

From Policy to Pixels: Director Finds HIM, Privacy, and EHR Converge

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by Anne Zender, MA, vice president of communications

As director of HIM and chief privacy officer at Group Health Cooperative (GHC), Sheila Green-Shook, MHA, RHIA, CHP, is well versed in the intricacies of developing policy and procedure specific to health information. She is also deeply involved in GHC's electronic health record (EHR) implementation. And sometimes both of these converge with her role as privacy officer.

"We are trying to make sure processes are reviewed and revised as appropriate or developed, as existing paper procedures aren't always applicable to the electronic health record," Green-Shook says. These policies need to address HIM processes applied to electronic environments. Correcting errors and maintaining the integrity of the record are her biggest challenges, Green-Shook says. "There is clear direction on how to correct errors [in paper records], but that can't be applied to an EHR," she says. "Depending on who's seen the record, the privacy officer function may come into play."

"HIM is such an exciting place and field. There are so many opportunities and career choices to make. That didn't exist 10 years ago"

—Sheila Green-Shook

"I Was Thrilled"

Green-Shook began her HIM career in 1976 at GHC, working in inpatient records. She then moved across town to supervise radiology at Virginia Mason Medical Center until 1990. At that time, she returned to GHC and became supervisor of outpatient medical records.

When a position opened for a business operations manager at one of GHC's largest clinics, she applied and got the job. She later became associate director (and served for six months as interim executive director of business operations). As she became more involved at the corporate level she realized she wanted to focus solely on HIM, which made her current role a perfect match. And when EHR implementation began in 2002, she says, "I was thrilled."

An Invigorating Process

Green-Shook has found the implementation process rewarding. She's learned a lot, she says, working in concert with different GHC departments. "Everyone has their own sense of how the EHR supports their work. We have to look at the bigger picture. This requires some negotiation with other departments to help them see the bigger picture, too." She says it's also important to "appreciate how difficult this is for everyone, be respectful of the work other departments do, try to listen openly and understand what other departments are trying to accomplish."

These efforts, she says, have led to some "energized" discussions about organizational decisions. But it's an invigorating process, Green-Shook says: "We all have different skill sets, but we try to stay focused on providing the best care for the patient."

Advice: Get Involved Early

Green-Shook is excited to be part of the EHR process, and she wants other HIM professionals to be part of it, too. She believes that the earlier HIM professionals can get involved implementing the EHR, the smoother the transition between paper and electronic will be. For example, it's easier to identify issues proactively than to try to resolve them after implementation has begun. "If you're not invited to the [EHR implementation] table, figure out how to get invited," she says.

The road to the EHR isn't always easy, as Green-Shook well knows. Despite the challenges, she says she hasn't lost hope. "[I realize] that this is the right work to do; this is the right time to do it," she says.

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