

Risk Assessment: Doing More With Less

Save to myBoK

by Jill Burrington-Brown, MS, RHIA

In an October 2002 *Journal* article, eight out of 10 HIM managers interviewed mentioned trying to keep up with the workload with fewer resources as a top concern.¹ In this time of rapid changes in healthcare, how do we decide what to prioritize when everything we do seems to be high priority? This article will explain how managers can better prioritize their workload by assessing the necessity of each duty and the risk to the organization if it is not accomplished.

Make Time to Plan

A top priority for every HIM manager should be setting aside time to plan. You must plan the decision-making process and your approach to eliminating “low-risk” activities. This exercise will not be quick or easy, and you must allow yourself sufficient time to think and evaluate.

It may be helpful to develop a spreadsheet such as the “[Sample Risk Assessment Chart](#)” below. In the first column, list all the major job functions performed in your department. For each job duty, determine the reason why it is performed. Note if any federal or state laws or regulations or any accreditation standards that apply require your organization to perform that job duty.

Based on that assessment, some jobs can be deemed “required.” If a job duty is not required, determine if it is performed because it is considered “standard practice.” These might be tasks your organization performs because it has always done so, or they may be performed because they make other job duties easier to accomplish. It is important to establish why your organization performs all job functions.

Weighing the Options

Consider the following situation. Your department is responsible for obtaining signatures for transcribed documents. You also have the capability to collect these types of signatures electronically, and about one half of your medical staff use this capability. The rest of your medical staff prefers to sign the paper document, creating two systems for record completion.

In the “Risk If Not Done” column in the “Sample Risk Assessment Chart,” note what would happen if you did not perform that particular job duty. This would be an excellent place to obtain your employees’ input. Ask the people performing the job duties the following questions: If this job duty is not performed, how would patient care be affected? What other job duties would be affected? Would there be any other repercussions? Write down all the potential consequences for omitting each job duty.

If your state law and Joint Commission standards require all medical record entries in your facility to be authenticated, it would be out of compliance if you did not capture the signature of authenticating physicians. Use the “Mitigate Risk” column to determine if there is a way to mitigate or lessen the risk of non-performance. Think about how you might diminish the risk other than by performing that job duty. Look at the job duties that carry little or no risk to non-performance and ask why these duties are performed. Can they be eliminated? Examine alternatives to your staff performing the job duty.

Again, the people who perform each task will be good resources for you to use to determine if there are any possible alternatives. Use the “Advantages/ Disadvantages” column to record possible consequences of the alternatives you brainstorm. Note the reasons you may or may not choose to use one of the alternatives you thought of in the previous column.

You may decide that the advantages of not printing for authentication include saving both time and resources. Disadvantages include the unhappiness of medical staff members who do not wish to sign electronically. The HIM professional should proceed with the knowledge that there will need to be training and support for those physicians who may be unhappy or hostile to the change. Decisions should be backed by medical staff leadership to aid in their enforcement.

Remember to Write It Down

Finally, record your decision regarding the possible change. This will document your decision-making process, including the reasons why decisions were made. In this example situation, the decision will include the request for the medical staff to move toward the electronic health record by eliminating handwritten authentication.

Outline the advantages of this change to medical staff and the facility. For example, does it free up time for someone who was overloaded? Or must you now redistribute job duties? A thorough decision making process that involves staff will help ensure that good decisions are made for the right reasons.

Sample Risk Assessment Chart					
Job Duty	Purpose of Job	Risk If Not Done	Mitigate Risk Another Way?	Advantages/ Disadvantages	Decision
Obtain handwritten authentication on dictation from one half of medical staff	All entries must be authenticated according to state law and Joint Commission standards	<ul style="list-style-type: none"> • Entries not authenticated • Veracity of record in question • Facility will be out of compliance 	<ul style="list-style-type: none"> • Have capability to use electronic authentication • Require electronic authentication 	<ul style="list-style-type: none"> • Eliminate print-ing and tracking of paper • Move organi-zation closer to an EHR • Possible un-happy medical staff • Will need re-sources to train and support staff through change 	<ul style="list-style-type: none"> • Request that medical staff use electronic authorization • Set date to eliminate pa-per process • Prepare staff for support and training
Paper records are delivered to patient care areas upon request	Required by the Joint Commission	Care providers will not have accurate patient and treatment history	<ul style="list-style-type: none"> • Delivery by volunteers? • Delivery by patient on admission? 	<ul style="list-style-type: none"> • Volunteers must agree • Patients may read, copy, or mark in the record (low-to moderate-risk issue) 	Request that volunteers transport records to the requesting department
Verify medical record number assignment	To ensure every patient only has one number	Patients may have dupli-cate records, possibly im-pacting care	Run retrospective system audits?	Staff will not catch duplicate numbers in time for patient care issues (high-risk issue)	Continue to verify medical record numbers

Note

1. Squazzo, Jessica. "Tackling Tough Management Issues: Advice From the Top." *Journal of AHIMA* 73, no. 9 (2002): 72-80.

Reference

Walsh, Tom. "Risk Assessment." Presented at "Getting Practical with Privacy and Security," Columbus, OH, June 2003.

Jill Burrington-Brown (jill.burrington-brown@ahima.org) is an HIM practice manager at AHIMA.

Article citation:

Burrington-Brown, Jill. "Risk Assessment: Doing More with Less." *Journal of AHIMA* 74, no.9 (October 2003): 64,66.

Driving the Power of Knowledge

Copyright 2022 by The American Health Information Management Association. All Rights Reserved.