

Making Patient Safety Number One

Save to myBoK

by Christina Mayer Duggan

"We once did many things after patients were discharged, but now there's a push to do the work closest to the exam. Work was batched--now things are shifting to point-of-care and continuous flow. Coding will have to shift, too."

—Julie King

The way Julie King, RHIA, sees it, her job is more than creating efficient systems, producing strategic plans, and analyzing work flows. It's about end-users and patients.

"Over the years, I've become more interested in the user," says King, administrative director of clinical systems at Seattle's Virginia Mason Medical Center (VMMC). "We could save money and go electronic, but what if that makes someone tremendously inefficient? What if patients are at risk because key information is not readily available?"

King enjoys learning how clinical systems change work flow and the nature of jobs. "It's refreshing-working with a set of tools and methodologies to reduce waste. It's change management."

A 'Good Balance'

King earned a degree in HIM from the College of St. Scholastica in Duluth, MN, then moved to Seattle in 1980, serving as medical records supervisor at VMMC. The center has approximately 400 providers, 180,000 paper medical records on site, and 1.2 million records off site.

In the mid-1980s, VMMC received a federal grant to develop a first-generation clinical and financial database in preparation for Medicare's prospective payment system. For nearly two years, King served as the project's database coordinator. She also held other management roles, including medical records department director, a position in which 100 full-time equivalents reported to her.

VMMC investigated a clinical information system for the first time in the early 1990s. Initially, it planned to merge with another medical center. During that time, King managed the IS project for her organization. After the system's first generation was installed, however, the merger disintegrated, and VMMC began investigating purchasing its own system. But then, the project was discontinued and King became restless. "I enjoyed clinical systems development and management-I needed more challenges," she says.

Coming Full Circle

In 1998 King became clinical systems director at the University of Washington Academic Medical Center's IS department. There, she oversaw the introduction of electronic health records and directed the interface team, Web development team, and clinical systems projects. But VMMC kept in touch, and when its clinical systems project resumed, they offered King a job. She accepted.

Working closely with her technical counterpart, King now leads strategic planning for clinical systems; trains; deploys projects; and performs work flow analysis and rapid-process improvement to reduce waste and increase quality and safety levels for patient care.

As with any role, King faces challenges, most significantly the immaturity of paperless products. "The pursuit of a paperless record is more long-term than we initially thought. . .we're in the interim stage between a paper-based and an electronic record. The incremental rollout is challenging, but we're able to influence the development."

To stay current, King attends technical conferences, seeks information from IS partners, and reads HIM and healthcare technology information online. “Learn from providers and information-systems people-the people you’re surrounded by,” she advises. “Be open-don’t just look at the same things.”

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