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### **Moving Incrementally Toward E-HIM**

*By Leslie Ann Fox, MA, RHIA, and Patty Thierry, MBA, RHIA, CCS*

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**Leslie:** We are continuing our series of discussions with health information management (HIM) professionals in hospitals that are moving toward e-HIM. This month we spoke with Barbara A. Siegel, MS, RHIT. Barbara is the director of health information at Hackensack University Medical Center in Hackensack, NJ, and also is the president of AHIMA this year. We talked with Barbara about the value of moving incrementally toward e-HIM.

**Patty:** Barbara, as the excitement about e-HIM builds, HIM professionals are actively seeking ways to get to an electronic practice environment as quickly as possible. In their enthusiasm for getting rid of paper medical records we have been concerned that directors sometime overlook interim solutions that can improve processes incrementally. For example, a director who is considering remote solutions to improve staffing options for coding sees a simple document management solution designed specifically for remote coding and may immediately want to leap to purchasing a full medical record document management system. A remote coding system can be implemented in just a few weeks; an entire document management system is a much longer implementation process taking 9-18 months, with a much larger price tag.

**Barbara:** I have always been in favor of a more incremental approach to evolving toward the HIM electronic practice environment. Changing incrementally helps people adjust to how they will be working differently in the future. For example, at one hospital I worked with, we made the decision for an electronic health record (EHR) to be a "one-vendor solution" rather than "best of breed." The implementation plan was to roll out the components gradually. When the nursing module was implemented, the HIM department still had to print out the reports at discharge because the archiving option wasn't available yet. After about a year, when we were able to archive the nursing reports online, we stopped printing them. That was our first incremental step toward e-HIM. Now we would be performing part of our functions with the EHR.

**Leslie:** So if I understand, you created a hybrid record, part paper and part electronic.

**Barbara:** That's right. We also stopped printing the laboratory reports, and as other electronic documents could be archived we planned to stop printing those as well.

**Patty:** What were the advantages of the hybrid record?

**Barbara:** There were several advantages. We saved HIM staff time that had been spent on printing. We also saved on retrieval when patients were readmitted because a lot of the information needed by the caregivers was online. As more information was available online, users could access information without requesting records to be pulled and re-filed. We also saved on storage space and microfilming costs. We had been keeping records in hard copy for only 1 1/2 years before filming them. As we reduced the size of the record we could keep the hard copy portions in the department longer.

**Leslie:** Was it difficult to learn how to use the hybrid record?

**Barbara:** We had a system to find pages but the user had to go to different databases to retrieve information, which took some time to adjust. However, for the most part users appreciated the convenience of not needing to request or retrieve a paper record all the time. The release of information function became more cumbersome and it did take the correspondence clerk longer to perform that function. It is important to assess how such changes will impact all functions and recognize when the benefits in one area outweigh the loss of productivity in another area.

**Leslie:** What are the EHR initiatives at your current hospital?

**Barbara:** We are planning a two-year rollout of a physician order entry system with e-signatures. We want to bring the physicians along in a way that is as comfortable as possible for them. We are also implementing a system where we can upload all transcribed reports for electronic signatures. We are creating a results-reporting database where orders, dictations, laboratory reports and radiology picture archiving and communication systems (PACS) will reside, enabling physicians to access their patients' information from their offices or home through the Internet. We believe physicians will find these EHR components most attractive.

**Leslie:** I'm sure as the rollout of the EHR components are completed you will be reengineering your department's processes to take advantage of working in the electronic environment whenever possible.

**Barbara:** That's absolutely correct, Leslie. We have already begun to give our staff an idea of what it will be like to work in the electronic world by implementing a remote coding system. Our remote coding project was really the beginning of preparing our staff for the changing HIM environment. We used this project to develop a model for evolving incrementally, function by function to e-HIM.

**Patty:** How did you use the remote coding project to accomplish this?

**Barbara:** We started by developing a vision of e-HIM with our managers, coders and other staff members. We reviewed all aspects of our coding operation to identify ways to streamline the processes that affect the coding workflow. We included supervisors and staff from the related functions on the project team to work on reengineering processes, and we developed a communication plan to keep everyone in the loop as the project milestones were accomplished. We celebrated our successes.

**Leslie:** How did the specter of major change affect the managers, coders and other department staff involved in this project?

**Barbara:** I wanted everyone on the project team to be fully aware of the importance of this change project and to know that the change process we were beginning was broader than just enabling some of our coders to work from home. I knew this project would give people an idea of what it will be like to perform HIM functions in the electronic world. They would have a clearer image of what HIM life will look like in a few years. To help staff participate fully in this process we had an expert do an in-service training program on change management for the project team members and follow it up with individual coaching for our managers. We want our managers and supervisors to be able to manage their anxiety in the face of substantial change so that they can provide calm leadership to the rest of the staff.

**Patty:** You kept anxiety to a minimum. You also used the transition period as a time for people to grow and develop skills that will serve the department well in future projects.

**Barbara:** Yes, that is why I say we developed a model for our change to e-HIM. We will have many more change

projects as the EHR is rolled out incrementally. I would like to follow the same model as we did for remote coding, creating project teams to reengineer processes each time we see an opportunity to reap the benefit of electronic records.

**Patty:** Any last thoughts? Can you think of any other benefits of an incremental approach to e-HIM? Tips for your fellow HIM professionals?

**Barbara:** Yes, e-HIM is an important strategic initiative for all HIM departments. By moving incrementally toward our paperless future, project by project, we get the opportunity to build allies in the organization. To successfully complete the remote coding implementation we had to work with people in the information technology (IT) department, the human resources (HR) department and administration. We had the opportunity to communicate our vision of e-HIM and to develop relationships that will serve us well in future projects.

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