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Food for Thought

During my communication with you in the journal last quarter, I discussed my thoughts about the profession's transition to the e-HIM environment and encouraged all HIM professionals to become more involved in that transition. I also took the opportunity to strongly encourage more involvement in the state association and other professional activities. This month I'd like to talk to you about leadership and change.

Late last year, I had the opportunity to attend a seminar titled Renaissance for the 21st Century: Leading the Change to e-HIM. This is a leadership development seminar that AHIMA is offering to members, in conjunction with Care Communications. While I'm not going to use this forum to endorse the seminar, there are several lessons learned from the seminar that I'd like to share with you as I found them quite eye opening!

First, I consider myself a leader within the profession and within my work environment. This was an opportunity that I identified as a personal goal several years ago, and I've spent a considerable amount of time working toward achieving that goal. However, one of the things I learned during my work in the seminar is that you may think you're leading but if you look around you may find that no one is following! We all know and understand the difference between leading and managing, right? Managing is about planning, budgeting, organizing, controlling staff, and solving problems. Leading is aligning people, motivating, inspiring, and establishing direction or strategizing. Now be honest, what percentage of your time each day is spent in managing versus leading? Well, when I really sat down and gave this some thought, I was blown away. What I learned is that you should not be spending more than 10-30% of your time on those pesky management activities. You should be spending from 70-90% of your time on leadership of your employees not managing them! How many of us actually accomplish this each day? Managing e-mail alone could take up to 50% of my time each day. The more I thought about this, the more I became concerned. If I'm not motivating my employees and strategizing the direction we're going, then I'm really just standing still.

It's all about Leadership! During the seminar, we discussed various tenets of leadership and what they mean to us. The six on which we focused our efforts are pretty self explanatory. They are: vision, presence, competence, collaboration, creativity, and influence. I've spent a lot of time since the seminar focusing my efforts on being present. What does that mean exactly? I'll give an example. How many times have you been in the middle of a meeting with an employee or even a committee meeting and found yourself making a "To Do" list in your head? Or even contemplating what you were going to make for dinner that evening? That's happened to me far too many times to count. I've found that I am sometimes so busy that I am running from one task to another and not giving my best effort to any of them. Sometimes just being present and giving your attention to one item is all that matters.

This leads me to the last item I want to discuss with you today. What are you passionate about related to your job or work? Think about that question for a moment. When you do, I bet that you'll find that it's harder to answer that question than you think. What are you PASSIONATE about? It was a very easy question for me to answer related to my personal life but I had to give it some additional thought when I related it to my job and work. I finally had to admit that I was far more passionate about my work when I first started out so many years ago. It's easy now to be cynical, jaded, and resigned when I think about where our profession has been and where we're going. Some days I think to myself, one more discussion about "change" and I'm going to scream! But, the more thought I've given to this question, the stronger my resolve has become to work on my passion for the HIM profession and providing leadership for the movement toward the e-HIM environment. I want to get back to the time when I was passionate about going to work and accomplishing something. Early in my career, it may have been as simple as getting all the birth certificates completed that day. Now it may be something more complicated such as leading a meeting to develop a strategy or vision for the EHR. Whatever you're doing on a day-to-day basis, I hope you're passionate about it and not resigned to just getting through the day.

Kimberly Suggs, RHIA, CCS

Thanks for listening.

Delegate Reports from AHIMA National Convention

Health Information Management: Efficiency Implications for Finance

Speaker: Anne Middleton, RHIA and Bob Durhum, MHS

Reviewed by: Dana Choate, RHIA, CHP

Synopsis: This presentation focused on the activities around the revenue cycle. The speakers spoke on the importance of conducting financial analysis to help improve operational and clinical performance. This analysis provides an opportunity for facility improvement through appropriate billing data collection, documentation handling, accuracy of documentation and timeliness of coding and billing services.

Key Points of presentation:

- Timely and accurate documentation, along with operational efficiencies, is the key for revenue cycle success.
- The speakers shared a case study of how they looked for HIM efficiencies in record analysis, Coding and Abstracting, Transcription and staffing.
- In this particular case study, the presenters focused on formalizing their internal coding quality reviews with the use of cross-coding. Basically each coder would code an account and then pass that same account to another coder to make sure they both agreed with the codes to be assigned.
- The speakers provided ways to stabilize staffing with the use of the following techniques:
    - o Internal training programs;
    - o Enhanced salary and benefits;
    - o Creative and flexible staffing
- Finally, the speaker spoke about how to leverage technology to increase accuracy, stage productivity, rapidly adapt for regulatory compliance and ensure supporting documentation for coding.

A Time for Change – A Time for Ten Updating the Classification in Ireland

Speaker: Deirdre Murphy, Coding Manager HIPE Unit, ESRI Dubin, Ireland

Reviewed by: Dana Choate, RHIA, CHP

Synopsis: This presentation centered on the ICD-10 implementation efforts in Ireland. Ireland implemented a pilot program in 2003 and plans to go live with ICD-10 in January 2005.

Key Points of presentation:

- Currently there are 150 coders working in Ireland, including part-time and full time staff with varying levels of experience. During the pilot there were 900,000 records submitted for coding. Coders are required to code from 7000-8000 records per year (depending on experience and specialty).
- There are four support personnel in the Central Office to provide training and education to these 150 coders nationally.
- Ireland was excited about moving to ICD-10 based on the following reasons:
    - o Better coding scheme;
    - o Keep up with medical and surgical advances;
    - o International comparability;
    - o Best possible quality data;
    - o More specificity
- For ICD-10 training, the Central office provided:
    - o Two-day workshops (15 courses held nationally);
    - o Continued feedback and support services;
    - o Educational material via a Coding Newsletter
- At the conclusion of the pilot, there was more detailed information collected, the coders actually liked the new coding methodology, and the coders gained confidence and speed quickly.

Working Towards Widespread Adoption of EHIs: National Strategy for Implementation

Speaker: David Brailer, MD, PhD, National Health Information Technology Coordinator, US Department of Health & Human Services

Reviewed by: Kimberly Suggs, MS, RHIA, CCS

Synopsis: Dr. Brailer, appointed by President Bush in May 2004, as the Coordinator of National Health Information Technology, discussed

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the four goals of the national strategic plan to guide the nation wide implementation of health information technology in both the public and private sectors.

Key Points of presentation:

- Dr. David Brailer, the nation's first Health Information Technology Coordinator was appointed by President Bush in April 2004
- In July 2004, Brailer's office released The Decade of Health Information Technology: Delivering Consumer-centric and Information-rich Health Care. A Framework for Strategic Action
- The strategic plan highlights four goals or "building blocks" for the future of healthcare.
  - Informed Clinical Practice – clinical information must be complete, portable, factual, organized, point of care information.
  - Interconnecting care – there must be "symmetry of information" between buyers and sellers of healthcare services. Patients need good information to make decisions about their care, and interoperability makes this possible.
  - Personalizing Care - Systems have to be usable, especially in the realm of chronic disease.
  - Smarter & Safer – The architecture of the healthcare industry needs to ensure that realistic designs are built into systems so that there will be better quality monitoring and reporting.
- According to Brailer, the time for change is now. In that vein, he has recommended the creation of a certifying group for ERH products. This step led to the creation of the Certification Commission for Healthcare Information Technology by AHIMA and other industry leader groups.
- Brailer has also recommended the creation of regional health information organizations (RHIOs). These are independent entities in a municipality or state that would support and oversee data interoperability.
- The final challenge according to Brailer is to "make things connect". This means changing work flows and business processes to accommodate electronic records. It also means connecting with users and helping them understand the significance of change.

e-HIM Framework and Case Study

Speaker: Bonnie Cassidy, MPA, FAHIMA, RHIA

Reviewed by: Kimberly Suggs, MS, RHIA, CCS

Synopsis: Speaker gave an overview of e-Health and e-HIM. Speaker also discussed AHIMA's vision for the future of e-HIM and presented information on resources. Representatives of Personal Health Information Systems, Inc. were also on hand to provide information on the Personal Health Information Card currently sold by their company.

Key Points of presentation:

- Current AHIMA initiatives in e-HIM:
  - o E-Health Task Force
  - o E-HIM Task Force
  - o E-HIM Strategic Planning Meeting
  - o Summer 2003 – Workgroups established to develop standards for transition to EHRs.
- What is e-Health?
  - o The application of the internet and it's related technologies to the healthcare industry to improve the efficiency, effectiveness, and quality of clinical and business processes within an organization, between organizations, and with patients and consumers.
- What is e-HIM?
  - o Transactions in which health care information is accessed, processed, stored, and transferred using electronic technologies to facilitate the business of healthcare.
- E-HIM Initiative:
  - o Promote the migration from paper to electronic health information infrastructure
  - o Reinvent how institutional and personal health information and records are managed
  - o Deliver measureable cost and quality results from improved information management
- AHIMA Vision for e-HIM
  - o HIM professionals will reinvent traditional roles and functions:
    - The patient is part of the documentation team;
    - A personal health record may be designed and maintained by a third party organization or by

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patients themselves; and
    - Individually identifiable data will be transmitted and accessed via the internet.
- The Personal Health Information Card (PHICard)
    - Owned by Personal Health Information Systems, Inc.
    - Portable, light, fits in wallet and carried on person/ patient
    - Easily updated
    - Industry standard access
    - How does it work?
        - Patient purchases card from company and provides all healthcare information to company.
        - Company has standard, generic, format and request for information.
        - Company inputs patient's healthcare information onto card and then forward card back to patient.
        - Card is in CD/DVD format and can be read by most PCs.
        - Patient maintains contract with company for provision of updated healthcare information. Only company can update "card".

Personal Health Records for Consumers

Speaker: AHIMA Staff
Reviewed by: Mary Brandt
Synopsis: To help consumers understand their personal health information, AHIMA has developed a new website to help them create and manage their personal health information. The website, www.myphr.com, tells consumers what a health record is, explains their rights regarding their health information, answers frequently asked questions, and provides forms to record personal health information for both adults and children. The forms, which are currently available in a PDF format, can be printed and completed manually. By early 2005, the forms will be available in a Word format that can be downloaded and maintained electronically.
Key Points of presentation: As patient advocates, HIM professionals should educate patients and other consumers about their health information. To help them do this, AHIMA has prepared a presentation kit with 30-minute and 60-minute PowerPoint presentations. These presentations may be used to educate consumers about their rights with respect to their protected health information, how medical records are kept, how to obtain copies, and how to compile summary information for their personal health records.

Kits will be available through AHIMA's public relations staff in early 2005.

Privacy Specialty Advancement Institute

Speakers: Mary Brandt, Jill Burrington-Brown, Rose Dunn, and Scott Edelstein
Reviewed by: Mary Brandt
Synopsis: A full-day seminar, the Privacy Specialty Advancement Institute was designed to help HIM professionals prepare for the privacy certification exam and better understand the application of the privacy regulations to specific areas of practice.

AHIMA sponsors the Certified in Healthcare Privacy (CHP) exam. The CHP credential denotes advanced competency in designing, implementing, and administering comprehensive privacy protection programs in all types of healthcare organizations. Candidates must meet one of the following criteria to sit for the exam:

- Baccalaureate degree and a minimum of four years experience in healthcare management
- Master's or a related degree (JD, MD, PhD, etc,) and two years experience in healthcare management
- HIM credential (RHIT, RHIA, CPHIMS) with a baccalaureate or higher degree and a minimum of two years experience in healthcare management
- Managers of health information and technology with five or more years experience in healthcare management (available only through March 1, 2005)

For more information on the CHP exam, visit AHIMA's website at www.ahima.org/certification/.
Key Points of presentation:

- *Disclosures to Law Enforcement:* When making disclosures to law enforcement officials, it is important to remember that the HIPAA privacy regulations permit disclosures to law enforcement officials under certain circumstances but they do not require such disclosures. Some other federal or state law may require disclosure, and the Privacy Rule does not interfere with these laws. Unless disclosure is required by some other law, covered entities should use

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their professional judgment to decide whether or not to disclosure protected health information, based on their own policies and ethical principles.

- *Subpoenas and Qualified Protective Orders:* To protect the rights of individuals with respect to their health information, the privacy regulations require that information be released in response to a subpoena or discovery request only if the covered entity receives "satisfactory assurance." This assurance, which must be provided by the party seeking the information, must indicate that reasonable efforts have been made to notify the individual that his health information has been requested or that a qualified protective order has been obtained. (Note: Satisfactory assurance is not needed if the patient has authorized the release of his health information for the subpoena.)

  Under the privacy regulations, qualified protective orders do not require assurance that the patient has been notified and given an opportunity to object. Qualified protective orders include orders from a court or an administrative tribunal.
- *Access to PHI by Outsourced Vendors:* As healthcare providers try to focus on their key functions, many of them outsource supporting functions to vendors who, they believe, can provide better service at a lower cost. Many of these vendors, including those providing staffing, interim management, medical transcription, release of information, coding, billing, auditing, record storage, clean-up of the master patient index, and shredding, have access to protected health information. Covered entities must have business associate agreements with these vendors, but careful discussions must be held with the vendors to assure they take reasonable precautions to avoid the loss, tampering, exposure or inappropriate access or disclosure of protected health information. ~

Interested in serving TxHIMA?

There are numerous service opportunities available at a state or local level, including board of directors, committees, conventions, coding roundtable, seminars, etc.

If you are interested, please contact:

TxHIMA office @ 512/392-4715 OR TxHIMA@txhima.org Please note new email address!
OR any board member OR Sign up on the TxHIMA website at TxHIMA.org under "Volunteer Bureau"

Role of HIM in Denial Management

by Kim Murphy-Abdouch, RHIA, MPH, CHE

Last quarter in the article entitled "How to Capitalize Opportunities" I committed to writing another TxHIMA Journal article on the role that Health Information Management (HIM)/Medical Record Department plays in the revenue cycle of a hospital. Denial Management is one of the many areas in which HIM can make a key contribution to the bottom line of your hospital.

Delaying and denying your hospital's claims is money in the bank for a payer. Healthcare industry experts estimate that denials and underpayments for claims can represent 2-8% of a hospital's net patient revenue. It is further estimated that 90% of denials can be prevented, and that 50-70% of denials that do occur can be recovered through an effective appeals process.

You may be asking yourself, "How do these denials occur?" There are two basic categories of denials – clinical and technical. Clinical denials result from lack of pre-certification or length of stay authorization and lack of documented medical necessity. Technical denials occur due to inaccurate or incomplete patient demographic data, incorrect insurance information, invalid code assignment, improper modifiers and discharge disposition discrepancies.

The most common approach to denial management is for the Business Office clerks to follow up on denied or partially denied claims. The typical response is for the clerk to obtain a copy of the patient's record from HIM and then send the entire record to the payer for appeal. Under this approach, more information than necessary may be sent to the payer, and HIM may not make the copies timely because they do not consider making copies for the Business Office a priority. As a result, the hospital may have an unfocused and/or untimely appeal.

The most effective response to denials is preventing them from occurring in the first place. This requires accurate patient registration, good clinical documentation, timely case management communication and accurate coding. Patient Access/Patient Admitting should ensure collection of accurate patient demographic and insurance information at the time of registration. Case Management must provide the appropriate clinical information to obtain length of stay authorization, HIM must ensure accurate and timely coding, and the Business Office must ensure that the clean claims are sent to the payers.

When denials do occur, appeals should be managed through collaboration among Patient Access/Admitting, Case Management, HIM and the Business Office as a Denial Management Team. Denials should be analyzed and categorized to identify the most frequent sources and types of denials. If denials are occurring due to improper patient identification or lack of insurance coverage, the Denial Management Team should look to Patient Access/Admitting for follow up on collection of correct patient demographic and insurance information and up front insurance verification. If denials are occurring due to coding, HIM should assess coding accuracy and document the correct coding data. HIM should assist in writing the appeal letters to address denials with coding questions. HIM can also be instrumental in copying and highlighting the specific components of the medical record required to document medical necessity. By identifying the specific medical information needed to address the denial, HIM can ensure that minimum necessary information is sent to the payer.

Kim Murphy-Abdouch, RHIA, MPH, CHE

By working together with Patient Access/Admitting, Case Management and the Business Office, HIM can more effectively manage the department's resources and positively impact the cash flow for your hospital.

Kim is Vice President and Principal of MPA Consulting, Inc. She has her BA in Health Information Administration from the College of St. Scholastica, and her Masters in Public Health from the University of Michigan. She is an RHIA and is board certified in healthcare administration, achieving Diplomate status in the American College of Healthcare Executives.

HIM Vital Signs

by Sarah Cheney Hall

Ask yourself these questions. When was the last time you visualized what your department would look like in 2007? Does your current department work in a way that is in harmony with how you visualize the future of Health Information Management (HIM)? How are you planning your future today? Or, will your future be planned for you? I want to be in control of my own destiny and the destiny of my department. I want to decide my department's future by being *proactive* rather than *reactive*. Being proactive takes a lot of time and effort upfront and gives you time to focus on what is important for a long time. Being reactive takes little time and effort upfront and takes a lot of effort and work to maintain for a long time.

Proactive Instead of Reactive

How do we become proactive instead of reactive? It boils down to the HIM "Vital Signs" and other critical information. When you are a patient in a hospital or physician's office, what do the providers always check first? The answer is your vital signs, or, heart rate, pulse and respirations. If my vital signs are at normal levels, my physician can concentrate on my specific problems at hand. Being proactive is like following a preventative maintenance program. Being reactive is waiting until there is a problem to fix.

HIM Vital Signs

What are the vital signs in HIM? The vital signs are bill hold, employee job performance and record completion. These three vital signs will tell if anything major is going on in the department. Answer the following three questions. Is your bill hold, employee job performance, and record completion meeting your boss' expectations? Meeting regulatory requirements? Meeting industry standards? If you answered "no" to any of these questions, you need to work on your vital signs. (See sample Vital Sign Benchmark Worksheet, Attachment 1.)

Here are some good examples of reactive versus proactive responses to HIM vital signs.

EXAMPLE #1: **Reactive** – If the physicians would only come in a complete their records, our record completion rate would be 10% lower. **Proactive** – I noticed that the charts are not getting into the physician completion area for almost a week after discharge. I wonder why it is taking so long for the records to get to the physician's completion area?

EXAMPLE #2: **Reactive** - The floor never has the discharged records ready for pick up when I retrieve them each day. **Proactive** – I should meet with the unit manager to see why the floor has trouble having the records ready for my staff daily. We can come up with a solution that will benefit both of us.

EXAMPLE #3: **Reactive** – The corporate coder productivity standards are impossible. Those corporate people need to work in the real world. **Proactive** – The corporate office says I'm overstaffed on coders; I should measure the coders' productivity to validate staffing levels.

EXAMPLE #4: **Reactive** – Corporate doesn't understand that our facility is different, and there is no way we can make that bill hold goal. **Proactive** – Let's break up the bill hold to see why we can't make the goal and work at each reason one at a time until the goal is met. (See Sample Reason Code Report, Attachment 2.)

Which category do your own responses fit—under the proactive or reactive responses? A proactive person fixes the problem before a complaint is made and attempts to keep the situation under control to prevent the problem from recurring. A reactive person waits until someone tells him/her there is a problem and then tries to fix it. Trust me on this one point: Taking a proactive approach to solving problems saves a lot of work and money on the back-end. Most of all, you are in control of your destiny.

Sarah Cheney Hall

The Facts

Being proactive is similar to the Crime Scene Investigation shows on television. A person is murdered. The investigators look for evidence. They talk to witnesses and suspects.

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Sometimes the statements of the witnesses/suspects conflict with the evidence. The facts are the statements that tell the story. The story from each witness or suspect could be different. The investigators follow the evidence based on facts and determine if the stories from the witnesses or suspects corroborates with the evidence. As we watch the story unfold, we must concentrate on the facts and follow the story, which leads to the root cause of the problem. Let's relate this analogy to HIM. Do you determine how your department is running based on what your staff tells you, or on the facts in your department? If you picked your staff, you are reactive. If you picked the facts, you are proactive. These facts are the HIM Vital Signs. These vital signs are critical whether you are in long term, rehab, acute care or other healthcare areas. It doesn't matter if you have a paper record or an electronic record. The time frames and examples may change, but the facts are still the facts. Evaluate one vital sign at a time. The facts should be benchmarked as well. Compare last year and last month on areas under control. Compare last year, last month and last week on the one area on which you are working to get under control.

Definition of Vital Signs

Lets define these three vital signs in order of importance below. You need to work on your processes before working on job performance with your employees.

The bill hold is the time it takes from receiving the record to the time it takes HIM to finalize the record for billing.

Employee Job Performance is broken up into two areas, quality and productivity. Employee Quality is comparing the accuracy of an employee's task against a standard or threshold. Employee Productivity is the time it takes an employee to complete a task based upon a standard or threshold. (See sample Productivity Summary and Worksheet, Attachment 3. See sample Quality Worksheet, Attachment 4.)

Chart completion is the time it takes to process a record in a given period of time.

The Bill Hold

In any kind of healthcare business or any business I know of, it is important to get paid for what you are doing. If you want to work for a stable, healthy and profitable company, we should treat the company's bill hold process like we would our own checking account.

In healthcare, there are many steps in the billing process, and HIM is usually in the middle. In simple terms, the record starts with admitting, and then goes to a clinical area, then HIM, then billing, and then storing. In HIM, our process involves receiving, assembly, coding, analysis, and completion areas. (Your process may be slightly different or in a different order, so adapt examples below to your process). Basically, you need to review your HIM process from start to finish.

Let's use our previous EXAMPLE #1 to illustrate. The reactive person said, "If the physicians would just come in and do their charts, our record completion rate would be 10% lower." Is the physician at the beginning or the end of the HIM process? Two things are wrong with this example. First, the physician is at the end of the process. Second, we don't have control over what others do. You have control of yourself and what your staff does. Change needs to start with ourselves and then with others. You need to start with the first area in HIM, which is receiving. Are you receiving all complete records timely based on industry standards? If you answered "yes", go to the next area until all processes are fixed. When all the HIM areas are meeting standards, you can begin working with the areas before and after HIM in the process, until all the needs of the other areas and HIM are met. When a process is agreeable to all parties, you monitor the process, ensuring continued compliance. When problems occur, follow the chain of command in other departments to address them. I am confident that your financial team will support you if you do your part first.

Employee Job Performance

You should always work on quality first. It is essential to obtain a standard in quality. If the task temporarily slows down due to focusing on accuracy, the discrepancy is usually short lived. When confidence is built, productivity usually increases in the long run. Measuring quality and productivity of employees is the best proactive measure you can take. Make the measure of job performance a positive solution and not negative one.

Base employee quality and productivity on good simple written procedures with guidelines. These procedures should be developed with input from your staff and other management personnel from all areas within your department. One area of HIM usually affects another area in

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Attachment 5

REQUESTING RECORDS FROM INCOMPLETE AREAS

A. Incomplete areas are defined as:
   1. Receiving
   2. Assembly
   3. Coding
   4. Analysis
   5. Doctor's Room

B Reviews by Quality Staff and Finance are the only exceptions to this rule.

C. When pulling charts for review comes across incomplete records:
   1. A note is placed on the request notifying the reviewer that they have charts in the incomplete area.
      a. When the reviewer/requestor is on site, the reviewer/requestor
         1) Must ask to pull incomplete record
         2) Must review incomplete charts first
         3) Must return incomplete chart(s) immediately upon completing the review process. Maximum estimated time should be two hours.
      b. Reviewer should review charts in the HIM Department unless pre-approved by HIM Supervisor.
   2. As charts leave the incomplete area for review, the chart is checked out in Meditech to the appropriate area.

HIM. (See sample procedure, Attachment 5 on page 10.) Your grandmother should be able to come to your department and perform the basic task based on your instructions.

Run preliminary data of the facts to see where your staff quality and productivity rates are. Do not expect perfection, drastic changes, or meeting industry standards if your preliminary findings are far below industry standards. Each year that you measure quality, improvement should increase 10 – 20%. Write a job performance policy before you implement job performance. (See sample Job Performance Policy, Attachment 6 on page 12.)

Perform the task you are measuring yourself by following the written procedure. This is a good time to review the employees' processes. It is easy for managers to forget the job functions or fail to appreciate staff if we don't do their jobs periodically. Based on your findings of performing the task, you need to add a little time to the productivity for interruptions and worse case scenarios.

For quality, it is not easy to measure on the computer except to tabulate results. For productivity, most software programs contain reports on how many tasks each employee performs in a certain time frames, which is compared against the same time frame on productive hours. If you can't get this information from your software or the task is not computerized, you should randomly pick the completed task in a month's time frame from a list or stack of completed tasks. Any employee can have a bad day or week. But a bad month is pushing it. Pick the completed task randomly by picking one day of the week from each week in the month, or every so many of the task on the list. (For example, you have a 120 tasks listed on the report. Pick a percentage that you want to review between 5 – 15%, depending on level of compliance. Lets pick 10%. Ten percent of 120 tasks is 12 tasks. Divide 120 by 12, which equals 10. This means that you will start on the first record the first quarter, the second record the second quarter, etc. If you pick every 10 tasks on the list you will randomly pick 12 tasks.) You will have four or five days of charts to review. Use a work sheet and base criteria on written procedure and current complaints. The criteria should be yes, no or not applicable (NA). You have a total of all tasks reviewed, excluding those marked "NA". You total all the "yes" answers and all the "no" answers. You divide the number of "yes" answers into the total of all tasks reviewed. This percent will give the positive compliance rate.

Example: You reviewed 50 completed tasks out of a total of 500 tasks performed last month. Thirty-seven of the completed tasks were done correctly. Ten of the completed tasks were not done correctly. Three of the completed tasks were "NA". Your positive compliance rate is 79% (37 compliant tasks out of a possible 47).

Share your results on a weekly or monthly basis with employees who are not meeting your threshold with an action plan based on your job performance policy. Share the results with your employees monthly or quarterly if they are meeting the threshold. You should also share the results with all the employees with a comparison of the peers (without names). (See sample Productivity Employee Worksheet, Attachment 7. See sample Employee Comparison Chart, Attachment 8.)

Include the results of quality and productivity on the employee's yearly evaluation whether good or bad. I

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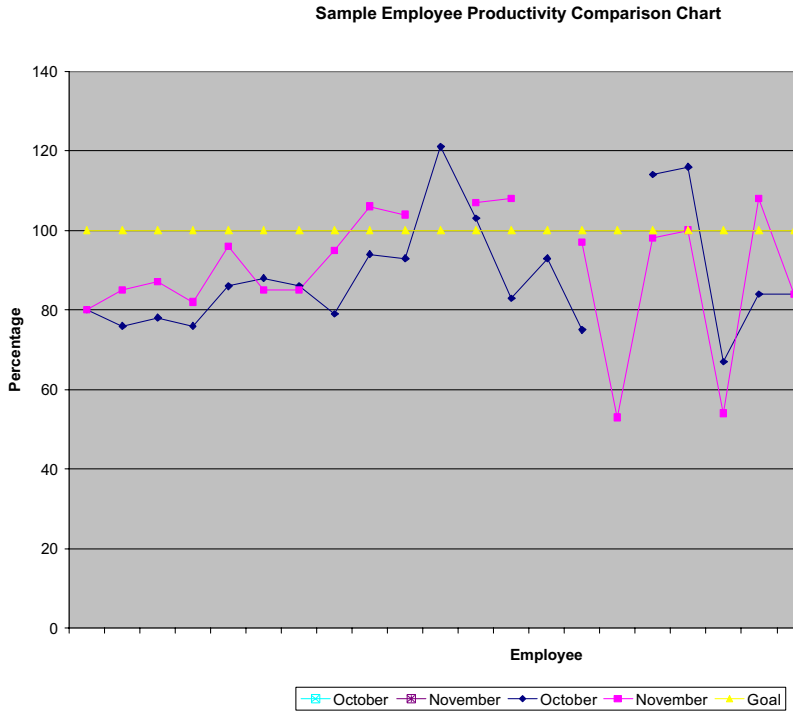
Attachment 8



can't tell you how much most your employees appreciate this. It lets the employee know exactly where he/she stands, where they need to improve, and where they exceed. It lets management measure the employee in a fair and consistent manner based on facts not on appearances. It lets you put the problem back on the employee and leaves it up to the employee to meet the standard or not (make sure it is a reachable goal). Its lets you be fair by treating everyone under the threshold the same way and not whether you like the employee or not.

Chart Completion

If you have the bill hold and job performance areas under control, your chart completion areas should be under control to the extent to which you can fix it within your department. You have now addressed most of the areas within your department over which you have control.

Critical Areas

After the vital signs are under control, the next areas to work on are "critical areas". For some examples of critical areas, see Attachment 1. When critical areas are under control, work on the future of HIM. Also, you should never stop benchmarking the results of fact finding; just change how often you verify them. As you benchmark, you will prevent areas from becoming out of control. As you can see, HIM has a lot of work to do now and in the future. Be in control of your destiny. Become proactive in all you do.

Sarah Cheney Hall *is the Director of Health Information Management Services and Facility Privacy Officer for Methodist Healthcare System, a five facility system in San Antonio, Texas. She is also a mom with two small boys.*

Please note: All the attachments for this article can be found on www.txhima.org *in PDF format.*

Do you have HIM co-workers or friends who are not getting the TxHIMA Journal?

If you are reading this, you are obviously one of a relatively small percentage of TxHIMA members who routinely access the TxHIMA Journal via the website.

Please share your copy of this Journal with other HIM professionals, or even better, encourage them to get online and see what they are missing at...

www.txhima.org

Attachment 6

JOB PERFORMANCE POLICY

PURPOSE:

The purpose of this Policy is to provide employees and Management with a process for measuring job performance with productivity and quality.

This policy has been developed to achieve the following goals:

- Provide Manager with a process to assist employees in improving productivity and quality with System policies.
- To Assist employees to achieve and exceed job standards.
- Provide opportunity to improve performance efforts.
- Hold employees accountable for job performance and/or conduct.
- Provide fair and consistent procedures

POLICY:

This Policy provides a Job Performance Process. This is a productivity and quality measurement of job requirements as set out in job description, policies and procedures, complaints or as directed by Management. Audits are performed on a periodically on all HIM employees including all fulltime, PRN and Contract.

MEASUREMENT:

Quality
100% to 95% - Meeting Compliance
94% and below - Not in Compliance

Productivity
Over 105%– Exceeding Productivity
105% to 95% - Meeting Productivity
94% to lower - Not meeting Productivity

For 2005 Only – A lower quality standard is set to give employees more time to meet these standards. Coding area will be held to the higher compliance and productivity standard. See Attachment A for current areas being held to these standards.

Quality
100% to 90% - Exceeding Compliance
89%- 80% - Meeting Compliance
79% and below - Not in Compliance

Productivity
Over 90% - Exceeding Compliance
89 %- 80% - Meeting Compliance
79% and below - Not in Compliance

AUDITING PROCEDURE:

Level I:
A percentage of job requirement measurement will be randomly selected and audited on quarterly on targeted areas as needed and yearly on all measurable areas of job performance. See Attachment A.

Level II:
Based on audit findings from Level I, an additional percentage of job requirement measurement will be reviewed for the next month. See Attachment A.

RESULTS OF AUDITING PROCEDURES:

All employees will have compliance and productivity audit result findings on their employee feedbacks.

Any employee who is meeting or exceeding productivity/compliance will be sent an email on quarterly basis.

Any HIM employee, who is considered non-compliant based on results of audits will be monitored on the two level on non-compliance listed below:

Level I on Non-Compliance of Productivity/Quality:

Employee will be notified in writing of non-compliance.

Level II audit procedure will be performed the next month

Based on Audit findings:

1) If employee is compliant, the employee will go back to Level I auditing procedure. However, employee will be monitored and must maintain compliance for the entire quarter.

2) If employee is not compliant, the employee will go to Level II of non-compliance.

Level II on Non-Compliance of Productivity/Quality:

Employee will be brought in for counseling following the Corrective Action Policy

Level II audit procedure will be performed for the next month.

Based on Audit Findings:

1) If employee is compliant, the employee will go back to Level I of Non-compliance.

2) If the employee is not compliant, the employee can be lead up to termination.

ATTACHMENT A – AUDITING PROCEDURES

A. TRANSCIPTION QUALITY

Level I – 1% of transcribed reports. In addition, any reports that are taken to the Transcription Section or Manager to be corrected in Meditech will be audited as well.

Level II – 10% of transcribe reports

B. CODING QUALITY

Level I – based on audits performed by HIM Coding Compliance Specialist

Level II – 10% of records coded by specific coder in specific area on non-compliance will be performed by HIM Supervisor or Coding Coordinator.

C. CODING PRODUCTIVITY

Level I & Level II is based on 100% of records coded

Career Pathways

On Course to the Future

Viewing life's significant challenges as experiences from which we grow, change and transform enables us to adapt to both the favorable and less than favorable circumstances of a dynamic world community and an ever-changing business culture. One of the oldest life patterns, one that turns up in all societies and age groups, is the picture of life as a "journey". A "career" is defined as a chosen pursuit; life work—a path or a course.

We can all relate to a view of both life and career as a series of "beginnings, turning points, crossroads, or pathways". Job loss is often considered one of life's more significant turning points, often creating emotional feelings of trauma, self-doubt, insecurity, and high anxiety.

The loss of a job causes us to question our capabilities, the decisions and choices we've made—particularly the "paths not taken" and the "bridges burned…along the way".

People often see job loss or any other involuntary career move as one of the more stressful hardships from which one seldom emerges with a secure sense of self-worth and with a handle of what could be the best "next steps" to a successful future.

Transitions

Most employees in this country change jobs every three to five years and many work for ten different companies during their work history. Whether or not you have had advance knowledge of your impending job loss, it is still quite common to feel strong emotions from disappointment to relief and from anger to excitement. During this period it is imperative that you take full advantage of existing support systems available to you as well as cultivate new support systems to help you

through the transition to a new job or even a new career. By thinking positively, taken appropriate actions, and looking forward to the future rather than dwelling on the past, a view of your job loss can change from a negative situation to an engaging opportunity to search for and obtain a more satisfying, enriching job at a better pay level.

Rethinking the options

It may help to remember that in this era of downsizing rarely is the decision to let someone go made on a personal basis. Business and industry competition forces tough decisions on the "bottom line"—decisions that routinely affect competent, conscientious employees.

As you begin the mental transition necessary to begin your job or career search, take some of the following points to help you prepare.

- Accept that there are some things in life beyond your control and focus your energy on those things you can control.
- Do not take downsizing personally; try to look at the need for downsizing from your company's viewpoint.
- Make a list of all the things you learned or the skills you acquired as a result of your employment—many times our employer gave us the opportunity to learn new skills which make us more marketable.
- Develop a plan of action and set small, progressive goals so you can monitor your activities. It is helpful to some to keep a journal of your job search efforts.
- Be patient. Even if you are extremely motivated and are taking the right steps to obtain a new job or career, it can take considerable time to achieve your goal.
- Always keep searching for more job leads even if you are currently being considered for a position by a company. You may uncover a job that's an even better match while you are waiting.

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Career Plan

When you begin looking for a new job you need to consider your basic career options as they relate to and support your interests, skills, accomplishments, and personal preferences. Before you can consider these factors, you must be sure you understand exactly just who you are and what you are looking for in potential employers. (Conduct) a written assessment of yourself: Begin defining the career goal which best supports your life priorities and long-term career aspirations. List your interests. Take an inventory of your present skills—both technical and non-technical. Finally, make a list of your accomplishments.

The Ideal Job. Before you begin your actual job search campaign, it is important to describe the ideal job for you. "If you don't know where you're going, then any road will get you there." A well-prepared career plan provides a much better idea of what you are looking for and how to prepare yourself for it. With this plan you increase your chances of finding what you really want and deserve.

Having a handle on what you do and do not want in a job is very important. No one can define for you the things that most easily motivate you to perform at your best—to feel inspired and ready to go the extra mile because you feel valued. Seeing your career as a series of work experiences which have left you with skills, impressions, business and cultural insights and knowledge has provided you with the foundation for determining what work conditions you would most like to have as you proceed on course to your new career path.

Competence

As you begin your job search, it is worthwhile to take time to discover more about yourself, to identify the skills and competencies you possess. Always focus on the goal of presenting "you at your best". From this list of competencies, you can begin to develop job search documentation which reflects your past accomplishments based on how effectively you used your skills. This skills listing also provides you with a foundation from which to work at building skills or filling in developmental gaps, positioning you as a more marketable employment candidate.

Key Competencies

We may define a competence as something we do well—a skill, a talent, a capacity. Not every competence is supported by an interest; some things you do well, you may do for survival reasons alone. These might include drawing up a budget, fixing an appliance, or cleaning the garage.

We may define an interest as something that intrigues or motivates us positively. Not every interest is supported by talent or skill. You may wish you could play the organ or wind-surf. Without having the talent to do so, these would be "fantasy interests".

But you, like everyone else, have some talents that match your areas of interest. These are your competencies. By determining your greatest competencies, confirmed by your accomplishments, you can define the functions you will perform best and most happily in your next position.

There are frequently several (and often, many) jobs that can use your talents to good advantage; and it would be foolish to limit your prospects to a single job title. You want to be sure that you can not only cite your competencies but give examples of your talent in action. It will be up to you to explain to those you meet how these skills can relate to the other person's business requirements.

Research

Conducting research and analyzing job markets are essential parts of your job search. The goal of researching is to develop a list of highly promising companies and organizations to approach about job possibilities. Through research you discover where the jobs are. Job hunting is, however, a competitive event. Those job hunters, who learn how the game of finding a job is played and then prepare for the competition, are the ones who win. The key is to focus on the future, taking advantage of the learnings from the past.

Some people are tempted to short-change the research process, usually focusing on only one source of information—newspaper classified ads. As a result, they miss out on numerous opportunities. They lengthen rather than shorten their job search. Doing quality research helps job keepers to stay abreast of changes affecting the job opportunities given the continual changes in the labor communities. Most people have no idea of what is available until they start researching. The best jobs are discovered only after a major research effort. Researching will also help prepare you for the interviews. When it comes time to make a decision, the person with more information is naturally going to make a better choice.

The following shows the proba-

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bility of finding a job using the five methods most commonly used by today's job seekers. As the data shows, most jobs are found by networking—talking to friends, relatives, former employers, and business associates. However, this does not mean you should only network; remember if you find a job using one of the other methods, it would then be 100% effective for you!

METHOD	PROBABILITY
Networking	60-70%
Online Services	25-30%
Ads	5-10%
Agencies	5-10%
Approaching companies	5-10%

Formal Market Approaches

Approaching the formal market almost always involves applying for a position. Keep in mind that approaches to the formal market are likely to be less productive that informal market approaches. It is generally worthwhile to respond to published positions if you meet the following criteria:

- You fully meet the stated requirements, and the position advertised suits you well.
- You are highly marketable in a technical specialty or have an especially distinguished record.
- You are actively pursuing approaches in the informal market at the same time.

Informal Market Approaches

Approaches in the informal market are more productive than the formal market. These approaches can uncover opportunities you would never discover otherwise, provide you with more effective interviews, enhance your credibility, and put you in less competitive circumstances.

Approaches to the informal job market are dependent on your contract network. People who know you and your work provide referrals to connector contacts. These contacts are people who have information resources on activities, people, and events in your field of choice; they understand the needs and problem; they are in tune to future directions of businesses in your field; and they provide direct connection to other connector contacts or to the actual decision-makers.

Documentation

When preparing for your job search activity, your first concern should be about the paperwork. Often your resume is the first introduction of you and your skills to an employer. There are other critical documents which need to be ready and in place before you begin either the formal or informal phases of your job search and networking. It is important to always leave a "lasting impression". First impressions are often the most lasting ones—regardless of the media of communication.

> "Interviewing is the culmination of all your job search efforts."

Gather examples of any correspondence associated with a job search to draw from for your specific purposes. Most likely you will need the following communication products: Introductory letter; transmittal letter for resume; thank you letter for interview; up-to-date resume; up-to-date references (do not list these on your resume); portfolio of your significant, successful projects; worksheets for recording contact information for your cover letters; worksheets for recording results and follow-up needed.

Do not hurry through the preparation of any of these printed pieces. They represent your work ethic more than you may realize.

Winning Resumes

Whether your job search documentation calls for a well thought-out employment application or a formal resume, the objective is the same, and that is to get you in front on the primary hiring decisionmaker.

Today, the resume is most frequently used by employers to simplify the candidate screening process. The employment application and reference lists are still used by human resource staffs to verify prior work-related facts and to do background checks on prospective employment candidates. It could be said that the resume serves four or more different functions.

The resume is a critical tool in conducting your job search. It is best to customize your resume as much as possible for the person or company to which you are sending it.

Interviews

Interviewing is the culmination of all your job search efforts. You will rarely, if ever, get a job without an interview; and it is very unlikely that you will get a job if you do not handle the interview effectively.

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Remember now that you've entered the game, the objective is to "play to win".

How to Ensure a Successful Interview

DO:

- Research the company; become familiar with its mission, values, and visions.
- Prepare questions to ask your interviewer; and practice your answers to their questions.
- Arrive on time; better yet, be early.
- Bring paper and pen to capture critical information.
- Make sure that you have extra copies of all key job search documentation.
- Maintain eye contact and be aware of your body language.
- Dress appropriately.
- Wait to be seated.
- Be positive; greet them with a smile; project confidence.
- Be honest; be prepared to talk casually.
- Be believable; have a positive attitude.
- Shake hands.
- Show you are a team player.
- Listen carefully.
- Ask about the next step.
- Where appropriate, send a follow-up letter (confirming meeting, additional information, etc.).
- Always, always send a thank-you letter.

DO NOT:

- Be or appear unprepared; scattered.
- Neglect appearance.
- Dress casually.
- Give limp handshakes.
- Be too familiar, or talk down to, or exclude anyone.
- Emphasize money.
- Appear overly anxious, impatient.
- Criticize anyone.
- Make excuses.
- Be indecisive.
- Name drop.
- Be too aggressive.
- Forget to follow up.

Renewal

As you journey down life's pathways, remember the timeless cliché, "Life's major events fall into two categories: Those you can do something about and those you can't." As you encounter unplanned changes which pose the threat of unstabilizing your life's plan, move quickly to garner the personal stamina to deal with the change efficiently and effectively.

Being told "no" is part of job hunting. You may receive 50 "nos" before you get a "yes". Learn from each rejection; make adjustments when necessary; and do not take the "nos" personally. Statistics who that 90 percent of the placements that do not work out fail because of a poor match to the culture, not because of poor technical skills.

Renewal implies evaluating, rethinking, and restoring capabilities at or above their existing levels. By understanding what it takes to reignite your sense of self-confidence and empowerment, you develop the capacity for self-renewal and resilience despite the circumstance.

Maintaining Mental and Physical Health

Maintaining a positive attitude and paying close attention to your

mental and physical wellness creates the foundation for dealing with the unexpected changes in your personal life and career plans.

Maintain your recreation and family activities. You do not need to give up all that is important to you just because you are out of work. Continuing to do some of the activities you did before gives you something fun to look forward to and adds stability to your life. Maintaining good physical exercise is an effective way to prevent illness and eliminate stress.

This article consists of exerts from training materials from PASS'RELLE ASSOCIATES, printed with permission by associate Lloyd W. Price, SPHR.

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)
_____ Education
_____ Legislation
_____ Public Relations
_____ Convention & Meetings

Name: _____

Mailing address: _____

City, State, Zip: _____

Daytime phone #: _____ E-mail: _____

By completing this form, I authorize this information to be posted to the TxHIMA website.

Please Return to:

TxHIMA Executive Office
1700 A Ranch Road 12 #345
San Marcos, Texas 78666

You can also sign up to volunteer on the TxHIMA website (TxHIMA.org) under 'Volunteer Bureau."