

Big Results at a Small Facility: 30-Year Veteran Leads Small Facility into e-HIM World

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by Ruth Carol

When Allyn Mavity, RHIT, became HIM director for Pattie A. Clay Regional Medical Center in Richmond, KY, 30 years ago, the notion that one day medical records would become electronic never entered her mind. But healthcare delivery and HIM have changed over the decades. When faced with a burgeoning surrounding community and an IT office busting at the seams, Mavity saw only one way for the 105-bed acute care facility to go: electronic.

To keep up with the growing volumes of medical records and coding requirements, the facility installed an electronic document management system. “We want to be a place in our community that people could depend on to get quality care, and an electronic medical record enabled us to continue doing that,” she says.

With a limited budget and even smaller staff, Mavity choose a route that required the fewest resources for start-up: a hosted application solution. The arrangement allowed the department to get started without additional IT staff, and because the servers are housed off site, the department did not require additional space for hardware or any additional capital costs. Those factors made the difference. “We wouldn’t have been able to maintain backups, security, and upgrades to the servers and software,” says Mavity.

Big Changes

The biggest change for the veteran director has been the changes in safeguarding patient data. “Before, we had our paper record that we could lock up,” says Mavity, who began her career as a medical records clerk, primarily doing transcription in the HIM department 34 years ago. Now part of her daily routine includes auditing the system to monitor use and ensuring that HIPAA requirements are being met. “You want patient information to be confidential, but also make it available to those who need it,” she says.

Mavity also has become more visible throughout the hospital, as she trained all end users when the new system was implemented in 2004. For a solid month she trained more than 300 employees organizationwide.

Mavity continues to receive calls on a daily basis from people who forget their passwords, and she continues to train new personnel. “We are definitely on the floors a lot more,” she says.

Big Benefits

The system has brought big changes for more than Mavity and the HIM department. Chart abstracting time declined by 37 percent; coding time by 43 percent; chart completion time by 18 percent; accounts receivable by \$300,000 in the first six months; and physician delinquent charts declined from 1,400 to 200.

In addition, two medical coders now work from home. That move freed up valuable space in the department, and it improved coder productivity, job satisfaction, recruitment, and retention. The next group to work from home may be the medical record analysts. Nursing supervisors have also benefited. They no longer trudge down to medical records in the middle of the night to find a patient’s chart. HIM is open 24 hours a day, seven days a week from any hospital workstation.

When the medical and surgical floors get additional beds as part of the medical center’s five-year expansion plan, Mavity anticipates that the system will easily accommodate the growth.

“I think about health information management differently now, because it’s not a paper world anymore. It’s an electronic world,” says Mavity. “Still, our primary function is to maintain confidentiality of the medical record. And that will never change

for HIM professionals.”

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