November/December 2003/January 2004

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- Abbreviations: Short-cuts to Failure

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The *TxHIMA Journal* is the official publication of the Texas Health Information Management Association (TxHIMA), a professional association chartered under the State of Texas non-profit corporate law. Views expressed in the *TxHIMA Journal* are those of the author(s) and do not necessarily reflect the policies or opinion of the Texas Health Information Management Assoc., Editor, or Publication staff.

Happy New Year!

I hope that each of you had a very blessed Christmas and that you were able to spend time relaxing with family and friends. For some of us, work schedules have been lighter and hours shorter for at least part of the time between Thanksgiving and Christmas, enabling us to spend more time at home or traveling, giving us a welcome reprieve from the daily rush of our lives. For many of us, our families, jobs, and other obligations keep us very busy. Keeping our lives in the right perspective by balancing all the things we need to do with all the things we want to do can challenge even the most effective time managers among us. A nurse friend of mine who worked in the ICU spent a lot of time with dying patients. He confirms first hand the reminder that no one with only precious moments left ever expresses regret that more hours weren't invested in work. He said the words of the dying are usually of their loved ones, and the ones most content with leaving this world are the ones who had invested time in family, friends, and giving to others.

"As you are prioritizing your activities for the upcoming year, I hope that TxHIMA has a place on your list."

As I organize my planner for the upcoming year's events, appointments, meetings, and so on, I am keeping my friend's words in mind. We are admonished by the experts to learn to say "no" to various commitments to keep the number at a manageable level, and I agree that this is very important to not become encumbered with activities, even meaningful ones, as they can become a burden. Sometimes the problem is not the number of activities I have planned but the activity itself that I have to evaluate. Sometimes I have regretted not saying "yes" to certain requests.

To determine the activities, commitments, organizations, etc. to which we should dedicate our time and talents, here are some factors to consider: The amount of time required to fulfill the commitment, the specifics of what exactly is required, and the importance to you personally. When my mother retired at age 65, she listened to the counsel of her peers and signed up for volunteer activities with various organizations. One such commitment was with the food pantry in her town, an organization that distributes food to the needy. Although this is a worthy and needed cause, and many of her friends enjoy doing it very much, it was not the right fit for my mother. Wisely she abandoned this particular volunteer opportunity and now volunteers as an usher for several city theaters and works at a local museum, both avocations for which she is passionate.

Beverly Rhodes, MSHP, RHIA

First you need to know how much time you have to expend on volunteer activities, although I have found that once involved in the right activity, you find your time expands as your interest and dedication expand. You will need to know how much time is required to fulfill the commitment. My mother has the flexibility with her volunteer jobs to accept only the time slots she desires and is under little to no pressure if she declines when she doesn't want to volunteer. If you are balancing a busy job and family, you will want to make sure that volunteer time is flexible enough to accommodate these other obligations, and in fact, play a secondary or tertiary role to them. You don't want to miss all of your child's soccer games because you were helping in a children's reading program.

Another caution when choosing to get involved in an organization or volunteer activity is to make sure that you understand exactly what you will be required to do. If you absolutely do not enjoy being around children, then why agree to an activity that would directly involve you with several middle schoolers? On

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the other hand, volunteering in an activity outside your comfort zone can enhance or grow certain skills. Choose wisely.

The final issue to consider is how important the goals of the project, the organization, or the program are to you. One of the reasons that I agreed to run as President-Elect of TxHIMA was to give back to an organization that had given much to me in education, opportunity, support, and networking. Another organization for which I volunteer is Bible Study Fellowship (BSF) where I teach Bible study to children. The rewards of being in this program are frequently immediate and potentially eternal. Both of these organizations require a lot of time and effort, but giving either up at this point is not an option for me. To give the time, energy, and quality required to fulfill the goals of these roles, however, I did have to give up participation as an advisor for the Venture Crew, which is a subsidiary of the Boy Scouts. I thoroughly enjoyed my time as an advisor, and backpacking, hiking, and climbing mountains with teen-agers kept me in good shape. When I prioritized the three organizations, this one fell to the bottom of the list pretty quickly, as my daughter was no longer involved in the organization, which is the reason that I got involved in the first place.

As you are prioritizing your activities for the upcoming year, I hope that TxHIMA has a place on your list. The Nominating Committee (**Lilly Ramirez, Christa Wyatt, Julie White-Aasmyr, Bette (Bebe) Lising-Jowell, Betty Dodson, Mandy Kaufhold**) has done an outstanding job this year in identifying candidates for the TxHIMA ballot. This is an exciting year because voting will be done electronically in a method similar to the one that AHIMA uses. You should receive your ballots by email, probably in late January or early February, which will include instructions to walk you quickly and easily through the process. If you are not sure if your email is up to date, go to AHIMA's website and click on "members only" and then on "update member profile". This will take you only a few minutes, and you will be able to ensure that AHIMA (and therefore TxHIMA) has your most current information. Candidate information will be available within the voting structure of the email, and you will also be able to access information via the TxHIMA website at: txhima.org. ***Vote!***

Running for a board position is only one of many ways to serve TxHIMA. The opportunities are endless, including: Serving in some capacity at a local level, hosting a TxHIMA seminar at your facility, sharing your expertise as a speaker at a conference or seminar, writing an article for the *Journal*, responding to messages on the TxHIMA website message board, financially sponsoring an educational event, becoming a site supervisor for students for your local college or university, mentoring a student or a new professional.

> **"...volunteering in an activity outside your comfort zone can enhance or grow certain skills."**

As you know, **Larry Dunham** serves on the AHIMA board, and we are grateful for his dedication and expertise at the national level. He also offered to be the guest editor for this issue of the *TxHIMA Journal* to give me a break. So, many thanks, Larry, for all that you have done and all you continue to do for our profession!

Happy New Year to each of you, and I hope your new year is full of hope, joy, and peace.

AHIMA Prepares Road Map to Guide Transition to ICD-10

AHIMA is developing a "road map" to guide planning and preparation for possible implementation of ICD-10-CM and ICD-10-PCS in 2006 or 2007. The purpose of this road map is to execute an organized, well-planned implementation strategy and reasonably ensure industry readiness by the time ICD-10 is implemented.

The route to "Destination: 10" will be mapped out, along with "mile markers" to show our progress as we travel down the path toward implementation. Details of AHIMA's plans for training and provision of tools to facilitate implementation, as well as recommended steps to be undertaken by AHIMA members and other segments of the healthcare industry during each of the years leading up to implementation, will be described.

For example, in 2004, AHIMA will primarily target HIM educators for ICD-10 training, as modifying course content and introducing ICD-10 education in HIM programs are priorities for the early stages of the transition period. AHIMA will also offer activities to heighten awareness of ICD-10 and the implementation process in 2004. Assessment tools will be made available in order to evaluate clinical knowledge, organizational readiness, and clinical documentation so that areas of weakness can be addressed prior to implementation. In 2005, a "train-the-trainer" program will be initiated to provide a large pool of qualified ICD-10 instructors. Also in 2005, workshop sessions on implementation issues and differences between ICD-9-CM and ICD-10-CM/PCS that impact data comparability will be provided to "non-coder" users of coded data, including HIM directors, clinical data managers, quality managers, and auditors.

During the year of implementation, intensive ICD-10 education will be provided for coding professionals. Feedback from AHIMA members indicated a preference for intensive education to be provided approximately six months prior to implementation to ensure knowledge retention once implementation occurs. Watch for details of the complete AHIMA road map in the Journal of AHIMA and on the AHIMA web site. Be sure to join the new ICD-10 Implementation CoP to network with peers and share tips for a smooth transition to the new coding systems. ❧

Check out page 10!

Registration Information for

AHIMA's FREE 2004 Winter Team Talks

to be held in Houston on March 13!

Delegate Reports from the 2003 AHIMA National Convention

ICD-9-CM to ICD-10-CM

Speaker: Anita Hazelwood, MLS, FAHIMA, RHIA
Reviewed by: Jackie Moczygemba, MBA, RHIA, CCS
Synopsis: This was an educational session to explore the transition issues and challenges in moving from ICD-9-CM to ICD-10-CM. Main objectives of the session included a discussion of uses of coded data, examination of HIPAA in relation to code sets, a brief comparison of ICD-9-CM to ICD-10-CM, a review of steps necessary to implement ICD-10-CM and a determination of individuals who will be affected by a change to ICD-10-CM. In addition, the speaker gave a broad overview of the structure and format of ICD-10-CM and analyzed major code changes between the two classifications.
Key Points: There are many problems with the current ICD-9-CM coding system which include: running out of numbers to use, insufficient clinical specificity, exchange of meaningful data with other parties, and ineffective monitoring of resources.

- Coded data has many more uses than in the past
- ICD-10-CM codes are alphanumeric and include all letters except "U'
- ICD-9-CM's V and E codes are now incorporated into the main classification in ICD-10-CM
- Codes in ICD-10-CM can be a maximum of seven characters as opposed to five in ICD-9-CM

Now is the time to look at various issues regarding implementation of ICD-10-CM in the US such as the extensive training that will be needed for coders, physicians, billing personnel and others.

Information systems such as billing, decision support, encoding, abstracting, case mix and others need to be reviewed to see what impact the new coding system will have on work processes.

Six Sigma: Debunking the Myths and Delivering the Goods

Speaker: Deb Newberry and Gary Floss
Reviewed by: Jackie Moczygemba, MBS, RHIA, CCS
Synopsis: This was an education session to cover the basics of six sigma, what it is and why it is important to organizations. Six sigma is an enterprise-wide strategy for improving key financial and performance measures that is data driven with results-focused decisions. It is designed to create manufacturing, service and administrative processes that produce approximately 3.4 defects per million opportunities (DPMO). In addition, six sigma is a systems-focused methodology for aligning the organization around customer-focused goals.
Key Points: Six sigma is a strategy to accelerate improvements in processes, products and services that is tied to financial results.

The first focus is on reducing process variation and then on improving the process capability.

An important attribute to consider is designing the product or service to meet customer needs and process capability.

Six sigma allows an organization to "keep score" with a combination of financial results and mathematical measurements.

Sending Coders Home: Strategies to Improve the Bottom Line

Speaker: Beth Freidman, RHIT and Teresa Benavidez, RHIA
Reviewed by: Dana M. Choate, RHIA, CHP
Synopsis: This educational session detailed strategies for setting up coding from remote locations. The speakers discussed the benefits of moving in this direction. Additionally, the speakers shared a case study when Seton Healthcare System in Austin implemented online coding. Finally, the speakers shared some best practices for communicating this initiative in order to seek CFO's approval.
Key Points: Remote coding proved beneficial to the coder and the facili-

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ty. Facility was able to recruit coders and lower accounts receivable. Coders have less distractions, increase productivity and the ability to earn more money.

After implementation of remote coding there is a 28% increase in production and 25% decrease in accounts receivable.

The presenters gave us tools to determine costs associated with sending coders home.

Home coding helps cut outsourcing costs, improves cash flow and is a stepping stone into the electronic medical record.

There are essentially two ways a facility can implement home coding (photocopying or electronic access to scanned images).

Anyone interested in seeing a demo of on-line coding technology can review ewebcoding.com.

Compliance and Enforcement of the Privacy Rule

Speaker: David Meyer, Department of Health and Human Services, Office for Civil Rights.

Reviewed by: Dana M. Choate, RHIA, CHP

Synopsis: This educational session focused on what the Office for Civil Rights has witnessed within the first six months of HIPAA implementation.

Additionally, the speaker discussed how the Office for Civil Rights (OCR) is enforcing the privacy rule. Meyer spent some time discussing the types of complaints they have received. The audience had an opportunity to ask questions. Meyer clarified that covered entities must account for illegal or misguided disclosures. An AHIMA member voiced concerns that the Department of Health and Human Services needs to reconsider covered entities keeping up with accountings to state mandated reporting.

Key Points: Speaker stressed that HIPAA should not prohibit free-flow of treatment information. OCR has received complaints about the strict stance covered entities have taken in sharing treatment information.

Meyer reported that since 04/14/03, they have received 2731 complaints, 600 of which have been resolved. Of the complaints, 95% are against providers.

Complaints received involve access to medical records, covered entities breaching confidentiality, employees reporting they haven't been trained (whistleblowers) misdirected PHI and custodial complaints. Meyer stressed that the best way to keep OCR out of a facility is to have an effective complaint process.

The OCR has not imposed any penalties as of 10/17/03. They have only audited one facility (in Texas) to determine HIPAA compliance.

Meyer discussed that OCR really stresses voluntary compliance. If a complaint is received, OCR will work with covered entity to comply. They provide technical assistance to facility. Good faith effort to comply with HIPAA standards and resolve complaints goes a long way with OCR.

Surviving Medicare Medical Review (LTC)

Speaker: Susan Coppola, RN, BS and Monica Baggio Torney, RHIA, CHP.

Reviewed by: Dana M. Choate, RHIA, CHP

Synopsis: This long-term care educational session focused on issues of a Medicare Medical Record Review process and tips for surviving a Medicare Audit. The speakers felt that HIM professionals play a key role by developing a system of documentation and billing services, trending and tracking review data and release of information expertise in the review process. It was interesting to note that 95% of Medicare claims are paid without a medical record request.

Key Points: The speakers stressed the importance of demonstrating medically necessary services for residents. Medical necessity involves a physician order, a diagnosis and the resident's need for the procedure/ treatment. The speakers stressed the need for proactive and reactive medical record reviews.

The proactive review should be conducted to identify in consistencies in care, trends or patterns of care and high-risk resident conditions.

When reviewing what to audit during chart review, the central element was legibility of documentation across multidisciplinary treatment teams.

The speakers also shared "confessions of a Medicare review." They have 15 minutes to make a determination on the claim. They will immediately look for technical denial such as:

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- Lack of qualifying hospitalization
- No SNF days left
- Medicare certification incomplete
- Lack of daily skilled documentation

2003 AHIMA House of Delegates

Reviewed by: Kimberly Suggs, MA, RHIA, CCS

Synopsis: Participants in the 2003 AHIMA House of Delegates discussed issues ranging from CE requirements to membership dues to the future of education and ethical practices. The following outlines the key outcomes for the Sunday session:

New Standards for CE Maintenance

The House approved a proposal to changes the standards for maintenance of continuing education units for AHIMA credentials. The measure was developed to simplify the process of deciphering the maintenance requirements for professionals who hold multiple credentials.

The revised standards create two categories for purposes of continuing education maintenance: associate-based (RHIT, CCA, CCS, and CCS-P) and baccalaureate-based (RHIA, CHP, and CHPS). Members holding an associate-based credential need to take 20 continuing education units (CEUs) plus 10 CEUs for each additional credential held. Members holding a baccalaureate-based credential will need 30 CEUs plus 10 CEUs for each additional credential. For individuals holding many credentials, the new standards cap the CEU requirements at 60.

A motion proposed by the Oregon delegation to add an amendment related to applying CEU activity to multiple credentials was defeated.

Dues Adjustment Amendment Defeated

The House did not pass an amendment proposed to allow the AHIMA Board to authorize a cost of living adjustment to dues.

The amendment was designed to allow the Board to keep dues in line with expenses without large periodic increases. The adjustment by the Board could not have exceeded the prior year's official US cost of living index and the House would have to approve any increase above 8 percent.

The amendment required a two-thirds majority to pass. It failed to gain the two-thirds in an initial vote and also failed its bid in a re-vote situation. Because the amendment was defeated, a related motion by the California delegation was not considered.

New Committee Name

The House approved a bylaw amendment that changes the name of the Professional Conduct Committee to the Professional Ethics Committee. The change was suggested to keep AHIMA up to date in the nomenclature used by association leadership.

Independent Recognition for Accreditation

The House voted to approve a resolution addressing HIM academic program education and accreditation. The resolution states that AHIMA now believes that independent recognition by the Council for Higher Education and Accreditation (CHEA) will better serve the needs of HIM education.

This represents a change from the current process in which AHIMA makes recommendations on accrediting decisions to a different entity, the Commission on Accreditation of Allied Health Education Programs (CAAHEP).

HIM Futures

Speaker: Linda Kloss, RHIA, CAE, Executive Vice President and CEO, AHIMA

Reviewed by: Kimberly Suggs, MA, RHIA, CCS

Synopsis: This session focused on how information has become the new commodity of healthcare and that health information is not the exclusive domain of HIM professionals anymore. Ms. Kloss' discussion also emphasized that timing is critical for HIM professionals to take advantage of opportunities to make a difference in changing healthcare. "What we do as a profession in the next 12 - 24 months will position our profession for the future".

Key Points: Our work on the forefront of HIPAA has paid off. Personal health information has greater protection today than it did six months ago. Although more remains to be done, the hard work of implementing HIPAA has paid off in terms of visibility for the profession.

AHIMA has participated in standards development work since the early 1980's. Today the association continues this work.

AHIMA is a founding member of the National Alliance for Health Information Technology, which has led efforts to get agreement from the industry on a uniform standard for bar coding products.

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AHIMA continues to be a strong voice in efforts to promote the benefits of transitioning to the ICD-10 coding system.

This year, AHIMA members participated in the efforts of the industry group, The EHR Collaborative to gather feedback on the draft standard for an EHR developed by HL7 at the request of the Department of Health and Human Services.
AHIMA members should work to be integral to the EHR planning process.

AHIMA will be a co-sponsor of the American Medical Informatics Association spring conference on the electronic health record.

AHIMA launched MyPHR.com, a site intended to help consumers understand and manage their health information.

AHIMA members must embrace the e-HIM future and make e-HIM a personal mission. AHIMA members are poised to lead change, not just react to it.

Our e-HIM initiative is intended to be a catalyst for change, beginning with a vision in which information is "electronic, person-centered, comprehensive, longitudinal, accessible, and credible".

"What could be a better time than when the focus of the nation is on electronic records to solve problems in the healthcare industry? We have a wonderful opportunity".

AHIMA Calls for Modification of HIPAA Privacy Rule

In testimony to the National Committee on Vital and Health Statistics (NCVHS) Subcommittee on Privacy and Confidentiality, AHIMA indicated its desire to see modifications of the HIPAA privacy rule to address significant member-reported problems with "accounting for disclosure of protected health information (PHI) as required by law." AHIMA further recommended that the regulations be modified to address problems of authorization formats for patient (individual) requests for release of information and inpatient directories.

AHIMA also identified other problems areas, identified by members in an informal November survey, which require more attention on the part of NCVHS and the Office for Civil Rights (OCR). AHIMA Vice President of Policy and Government Relations Dan Rode noted that it has only been five months since the major implementation of the regulations and that more study is needed to identify issues that appear to be related to the law's preemption requirements and its requirements associated with research, release of information to family members, and other items suggested by members. While most testifiers, including AHIMA, cited the good work done by the OCR, they also noted that many organizations and individuals are still seeking a simple authoritative description of the regulation's requirements.

"...it has only been five months since the major implementation of the regulations..."

AHIMA also noted that in spite of public and industry fears, the implementation of HIPAA privacy went fairly well and many members reported some significant benefits associated with the process of implementation. Rode announced that AHIMA intended to continue its assessment of the "state of privacy," and would continue to report its findings to the subcommittee and the healthcare industry. AHIMA's written testimony can be found on the AHIMA Web site at: www.ahima.org/dc/. All written testimony and transcripts will soon be available on the NCVHS Web site at: ncvhs.hhs.gov/.

2004 Winter Team Talks
in Houston, TX!

March 13, 2004
Crowne Plaza Medical Center

Sign up for an opportunity to meet with your peers, learn about ongoing plans within the Association, receive comprehensive meeting materials, and share your thoughts on upcoming strategic decisions – ***all free of charge!***

Registration is easy:
1) Complete the following form for each attendee, which indicates the Houston regional meeting
2) Mail, fax or e-mail the completed form to:
AHIMA, 233 N. Michigan Ave., Suite 2150, Chicago, IL 60601-5519
Fax: (312) 233-1500 or e-mail sandy.gue@ahima.org
Registrations must be received by **March 1, 2004**. You will receive confirmation of your registration by mail or e-mail.
3) Hotel information is provided below. Please contact the hotel directly, they will send you their confirmation. If you should need to cancel your hotel reservation, please contact the hotel directly.

Please register me for the 2004 Winter Team Talks in Houston, Texas, Saturday, March 13, at the Crowne Plaza Medical Center:

AHIMA ID number:____

Full Name: ______________________________Credentials: ______________

Mailing Address: ____

City: ______________________________State: __________ Zip: __________

e-Mail address:__________________________Daytime Phone:______________

First Name on Badge: ____

State Association/Council/Committee Name (e.g. Illinois HIMA): ________________

Volunteer Position (e.g. president): _______________________________

Do you have any dietary or special needs? ___________________________

Hotel Information:

Houston, Texas, Saturday, March 13, 2004
Crowne Plaza Medical Center Hotel
6701 South Main
Houston, TX 77030
Room Rate: $99.00 Single/Double • **Cutoff date: Friday, March 5, 2004**
Phone: (713) 797-1110 • Fax: (713)796-8291
www.ichotelsgroup.com

Awards & Scholarships

Time to nominate a co-worker (or yourself) for a TxHIMA award or scholarship.

The TxHIMA Executive Office has begun accepting nominations for their annual awards which will be presented at the Annual Convention in June.

The **Outstanding Student Award** is designed to identify and honor two outstanding students; one in a Health Information Technology and one in a Health Information Administration program in the state of Texas. A student is eligible for nomination if he or she is a graduating student in the last year of an HIA or HIT program, and has an overall cumulative and overall major grade point average (GPA) minimum of 3.0. Students are judged on leadership qualities, and awards or honors received as well as scholarship.

The **Peggy P. Starks Scholarship** was designed to assist students with their graduate studies. It is awarded to graduate students studying in fields related to medical information such as law, business, education or hospital administration. Applicants must be a member of AHIMA, have completed at least nine hours in post baccalaureate work in a Texas school, be a resident of Texas for at least 1 year and have a minimum grade point average of 3.5.

The **TxHIMA Scholarships** are also available. One award each will be given to a student in an accredited HIT (associate level) program and a HIA (bachelor level) program in the state. Applicants must be members of TxHIMA, provide letters of recommendation from faculty and show leadership qualities both within and outside of their programs, while maintaining a minimum grade point average. Applicants must be entering the last year of their program in the fall of 2004.

Contact the Executive Office for an award nomination form or scholarship application at (512) 878-1961 or by e-mail at txhima@grande.com.

The **Distinguished Member Award** identifies and honors outstanding members for their loyal service to the Association and their contribution to the profession. Nominations may be from individuals or organizations. Nominees must be a member of AHIMA and TxHIMA, but cannot be current members of the TxHIMA Board of Directors. The nominees are judged on association activities (either local, district, state or national), activities outside of the HIM profession which relate to health or administration, published articles or books, teaching activities and any other outstanding leadership or management activities.

This is our most prestigious award. To nominate a candidate for this award, simply clip and complete the form below and send it to the TxHIMA Executive Office. We will contact the nominee and collect the necessary information for the judges.

Nominee for the Distinguished Member Award

Name of Nominee: ____________________

Address: ____________________

City/St/Zip: ____________________

Daytime phone #: ____________________ Fax: ____________________

E-mail address: ____________________

Nominator Name: ____________________

Daytime phone #: ____________________

Abbreviations: Short-cuts To Failure?

By Robert Batton, R.Ph., Department of Pharmacy, Baylor University Medical Center

Medication errors have received widespread attention in the literature. Articles related to patient safety are frequently disseminated by accreditation, professional and regulatory organizations and contain guidelines for how healthcare professionals should amend their practice. It is because patients of all ages have been exposed to the deleterious effects of failures during the medication use and changes have been relatively slow in health care systems that regulatory agencies are implementing standards that affect each health care professional.

The decision of a physician to order a medication initiates a series of steps that, if they become misaligned, can lead to improper care of the patient. While abbreviations utilized in prescribing or transcribing orders can save time and are commonly used in medical documentation, these orders are frequently misread or misinterpreted.

It has been reported that as much as 15% of the medication error reports received by the NCC MERP (National Coordinating Council for Medication Error Reporting and Prevention) have occurred because of illegible handwriting, problems with leading and trailing zeros, misinterpreted abbreviations, and incomplete medication orders. The JCAHO (Joint Commission on Accreditation of Healthcare Organizations) and the ISMP (Institute for Safe Medication Practices) have published numerous articles discussing that the ongoing use of potentially dangerous abbreviations, dose expressions, and/or poor penmanship continues to be utilized in the medication use process and lead to reports of patient harm.

In 2003 and 2004, the JCAHO published the National Patient Safety Goals (NPSG). Each of these goals addresses specific types of healthcare errors that plague our nation's health care system. JCAHO Sentinel Event Alerts have served as the main source for these goals. Included in these goals is the necessity for institutions to "improve the effectiveness of communication among caregivers." This goal requires that each facility develop a list of abbreviations, acronyms, and symbols that should not be used. On November 6, 2003, the JCAHO published a list of nine unapproved abbreviations that must be adopted by institutions. Recently, the Joint Commission announced that all accredited health care facilities will be evaluated for compliance with these goals.

Beginning in 2004, the JCAHO will be assessing a "special Type-1 recommendation" to institutions not complying with these goals. If during a survey the JCAHO determines that greater than 10% of medication orders contain elements of the unapproved abbreviation list, the organization will be given this score. Recently, the Committee on Pharmacy and Therapeutics at Baylor University Medical Center (BUMC), in order to promote patient safety and comply with the National Patient Safety Goals, has developed a list of abbreviations, symbols, and acronyms that are considered "unapproved" in hand written medication orders. All healthcare providers should not utilize these abbreviations. The table on the next page illustrates the list of unapproved abbreviations, symbols, and acronyms for BUMC and provides the rationale for not utilizing them.

Examples of problematic abbreviations include "U" for "units", or "μg" for "micrograms", or "QD" for "every day". When "U" is handwritten, it can look like the number zero and result in a ten-fold overdose. When "QD" is used in handwritten orders, it is sometimes interpreted as "QID" or even "QOD. When the abbreviation "μg" is utilized instead of "microgram", it can lead to a thousand-fold overdose if it is misinterpreted as "mg". The use of a leading decimal point (e.g. .1 instead of 0.1) without a leading zero or the use of trailing zeros (e.g. 1.0 vs. 1) is also very dangerous. The decimal point is at times not seen in handwritten or faxed copies of orders and could lead to a 10-fold dosing error. In addition to the "minimum

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Unapproved Abbreviation	Intended Meaning	Misinterpretation	Correction
> and <	Greater than and less than	Mistakenly used opposite of intended.	Use "greater than" or "less than".
µg **	microgram	Mistaken for "mg" milligram when handwritten.	Spell out "microgram"
Any drug name abbreviation	ARA-C, ARA-A, AZT, CPZ, DPT, HCl, HCT, HCTZ, MTX, TAC	Can be interpreted as a different drug name (e.g. DPT – Demerol, Phenergan, Thorazine as Diphtheria, Pertussis-Tetanus)	Please use the complete generic name spelling for all drug names.
Cc**	Cubic centimeters = mL	Misread as "U" (units)	Write "mL".
IU*	International Unit	Mistaken as IV (intravenous) or 10 (ten)	Write International unit.
MS* MSO4* MgSO4*	Morphine sulfate Magnesium sulfate	Mistaken for magnesium sulfate. Mistaken for morphine sulfate.	Write out morphine sulfate. Write out magnesium sulfate.
q.d or QD or Q.O.D.*	Every Day or Every Other day	Mistaken for each other. The period after the Q can be mis-taken for an "I" and the "O" can be mistaken for an "I".	Write "Daily" or "Every Other Day"
s.s.	Sliding scale (insulin) or _ (apothecary).	Mistaken for "55".	Spell out "sliding scale". Use "one-half" or "1/2".
Sub q or SC**	Subcutaneous	Mistaken for "SL"	Write "subcutaneous".
T.I.W. or t.i.w.	Three times a week.	Mistaken as three times a day or twice a week.	Write out three times a week. Suggest giving specific days of the week.
U or u*	Unit	Read as a zero (0) or a (4) causing a 10 fold overdose or greater (4U seen as 40 or 4u seen as 44).	Unit has no acceptable abbreviation. Write "unit".
Zero after decimal point* (1.0mg)	1 mg	Misread as 10mg if the decimal point is not seen.	Do not use terminal zeros for doses expressed in whole numbers.
Zero not placed in front of decimal point* (.5mg)	.5mg = 0.5mg	Misread as 5mg if the zero is not present.	Always use zero before a decimal when the dose is less than a whole unit.

* Minimal requirement of the "Do Not Use" abbreviation listing by JCAHO
** Expansion options of the "Do Not Use" abbreviation listing by JCAHO

Continued from page 13

required list" provided on page 13, Chart 2 should also be considered when expanding the "Do not use" list.

Also, the Institute for Safe Medication Practices (ISMP) has published a list of dangerous abbreviations relating to medication use that it recommends should be explicitly prohibited. This list is available on the ISMP website: ismp.org.

To illustrate "real-life" examples, below find two handwritten orders obtained from the BUMC Medication Variance Reporting System. These two events demonstrate how handwriting and Latin abbreviations can contribute to a medication error.

Orders for Prednisone and Toprol XL were interpreted and transcribed into the patient care system as "QID" (four times daily) while the prescriber intended the drugs to be given "QD" (daily). Recently, the Department of Pharmacy displayed these errors (in much larger size) and very few healthcare professionals were able to correctly identify the schedule on these two orders. Characteristically, while groups of people attempted to identify the intention of these orders, they "huddled up" and as a group "interpreted" the orders. By complying with the alternatives to the unapproved abbreviations (listed above), all health care professionals will help our patients obtain the medication and dose that was intended. Eliminating error-producing habits can help reduce the need to contact prescribers or transcribers if order clarification is needed.

µg (for microgram)	Mistaken for mg (milligrams) resulting in one thousand-fold dosing overdose.	Write "mcg"
H.S. (for half-strength or Latin abbreviation for bedtime)	Mistaken for either half-strength or hour of sleep (at bedtime). q.H.S. mistaken for every hour. All can result in a dosing error.	Write out "half-strength" or "at bedtime"
T.I.W. (for three times a week)	Mistaken for three times a day or twice weekly resulting in an overdose.	Write "3 times weekly" or "three times weekly"
S.C. or **S.Q.** (for subcutaneous)	Mistaken as SL for sublingual, or "5 every".	Write "Sub-Q", "subQ", or "subcutaneously"
D/C (for discharge)	Interpreted as discontinue whatever medications follow (typically discharge meds).	Write "discharge"
c.c. (for cubic centimeter)	Mistaken for U (units) when poorly written.	Write "ml" for milliliters
A.S., A.D., A.U. (Latin abbreviation for left, right, or both ears) **O.S., O.D., O.U.** (Latin abbreviation for left, right, or both eyes)	Mistaken for each other (e.g., AS for OS, AD for OD, AU for OU, etc.).	Write: "left ear," "right ear" or "both ears;" "left eye," "right eye," or "both eyes"

Chart 2

What can the ordering physician do to minimize the opportunity for error? *Use the complete spelling for a drug name.* <u>Do not use abbreviations when ordering medication!</u> They should take time to write legibly or they should expect phone calls from other healthcare professionals if orders are illegible or incomplete. They can also avoid phone calls by complying with the recommendations found in the Unapproved Abbreviations table on page 13.

References

jcaho.org & ismp.org

Preparing for the CHP Exam: A personal journey!

By Larry Dunham, RHIA, CHP

Since I sat for the CHP examination I have been asked tons of times…."What is on the Test?" My blanket answer, believe it or not is, "I really can't remember details of the questions". Which is absolutely true! Also in the testing center on-line introduction to the test, you are also attesting to a "Don't Ask, Don't Tell" type of acknowledgement….so to speak——so if I told you I would have to kill you!!

For me the test was a personal objective and I went ahead and submitted my application on-line for the test with my payment for the exam….knowing I had just paid out $250 and because I am cheap…..I had to now force myself to study and take the test or loose the money. I then received a confirmation a few days later saying I had six months to schedule and complete the test. Again, you can go on-line and see where the testing centers are located in your area.

"The test itself is a Certification of Healthcare Privacy, not a HIPAA aptitude test…"

The test itself is a Certification of Healthcare Privacy, not a HIPAA aptitude test which everyone thinks as did I in my initial preparations. However, I had evaluated the HIPAA Communities of Practice to follow discussions and also saw comments on areas of study and went from there.

I can not emphasize enough that you do need to know and understand the principals of HIPAA but the test in general qualifies your understanding of solving patient privacy scenarios that we address each and every day. I think the key "shocker" from everyone that I have talked to who has taken the test is that you need to definitely know the correct answer, but you also need to think logically into what is the best process to solve the scenario and the steps in the process that will lead you to the correct answers. Yes, multiple choice answers with the top two answers that solve a posed question within a scenario. Confused? Well, the processes of problem resolution that comes with experience and that is outlined in the many resources that are available can help you tremendously. The way I tackled the test is to try and put myself in the scenario and to answer it as I would resolve the proposed privacy concern.

Examination Specifications

The test itself is made up of 120 questions where 20 questions are not counted in the testing but are used in establishing use for future questions and ultimately providing for a total score of 100. I recommend reading the on-line instructions completely so you feel comfortable about moving forward. There are several pre-questions to get you used to the test. The biggest shocker is the webcam photo of yourself in the upper right hand of the screen that shows the "fright" on your face as you begin the test. But one function that I used a lot was the one that allowed me to flag a question to come back to me so I could skip it and have it come back to me. Again, read instructions so you do not skip a question and not have it come back!!

Larry Dunham, RHIA, CHP

The multiple-choice questions are written at three different cognitive levels: recall, application, and analysis. These levels represent an organized way to identify the performance that practitioners will utilize on the job. An explanation of the three cognitive levels is provided below:

1) **Recall (RE)**
   Purpose: Primarily measuring memory
   Performance required: Identify terms, specific facts, methods,

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procedures, basic concepts, basic theories, principles, and processes

2) **Application (AP)**
Purpose: To measure simple interpretation of limited data
Performance required: Apply concepts and principles to new situations; recognize relationships among data; apply laws and theories to practical situations; calculate solutions to mathematical problems; interpret charts and translate graphic data; classify items; interpret information

3) **Analysis (AN)**
Purpose: To measure the application of knowledge to solving a specific problem and the assembly of various elements into a meaningful whole
Performance Required: Select an appropriate solution for responsive action; revise policy, procedure, or plan; evaluate a solution, case scenario, report, or plan; compare solutions, plans, ideas, or aspects of a problem; evaluate information or a situation; perform multiple calculations to arrive at one answerr

Resources

I recommend you to consult the Resources noted in the CHP Preparation Guide available through the AHIMA webpage or available upon request from AHIMA. The testing matrix tells you exactly the type of information that will be covered in the test. Some are general HIM Management type questions on solving problems and others are focused on privacy, security, and those specific scenarios for problem solving. The list of books, articles, practice brief listings, and websites are quite extensive and overwhelming at first sight. Again, I would recommend starting from ground zero on understanding the evolution of

privacy in healthcare and go from there. I have to say that I found the AHIMA web site a great resource especially by searching the Body of Knowledge section by using the key word privacy and the list of information is enormous. It is a little overwhelming, but if you can put the documents, practice briefs in smaller groups and study a little at a time it does not seem so overwhelming. I also tried to apply my own personal test taking abilities by creating index cards on items that I thought would be on the test. I found this cut through a lot of the text which gave historical input and also some theory that I felt I was already familiar with…..I will have to defer that detail to you for more in depth review if you think it is helpful.

I was so pleased to have the practice briefs already summarized and very to the point with regards to privacy and the use of real life examples. I thought they were EXCELLENT and I was so glad that they were available for my use on the web…..Wow, AHIMA has done a great job in developing these for our use in our facilities!!!. Again, the test does measure your application to solve privacy related scenarios. I also used the Office of Civil Rights website as a study guide because they have tons of frequently asked questions (FAQs) that I thought were helpful and also required me to apply my interpretation into the answers they gave on their website.

Good luck and happy test taking! ❧

www.MyPHR.com

Consumer Driven Healthcare at Work!

A guide to development of an online Personal Health Record offered by AHIMA

Outsourcing to India:
Considerations for the Future....
we can not overlook trends in other industries.

By Larry Dunham, RHIA, CHP

In a recent Business Week journal article, I was quite surprised to read and learn more about what may lie ahead of us in the need to meet the needs of an ever-changing health care industry not to mention other industries workforce that we interact with daily. More on this later.

Most recently the possible problems with outsourcing came to the headlines with a transcriptionist freelancer from oversees threatened to expose protected health information in an attempt to force the primary contracting agency to pay for work performed. This triggered a frenzy of review of current contracts with transcription agencies who without notice had been using secondary freelancing transcriptionists to perform work on their behalf within leading healthcare facilities across the United States.

AHIMA rushed to the press and offered up these top ten questions every healthcare organization should ask when outsourcing medical transcription services:

1. How and where the work will be done and will any portion of the work be subcontracted?
2. Who will be performing the work and at what pay rate?
3. What policies, procedures, and training programs are in place at all of the contractor's sites and are they compliant with industry standards for privacy and security?
4. What laws govern the protection of personal health information in the countries where transcription services are being performed?
5. How will the information be securely transported to and from the healthcare facility?
6. How and when will physician and patient demographic information be provided to the contractor?
7. How long will information dictated and transcribed reside on the contractor's database?
8. How will information retained on the contractor's database be destroyed?
9. How will the transcription service ensure and measure quality?
10. What language exists in your contracts to assign responsibility for breaches of privacy and security?

While there is always risk for misuse and abuse when someone has access to another individual's personal health information, the concern is far greater when that someone is based outside the US. The more degrees of separation that exist between the provider and the transcriptionist—whether foreign or domestic—the more difficult it is to manage all of the technical, procedural, and personal factors that go into keeping the information secure.

Beyond this issue of "newsworthy" highlight, I would like to share the insights from the Business Week Journal. The article presented the facts of India being a fast growing country of highly educated individuals with also a legacy of youth who also are in-line to be highly educated and impacting a depleted American workforce.

Many other industries are already turning to India not to augment their workforce but to outsource and utilize the experience of many. It was noted that a top engineer in India earns about $10,000 per year—roughly one-eighth of U.S. starting pay. This has allowed many companies hire several top engineers in addressing innovation versus single engineers in American firms. "Corporate America no longer feels it can afford to ignore India. There's just no place left to squeeze costs in the U.S.", states Chris Disher, a Booz Allen Hamilton Inc. outsourcing specialist. Again, this has involved all industries including Healthcare. If India can turn into a fast-growth economy, it will be the first developing nation that used its brainpower, not natural resources or the raw muscle of factory labor, as the catalyst to step into leading the US in support. The strength is intel-

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lectual services where the U.S. economy is made up of 60% of services that can benefit from India's work force….and we are seeing most companies move jobs in their direction. Some have cut jobs in America and moved jobs oversees to realize a 40-60% benefit to their bottom lines. This factor in our globalized healthcare system can not be ignored. We can not simply place our heads in the sand and not explore the possibilities. I am not saying we should outsource for only the sake of dollars, but I am saying we need to really understand "the shift" in outsourcing and to also challenge the ethical and personal conflicts we are having.

I do not propose that I understand economic strategies and workforce management projections, but I do wonder how we can continue to cut healthcare costs when most of the costs that we are up against are "fixed" based off of overhead management of the regulations we must have in place (ie..CMS, JCAHO, etc…). This added information is food for thought for me in understanding more that my "gut" was telling me……These factors truly open our U.S. economy to a more "global" picture….We just need to continue to learn from each other and to uphold a standard of practice…regardless of country. I have challenged myself to be more open for the possibilities….with utilization of knowledge and insight from articles such as this….It feeds my "out of the box" thinking!

Reference:

The Rise of India, BusinessWeek, by Manjeet Kripalani and Pete Engardio

Two TSTC Departments Thank Clinical Supervisors

Two of the magic words are "thank you" and recently that's what Texas State Technical College Harlingen faculty in the Health Information Technology & Medical Information Specialist/Transcriptionist Departments formally said to clinical supervisors from area hospitals at a special appreciation day.

"I consider all of you not just associates but also as friends," **Susan Tichenor**, program chair, told about 15 guests during her greeting.

Tichenor, Clinical Coordinator **Ana Gonzales** and Assistant Department Chair/Medical Information Specialist-Transcriptionist instructor **Beyda M. Ramirez** took the group on a tour of the department, stepping into classrooms that were in session. They dined at the Culinary Arts Department. Some of the guests also serve on the departments' advisory committees.

The clinical supervisors received information for their employees who might take courses at TSTC, and they reviewed curriculum, clinical experience evaluation forms and provided input to the faculty.

"We could not accomplish our mission without you," Gonzales told the medical professionals.

About 200 students are in the HIT and MIS/T courses. The MIS/T students undergo 160 hours of clinical work outside the classroom and HIT students complete 320 hours of on-site training, Tichenor said.

"The TSTC students are excellent. They are prompt and very conscientious. They are so professional," **Isabel Chavez** of Lifecare Long-term Acute Care in Edinburg said.

Ed Sanchez, medical records director at the Harlingen Medical Center, said that he's familiar with the academic program at TSTC and he liked the special event. "It's great," he said. "You get to see the other side of the students' lives and see what's new at TSTC."

Tichenor said that an appreciation day would be planned in the next few months for clinical supervisors at other medical facilities who also work with TSTC students in the HIT and MIS/T Departments.

Call for PRESENTATIONS

for the
TxHIMA 2004 Annual Convention
Friday, June 4 through Sunday, June 6, 2004
Intercontinental Hotel, Houston, Texas

Do you have ideas/suggestions for next year's educational program? Please list them below.

Topic:

Presenter:

Job Position:

Organization:

Address:

City, State, Zip

Phone: **Fax:**

E-mail address:

Please provide the following attachments:
- Program outline
- Objectives
- Resume/Biography of the presenter

Return to the Executive Office:
TxHIMA
300 South C. M. Allen Parkway, #206A
San Marcos, Texas 78666

Willingness to Serve

TxHIMA is asking you to actively participate in the continued growth and leadership of the association. Please give thoughtful consideration to submitting your name as a possible nominee for a position on the Board of Directors or as a volunteer to assist an officer or director with one or more of the responsibilities listed below:

President

_____ serve as Parliamentarian
_____ serve as Financial Advisor

Past President

_____ assist with advertisement solicitation for web page
_____ member of the Ethics and Conduct Committee (committee activated only if needed)

Education Director

_____ coordinate RHIA/RHIT Exam Review
_____ coordinate CCS or CCS-P Exam Review
_____ coordinate the Long Term Care Seminar
_____ coordinate Coding Seminar
_____ coordinate eHIM Seminar
_____ assist with any seminar held in your area
_____ participate in Coding Roundtable discussion

Convention & Meetings Director

_____ assist with Convention
_____ assist with Fall Symposium

Public Relations Director

_____ chair/member of Student Recruitment Committee
_____ chair/member of HOSA Committee
_____ chair/member of HIM Week Committee

Legal Director

_____ chair/member of Legislative Monitoring Committee
_____ chair/member of Drafting Legislation Committee
_____ assist with editing the Health Record Information Manual
_____ coordinate Legal Seminar
_____ coordinate HIPAA Seminar

Yes, I would like to be a Nominee for:

_____ President (3 year term)
Director (2 year term)
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_____ Legislation
_____ Public Relations
_____ Convention & Meetings

Name: ____

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