# HIM Manager, non-HIM Staff: Managing Staff with Expertise Beyond HIM

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*by Chris Dimick*

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*Industry trends are putting HIM professionals in charge of staffs with diverse expertise. Managing staff in non-HIM roles takes some special skills, but the advantages abound.*

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Information is a thread that weaves together healthcare staff with a wide range of expertise and experience. As industry changes pull that thread snugger, HIM professionals are beginning to manage staff with more diverse roles, some of them—such as IT or nursing—beyond the HIM domain.

Diverse staffs can be particularly strong staffs, especially when members work together to meet goals that cross multiple organizational functions. Creating that close coordination of effort requires special effort of its own.

HIM professionals who have moved into those roles find that solutions are based on appreciation and good management skills, not mastery of new domains. Whether managing IT staff or leading a team of nurses, successfully managing a diverse staff requires learning what each role needs to succeed and working to knit diverse staff together. One of the biggest rewards comes in that learning opportunity and the professional development it offers.

"This is the best time to be in this profession," says Mary Beth Haugen, MS, RHIA, director of health information management and information services at Denver Health Medical Center. "It is so exciting. There are so many opportunities, so many more job possibilities."

## From Liaison to Management

A number of factors position HIM professionals to take on wider managerial roles. They work increasingly with other departments throughout their organizations, and their knowledge of the healthcare delivery system as a whole suits them well in handling additional responsibilities and departments. At the same time, as hospitals realign departments to become more effective, staff with expertise outside of HIM are being drawn in and integrated with HIM departments in a variety of ways.

This trend will only grow as healthcare facilities focus on quality improvement programs and electronic record implementations, two activities that rely heavily on managing health information.

The transition to more electronic methods of healthcare creates changes hospital-wide, says Peg Mason, RHIT, CPHQ, vice president of the healthcare quality program at the Iowa Foundation for Medical Care. From telemedicine to electronic records, IT implementations can mean a change in department structure, she says.

Departments under the control of the CIO are the most likely places to see this change, says Mitchell Diamond, a longtime healthcare industry management consultant and staff executive with George S. May International Company. "This is the first time where [hospitals] are actually merging a lot of the clinical information with the financial information. So the roles are becoming more complex."

When IT staff merge with the HIM department, the reason usually has to do with the implementation of an electronic health record (EHR) system. Such was the case at Denver Health Medical Center, located in Denver, CO, explains Haugen.

Haugen oversees IT and HIM as Denver Health's director of health information management and information services. The merger started in 2004 when Denver Health was struggling to implement a computerized provider order entry system.

Animosity between the clinicians and the IT staff was high because clinicians saw the system as an IT project and not an application for better care, Haugen says. To help diffuse the situation, Denver Health's CIO asked Haugen's department to take charge of the project and serve as the liaison between IT and the clinical staff.

Since HIM had a close relationship with both groups, it seemed the perfect middle-man. "We are used to having to work with clinicians; we know how they use the medical record," she says. "And then from the IT perspective, we were already in the midst of a hybrid medical record, so I had a lot of contact with the IT side and was learning about them and had a better understanding of their struggles and barriers."

Soon after the project became a success, the HIM and IT departments officially merged, with Haugen overseeing both. The merger wasn't seamless. With no official IT background, Haugen knew she had much to prove in order to build a team in her new, expanded department.

"I am not a techie, I don't speak that language," she says. "One of my biggest challenges was to build that team and get that support. I think for both sides of us that was one of the scary things. I was like, 'Holy moly, how do I manage them?' and they were looking at me like, 'She is crazy, she just knows medical records.'"

But Haugen didn't have to know how to write code to manage the IT staff. "I just need to know what they need so I can give them the right tools and I can champion for them and support them," she says. Only after a lot of communication, and the case for the merger was made step by step down the hospital ranks, did staff embrace the change.

An IT-HIM merger is a sign of the times, Haugen says. "I think the more organizations move down the EHR path, the more they are going to be pulling in HIM. If they don't pull in HIM or if HIM doesn't push, they are going to get left out." [For more about Haugen's experience, see "A Successful Merger of IT and HIM" below.]

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### A Successful Merger of IT and HIM

*by Mary Beth Haugen, MS, RHIA*

In 2005 Denver Health merged its health information management and information services departments. Although it has been a hugely successful merger, it was not done without fear and a

As Denver Health pursued an electronic health record, the collaboration between the two departments grew and became stronger. However, the implementation of computerized provider or but he initially received a "no way" response from HIM.

One of HIM's initial fears with merging the department was losing its identity. Would the department be swallowed up by IS? Would IS understand the importance of a credentialed staff? At Could the department back out of the merger if it did not work? HIM does not even speak the same language as IS.

#### A Risky but Right Direction

HIM began to explore whether the move might be good for the department. The electronic health record is HIM's future, and the department wanted a front seat for the journey. Merging w

Starting with the tools available from AHIMA and motivated by then-coordinator for national healthcare IT David Brailer, MD, the merge was making more sense. Many discussions with HI

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Fast-forward two years. Reporting directly to the CIO has improved HIM's relationship with the CFO and executive staff. The department and management team have greater visibility and

As a result of the merger, the department has created new roles—an EHR manager, data integrity manager, compliance coordinator, and data integrity specialist. HIM managers have been p the business needs drive the appropriate mix and management structure. Clinical staff such as nursing, radiology, and pharmacy also have been added to the team.

The merger did not occur without a learning curve for everyone, and both departments have experienced benefits. Negotiations occurred while education took place. HIM learned the import benefits—HIM has the coolest technical gadgets in the organization, and many of the IS managers and the CIO are now members of AHIMA.

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## In Advanced Roles, More to Manage

The higher an HIM professional advances in his or her facility, the more likely he or she will be managing people with varying expertise. This was the case for Susan Helbig, MA, RHIA, the service line leader for information support services for the Department of Veteran Affairs, VA Puget Sound Health Care System in Seattle, WA.

In addition to overseeing HIM, Helbig recently began managing the clinical information management department at her facility. The department serves as the interface between the EHR and clinicians. "They teach them not the content of the record but how to use the EHR system," Helbig says. "They help improve documentation by demonstrating to our clinicians the ease of use of the EHR."

The department's 12 staff members, called clinical application coordinators, have a variety of backgrounds that range from physical therapists to pharmacists to nurses. This shift was due to a change in the VA IT infrastructure, which offered an opportunity for collaboration between HIM and clinical information management services—bringing documentation and systems together.

This addition of non-HIM staff is not new to Helbig. When she first started at VA Puget Sound seven years ago she was put in charge of the switchboard. Hospital officials had decided a change was needed for the switchboard department, and they deemed HIM the most effective choice to lead, Helbig says. It seems unusual, but Helbig finds a connection. "HIM is used to managing 24 by 7, and we are used to managing areas that have to do with information and communication," she says.

At the VA Medical Center in Birmingham, AL, Phyllis Sullivan also manages a variety of staff expertise. Sullivan, RHIA, is the chief of business management service. An experienced HIM director, her job has her managing far more than the hospital's HIM department.

Sullivan's other departments include medical care cost recovery, which handles insurance and billing; fee service, which reviews payment for purchase services; benefits, which is where veteran enrollment is processed; and the care coordination unit, just added to her area this year, which holds various duties including utilization review, bed control, and inpatient social work.

Also under Sullivan's management are the admission clerks, ER clerks, the mail room, and the publications department. Within those departments, Sullivan manages individuals with expertise far from her own—including RNs, social workers, mail room staff, and one computer specialist.

This is a different assortment of staff than Sullivan first managed when she came to the center in 1984 as chief of health information. After years of moving up the system and gaining departments under her leadership, Sullivan started her current role in January 2006.

Though it is rare for an RHIA to manage such a diverse staff in the VA system, Sullivan says it makes sense for an HIM professional to take the lead. HIM's base in records opens up an opportunity to work with many different areas of healthcare. "I really think our knowledge and background lends itself to being able to manage different types of people," she says.

The mash-up of expertise in the business management service only makes her area stronger, Sullivan says. Having staffers with those skills fills needs in her department. "The business office—what makes it successful—is that we have the clinical and the administrative expertise," she says. "Our nurses bring such a wealth of knowledge to the process that [HIM professionals] don't have."

## Simple Tips for Successful Negotiations

As HIM managers work closely with other department heads, they find themselves negotiating on a scale they may have never experienced. Collaborating on this level sometimes produces conflicts, especially during stressful projects or around budget time. Special skills are needed to negotiate effectively, says Mike Cohen, a mediator at the Center for Conflict Resolution in Chicago.

Cohen has taught effective negotiation and helped people resolve differing needs for more than 30 years. Negotiations aren't always over large issues, Cohen says. Studies show people spend a minimum of 25 percent of their time at work addressing differences with others.

### Keeping Focused and Nonjudgemental

The first thing to keep in mind when seeking to resolve conflicts is that negotiation greatly differs from compromise. Compromise is splitting things down the middle, which is not always the most efficient resolution.

"When we are negotiating, we are trying for a win-win between two people or groups," Cohen says. "That is all about enlarging the pie—maximizing and fulfilling the needs of both parties and departments. Compromising is getting half of what you could have gotten." In negotiating, there is some give and take after realizing what the needs are. This maximizes benefits for both sides.

A few simple skills in negotiating go a long way toward reaching an agreement, Cohen says. Before sitting at the table, Cohen recommends people clear their mind of preconceived assumptions about the other party. Separate the person from the issue, he says, and don't blame others for misunderstandings.

"Often when two people are in a dispute I'll ask one of them to describe the other person, and they will say, 'Well, the person is a little unreasonable, quick to judgment… like a jerk,'" Cohen says. "Then I will go to the other person and ask them to describe the first person, and they will use the same adjectives." In reality, neither person is a jerk. Both sides are just "good people trying to slug their way through the day," Cohen says.

Once negotiating begins, stay focused, respectful, and be aware of how you are talking about issues, Cohen says. Avoid interrupting and build on the other side's point of view. "The deal-breaker in terms of us reaching a win-win agreement is more around how we are engaging in the conversation than real substantive differences on the issues," according to Cohen.

Other tips Cohen suggests:

- Seek to understand the other side's needs first, then share your needs.
- Argue only your strongest, most critical points.
- Generate optional solutions. In negotiation, the only bad idea is the only idea on the table.
- Quickly concede one item that means a lot to the other side but that hurts you minimally. People tend to reciprocate concessions.
- Identify quick wins—ideas that meet common needs.
- As a last step, jointly review the agreement to ensure everyone is leaving with the same understanding of the terms.

## Directing Quality Improvement Programs

The rise of quality improvement and reporting programs can also bring nurses under HIM leadership. The programs create a need for people with health record knowledge and nursing experience to combine efforts in evaluating healthcare facility performance.

Debbie Slanicky, RHIT, CPHQ, manages four RNs, a licensed practical nurse, a public health specialist, a data analyst, and an administrative assistant as the manager of data and health information at the Illinois Foundation for Quality Health Care.

Slanicky's RNs work on the quality improvement team, which conducts programs in Illinois hospitals in association with the Centers for Medicare and Medicaid Services. "Evolution and being in the right place at the right time" led to Slanicky becoming the team's program manager. HIM professionals are a good fit for quality improvement programs, she says, because "so much of our public reporting depends upon coding. HIM is the basis for everything that we are doing with the whole public reporting piece."

Combining HIM expertise and nursing for quality improvement is a great way to make the process objective. While HIM professionals have an all-or-nothing approach to documentation, RNs are more subjective and often infer information from a record, Slanicky says.

"They sometimes see things differently than I do, because I am looking pure black and white. They say, 'Yeah, but look at the labs,' and [the HIM point of view is], 'Now, don't look at that stuff.'" The HIM and RN expertise mix well, and Slanicky says she has learned much from her nursing staff.

## Tips for Managing Diverse Expertise

The biggest challenge in managing staff with a non-HIM background is gaining adequate knowledge of their work. Managers must also gain an appreciation of how their work contributes to the overall mission.

But HIM professionals don't have to know the complete ins and outs of a diverse staff's expertise in order to properly manage them. By learning the basics and understanding expectations and needs, they can properly manage any makeup of staff, Helbig says.

Managers must make the effort to understand who they are managing, which was Helbig's approach when she began overseeing the clinical information management department. "Part of studying includes talking to the people who are actually performing the everyday tasks," she says. "I will have to prove to them that I am their ally, that I understand what their tasks are and what their problems are."

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## Generational Differences Add to Department Diversity

Diversity in HIM departments is not limited to staff members' expertise. Today more than ever, differences in generation are affecting the work force at large.

"This is really the first time that large organizations need to manage four different generations," says Mike Bruening, director of corporate communications at George S. May International Company, a consulting firm based in Park Ridge, IL. "You have the folks who were born in the '40s, you have the Boomers, you have Generation X-ers, and now Generation Y. So you have folks who remember what a record store is, and you have folks who think records are literally something that a hospital keeps."

Time isn't the only thing that separates these generations. Each has different interests and attitudes when it comes to work, Bruening says, a fact managers must recognize. Training is just one aspect affected. "The veteran generation, who are the traditionalists, they expect somebody to walk in, put a white board up in front of the room, and say, 'This is what we are going to learn today,'" he says. "And if you try and do that with a Generation Y-er, they are asking, 'Where can I get this as a podcast?'"

As the EHR system is implemented and paper records make way for abstract representations on a screen, this generation gap can become more apparent. "It may be something as basic, yet as complex, as 'I can't hold it in my hand, is it real?'" Bruening says. "That is one of the hardest things that apparently some people need to overcome if they have been in a record-keeping situation."

### Differing Motivators, Work Ethics, and Rewards

At Denver Health, the IT department, now overseen by HIM, contains a wide spectrum of ages. Though the problems associated with managing people of different generations are not overwhelming, Haugen says, the issue is still there. "I think for any of us [managers] it is a struggle," she says. "The motivators are different, the work ethics are different, and the rewards are different. And I think it is just identifying what is going to work for that group."

Generations are also diverse at the VA Medical Center in Birmingham. Sullivan has staff right out of high school and a nurse that is 72 years old, and she notices the differences. Younger generations need to see immediate benefits, Sullivan says. "You tend to see the younger people ask, 'What's in it for me?'" she says. "But I think there is a difference with my older generation, which is focused on security, loyalty—those types of factors."

The generation issue has become so prominent that Helbig, a health information administration teacher at the University of Washington, gives a lecture on "thriving in, enjoying, and surviving the four-generational work force" each year.

Regardless of the age of their staffers, managers need to keep in mind that age doesn't always relate to knowledge. Automatically deferring to an older staff member for tasks on the assumption they know more could "get you in trouble," Diamond says. "Because the older person may not have kept up like they should have," he says. "And the young kids, of course, they all think they know everything right out of school. So I think that probably the age-old saying is important to keep in mind: it is important to know what you don't know."

Helbig enjoys the mix of generations in her department. "I love it because we all have different skills and knowledge," she says. "I think it is great. You just need to understand what the drivers for each of the four generations are."

That could mean flex time or working from home. But even though the motivators may be different for a 20-year-old and a 65-year-old, some things never change. "I think everybody, no matter what generation they are in, wants to feel that they are contributing," Helbig says.

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## Establish Respect

Getting respect from a diverse staff can be tricky, Slanicky notes. She has not experienced that issue with her RN staff, but she says she can see how HIM professionals could have problems if they were not well seasoned. There are times that RNs will claim more clinical knowledge than medical records people, she says. "But I think if [RNs] know where you are coming from and they can respect what you have already done, that is the key."

Effectively managing staff with differing expertise starts at the beginning, Sullivan says. "You have to make sure you are hiring qualified staff," she says. After that, a manager must be willing to keep communication wide open. Listen to staff's viewpoints while also keeping in mind the general needs of the overall department. Don't be afraid to make decisions from the start, Sullivan recommends.

### Talk up the Positives

Getting buy-in is the next big challenge, according to Diamond.

As a good first step, he recommends clearly laying out the key performance indicators that will determine how individuals and the group do the job and achieve objectives. Keep those indicators posted and evaluate them frequently so staff know if they are meeting expectations.

**Promote Common Goals**

Identifying a common department goal can help bring diverse individuals together, Slanicky says. She has a different background from her staff, but this never affects how her team works together. A common goal of quality improvement unites their efforts, she says.

**Rely on Solid People Skills**

Regardless of staff makeup, managing successfully still comes down to the basics, says Amy Fletcher, RHIA, manager of the healthcare quality program at the Iowa Foundation for Medical Care. Fletcher manages all non-HIM staff, including an RN and a certified medical assistant, as they work to help physician offices evaluate, implement, and use EHR systems.

"I look at the focus of the job, what do I need staff to be able to accomplish," she says. "My primary goal then is to make sure that I have qualified staff to do that and help make sure I am getting them the resources they need. Just general good management."

A long-time hospital-based HIM director before coming to the Iowa Foundation for Medical Care, Fletcher says managing an HIM staff can be just as diverse as managing a quality improvement program. With coders, transcriptionists, file clerks, and others, an HIM department has a "range of people with backgrounds and experiences that are all very specific and unique to what they are doing." Fall back on this experience whenever faced with new staff, she says.

## Information Is the Thread

Diverse staffs advance the profession and show HIM is branching out. "It speaks volumes about our profession that we are trained enough and have the experience to move into different roles," Sullivan says. "And that we are not afraid to move. This [development] is a long time coming."

Working with a diverse staff helps HIM professionals gain a better appreciation for different roles within the organization. That knowledge in turns leads to better collaboration when projects begin. "I have such a better appreciation for the complexity of IT that I didn't have before," Haugen says. This also puts one's own expertise in perspective. It demonstrates that no matter the work, the goal is better healthcare for the patients, Sullivan says.

Helbig believes that more HIM professionals should actively pursue the opportunity to take on a larger scope of work and manage more diverse staffs. "Health information management has, for a long time, not been just within our department walls," Helbig says. "Information is a thread that goes through each healthcare facility in all types of areas where we do and do not work right now."

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