HIM Survival: A Y2K Checklist

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What will happen on January 1, 2000? No one really knows for sure, but this is a good time to be prepared. This article highlights some of the issues you'll want to consider before December 31.

It's finally November 1999, and you're confident that you're done.

You've read about all of the readiness steps you should have taken, and you've queried your vendors to make sure that your products won't "blow up" when the clock strikes 12:01 a.m. on January 1, 2000.

You've inventoried your systems, developed and tested your contingency plans, and driven everyone in your information systems department close to crazy with questions. You are satisfied that Y2K will simply be another holiday that some poor soul in your department will have to staff. Now you can start planning a New Year's party.

But before you rush off, you really should go over everything one last time—just to be sure. You may have overlooked one small issue in the last year or so, and if you have, this is your last chance to find out and address it. Once again, it's time to inventory your major business processes and to hear suggestions on ensuring their operability if the Y2K "bug" takes a bite out of them.

Mission Critical: Patient Care Support

First, you must ensure that patient care processes that are dependent on health information management (HIM) support will not be affected. Ask yourself these questions regarding Y2K readiness in these mission-critical areas:

Dictation and Transcription

The biggest questions are obvious:

- Are your dictation and transcription systems Y2K compliant?
- Has the vendor "certified" that the system will function on that fateful day and beyond?

But have you considered these?

Do you have any agreed-upon recourse (i.e., financial compensation for losses to productivity and impact on patient care) if the vendor's certified system fails? If not, check with your information systems department for guidance.

Have you tested the system to ensure for yourself that it will work? If not, seek assistance from your vendor in changing the system clock during a work slowdown. You should determine when this system down time would cause the least disruption to the user community. If the vendor cannot accommodate this type of test, ask why. Involve your information systems department to the extent you feel necessary to ensure compliance.

Do you have hand-held dictation equipment (mini- or micro-cassette recorders) available in the event of system malfunctions? If not, check with executive assistants in the organization. They may use these devices to assist with meeting minutes, and borrowed equipment costs less than purchased equipment. Another option is to check with your dictation vendor, who may be able to loan you this type of equipment in the name of good client relations. Remember: if you have to revert to hand-held dictation, be sure to have sufficient batteries and tapes on hand to support dictation for at least one week.

Do you use an outsourced dictation and/or transcription system? If so, the same steps apply as they would to any vendor: Request a copy of their contingency plan and question how their systems were tested.

Do you receive transcribed documents over phone lines? If so, does the vendor plan to hand deliver the reports if telephone use is affected?

Do your own transcriptionists perform remote typing? If so, can the transcriptionists work in a "back-up" or "independent" mode if necessary?

Do you have pre-printed templates of critical documents on which physicians may write reports? If not, provide a supply of operating room templates to the operating rooms, and history and physical and consultation templates at each nursing station. You should also have a plan to accommodate copying handwritten reports for distribution to physician offices, billing, and whoever else may need them.

Once you have asked and answered these mission-critical questions, you will know your data stream is protected, and you are ready to move on to the physical management of this data.

File Retrieval, Management, and Oversight

On the surface, this may seem only to refer to master patient index (MPI) access. While this is the most critical element in retrieving patient records, you must also consider physical access to the files. For example, if your filing system is "electric" (i.e., if you push a button and the files move), what is your plan if general electricity to the facility fails? Can your files be opened manually? Check to make sure. This would also apply if you have a "Lektriever" type of card file for your MPI. Any system must be manually accessible.

If your MPI is online, print a hard copy or a tape backup as close to midnight on December 31 as possible. Whichever option you choose, make sure your backup can be accessed on site, and make sure you test the back-up process. Two minutes to midnight will be a poor time to discover printing is a 20-minute process. You will need to determine not only how long it will take to print, but also how much paper you will need to have on hand in order to print it.

If you choose to use a microfilmed copy of the MPI, make sure your reader/printer will be functional on the big day. You should also make sure that the reader/printer has an uninterrupted power supply, in case the facility must revert to emergency electrical service. If you choose the tape backup method, you must not only test the amount of time it takes to back up the MPI to tape, but ensure that there will be personnel available to load the tape and retrieve information.

As is always good policy on information systems issues, you should work with your facility's IS department to help determine the method by which your institution will have backup access to the MPI. January 1, 2000 may be a hectic day for your IS department. Don't rely on it for MPI information; try to assume responsibility for this process yourself.

Another issue to consider when protecting access to files is their location. If you use a computerized system to locate charts, run a printout of all record locations as close to midnight on December 31 as possible. This printout could be referenced in the event your system fails or the facility loses electricity.

You should also have some type of manual outguide system available for chart tracking. If you have ever used commercially available outguides, you know they can be quite expensive. Don't buy a large supply of them. You can easily improvise by making a records sign-out sheet, sorted by terminal digit order. This would be an easy reference to keep track of records signed out during any down time.

Sample Record Sign-out Sheet

Terminal Digit Number	Pt. Name	Volume	Sign-out Date	Location/Name of Person Signed Out To	Phone

In addition, New Year's Eve would be a logical time to impose a moratorium on filling record requests in the HIM department. Records needed for patient care should be the only ones made available for use outside the department. Additional record needs, e.g., for studies or research, should be suspended until all systems are functional. All hospital personnel should be made aware of the possible suspension of record request services prior to instituting the policy.

The Bottom Line: Financial Support of the Organization

Now that you have ensured your responsibilities in support of patient care, you must address coding and abstracting. Year 2000-related failures might occur in either HIM internal systems (e.g., encoder or abstract system) or in the facility billing system. In either case, the procedures are similar. But before any failures happen, it would be prudent to code and bill as much of your outstanding work as possible prior to midnight on December 31.

Despite your best efforts, regardless of overtime or hiring temporary staff, there is little chance that all records will be coded in time. Therefore, put manual coding systems in place before disaster strikes. It is not only important to have current ICD-9 and CPT code books available to staff, but to be sure that your staff is trained in using coding books. The prevalence of encoding software may well have diminished staff expertise with books.

If the system goes down, you will need a way to record coded information so it can be entered into the system once the system is stabilized. This back-up procedure could be as simple as recording the codes on the face sheet and copying it for later data entry. If you do extensive abstracting, it would be a good idea to "screen print" the abstract screens (without data) and photocopy the prints to use as abstracting worksheets.

In the instance of a facility billing system failure, you may be able to continue to code and abstract in your internal system. This would alleviate the need for manually coding and recording data; however, it will require stringent oversight and high levels of organization to ensure that all coded records are "sent" to the billing system when it becomes available. Once again, screen prints of completed charts or a manual list of completed charts could be used as a check-off to finalize charts.

Don't Forget: Internal Department Functions

Now you will be able to provide records and reports for patient care and for dropping bills on New Year's Day. What else should you worry about?

Deficiency Analysis and Chart Completion

If your automated system fails, ensure that the following are handy and staff is trained on their use:

- deficiency sheets: you can duplicate your current "auto-generated" sheets to the extent necessary to promote the gathering of deficiency data

- physician folders: each member of your active staff should have a folder that will be used to store deficiency sheets. Keep the folders in alphabetical order and file a deficiency sheet in the folder of each physician who must complete the record. For example, patient record 123456 has three deficient physicians: Drs. A, B, and C. Using the manual system, you would have three copies of the deficiency sheet and would file one of the copies in each physician's folder. When Dr. A comes in to complete records, you would simply pull the folder and use the deficiency sheets contained in it as your "pull list"

- a last-minute copy of each physician pull list generated from your computerized tracking system: run this list as close to midnight as possible and set it aside for reference should the system fail. If you must revert to the manual system for any period of time, you would place the pull lists in each physician folder. As physicians complete records during this down time, simply mark the completed record off the pull list so that you can use it as a clean-up tool once your automated system is up again. Reminder: test this process to determine how long it will take to run a pull list for each physician

- a physician's statistical report: This should provide year-to-date statistics for reporting physician delinquency. It is a good idea to check with your medical staff office to verify the recredentialing cycle. This group usually needs delinquency

statistics for a certain time period. Now might be a good time to print those, in the event your system loses data that cannot be retrieved

Release of Information

Release of information processes will be contingent on the availability of charts and good organizational skills. As with coding, you should make every effort to have the release of information system as clean as possible prior to Y2K. Some good steps:

- print out all outstanding requests for information, with contact phone numbers
- create a decision tree to assist in determining critical versus non-critical requests
- prioritize "critical" requests
- suspend all "noncritical" requests
- draft notification letters to physician offices asking that they complete their requests for information prior to the end of the year
- send notification letters to your billing offices requesting assistance to process requests for information prior to the end of the year
- if your request for information is outsourced, verify that your vendor has a contingency plan to address system failure. Request a copy of the plan, and meet with the vendor to ensure that your facility can work within that plan
- create a manual tumor registry abstract form to collect data
- create a manual "tickler file" to assist the registrar with patient follow-up

Birth and Death Certificates

If you are responsible for typing and filing birth and death certificates and have a vendor-supplied product to assist in filing them, verify from the vendor that the system is Y2K compliant. Again, request a copy of their contingency plan for system failure. If your birth and death certificate program is in-house, your biggest concern will be access to a working PC or typewriter. If the electricity in your organization fails, you should have access to emergency power for this function to continue.

Hospital Statistics

If you are responsible for balancing, maintaining, and reporting hospital statistics, you rely heavily on the hospital information system (HIS) to provide reports of statistical activity (admissions, discharges, deaths, patient days, or length of stay). Should the system fail, each area in the facility must continue to gather those statistics, probably manually. You should meet with the admissions and nursing managers to determine who will gather these statistics during a system failure and how the information will be provided. These statistics will usually be in the form of admissions logs and midnight census check-offs. It will be impossible for you to recreate this data without daily manual reports. The HIM staff will likely generate the discharge list.

You should also develop a plan for notifying the department of a patient's discharge. This could be accomplished by providing each patient care unit with a form on which to record pertinent discharge information. You should decide what type of information is needed.

Reports and Record Filing

These processes are most likely still manual in your facility; therefore, a system shutdown would have less impact. Here, too, access will be key: access to the MPI for determining medical record numbers and access to the files. If you store records

with an off-site vendor, request a copy of its Y2K contingency plan. These vendors most likely have an automated record location system. If this system fails, your records will be in jeopardy. If you have concerns about off-site record availability, ask the vendor to provide you with an inventory of your records as a backup.

Staff

Last, you will need to consider staff. Will your staff be able to get to work? How many of them rely on public transportation? Will it run? Will the stoplights in your town function? Will the gas pumps in your town function? Will the utilities in your town be operational? Will the telephones work? Will beepers work? Will anyone show up on New Year's Day? In preparation for Y2K, most facilities have drafted and tested a disaster plan that addresses the staffing issue. Check with your security department to ensure that your staff has been included in the emergency staff designation.

If your facility has adopted a mandatory staffing Y2K stand, take full advantage of it. The more staff on site and working at 12:01 a.m., the better. Perhaps you could have your party in the hospital: supply food, drinks, and door prizes to entice staff to stick around and see what happens. But make sure you have plenty of flashlights and small heaters available. No one will be happy working on a holiday anyway, but they will be impossible to deal with if they are cold, hungry, and huddled in the dark.

The new millennium is now just around the corner. If you have contingency plans tested and in place, back-up procedures ready to be initiated, and well-trained staff, January 1, 2000 should just be another working day in the always-hectic HIM department.

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