IG From the Ground Up: Best Practices for IG Begin with Patient Access

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Data integrity is at risk any time inaccurate information is entered into the patient health record, starting with the creation of the encounter in the registration process and continuing through the entire information lifecycle. Errors in the patient record can affect patient safety, clinical decision making, payment, patient satisfaction, and overall quality of care. Healthcare organizations must have information governance (IG) programs that include policies and procedures for ensuring accurate and meaningful information starting with the creation of the patient encounter and continuing through disposition. Data integrity—trust in information—depends on it.

In what has become a common scenario for HIM professionals, inaccurate information may be introduced into the patient health record during the patient's registration, thereby creating pervasive problems downstream as faulty information flows through the system. The good news is that building IG from the ground up can prevent disasters from occurring down the line.

According to former AHIMA CEO Linda Kloss, MA, RHIA, FAHIMA, one of the five functional building blocks for information governance is information integrity. Organizations must continuously improve the value and trustworthiness of its information assets by ensuring that data and content are valid, accurate, complete, and timely. Proactive error prevention and correction processes must be aligned with the relative value of the asset.[1] This is further reinforced in the AHIMA Information Governance Principles for Healthcare (IGPHC)™, eight IG guidelines based on ARMA International's Generally Accepted Recordkeeping Principles that specifically include integrity and availability as principles.[2]

One organization that has taken a proactive approach is Kootenai Health, a 254-bed community-owned hospital which provides comprehensive medical services to patients in northern Idaho and throughout the Inland Northwest region. As part of their information governance initiative, Kootenai has implemented a training program designed to improve its patient registration processes.

Identifying the Challenges

The two challenges that are most familiar to those who manage a patient access service area are staffing and training. Like many healthcare organizations, Kootenai struggled with a high turnover rate—33 percent in patient registration. Janell Madonna, former patient access manager at Kootenai, saw a need for strong leadership, well-trained staff, and standardized registration processes in the decentralized registration areas.

The high turnover within the department also included management—the patient access manager had recently left the organization, and his replacement soon left as well. Further, the evening shift was staffed by inexperienced employees who lacked training and resources. For example, when the system went down unexpectedly, the staff who had not been trained on down-time processes were unaware of a backup system from which they could pull medical records and account numbers. The combination of turnover, untrained staff, outdated procedures, and inconsistent information resulted in data integrity issues:

- High percentage of duplicate medical records and overlays
- Failure to thoroughly search the master patient index (MPI)
- High claims processing edits to correct errors/denials on the back end
- Numerous errors downstream in the electronic health record (EHR)

Given the lack of education and resources, along with pressure to act quickly, mistakes were prevalent—selecting the wrong insurance or incorrect values or leaving fields blank, or failure to check eligibility resulting in an incorrect claim. Staff did their best under the circumstances, unaware of the clinical and financial impact.

Organizing for Process Improvement

While new hires in patient registration may or may not have prior healthcare experience—often no certification or degree program is required—they still want to perform well and offer good customer service. Investing in a career path that includes ongoing education can significantly increase retention and improve information integrity.

With that in mind, Kootenai established a registration advisory council to garner support from all areas with registration responsibilities, promote collaborative leadership, and explore strategies for education and training. The council received approval for a full-time training position and created a charter committed to consistent, improved quality and integrity.

To carry out this charge, the organization partnered with a professional team of instructional designers—including healthcare consultants—to evaluate current practices and develop a custom training curriculum. The resulting curriculum blends instructor-led training, real-world practice, and web-based learning modules. The modules are narrated, interactive, and include a competency assessment to measure training effectiveness. In addition, the program is designed with the flexibility to assign specific modules to target audiences.

The web-based content brings the patient and potential problems to life—focused on the impact of duplicates, overlays, and related issues that affect quality of care. It's an essential tool for educating staff about HIPAA and other regulatory requirements, and the importance of accurate, complete, and timely data—the foundation for training.

From Patient Access to Enterprise Training

The program began with instructor-led training for registration staff in all departments. Staff then returned to their departments for firsthand experience as a point of reference before transitioning to the learning modules. With so much information to absorb, assessing competency after each module helped ensure step-by-step understanding and the ability to apply learning. This approach ultimately led to better outcomes throughout the organization.

The training program first targeted patient access staff and then expanded to include any staff member who selects patient records, including nurses, health unit coordinators, and even employee health department staff. The revelations confirmed a need for multidisciplinary education. For example, the team knew that patient selection errors led to duplicate records or overlays; what they discovered is that most errors were not created by registration staff. As a result, nursing staff members who selected patient records from the MPI were assigned to complete the patient selection module.

Streamlining workflow in the emergency department (ED) emerged as another main priority. To address issues around ever-increasing backlogs, the training team led efforts to revamp the ED registration process and revamp the patient valuables and cash handling policy. In addition, they developed and implemented training focused on quality issues and the impact on data integrity.

The success of the initial patient access training laid the foundation for enterprise-wide quarterly education. Topics are now solicited from various departments to develop a focused training agenda that is presented during all registration staff meetings and offered in open sessions for those registrars who do not have a staff meeting to attend. Broad participation provides opportunities to educate all players about IG and for departments to work together toward common goals—patient safety, improved care, reduced costs, compliance, and accurate reimbursement.

Measuring Results and Building Best Practices

Implementing a formalized training program with a means to objectively measure competency has already reduced staff turnover. Additional performance indicators show a decrease in Medicare Advantage Plan registration errors by 30 percent, Medicaid HMO registration errors by 56 percent and invalid Medicaid Policy numbers by 73 percent. And with new dashboard reporting in place, the organization is set to track targeted areas for performance improvement. Based on lessons learned and results so far, six best practices for achieving patient access improvement include:

1. Invest in front-end staff education from a data integrity standpoint. Their success is critical to overall organizational performance. Demonstrate the impact of their decisions.

2. Acknowledge the value of patient access staff and processes. It is important for all staff to develop a full appreciation for the complexity and impact of registration staff responsibilities—accurate and timely data capture, efficient patient flow, and financial viability.
3. Educate all non-registration staff to promote understanding of patient registration challenges and the risks of not taking measures to prevent and correct errors at the source.
4. Analyze the cause of errors to identify preventive measures—use errors to improve processes.
5. Build a program that prepares registration staff for optimal performance, offers long-term career opportunities, and improves retention.
6. Assemble an interdisciplinary team including all key stakeholders working together to advance effective IG practices. Collaborative leadership is essential.

Kootenai is currently developing an IG model from the legal health perspective while working to initiate an enterprise-wide program. Patient access plays a vital role in the success of IG initiatives. HIM professionals should lead efforts to ensure registration staff have the competencies required to be at the forefront of building a foundation for IG.

Note

[1] Kloss, Linda. *Implementing Health Information Governance: Lessons from the Field*. Chicago, IL: AHIMA Press, 2015.

[2] AHIMA. "Information Governance Principles for Healthcare (IGPHC)TM." 2014. http://research.zarca.com/survey.aspx?k=SsURPPsUQRsPsPsP&lang=0&data.

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