <b>Multiple Sclerosis</b>
	8A40.1 Primary progressive <b>multiple sclerosis</b> <span style="float: right;">+ [Details]</span>



## Case Vignettes

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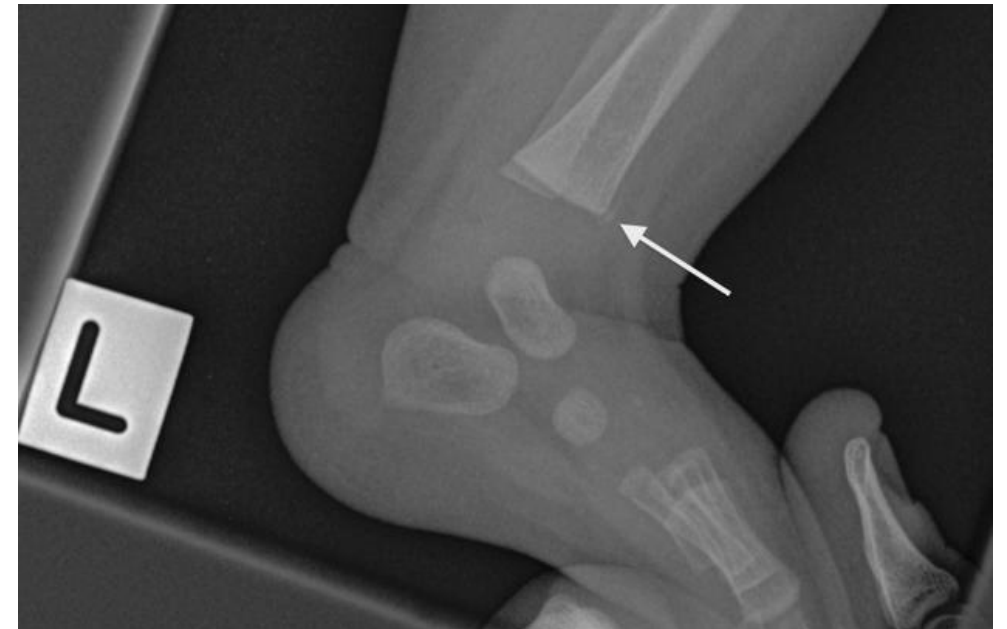
- We will now walk through two case vignettes to see how ICD-11 works in real-world scenarios.
- Each case will show how ICD-11 allows for detailed, structured documentation in the created code cluster.
- We will demonstrate how our vignettes are coded in ICD-11 using the Coding Tool.

TIP: Familiarize yourself with the ICD-11 Coding Tool and the Morbidity and Mortality Statistics (MMS) to learn the search terms you must use to find codes for the diagnoses and conditions you use frequently.



## Vignette 1: 3-month old infant boy with multiple abusive fractures

- A 3-month-old infant boy is admitted to the pediatric ward for evaluation of suspected abuse. The mother's boyfriend admits to have violently grabbed the baby around the chest and violently shaking the infant. The evaluation revealed a left posterior 6<sup>th</sup> rib fracture and bilateral classic metaphyseal fractures of the distal tibia and fibula.





## Vignette 1: 3-month old infant boy with multiple abusive fractures

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### ICD-10 codes (WHO 2019)

- T74.1 Physical abuse (confirmed)
- S22.3 Fracture of rib
- S82.3 Fracture of lower end of tibia (right)
- S82.3 Fracture of lower end of tibia (left)
- S82.8 Fracture of other part of lower leg (right fibula)
- S82.8 Fracture of other part of lower leg (left fibula)
- Y07.8 Other maltreatment, by other specified person



## Vignette 1: 3-month old infant boy with multiple abusive fractures

ICD-11 Coding Tool

Mortality and Morbidity Statistics (MMS)  
2025-01

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## Vignette 1: 3-month old infant boy with multiple abusive fractures

### Final ICD-11 codes

**NA82.30&XK8G&XJ44E&XA63Z2&XE1X5&XE5YG/PJ20**

NA82.30 – Fracture rib, posterior

XK8G – Left

XJ44E – Closed fracture

XA63Z2 – Sixth rib

XE1X5 – Perpetrator, parent's partner

XE5YG – Male gender of perpetrator

PJ20 – Maltreatment, physical, confirmed

**NC92.3&XK9J&XJ2EL&XJ44E/PJ20**

NC92.3 - Fracture of lower end of tibia

XK9J - Bilateral

XJ2EL – Bucket handle/corner fx

XJ44E – Closed fracture

PJ20 – Maltreatment, physical, confirmed

**NC92.4Y&XK9J&XJ2EL&XJ44E/PJ20**

NC92.4Y – Fracture other specified of fibula

XK9J - Bilateral

XJ2EL – Bucket handle/corner fx

XJ44E – Closed fracture

PJ20 – Maltreatment, physical, confirmed



## Vignette 2: Five-year-old girl inpatient on the paediatric oncology ward

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- A five-year-old girl is admitted to the oncology ward for a week to be treated for leukaemia. The nursing staff observe her parents repeatedly arguing loudly and vulgarly at her bedside.
- On one occasion, a nurse enters the room just as the father is shouting at the distressed child that her mother is alienating her from him and that the girl would be better off if she didn't always take her mother's side.

## Vignette 2: Five-year-old girl inpatient on the paediatric oncology ward



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ICD-11 Coding Tool

Mortality and Morbidity Statistics (MMS)  
2025-01

Type for starting the search





## Vignette 2: Five-year-old girl inpatient on the paediatric oncology ward

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Final ICD-11 code:

**PJ22&XE245&XE28K&XE8QX&XE5YG**

**Stem Code:**

PJ22 - Psychological maltreatment of children

**Extension codes:**

XE245 – Being taken care of by health care professional

XE28K – Place of occurrence, hospital

XE8QX – Perpetrator victim relationship, father or mother

XE5YG – Gender of perpetrator, male



## Can ICD-11 deal with ‘degree of certainty’ problem?

- One of the barriers revealed in our research is the reluctance by clinicians to use CM coding when there is **uncertainty** involved.
- ICD11 has codes for encounters where maltreatment/abuse is suspected.

### Examination or Observation for Suspected Maltreatment

QA04.50 Examination or observation for suspected physical maltreatment

QA04.51 Examination or observation for suspected sexual maltreatment

QA04.52 Examination or observation for suspected psychological maltreatment

QA04.53 Examination or observation for suspected neglect or abandonment

QA04.5Y Other specified examination or observation for suspected maltreatment

QA04.5Z Examination or observation for suspected maltreatment, unspecified



## When will ICD-11 be implemented?

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- June 2018: WHO releases advance preview to enable Member States to evaluate, begin planning for implementation, train health professionals, prepare translations.
- May 2019: Presentation of ICD-11 to World Health Assembly for endorsement (to go into effect from January 2022).
- January 2022: Member States can begin reporting using new edition.

Quote (WHO): "...given the vast technical and technological adaptation and training required to move to a new system – thousands of coders from small primary health care clinics to large hospitals will need retraining – the switch from using ICD-10 to ICD-11 is unlikely to happen overnight. While there will be a few early adopters, not many countries are likely to adapt that quickly..."

# When will ICD-11 be implemented? Timeline in Sweden (an early adopter)

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- The official Swedish translation of ICD-11-SE to be completed by December 31, 2025.
- ICD-11 will be used in cause of death registers from January 1, 2027.
- ICD-11 will be implemented in health data registers from January 1, 2028.
- National Board of Health and Welfare (Sweden)



## Looking Ahead – Automation and AI in ICD-11 Coding

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- As ICD-11 rolls out, we need to consider how automation and AI will interact with child maltreatment coding.
- Natural Language Processing (NLP) and Machine Learning are being explored for:
  - Automating clinical decision support through e-health records.
  - Enhancing coding accuracy by extracting relevant case details from documentation.
  - Reducing variability in coding practices by suggesting standardized codes based on clinical notes.
- While these technologies have potential benefits, they also raise challenges in coding sensitive cases like child maltreatment, where clinical judgment remains critical and there is a risk for systematic bias.
- It is essential to monitor these developments to ensure ethical and accurate implementation in child maltreatment coding.





## Additional reading and resources

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- WHO ICD-11 Browser (to see all the content in chapter format)  
[ICD-11 for Mortality and Morbidity Statistics](#)
- WHO ICD-11 Coding Tool (to find and create code clusters)  
[https://icd.who.int/ct/icd11\\_mms/en/release](https://icd.who.int/ct/icd11_mms/en/release)
- WHO ICD-11 Tools and Training  
<https://icd.who.int/en>



Thanks for joining us!

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Any Questions?

We would like to extend our sincere appreciation to our presenters and to our audience for attending our webinar today.

### For our audience members

- ▶ Your Feedback Matters! Please take our 3-minute Zoom Survey that will appear after you disconnect from this session.
- ▶ We are continually striving to make our sessions more impactful for you.



## From today's session:



Presentation Slides and all shared resources from the session.



Full Recording from today's webinar



ISPCAN Certificate of Attendance

# COMING YOUR WAY

