

Unveiling the Invisible Department: How One Director Increased HIM's Visibility at Her Facility

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The HIM department can sometimes feel like the invisible department, because often no one acknowledges it until there is a problem. HIM professionals often bemoan the fact that they are not included in key organizational decisions like IT implementations that impact their departments. There are a number of causes for this lack of inclusion.

In some instances, the project manager or meeting organizer lacks a thorough understanding of the HIM knowledge base or does not understand the project's impact on the HIM department. Sometimes HIM professionals fail to effectively communicate the importance of their involvement. And in still others, HIM professionals get bogged down with work and do not follow what is going on within the organization.

It can be difficult to increase HIM's involvement in organizational initiatives such as an electronic health record (EHR) implementation, especially within larger organizations like hospitals. However, by reaching out, seeking involvement, and contributing value, HIM departments can gain visibility and demonstrate their contribution toward improving patient care.

Bridging the IS Gap

Several years ago I joined the management team as director of HIM at Henry Mayo Newhall Memorial Hospital, a mid-sized community hospital in Valencia, CA. It was, and continues to be, exciting to be a part of a growing organization with big plans for the future.

However, I noticed after settling in that HIM needed to strengthen relationships with some of the other departments in the facility. Since the hospital had just decided to purchase a new clinical information system, a strong working relationship with the information systems department became a priority.

I made a point of getting to know the chief information officer and other members of the IS staff through various leadership and committee meetings and individual contact with staff members. I also asked to become a member of the facility's information system selection committee, which was granted. Being a part of this committee helps ensure that HIM staff are included as team members on appropriate projects such as EKG management, advanced clinical systems, and disaster recovery.

The HIM and IS departments also came together through the celebration of Health Information and Technology Week. This provided a great opportunity to show the entire organization how HIM and IS complement each other in multiple areas, such as transitioning to the EHR and ensuring the privacy and security of protected health information.

Following advice from AHIMA, the organization also developed a hybrid health record steering committee to help its transition to the new clinical information system.¹ The committee is composed of multidisciplinary team members including medical staff.

Finally, in an effort to bridge any remaining gap between HIM and IS and to provide a more collaborative approach in recruiting and training physicians to use the EHR, the HIM department created an HIM application analyst position. This individual provides education to HIM and medical staff on the use of computer applications in the EHR. The HIM application analyst also acts as a liaison between HIM, IS, and the medical staff.

Gaining Ground Organizationally

There are a number of other ways that HIM departments can become more visible within their organizations.

Bridging existing gaps and preventing silo effects can begin by creating (or acknowledging) your vision for the future of HIM in your institution, then making sure that your vision is properly aligned with the organization's strategic goals. When you are able to establish a clear connection between your vision and its impact on achieving those goals, it will very likely increase interest in your opinion.

When asked about the importance of collaborative efforts with HIM, C.R. Hudson, chief financial officer at Henry Mayo Newhall Memorial Hospital, notes that "without this [HIM] involvement it would be impossible to move our organization forward in meeting the changing and growing needs of the organization."

Once you have established strategic alignment with organizational goals you must find ways to make your presence known. Make a point of reviewing the organization's structure, including committees, projects, and workgroups. Develop strong relationships with key personnel in areas such as the IS, case management, business services, and quality improvement departments.

If historically HIM leadership has not been very vocal or influential in your organization, let your superior know that you need to increase your involvement and why.

Of course, it does little good to sit on committees or join project teams if you do not offer valuable input. Be prepared to communicate, educate, and raise challenging questions and issues.

Two key conditions must exist in order for HIM departments to get their messages across. Information sharing requires that "ideas must be in a form that others in the organization can interpret...[and] employees with ideas must be willing to share them."²

In addition, plan for full HIM participation in projects that directly affect HIM, particularly HIM and provider applications that are a part of more complex clinical information systems. Optimization of any computer application begins with a quality build. If application indices and dictionaries are not built appropriately, end-user issues may surface after implementation.

Adnan Hamid, IS manager of applications/projects at Henry Mayo Newhall Memorial Hospital, says, "It's hard when [HIM] are not involved in the implementation and build to ensure collaborative and cohesive support for the end users, especially physicians."

While these examples have been focused primarily on HIM's involvement with information technology projects, the concepts are applicable in a variety of circumstances, including HIPAA, the Recovery Audit Contractor program, ICD-10-CM/PCS transition, and clinical documentation improvement programs. These areas require that HIM support a collaborative approach within their organizations.

Years ago the CEO of a hospital told me that HIM has no impact on the provision of quality patient care. Recently though, Annika Nowlin, RN, director of quality, risk management, and medical staff at Henry Mayo Newhall Memorial Hospital, stated, "[The] expertise of HIM professionals can be utilized to advance paperless medical records [and] educate staff in what constitutes a complete record, thereby improving patient care."

HIM professionals have the ability to remove any remaining veils that perpetuate the perception of an invisible department whose only useful purpose is coding, filing papers, and pulling charts. The time has come to share how HIM plays a role in patient care.

Notes

1. AHIMA e-HIM Workgroup on Health Information in a Hybrid Environment. "Complete Medical Record in a Hybrid EHR Environment: Part I: Managing the Transition." October 2003. Available online in the AHIMA Body of Knowledge at www.ahima.org.
2. Levine, David I., and April Gilbert. "Knowledge Transfer: Managerial Practices Underlying One Piece of the Learning Organization." Available online at www.irl.berkeley.edu/cohre/knowledge.html.

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