

The EHR's Impact on Staffing Models

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As facilities transition from paper to electronic records, HIM departments must review job functions and staffing models. EHRs enable automation and ease of access and affect how the HIM department operates.

From Clerical to Qualitative

In an electronic environment paper HIM functions such as abstracting, assembly, and analysis will be notably reduced, though not eliminated. For example, EHRs capture and file reports and results electronically, eliminating the need for a night clerk to make rounds to pick up all paper files for assembly.

Many of the functions that were performed manually may now be automated. HIM departments may need to review and re-review functional considerations, such as abstracting, assembly, and analysis. In order to maintain, update, and ensure data integrity, HIM staff must be trained on the EHR and other technologies that interface with the EHR.

As HIM departments have less need for positions focused on production, they are shifting emphasis to qualitative outcomes. New positions that support the EHR include health information service technician, clinical health analyst, and clinical applications coordinator. New job descriptions will be needed as clerical functions transition to more qualitative job functions.

During the transition, staffing models also need to be re-evaluated to ensure efficiencies are gained with the EHR. Understanding staffing needs is crucial to maintaining functions.

Relocating Files and Staff

As more health information becomes electronic the need for physical space for paper files may be reduced. The EHR transition also provides an opportunity to relocate staff to a central location off site, have staff work remotely from home, outsource the work, or use some combination, freeing up physical space for the facility. Some roles are already set up for telecommuting, such as coding and transcription.

The HIM department may require only one or two staff members concurrently on site between 8 a.m. and 5 p.m. to cover customer service needs. Other staff may cover the department around the clock remotely.

One advantage to allowing staff to work from home is improved staff satisfaction. Flexible work schedules and time gained formerly spent driving to and from work improve job satisfaction, which can produce additional advantages.

Higher job satisfaction often yields lower staff turnover, which equates to tremendous savings for both the department and the organization. The Society for Human Resource Management reports that the costs of turnover for an \$8/hour employee is \$3,500 and the average cost to hire a new employee is \$7,123.¹

Remote staffing models offer other advantages for organizations with multiple facilities, such as the ability to perform tasks for more than one provider or facility. This flexibility may reduce the need for staffing based on volume peaks and paying high overtime rates.

For most facilities, the EHR transition will likely happen in phases. However, before beginning, organizations must consider the transition's entire scope and its impact on operations. Staff skills need to be assessed throughout the process to ensure the transition is successful.

Change in Staff Skills

EHR implementations require HIM professionals develop and learn new skills. According to Mary Reeves, RHIA, administrative director, medical information services, at Vanderbilt University Medical Center, higher technical skills are required to perform the job functions in the EHR.

Systems may be programmed to automatically create deficiencies, such as a missing operative report or electronic signature. Therefore professional staff will need to review the information in the EHR. The staff's skill level, in conjunction with the EHR's functional requirements, will shape the staffing model.

The following is a list of skill sets to consider when reviewing and updating the staffing model:

- Ability to understand and interpret clinical needs and transform IT technical tools
- Extensive experience with EHRs
- Advanced problem-solving skills
- Detailed knowledge of the content and organization of the health record
- Detailed knowledge of documentation and privacy regulatory standards
- Strong data analysis, research, and error-correction skills
- Excellent interpersonal and organizational skills
- Solid medical terminology skills
- An understanding of data mapping and the data points

Functions That Require 24/7 Coverage

Though 24-hour coverage will no longer be needed for certain job functions, new functions will continue to require around-the-clock coverage, such as managing the master patient index, transcription, document imaging, and release of information. Patient safety must remain a primary concern during and after the transition, and ensuring data accuracy and integrity requires 24/7 coverage.

Organizations should identify and review these functions in advance of the transition. Staffing skills and location will be determined by the phase of the transition.

At Children's Hospital of Colorado in Denver, CO, document imaging is performed seven days a week to ensure patient records are complete, according to Kimberly Peterson, RHIA, application coordinator. The document imaging functions could be outsourced, but the HIM department prefers to keep this in house to maintain quality control of the patient record, Peterson says.

On the other hand, Peterson believes release of information may be performed by telecommuting staff that access the patient record remotely and send records to be printed on site for retrieval or send the records to requesters electronically.

Transcription is a function that often is already performed by telecommuting or outsourced staff. Staff is often available on all three shifts to ensure dictated records are transcribed in a timely fashion and sent back to the patient's chart to ensure patient safety and continuity of care.

Reeves notes that Vanderbilt University Medical Center adopted a new policy for addressing corrections in the EHR that requires staff coverage around the clock. Whether the result of a duplicate record where information is in two separate locations or an incorrectly merged record, ensuring patient safety at all times is priority.

Health information exchange is another function that should be carefully considered. As exchange networks become operational, staff will need to review both the requests coming in and going out to ensure the correct patient has been identified and updated.

Note

1. Blake, Ross. "Employee Retention: What Employee Turnover Really Costs Your Company." July 24, 2006.
<http://www.webpronews.com/employee-retention-what-employee-turnover-really-costs-your-company-2006-07>.

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