One-stop Shop: an HIM Department's Journey to Centralize Core Data Services

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by Cassi Birnbaum, RHIA, CPHQ

After decentralizing traditional HIM functions, one hospital is reuniting them piece by piece. Centralized data reporting is in the works.

Rady Children’s Hospital San Diego has come full circle with respect to centralization of HIM functions. In the 1980s, all but core HIM functions were decentralized in an attempt to save money and improve efficiency. The effort did not succeed, and in the aftermath there was a much greater appreciation and understanding of the delicate balance of HIM functions and the danger of underestimating the skill set and core competencies required for coding, deficiency analysis, and record management activities.

Rady Children’s then began a process of centralizing services under HIM once again. The 248-bed hospital, which has 35 affiliated facilities in the region, most recently brought the cancer registry into the HIM department. Currently it is exploring a centralized data repository that can manage data quality and effectively feed data registries, research requests, and external reporting requirements. The process is a journey, and dovetails well with an electronic health record (EHR) implementation.

Restoring Core Functions

It took several years for Rady Children’s to bring the decentralized functions into the HIM department. Currently medical records and scanning, transcription, storage, release of information, and cancer registry are handled by HIM.

The restructuring took place in tandem with the introduction of an EHR system. The HIM department has demonstrated spectacular results in every domain, from coding turnaround times of less than three days measured on a Sunday (with accuracy rates of 97 percent) to a delinquency rate measured at 14 days of less than 2 percent. Loose document filing backlogs high enough to touch the third floor of a building have receded to loose documents only a few days old awaiting scanning.

The final function was restored in March of this year when point-of-care clinic coding was brought back under HIM. Coding accuracy had fallen to 40 percent. Over the course of several years, provider education and improved diagnosis pick lists helped improve that rate, as did the practice of clinics referring to HIM encounters requiring procedure coding, diagnoses not present on the charge sheet, and historically problematic cases. These efforts brought the accuracy rate up to 67 percent, a significant improvement, but one well under our goal of 97 percent accuracy to satisfy our accuracy and compliance requirements.

HIM obtained senior management’s approval to take back clinic coding with a team approach comprised of the corporate compliance officer, patient financial services director, revenue cycle director, and the CIO. One compelling piece of information was the presentation of denial statistics by clinic to demonstrate annual denials of more than $1 million. Compounding this lost revenue was the cost of rework on the part of HIM and patient financial services. With clinic coding brought back into HIM, Rady Children’s reached a 97 percent compliance rate in May of this year.

Bringing Cancer Registry to HIM

This past December challenges were uncovered after the departure of the cancer registrar in the hematology and oncology division. The CEO, saying she had heard only positive things about HIM, recommended that cancer registry should be relocated under that department. She said the same arrangement had worked well at the University of Washington Medical Center in Seattle, WA, where she had worked as executive director previously.

It was around this time that Rady Children's new CIO completed his assessment of all areas under his span of control and announced at an information management division meeting that HIM is an "island of excellence." He asked for HIM's support and leadership in addressing data reporting and data quality challenges he was hearing about.

The cancer registry had been under the leadership of the hematology unit as long as anyone could remember. Several HIM coders and a previous coding manager had previously held the role. With the decision to take this important function into the fold, HIM first conducted an assessment to determine the current state of the function.

The administrative and medical director of hematology and oncology informed HIM that a consultant had been brought in to help catch up on the previous year's reviews. He suggested that she could provide input regarding next steps.

The consultant explained what she needed to conduct the case finding, case abstraction, and follow-up. She also recommended an educational plan for the HIM coders and identified other resources required for the cancer registry function.

HIM then followed up with the director to clarify the resource estimate and identify from his department's perspective the progress the consultant was making with catching up on the previous year's reviews. Software was loaded on the HIM network to enable the cancer registry function to be performed remotely. The goal was to provide two coders with the opportunity to perform that work remotely. The coding manager also planned to learn the function in order to evaluate staff performance.

Training was conducted in February and March of this past year, and the department is now in the process of abstracting cases back to January. This was a win-win for all parties involved: hematology and oncology leadership and HIM. The coding staff was thrilled to be provided with this new opportunity.

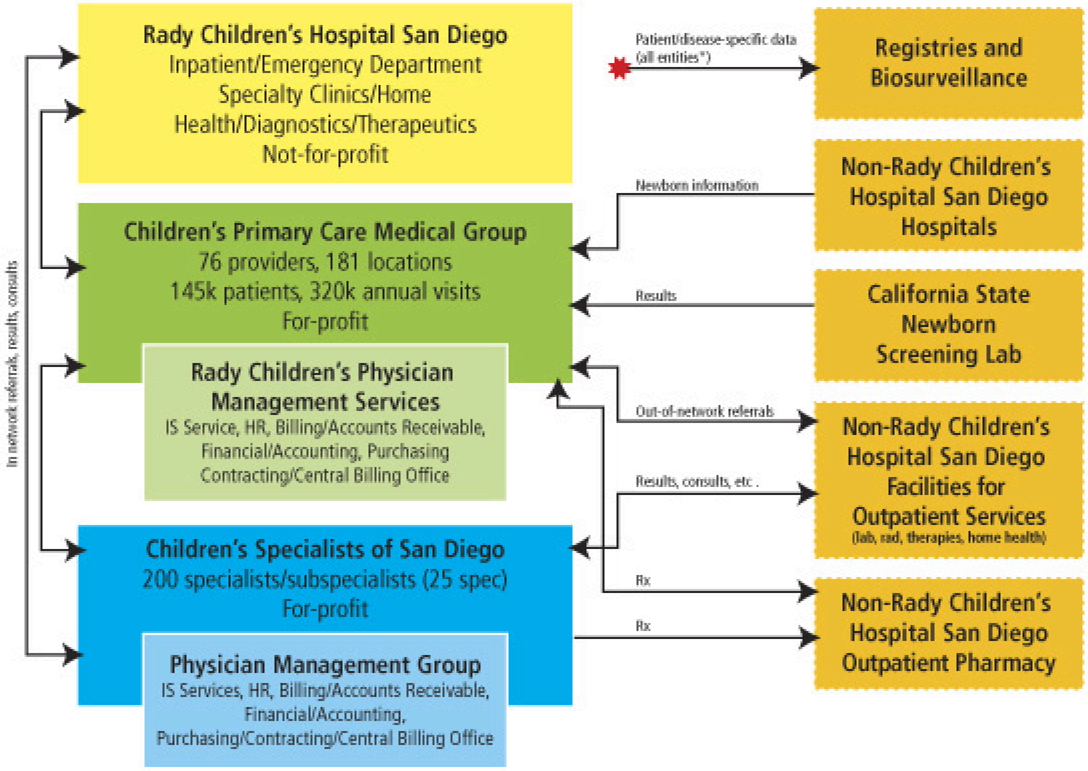
Quality Control: Centralized Data Collection and Reporting?

Almost simultaneously with this process, the hospital undertook an analysis of its data quality process. This focus offered an opportunity to explore organizing all data collection and reporting activities under HIM to improve consistency and create efficiencies.

The data quality analysis began in earnest with the EHR system selection process, where stakeholders identified key functionality with the hope of addressing some of the data model flaws in the existing system. At that time the group also prioritized all outstanding data quality issues in order to determine the corresponding IT resources required.

In January and February key stakeholders created a list of data quality issues and, with the use of a survey, each selected the top three. They further defined the issues, identified the parties responsible for data collection and reporting, and determined the perceived cause of each issue. In April and May, the group reviewed the survey results and reached consensus on the top three issues. Stakeholders identified the decentralized process for data abstraction and external reporting as causing duplication of effort, inconsistent and inaccurate reporting, untimely data submission in some instances, and a lack of validation of data accuracy prior to submission.

Proposed Data Flow for External Reporting



> An initial goal in Rady Children's data quality improvement effort is improving the data flow. The diagram above shows the ideal flow, which would allow electronic exchange of data with external registries, providers, and government agencies. At the present time data are collected and entered into a variety of applications hosted by the sponsoring agency. This creates technical, privacy, security, and data quality challenges and concerns. The ideal flow represented above would allow for secure data transmission from a single source collected once and used by agencies and providers above.

The group subsequently determined specific goals for improving the process, which include:

- Update the external reporting grid and data flow (see illustration above)
- Update the data dictionary
- Update the data inventory and link to data collection, abstraction, and registry activity

The HIM department incorporated goals related to the data quality initiative into the balanced scorecard it uses to measure its progress on issues critical to the organization (excerpted [below]). Early in the data quality review process, the department had also proposed to the CIO that it take on centralized data collection and reporting activities as a way to address the issues identified in the survey. It suggested that the data quality stakeholders group facilitate the data process analysis and help build the case for the restructuring.

Tracking Data Quality Goals					
Domain	**Strategy**	**Goal**	**Measures and Targets**	**Initiatives**	**Responsible Party**

Performance improvement and clinical quality	To be accountable for clinical expertise, service, and outcomes compared to benchmark data	To ensure that confidence in the quality of our data enables comparative benchmarking to be performed from discharge data To ensure that all data or reports leaving the organization are verified for data accuracy, completeness, and meet disclosure requirements or IRB/privacy board approval	Baseline is measured Target is developed by February 2008 Baseline is measured Target is developed by February 2008	Update the data matrix and develop a complete data dictionary to ensure that comparative reporting goals are met Establish a reporting clearinghouse to ensure organizational requirements and regulatory compliance are met	Data quality project team Health information department leadership Data quality project team Health information department leadership
	To facilitate the timely, accurate, and efficient collection and reporting of data elements to support clinical decision making, research, operations, and finance	To work collaboratively with Children's Health Netowrk to ensure master patient index (MPI) integrity and to develop, build, and test the enterprise MPI To develop and implement an approach resolving the top three data quality issues	Baseline = 3% duplicate rate Target = 2.8% of baseline by June 30, 2008 Baseline is measured Target is developed by February 2008	Continue to communicate MPI integrity issues and lead the MPI integrity task force to improve system integrity across the integrated delivery network Perform annual MPI clean-up for enterprise and prior to enterprise MPI implementation Form team(s) to identify root cause of the top three data quality issues Formulate an action plan to address and implement corrective action	MPI integrity committee Health information department leadership Data quality project team Health information department leadership

The Rady Children's HIM department incorporates the hospital's data quality initiatives into its performance plan.
A **balanced scorecard** is a strategic management and performance measurement tool that monitors key indicators in areas critical to the organization.
The **domain** is a framework for clarifying and translating vision into action. The four domains at Rady Children's are customer orientation; performance improvement and clinical quality; financial performance; and employee development.
The **strategy** is a summarized statement adapted from organizational planning documents, and the goals are milestones for the achievement of each strategy, both organization-wide and department specific.
Measures and targets track the progress of the goal with specific baseline and targeted metrics that are time-bound.
Initiatives are the individual steps taken to accomplish goals and ultimately the strategies.

The initial quality improvement targets will put HIM in a perfect position to make the case for a centralized data abstraction center staffed by coders who, while in the record, can collect data for a variety of registries (e.g., trauma, transplant, and immunization) and outcomes reporting (e.g., Joint Commission core measures).

At the present time, HIM provides discharge data for California's Office of Statewide Health Planning and Development, the Pediatric Health Information System (comparative pediatric reporting sponsored by the Child Health Corporation of America), and case-mix reporting to the National Association Children's Hospitals and Related Institutions.

The next step is to bring the leadership from these areas together to identify how we can work on centralizing data collection, validation, and submission to satisfy all external requests for information. This will ensure consistency, validity, timeliness, and security of the data submission. It will also offer economies of scale because one person will work with the record to abstract all required fields of data. Centralization also offers the necessary oversight to ensure that regulatory requirements are met and that the requestor has a right to the data under HIPAA privacy regulations.

This process will dovetail nicely with the implementation of Rady Children's new EHR, as HIM abstracting is one of the components that will be implemented in the next 18 months. The goal will be to input data on a super-abstract containing all required data fields, which had not been previously entered at the point of care. The phrase "collect once, use many" will truly apply in this regard.

A Journey, Not a Destination

Organizations interested in centralizing data collection and reporting must determine, of course, if their coders have the capacity to take on the additional responsibilities. They must also assess the cost-benefit of having coders perform this work.

As a solution in either instance, organizations can consider adding data abstraction staff. In addition, many organizations, including Rady Children's, have data integrity specialist positions that provide oversight and auditing of key data integrity domains. Although it is essential to develop a plan that tees up the most critical data quality issues, it isn't necessary to attempt everything at once.

EHR implementations offer an ideal opportunity to analyze and optimize data flow and reporting, but an organization must get it right, right out of the gate. If data elements prove unstable in the EHR, the perceived loss of integrity will result in rework and work-arounds.

Finally, there is a need to make data integrity everyone's job. HIM professionals understand that clinical data management-defining, collecting, reporting, and analyzing-is a rigorous process that involves ongoing assessment to ensure data quality and integrity. They also know that it takes effort to ensure that an organization doesn't slip back into old habits.

For those reasons HIM professionals should lead the effort to teach that anyone who populates a data field or uses information downstream from the point of collection is a data steward. No one understands the challenges of ensuring data quality and integrity better than HIM professionals.

There are various approaches organizations can take to data collection and reporting. Centralization appears to be a great solution for optimal quality and efficiency. At Rady Children's, the experience to date suggests that centralized data collection and reporting is a journey, not a destination.

Cassi Birnbaum *(cbirnbaum@rchsd.org) is director of health information and privacy officer at Rady Children's Hospital in San Diego, CA.*

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