Mobilizing to Do Adaptive Work

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by Donna M. Fletcher, MPA, RHIA (formerly RRA)

Can our visionary leaders solve our problems? Sometimes. But more often, the reality is the power to solve problems lies with us. This is the fundamental assumption of the "adaptive work" concept presented in this article—along with some real-life examples of HIM adaptive work in action.

"Same-day" laundry services, "one-hour" photograph processing and "fast" food—all of these are evidence that we are accustomed to receiving services quickly. At work, with the increasing availability and use of e-mail, we now expect responses to messages within the same day, sometimes within a few minutes. And the Internet gives us ready access to what seems to be an unlimited amount of information.

Technology has created the expectation that solutions and answers should come quickly. If they don't, more than likely the result is stress. Is there another way to look at this problem of modern life? In the excerpt on pages 41-44 in the *Journal*, Ronald Heifetz and Donald Laurie note that "for many problems, however, no adequate response has yet been developed. New adaptations are required: habits, attitudes, and values must change, and organizational roles, norms, and procedures have to be learned anew...The locus of responsibility for problem solving must shift from those in authority to the people who have to do the changing."[1]

The authors discuss this principle of "adaptive work" in very general terms, but there are numerous examples of how HIM professionals perform adaptive work regularly. In this article, we'll look at some examples—and explore how we will need to follow this principle even more closely if HIM is to enjoy continued success as a profession.

Technical Work

For example, HIM professionals have primary responsibility for overseeing coding functions, assigning codes, and ensuring the quality of coded data. In most hospitals and hospital systems, HIM professionals "own" this function. The same is true for hospital-sponsored ambulatory, specialty services, and larger physician group practices.[2]

HIM professionals and AHIMA have played a formal and national role in maintenance of the International Classification of Diseases (ICD) as adapted for use in the United States. In the early 1960s, a central office on the interpretation, promotion, and use of the ICD was established by the National Center for Health Statistics under the sponsorship of the American Hospital Association (AHA) and AHIMA (then the American Association of Medical Record Librarians). AHIMA served as a member of a three-member advisory committee (later expanded to four with the addition of the Health Care Financing Administration (HCFA). AHIMA also serves as a resource to the AMA's advisory body responsible for CPT maintenance.

As new versions of coding systems were adopted in the US, HIM professionals and AHIMA led the national retraining of coders. For example, when the country converted from ICD-8 to ICD-9, AHIMA developed training materials and conducted "train the trainer" sessions so that HIM professionals could train in all parts of the country. When prospective pricing was introduced for reimbursement of Medicare inpatient stays, AHIMA published the definitive text on coding for reimbursement, conducted training programs, and provided leadership through position statements and development of guidelines. HIM professionals and AHIMA have national credibility, and policy makers look to them for comment when code set policies are debated. AHIMA has issued advice to payers to standardize their requirements to conform to national guidelines, has maintained a position of impartiality and has promoted the quality of data through its education and public advocacy.[3]

Coding is an excellent example of "technical" work as defined by Heifetz and Laurie.[4] They describe "technical" work as that for which "the necessary knowledge has already been digested and transformed into a set of legitimized organizational

procedures guiding what to do and role authorizations guiding who should do it." In other words, technical work is that for which solutions or procedures are readily available, that falls within the "know-how" of a group on whom others depend for expertise, or authority for decisive direction concerning this work. In the case of coding, the authority traditionally has been HIM professionals and AHIMA. Other examples of technical HIM work include, but are not limited to, processes and policy making related to:

- patient confidentiality, privacy, and release of information
- record completion
- HIM compliance/fraud and abuse
- record/documentation filing, retrieval, and maintenance
- data collection, e.g., discharge abstract, cancer registry and birth registry

Adaptive Work

Conversely, according to Heifetz and Laurie, work or problems for which no adequate, or readily available, response has been developed is called "adaptive" work—as opposed to technical work, which is the product of previously accomplished adaptive work. For example, the development of standardized vocabularies may significantly change the role of coding and coders in the healthcare industry. All the technical expertise in the current environment will have little effect on vocabulary development if HIM professionals choose not to adapt their current skills and knowledge into that which will be needed for standardized vocabularies.

Record completion is another example of adaptive work in action. Traditionally, HIM professionals have been responsible for the technical work of ensuring that records of discharged patients are completed in a timely manner, that entries are authenticated, and that documentation meets relevant standards. For this, healthcare organizations look to HIM professionals for direction. Currently, adaptive work is in process to ensure the same for the computer-based patient record (CPR) including, but not limited to, development of processes to:

- ensure CPR documentation is completed in a timely manner and authenticated
- ensure CPR entries are accurate
- ensure appropriate disposal of unnecessary printed documentation
- determine when, or whether, to maintain a hard copy record
- determine whether remote computer access should be granted for practitioners to complete records off site

Similarly, adaptive work is in process for the completion of telemedical records. In this process, HIM professionals are working to answer many questions, including:

- which practitioner—the referring or consulting practitioner—is responsible for completing the record?
- are all practitioners privileged to document and authenticate the record? What if one is practicing across state lines?
- what medical and billing information, consents, and authorizations are needed prior to the telemedicine encounter?
- how and where should this multimedia record be maintained?
- who should maintain the "original" medical record—the referring facility or the consulting facility?

Principles of Leadership for Mobilizing People to Do Adaptive Work

Because today's healthcare environment is continually in transition, so is the need for adaptive work. To mobilize to do adaptive work, HIM professionals would do well to follow Heifetz and Laurie's five principles of leadership:[5]

1. Identify the adaptive challenge—Learn to distinguish the technical work or problems in a situation from the adaptive challenges in it, and identify its organizational implications

2. Regulate distress—Manage transitions, including helping others absorb losses, and take on new responsibilities to achieve the new adaptation incrementally. Learn to pace transitions

3. Maintain disciplined attention—People, including HIM professionals, bring to their work diverse values, beliefs, and behaviors that cause dynamic tension and conflict resulting in work avoidance and distractions. Maintain a delicate balance between disciplined attention on central issues confronting the profession and respect for diversity

4. Give the work back to people—Self-confidence comes through success and experience and from the environment. Create such an environment for yourself and your staff

5. Protect leadership (formal and informal) below—Establish an environment in which all parties feel "safe" to express themselves and explore new alternatives and processes

"Examples of HIM Professionals' and AHIMA's Adaptive Work," below, offers some real-life ways HIM professionals and AHIMA are bringing this principle to life. (Note: This is in no way intended to be an exhaustive list of examples.)

Conclusion

Continual transition in the healthcare industry requires perpetual adaptive work by HIM professionals. This adaptive work, in fact, is being accomplished. Through speaking engagements, articles, volunteer work, and other activities, we must work together to share our successes with peers, administrators, and others in the healthcare industry on a local, regional, and national basis.

Examples of HIM Professionals' and AHIMA's Adaptive Work

Adaptive Work: AHIMA's Vision 2006 Initiative[6]

What was the adaptive challenge identified? New career opportunities will emerge, including health information manager for integrated systems, clinical data specialist, patient information coordinator, data quality manager, information security manager, data resource administration, and research and decision support specialist.

How was distress regulated? AHIMA volunteer task forces developed "roll-out" plans for each emerging role.

How was disciplined attention maintained? AHIMA volunteer task forces for each emerging role, defined the role, determined the current state for our members, developed professional development plans, and identified products and services to educate our members and others. Regular reports are prepared for the Board of Directors, and the status/progress of efforts is routinely reviewed.

How was the work given back to people? Products in the form of practice briefs, articles, presentations, programs-in-a-box, handbooks, books, and audio seminars equip HIM professionals with information needed for further adaptive work.

How was leadership below protected? AHIMA listens to its members through the voices of component state association officers, semi-annual team talks, volunteer committees and task forces, and various surveys.

Adaptive Work: Implementing Best Practices in HIM Department[7]

What was the adaptive challenge identified? Transitioning from the current state to one that used the following best practices:

- delivery of record to nursing units
- medical record number verification
- discharged patient record retrieval
- universal chart order

How was distress regulated? Particular attention was given to prepare people for the change. In addition, routine communication and follow-up to key individuals and groups was given, including a demonstration of how the change would improve the work environments of those involved. Finally, feedback was routinely obtained and acted upon.

How was disciplined attention maintained? Physician and nurse champions furthered the efforts of the group.

How was the work given back to people? Those involved were educated about the change and procedures were written as reference tools.

How was leadership below protected? The team was allowed to be creative and try something new to see if it worked. If it had not, the team would have tried something else. In other words, instead of being defined as an unsuccessful outcome, failure was defined as not trying something new.

Adaptive Work: Implementing the CPR[8]

What was the adaptive challenge identified? Alignment—the ability to move a diverse set of people from high-level issues and principles through a process of sharing a common idea of how they can use new processes and tools to achieve important needs and objectives.

How was distress regulated? Integration—planning to fit existing and creating new paradigms for how processes, people, systems and metrics can work in harmony.

How was disciplined attention maintained? Reinforcement—continuously measuring, communicating, improving, and celebrating what you have to keep track with objectives.

How was the work given back to people? Implementation—the rigorous design, build, and testing of plans to make them work efficiently and effectively.

How was leadership below protected? Integration—planning to fit existing and creating new paradigms for how processes, people, systems, and metrics can work in harmony.

Adaptive Work: Improve Documentation[9]

What was the adaptive challenge identified? Shifting responsibility for documentation accuracy from HIM to the practitioner to reduce forfeiture of reimbursement due to poor documentation.

How was distress regulated? Audit results and suggestions for improving documentation were communicated to physicians without penalty. This "painlessly" improved the documentation, as evidenced by the agreement on code assignment changing from 60-80 percent to 75-100 percent.

How was disciplined attention maintained? Establishment of a health data quality committee where physicians rotate into the committee every six months to serve, participate, and become familiar with documentation guidelines. External forces, e.g., the focus on compliance/fraud and abuse, the need to reduce payment denials, etc., also played a part.

How was the work given back to people? While the physicians on the committee were evaluating the documentation of their peers, the importance of accurate documentation guidelines was taking root.

How was leadership below protected? By choosing an issue that the physician can relate to, in terms of reimbursement rather than documentation, leadership was protected and cooperation was gained.

Adaptive Work: Improve Documentation[10]

What was the adaptive challenge identified? Development of a method to demonstrate the complexity of the documentation process to others.

How was distress regulated? Utilize the hospital's framework for individual and team problem solving and process improvement.

How was disciplined attention maintained? The multidisciplinary review committee was commissioned to develop a new, integrated medical record review. The project was deemed an "urgent priority" by administration and the team was given six weeks to act. A committee reviews the documentation of all disciplines, understands all required elements of documentation, and views the documentation process as an integrated series of pertinent patient information "handoffs."

How was the work given back to people? The group educated others about the integrated review process, formulated a multidisciplinary review committee, and piloted the multidisciplinary review tool and process.

How was leadership below protected? In developing the review tool, the needs of all customers were considered, including those of accreditation agency standards, state, federal, and other regulatory agencies, and department-specific requirements.

Adaptive Work: Transitioning to a Paperless Medical Record[11]

What was the adaptive challenge identified? Development and implementation of the Medical Automated Record System (MARS) in the areas of standards, structure, forms library, security/confidentiality, system requirements, hardware, quality monitoring, system performance, acceptance testing, user training, and management reports.

How was distress regulated? MARS was implemented incrementally over a period of eight years.

How was disciplined attention maintained? Teamwork, communication, and commitment from top leaders in the organization.

How was the work given back to people? With the hardware and networks installed, software designed and tested, and users trained, HIM operationalized the system.

How was leadership below protected? This process magnified a number of unresolved issues and caused the team to question some long-standing policies. These challenges were resolved through the efforts of the physician advisory group, physician practice group, user focus groups, and the Ohio Medical Record Committee.

Adaptive Work: Initiate Change of a State Regulation[12]

What was the adaptive challenge identified? Seeking a waiver from complying with work that is not value added, i.e., from obtaining signatures on unsigned verbal orders.

How was distress regulated? All alternatives were considered, including complying with the requirement. An analysis of the cost of obtaining signatures on unsigned verbal orders after discharge was conducted to illustrate the extent of the problem.

How was disciplined attention maintained? Assistance was enlisted from HIM professionals, quality management departments, the state hospital association, malpractice insurers, and facility legal counsel.

How was the work given back to people? Rather than comply with a non-value added requirement, "people" decided to eliminate the requirement by changing state law.

How was leadership below protected? Establishing alliances with other HIM professionals, quality management departments, the state hospital association, malpractice insurers and facility legal counsel emphasized the importance of the change and added credibility.

Adaptive Work: Restructuring HIM System-wide Health Information Services[13]

What was the adaptive challenge identified? Managing and communicating in a new organizational environment.

How was distress regulated? Development and activation of a comprehensive communication plan for announcing the new organization and keeping staff informed. Gained trust to reduce fear that jobs may be eliminated.

How was disciplined attention maintained? System-wide management was restructured and managers were given a six-week deadline to design their process/service line areas.

How was the work given back to people? The HIM management staff participated in developing a plan to create a management structure. In the process, they identified opportunities for success as well as *potential obstacles.*

How was leadership below protected? Responsibility, risk-taking, and accountability are shared at all levels of the organization. The management team and staff were surveyed about the effectiveness of communication, resources, working environment, and cross-training efforts in the new environment.

Notes

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