Low-Tech Approach to High-Tech Problems

By Mary Butler

The HIM Problem

Transitioning from paper to electronic transcription processes; integrating fetal monitoring into an electronic health record (EHR); implementing an enterprise EHR that includes emergency room, radiology, laboratory, and operating room systems—and assimilating these department functions into an enterprise information services structure.

HIM Problem Solver

2014 Triumph Innovation Award Winner Joan C. Hicks, MSHI, RHIA, chief information officer, University of Alabama at Birmingham (UAB) Health System.

Even though technological savvy is key to her job and her role as CIO, Joan Hicks consistently de-emphasized technology. This was listed as one of the most important reasons Hicks earned her Triumph Award. And Hicks realizes the paradox of being in a technology-centric job while being cautious about embracing the most cutting edge solutions.

"This will sound crazy coming from a CIO, but technology drives me crazy because people get so enamored with it," Hicks says. "I can give countless examples of where people saw a demo of something cool whiz by, but have no idea, no appreciation of the cost for putting something like that in place. Don't go looking to technology for the problem you're trying to solve. Tell me what your business case is."

If problems and solutions are framed this way, it's easier to work as a team, Hicks explains.

Streamlining Transcription

So far, this strategy has worked well for her. In the late 1990s, Hicks was recruited to UAB from another Birmingham hospital to revamp UAB's transcription process. The UAB health system is the largest in the state—currently it encompasses a 1,157-bed hospital, 16,300+ employees, and 1,147 physicians and 145 clinics. Because of the health system's size, when patients were referred to from one physician to another within it, transferring transcribed portions of their medical records was an obstacle because the transcription process rendered paper, not digital copies.

To solve this problem, Hicks worked closely with the IT department to develop a web browser that fits over the patient database, allowing physicians and medical staff to view transcribed content and other document types for a patient anywhere in the clinic.

"The fact that it was a true web browser technology, and this was in the mid to late 90s, it was very much ahead of its time," Hicks says. The transcription browser is still being used today and will be until the new EHR program is rolled out. Nearly 1,500 referring physicians throughout the state of Alabama are still using the program, too.

Fetal Monitoring and EHR Integration

Hicks' approach to de-emphasizing technology was evident again in 2009 when UAB became the first hospital in the world to integrate fetal monitoring data directly into the EHRs of both mothers and their infants.

Because UAB treats very ill mothers and newborns, having a seamless workflow for getting information into the EHR is critical. Before the integration, a mother's information and the infant's information were stored in separate databases. Now, however, when a pregnant woman is admitted, key information from her chart populates her baby's chart, from pre-natal care, all the way through pediatric care and beyond. Hicks and UAB worked with a third-party vendor to complete the process.

"We try not to be on the cutting edge because many times cutting edge is a bleeding edge. But in this situation, we were building a huge new hospital for mothers and infants," Hicks says.

The new facility needed to be able to accommodate 65 birthing rooms, operating at full capacity, at any given time.

"So we had to be able to have a unified use and tracking boards that you can track all the mamas in labor at any time. And all of that information goes into the medical record instead of a separate repository," she adds.

Enterprise EHR Expansion

Perhaps the best example of Hicks' approach to technology is her oversight of the implementation of an Enterprise EHR at UAB. The project included emergency room, radiology, laboratory, and operating room systems, andassimilated these department functions into an enterprise information services structure.

Before choosing a vendor for the implementation, Hicks started with her team approach to ensure her HIM and IT team understood the workflow needs across the enterprise. In order to take their issues into account and choose a vendor, Hicks' team conducted two-hour interviews with 500 people in the health system, including 140 physicians.

"That was a huge undertaking," says Hicks, emphasizing that she and her team never talked about technology as a product but as a functionality.

When her organization is about to rollout a new system or program, one of the first things they do is "bounce it against our IT principles, and we spend a long time developing these things. In our environment, when balancing these things integration comes first. So make your selection around an integrated solution, so that your information flows," Hicks advises.

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