

HIM, Quality, and Safety: Data Collection and Analysis Skills Offer a Natural Role in Patient Safety

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By Lisa A. Eramo

A penchant for data analysis is what initially drew Virginia Mullen, RHIA, to an HIM career focusing on data quality and ultimately patient safety.

Mullen entered the world of HIM in the early 1980s, when DRGs had just made their debut and the concept of data quality had only begun to surface. Patient safety wasn't mentioned in medical literature at that time, she says. However, even then, Mullen had a hunch that eventually these topics would become part of the standard healthcare lexicon.

Letting her affinity for data guide her, Mullen, who graduated with a bachelor's degree in medical record administration from Regis College in Denver, CO, pursued a variety of professional opportunities. Data quality manager, utilization management supervisor, and director of service quality measurement were among the titles she held. Mullen currently serves as the executive director of patient safety and reliability for Loma Linda University Medical Center, an 850-bed academic medical center in Loma Linda, CA.

In looking back, Mullen says these seemingly disparate positions have shared a theme: they each capitalized on her ability to translate complex data into meaningful process improvement and patient safety initiatives—a strength that many HIM professionals possess.

Recognizing the HIM Value

Experts say Mullen's career path reflects a growing trend in which HIM professionals are increasingly becoming more involved in patient safety initiatives. Many work in the patient safety realm as data analysts performing chart reviews and audits, says Patrice Spath, BA, RHIT, healthcare quality specialist for Brown-Spath and Associates. It's also becoming increasingly common for others, especially those working in smaller hospitals, to serve as the HIM director as well as the director of quality, the risk manager, or both, she adds.

Like Mullen, Spath followed a career path specializing in patient safety and data quality. She currently educates healthcare professionals on quality and resource management techniques.

AHIMA's HIM curriculum reflects this migration of HIM professionals to the patient safety arena. Graduates must be able to organize and coordinate facility-wide quality management and performance improvement programs, analyze clinical data to identify trends, and present data for healthcare decision making. In addition, AHIMA offers a Certified Health Data Analyst credential that demonstrates expertise in analyzing, managing, and interpreting health data.

An HIM professional is clearly qualified to oversee patient safety initiatives, says James Pappas, MD, MBA, vice president of quality and patient safety at Loma Linda. And although it's common for a clinical staff member to fill this type of position, what this individual sometimes lacks is the ability to analyze data and see the bigger picture, he adds.

"It's a misconception that the person in [the patient safety] role has to be a nurse. They do need to have some clinical acumen and know how clinical people think, but there are a lot of people who can fill the role," he says. "You have to be able to influence change, and that takes a special skill set."

HIM professionals also bring a unique knowledge of back-end processes such as coding, billing, and Centers for Medicare and Medicaid Services interpretation of physician documentation to the table, says Pappas. It's this knowledge that's especially helpful in the data-driven patient safety realm, he adds.

“Unless they have received special training, nurses don’t have information management skills, and they may not understand the coding nomenclature or know how to interpret information derived from coded data,” says Spath.

Spath says HIM professionals who want to be more involved in patient safety may need to blaze a trail in their organization, particularly when the initiative has been directed by a clinical person in the past.

Spath did this when she became quality coordinator at a hospital. When she left the position, the organization decided to hire another HIM professional for the role, despite the fact that other hospitals in that same health system employed nurses for the position.

How to Get Involved with Patient Safety Initiatives

HIM professionals who do not aspire to hold a patient safety directorial position can still become involved in patient safety initiatives in the following ways, says Spath.

Provide data to assist with patient safety initiatives. Clinicians are often unaware of data that HIM professionals are already capturing, says Spath. For example, HIM professionals can provide data related to never events, Present on Admission indicators, hospital-acquired conditions, and more—all of which can assist with safety improvement activities.

Volunteer to perform observation reviews. Many hospitals have initiated safety improvement initiatives, such as hand-washing campaigns, to reduce unintended patient harm. Compliance monitoring often requires direct observation of caregivers. HIM professionals who perform concurrent coding are ideally suited to observe clinicians because they are essentially incognito while on the floor, says Spath.

Serve on a root-cause analysis team. When a sentinel event occurs, many hospitals form a root-cause analysis team to investigate why the event took place. Oftentimes, the team is made up of individuals involved in the event; however, some hospitals include an independent and unbiased person who can ask questions and suggest process improvement techniques, according to Spath. HIM professionals are especially suited for this role because of their understanding of the overall progression of care during a patient’s hospital stay.

Work for a patient safety organization. PSOs serve as repositories of patient incident data. HIM professionals are uniquely qualified to work in a PSO, overseeing and assisting with the collection, aggregation, and analysis of incident data, says Spath.

Become an advocate for personal health records. PHRs can greatly enhance patient safety and improve the continuity of care because they serve as a mobile warehouse of patient information, says Spath. HIM professionals should help advocate for consumer use of PHRs.

Understanding the Variety of Patient Safety Models

Patient safety models vary among hospitals and depend largely on how the term is defined, says Spath.

Some hospitals view patient safety as a quality issue and correlate it more directly with core measures and similar initiatives. These hospitals tend to include patient safety under the purview of the quality department and employ HIM professionals to perform data abstraction.

Other hospitals view patient safety as a risk management issue, equating it with patient incident reports and liability control. These hospitals tend to include patient safety under the auspices of the risk management department.

More commonly, hospitals are merging their quality and risk management departments to form a systemwide approach to patient safety that includes HIM expertise, says Spath. This approach involves gathering and sharing data among departments and process improvement initiatives. Some clinical areas such as pharmacy and nursing have added patient safety coordinators to oversee department-specific activities, she adds.

Loma Linda took this somewhat merged approach to patient safety during a five-year strategic initiative to improve patient safety. As part of its initiative, the organization renamed its quality resource management department “patient safety and reliability.”

Mullen says the change reflects the department’s mission as well as a heightened industry awareness of the importance of patient safety. Shortly after the department was renamed, Mullen entered her current role as executive director of patient safety and reliability. A nurse had formerly held the position.

Mullen, who reports directly to Pappas, oversees several functions, including core measure data abstraction, regulatory readiness, customer service measurement and training, systemwide policies and procedures, clinical documentation improvement, medical staff support, and performance improvement.

Her primary responsibilities include investigating why errors occur, developing action plans for improvement, and helping to launch a leadership series for directors and managers, and overseeing several initiatives aimed at improving hospitalwide communication and teamwork. She also performs new staff orientation that addresses topics such as HIPAA, performance improvement, Six Sigma, and patient satisfaction.

Since Loma Linda restructured its department, there have been many positive changes, says Mullen. “We hear people talking a lot more about patient safety. It’s beginning to be incorporated throughout the organization,” she adds.

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Article citation:

Eramo, Lisa A. "HIM, Quality, and Safety: Data Collection and Analysis Skills Offer a Natural Role in Patient Safety" *Journal of AHIMA* 81, no.4 (April 2010): 48-49.

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