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EHR Creates New Careers for HIM Professionals

Leslie Ann Fox, MA, RHIA, Patty Thierry Sheridan, MBA, RHIA, CCS

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Patty: In May, the American Health Information Management Association (AHIMA) will publish a practice brief on HIM Transformation. It includes several new careers for HIM professionals, most of which exist today thanks to electronic health records (EHRs).

Leslie: Many new roles and great positions are primed for the making. In fact, I think every organization should have an HIM professional in the role of EHR change leader in their organization!

Patty: That's a great vision Leslie. What does that role look like?

Leslie: Every health care organization needs someone with a passion and commitment to create and sustain urgency for an enterprise-wide EHR initiative; to facilitate, with capable change leaders across departments and disciplines, a single vision of the EHR; and, to foster collaboration through an EHR change initiative infrastructure of committees or task forces appropriate to the size of enterprise. The change leader should lead, or co-lead, an EHR change leadership team to keep the EHR initiative moving forward by removing obstacles, helping to create short-term wins, inspiring, informing and motivating all stakeholders throughout the course of the transition to a complete enterprise EHR.

Patty: This month we talked with Michele D'Ambrosio, MBA, RHIA, who recently partnered with Fran Morrison MBA, RHIA, to develop an organization-wide EHR strategy that included the creation of a new role at Shore Memorial Hospital (SMH) "Enterprise Application Specialist." SMH is a 296-bed acute care facility in Southern New Jersey and includes more than 35 medical and surgical specialties, over 365 doctors and 1,600 employees.

Both Michele and Fran have many years experience in traditional HIM roles, yet recognized the need for a more formal HIM voice as the plans for the EHR began to unfold in their organization. At the time Michele was director of HIM and Fran, an IS liaison between the IS department and many clinical areas. They partnered and proposed a shift and expansion of roles and responsibilities to provide the management, experience and educational breath to lead the EHR initiative at SMH. A critical aspect of this partnership is sponsoring an aggressive cultural shift to increase awareness of the EHR.

Leslie: When we talked to Michele, she shared with us the daunting challenge of being a director of HIM while at the same time advancing the EHR. In December 2004, the organization supported the reorganization of the HIM department. Michele had transitioned into the role of enterprise application specialist, and Fran into the administrative director of HIM. Together, they focus on the breadth of HIM issues throughout the organization while playing lead roles in advancing the EHR. Their goal is to ensure that there is significant contribution by HIM professionals to help guide EHR development from the planning stages to implementation.

Patty: Let's call Michele and learn more about her position Hi Michele, Leslie and I were just talking about your new role! Before we get into some of the details, let's talk a bit about where your organization is on its journey to the EHR.

Michele: Hi Leslie and Patty. SMH is in the beginning stages of its journey to the EHR with a vision of being paperless. We currently maintain a paper record that is a combination of printed reports from clinical systems such as laboratory and pathology, along with handwritten documents such as physician notes and nurses' notes.

Leslie: What led you to the decision to print reports and include them in the hard copy medical record?

Michele: Culturally, we were not ready. We had concerns about device accessibility and at the time the State of New Jersey did not recognize an electronic record as the legal record. So, it's much easier for users to access clinical documentation using the hard copy record. As more of the record is available online, we will re-evaluate this approach.

Patty: What are your upcoming projects related to the EHR?

Michele: We are in the throes of upgrading our document imaging system. The system has been fully implemented in patient accounts and we are currently scanning our emergency department (ED) records, which allow us to code them remotely. We transitioned from Microfiche to scanned records with our 2000 and 2001 records by using a 3rd party vendor. These images were uploaded into our imaging system. With recent soft/hardware upgrades, we will be able to begin scanning our historical records in house, and then transition to concurrent scanning.

Leslie: How will you phase the technology into the HIM department?

Michele: We will start by scanning historic data from the past 4 years. Our organization would like to build a comprehensive EHR, which includes clinical records over the past several years. All scanning will be done on campus in a separate office area.

Patty: It's interesting to me that you plan to back scan given how labor intensive it can be.

Michele: We thought a lot about this and believe we will create a more complete EHR for continuity of care. In addition, when we roll out the viewing stations, historical data will be available to view. It will provide an opportunity for users to get comfortable with the technology. We also have a scanning team ready to go, and a good plan to accomplish our historical database goals. It will also help us implement change in the HIM department at a reasonable pace, bringing everyone along throughout the process without a lot of trauma. We will move to concurrent scanning after back scanning is completed.

Patty: Of all the systems you mention, what are you rolling out first?

Michele: We are fortunate to be well along our path as we already have lab, radiology, cardiology, scheduling and rehab online. Our next phase will be the rollout of nursing documentation, ED management, pharmacy and a new registration system along with an integrated document imaging. We have seen evidence during site visits that getting nurses on board early has been a critical success factor for further roll-outs including CPOE.

Leslie: Michele, how do you spend your day?

Michele: I wear different hats all the time. I participate in a consultative role on a number of projects. I work in an advisory capacity helping people see how their technology and workflow decisions fit into the EHR. I spend a good deal of my time building relationships with all the ancillary areas.

Leslie: Is this role what you expected? What has been the response from department directors and other senior leaders?

Michele: Although Fran and I created this role, we really didn't know exactly what I was getting into until I was in it. Defining myself and my new role to the organization hasn't been too difficult. I did have to work through the role with human resources initially because we are on the bleeding edge of creating an organization-wide EHR leadership role in a HIM department.

The terms "enterprise application" in my title is purposeful because my most important role is to ensure that any application that is being considered is done so in the context of the EHR. Any application that is purchased must meet specific requirements to integrate as a component of the EHR.

Leslie: What is the HIM department's e-HIM vision?

Michele: We try to think outside the realm of the HIM department walls and look at the big picture. We know we can have a huge impact on our organization by thinking big. We started to envision the future by going on site visits to organizations that had varying degrees in success regarding their EHR initiatives. We constantly refine our vision and share it with the HIM staff as well as others within the organization.

Leslie: That's a great way to help yourself and others envision the future. What other kinds of things do you do?

Michele: We work hard to manage the fear of the unknown. We are very upfront and explain to HIM staff that this is what we must do today, but tomorrow does look different. It's a matter of helping people to think about their jobs differently, reinforcing that HIM doesn't go away, but it changes. Because of the EHR, new roles and functions emerge. We stress that it's important to stay focused on today, because a lot still needs to get done.

Patty: What are some other ways you help HIM staff make the transition?

Michele: There are a few techniques that we are utilizing to help staff make the transition. One: constant communication—we have monthly meetings to keep the staff informed about the status of upgrades and new systems. We talk about how these projects affect the HIM department and the organization. Two: defining expected competencies for staff is critical. Reassessing the staff and updating these competencies, as processes and systems change, is important in ensuring the staff is competent and adjusting to the changes.

Leslie: What advice would you give to our readers regarding staying on top of the changes in the HIM profession and playing a lead role in the EHR?

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Leslie: What advice would you give to our readers regarding staying on top of the changes in the HIM profession and playing a lead role in the EHR?

Michele: The best advice that I would like to give your readers and fellow colleagues is: One—broaden your scope of knowledge to include interoperability of clinical systems, technology, managing organizational change, building and maintaining relationships, etc. Two—participate in professional activities that advance the EHR. These would include attending conferences, volunteering your time with professional work groups, independent studies and vendor sponsored learning opportunities. Three—I encourage HIM professionals not to sit back and let the EHR happen to them, but to take an active role in paving the path for our future. Today it's all about building relationships with care providers, ancillary departments and IS. Understanding their needs is the key to help define for your organization the way health information is to be created, used and managed successfully and efficiently in an electronic environment of the future.

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