

2/3/03

E-HIM: The End-User Perspective

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

Thank you to Advance Magazine for permission to use this article

Leslie: As we promised in last month's column, "E-HIM: It's Crunch Time on the Front Line," we are talking with health information management (HIM) professionals in hospitals that have been moving toward e-HIM to learn more about how they are leading the way to e-HIM. This month we spoke with Julie King, RHIA, administrative director of clinical systems at Virginia Mason Medical Center in Seattle, WA. Formerly King was the director of medical records at the medical center. Now, as administrative director of clinical systems, she is responsible for user involvement in the design and deployment of clinical systems.

Patty: Julie, we want to help our readers by sharing examples of how their colleagues are evolving to e-HIM. We are defining e-HIM as HIM practice in an electronic environment. Our concern has been that HIM professionals are often left out of the process of implementing clinical systems. Those systems impact the workflow and processes in the HIM department, and when the department is not involved upfront, the impact may adversely affect the cost effectiveness of HIM.

Julie: It isn't just the HIM department that has that concern. Physicians and other end users want more operational involvement in electronic health record (EHR) projects. Historically EHR projects have been viewed as information systems (IS) projects and haven't always involved the clinicians, often resulting in unsuccessful outcomes.

Leslie: So your role at Virginia Mason Medical Center is to represent the end users to make sure that they are involved appropriately.

Julie: That's right. Not only do we want to avoid unsuccessful projects, but also we want to make sure we have optimal return on investment for the clinical system that we are implementing. Thus, we believe it is critical to involve the end users such as physicians, nurses, HIM professionals and others whose work processes are changed by this technology.

Patty: How do you involve the end users to make sure the impact of the clinical system is optimal?

Julie: I get the design team together and include the end users so that we have their perspective throughout the design process. The users help us define functionality requirements and set the targets we want to achieve, such as reducing costs, saving resource time or improving patient safety.

Leslie: You are validating that the end users' knowledge of how the patient record is used during and after patient care is invaluable to successful EHR projects.

Julie: Yes, for example in the order entry phase of our clinical system implementation, the unit coordinators are key. They want to reduce the time they spend on order processing. The clinicians' perspective is also

very important. They want alerts and reminders to improve patient safety. To achieve all of those goals we must understand both the clinicians' patient care process and workflow and the process flow of the unit coordinators.

Patty: And, you need to know how verbal orders will be authenticated. Without the HIM professional involved in the design phase, how verbal orders that are not authenticated prior to the patient's discharge will be handled in the record completion process in the HIM department might be overlooked.

Leslie: Julie, tell us about the role of HIM in your EHR projects?

Julie: At our medical center, the director of the HIM department is on the Advisory Team and short-term design groups. Her boss is on the clinical system steering committee. We also involve the HIM Committee in the EHR projects.

Patty: That's interesting. How does the HIM Committee contribute to the process?

Julie: Last spring, we developed a vision called "The Road to Paperless." We retooled the purpose of the HIM Committee to be responsible for redefining the medical record as we complete each stage of the transition to an EHR. We acknowledged that it would take several years to transition to the EHR and that during the transition phase, part of the record would be electronic and part would still be paper.

Leslie: If your goal was paperless, why didn't you start with a document imaging system and migrate from imaging to the clinical system.

Julie: That's a great question. We are not implementing imaging until the 4th stage of our system, which was a deliberate decision. Having observed that imaging early on in a transition to an EHR can discourage direct entry of information and prolong the implementation of the clinical system, we didn't want to risk a lengthier transition. However, we don't want to wait until the entire record is electronic before taking advantage of reducing paper. That is where the HIM Committee is very helpful. The HIM Committee is redefining the medical record, and when they determine that certain electronic forms shall be the only version to be maintained, the HIM department can stop printing those documents. Right now we print the entire record, but next year certain documents will only exist electronically.

Patty: How will a hybrid record, one that is part paper and part electronic, impact the processes in the HIM department?

Julie: It may increase time in some functions and reduce time in others. For example, completing the release of information process may become more cumbersome because the correspondence clerk will need to retrieve documents from the paper record as well as online. However, staff will save time by not printing, assembling and filing some documents at discharge. Printing documents can be time-consuming in a system that was built for real-time use. Assembly and filing are labor intensive and bigger paper records take up valuable space.

Patty: What are the legal implications of a hybrid record?

Leslie: According to the American Health Information Management Association (AHIMA) Practice Brief: Definition of the Health Record for Legal Purposes, which is posted in the HIM Body of Knowledge on the AHIMA Web site, www.ahima.org, the definition of the legal record may vary because laws and regulations governing the content vary by practice setting and by state. However, there are common principles to be followed in creating a definition. The Practice Brief states that "Some types of documentation may physically

exist in separate and multiple paper-based or electronic/computer-based databases.”

Patty: Thanks Leslie. We can conclude then that if some documents are in electronic form and some are paper, as long as the complete record can be accessed when required, it is permissible to stop routinely printing and storing medical record documents that are being maintained in an electronic database.

Leslie: Yes. That is correct as long as each health care organization defines their Legal Health Record in accordance with their own state laws on electronic health records.

Patty: Julie, I am interested in hearing how the e-HIM vision is being developed in your organization.

Julie: The director of HIM is quantifying the opportunities to reduce costs and save resource time once we are paperless. For example, she will compute how much savings can be realized by eliminating the need to deliver charts from our off-site location.

Leslie: If I understand, as the director thinks through how each HIM process will change when the stages of the EHR are implemented, her vision of e-HIM and the future role of her department in the medical center will emerge.

Julie: We have already seen new roles emerging for the department. For example, the director is more involved in privacy and security. Her presence is required on the design teams to help in developing rules for access to medical information.

Leslie: Is there a sense in the organization that all HIM functions go away after the paper goes away?

Julie: Definitely not! For example, our forms approval process, which requires HIM expertise, doesn't disappear. We are already translating those procedures into the electronic world.

Patty: Our readers can be assured that being paperless will reduce processing costs and clerical time, but the issues of privacy, security, the ongoing development of patient information systems and the increased availability of medical information in a retrievable and usable form will open new and interesting opportunities for HIM professionals.

Leslie: I have one last question for Julie. Do you have any tips you can share with HIM professionals who want to be more involved in their organization's transition to the EHR?

Julie: I would encourage my colleagues not to be shy about wanting to be involved. Volunteer to help on EHR initiatives in your organization. Develop good relationships with physicians and others in the organization so that you have a good understanding of the whole operation. Have sufficient information technology knowledge to hold your own in a conversation about technical issues. Be knowledgeable about your vendor's products. Also, good project management skills are essential. I see project management as a core skill for all HIM professionals. Above all, have curiosity outside of your own area of expertise. Be open to change and to new opportunities.

Leslie: Thank you Julie for sharing your experience and thoughts with us. You are a wonderful role model for our HIM colleagues who are excited by the opportunities that the transition to an EHR can bring to HIM professionals.

Leslie Ann Fox is president and chief executive officer and Patty Thierry is vice president and chief information officer of Care Communications Inc., a Chicago-based HIM services company. They invite their readers to send their thoughts and opinions to lfox@care-communications.com, or pthierry@care-communications.com.