Keeping HIM Current Through Re-engineering

by D'Arcy A.R. Myjer, PhD

How should HIM departments organize to meet the challenges of the electronic medical record (EMR), compliance, HIPAA, and high-volume transcription?

The HIM department at Stanford Hospital and Clinics (SHC) in Stanford, CA, has evolved to meet the need for change. Here's how the clinic's former organizational structure compares with a new one that will keep up to speed as the HIM profession evolves.

Out with the Old

Prior to its re-engineering, the HIM department at SHC was structured so that there was a distinction between coding and all other functions. This meant that one manager focused on coding, data reporting, and financial reimbursement, while a second manager focused on filing, retrieval, document completion, and transcription. This model used few managers and supervisors and worked well until the pace of technical change affecting the general clerical area overwhelmed the management team, slowing down service and burning out managers.

In early 1997, SHC made the transition from a paper chart to a fully scanned one. Unlike some other medical centers, the scanning transition was completed in a single day. There was no phased-in approach, partial scanning, or backup paper chart. This forced the entire hospital to scan entire records immediately. Because Stanford was an earlier adopter of this technology, it did not include electronic interfaces in the project. In addition, the plan to deploy clinical workstation access to the scanned record was indefinitely delayed.

Obviously, this stressed the newly formed document imaging section. It also stressed the retrieval area, which was required to print and deliver the chart as well as retrieve the old paper chart from off-site storage. Indirectly, it affected the coding area, which needed to find a new way to process the record, as well as the chart completion area, which had to completely rethink how charts were made available for signature. This, coupled with an increase in transcription work load of nearly 40 percent a year, caused the entire HIM department management and organizational structure to implode.

Re-vamping the System

Clearly, it was necessary to re-examine the department. This required asking the following questions:

- What is the purpose of the HIM department?
- Who are its customers?
- What do they expect?
- How can this be achieved?

The process also called for a re-examination of departmental expertise and business partners.

The department at SHC examined theoretical models about how a department could be organized. One such model, described in Frank Ostroff's 1999 book The Horizontal Organization, argues that organizations should be planned around several organization-wide, cross-functional core processes focused on creating and delivering value to customers. The design question is: What are the core beginning-to-end processes?

A second theoretical model is AHIMA's Vision 2006.[1] The focus of this model is oriented more toward individual careers than organizationals. The Vision 2006 model articulates six major roles within the HIM profession:

- data resource administrator

- patient information administrator
- clinical data specialist
- data quality manager
- research and decision support analyst
- security officer

The appeal of Vision 2006 is that it provides a road map of possible career paths an HIM professional might choose. It is a separate question, however, to ask how an HIM department can be organized to make the transition from a paper to an electronic format and successfully define as its mission a role within the larger organization that would include many of the HIM department jobs listed in Vision 2006. In other words, how do we evolve not only as HIM professionals but also as HIM departments? And how do we do this within the context of the trends in healthcare?

In with the New

The SHC HIM department has been restructured into four operational units:

- record custodian and archiving
- document support
- information services
- coding, data reporting, and decision support

Each operational unit represents a core process area for HIM with a single process (system) manager responsible for the entire process from beginning to end.

This approach brings together parts of the HIM department that are not always merged and also separates some areas that are traditionally grouped. By adopting a systems approach, we separated HIM customers and developed processes to optimize delivery of information services to that customer.

Record Custodian and Archiving System

The record custodian and archiving system is responsible for obtaining and storing all clinical information in the archival legal medical record. The customers of this system are the other departments within the HIM department. This system must manage both a historical paper storage system and an electronic medical record.

We currently divide this management area into two sections: document imaging and record integrity. The imaging section handles the process of receiving paper, document preparation, scanning, and indexing. In addition, it manages all electronic interfaces in the scanning system. The record integrity section manages discharge control, the master patient index, record security, forms management, and quality control. The Vision 2006 roles of data resource administrator, data quality manager, and security officer fall within this organizational domain.

Document Support System

The document support system is responsible for converting voice to text files as well as navigating the myriad federal, state, and Joint Commission requirements for document completion. The customers of this system are physicians.

We currently divide this management area into two sections: transcription and document completion. The transcription section is responsible for collecting voice files, ensuring the conversion to text files, uploading these text files to several health information systems, and delivering the reports to physicians.

The document completion section is responsible for facilitating compliance with federal and state documentation requirements using both paper and electronic solutions. This unit increases frequently with physicians and is central to their ability to practice, bill, and show compliance with documentation requirements. The Vision 2006 roles of data quality manager and clinical data specialist fall within this organizational domain.

Information Services System

The information services system is responsible for making documents and charts available. Among its customers are the inpatient units, clinics, patient accounts, researchers, the compliance office, auditors, insurance companies, and attorneys. We currently divide this management area into three sections: patient care retrieval, review and research, and release of information.

As we evolve from providing charts to providing access, this unit is making the transition from a production shop to a high-end help desk and boutique provider of information using medical center HIS systems as well as Web-based technologies. The patient information coordinator is one Vision 2006 role that would fit within this domain.

Coding, Data Reporting, and Decision Support System

The coding, data reporting, and decision support system is the group that has changed the least over the last five years. However, with the vigorous introduction of compliance issues and APCs as well as the necessity for shorter billing cycles, there are significant management demands. We consider the customer to be finance, although secondary customers include researchers, strategic planners, and state data archives. The Vision 2006 roles of clinical data specialist, data quality manager, and research and decision support analyst would fit within this organizational domain

Keeping It All Together

An important element of changing an organizational structure is the physical layout of the department. Space design can reinforce an organizational process and help teams work together, or it can be a significant detractor to achieving efficiency. The HIM department at SHC is being rebuilt to bring the new business processes together.

The HIM challenge is to re-engineer the department so that individual managers can master a set of information technologies, maintain high levels of production on top of rapidly changing information technologies, stay focused on the customers, and simply not burn out. The strategic challenge is to integrate these units and be an active participant in the evolving technology and delivery of health information.

SHC has adopted an approach influenced by current organizational theory as well as AHIMA's Vision 2006. The HIM organizational structure continues to change as responsibilities evolve. By organizing a structure so that it focuses on these customer outcomes, we can remove obstacles to service and allow management to focus on optimizing service. By distinguishing the fundamental products or service outcomes, we can provide customers with what they want, something anHIM department at any stage of the evolution should be prepared to do.

Note

1. Fuller, Sandra. "To 'E' or Not to 'E': HIM and the Dawn of E-health." *Journal of AHIMA* 71, no. 4 (2000): 50-53.

Reference

Ostroff, Frank. *The Horizontal Organization*. New York: Oxford University Press, 1999.

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