

**Leading the Way to the EHR****January 12, 2009***Leslie Ann Fox, MA, RHIA, Patty Thierry Sheridan, MBA, RHIA, CCS**Thank you to Advance Magazine for permission to use this article*

**PATTY:** This month we visit with Meg McElroy, RHIA, director of clinical informatics at Children's Hospital of Wisconsin (CHW), Milwaukee. Meg oversees the clinical informatics and HIM departments. She serves as an administrative leader providing clinical informatics and HIM strategy that guides the organization's migration to an integrated EHR.

**LESLIE:** Hi Meg. Thank you for spending some time with Patty, me and our readers. We are interested in hearing more about your role at CHW.

**MEG:** I came to CHW a little over 6 years ago and was hired as its first HIM director. My primary goal, at that time, was to implement a document imaging system and help the organization move toward an EHR. My role focuses on big picture initiatives. I have 76 full-time employees and a phenomenal management team that includes six managers and three supervisors, all of whom focus on day-to-day operations. This allows me to work on strategic initiatives for the organization. The executive team is very supportive of HIM and clinical informatics, affording me the opportunity to take a leadership role in both.

**LESLIE:** This sounds like a dream job!

**MEG:** I enjoy what I do and have a lot of fun doing it. It also helps that CHW is progressive and values HIM and clinical informatics.

**PATTY:** Speaking of progressive, what components of the EHR are implemented?

**MEG:** Computerized physician order entry (CPOE) was implemented about 10 years ago and document imaging was implemented late 2004/early 2005. We also have several clinical reports that are structured reports with discrete data capture. And we collect growth chart data via structured data entry. We have physician, family and employee portals as well. Like many organizations, however, we are taking a step back and rethinking our best of breed approach and considering an enterprise wide system. We are also planning to implement an enterprise-wide master patient index (MPI) system in the coming year.

**PATTY:** Do you have staff working remotely? Are there new positions as a result of the EHR?

**MEG:** Coders and transcriptionists work remotely. We have added systems analyst positions that are operational experts in various HIM systems. In addition, all HIM staff have become more technically savvy to keep up with the systems they use on a daily basis.

**LESLIE:** Please tell us a bit about your leadership responsibilities for clinical informatics and how your organization defines this area.

**MEG:** In 2005 I assumed responsibility for clinical informatics. This group includes clinical professionals who are workflow experts and work with users hands-on. The size of the clinical informatics team has doubled since 2005 and includes individuals with backgrounds in nutrition, laboratory, nursing and pharmacy. The clinical informatics staff primarily works with end users to look at current state and helps to design future state workflow. Their job is to understand how an EHR component needs to work for clinical providers to be successful. Essentially the clinical informatics staff are consultants and educators to the health system at large. We also provide project management support in conjunction with information systems staff.

**PATTY:** It's very exciting to see HIM and clinical informatics aligned. I think this is great synergy.

**MEG:** I have learned a lot about clinical informatics functions and think it's been great to have the two departments work collaboratively. Clinical informatics is now growing in leaps and bounds and we are shifting in '09 from a hospital centric to enterprise-wide centric model.

**LESLIE:** Is HIM also moving enterprise-wide?

**MEG:** HIM has been a bit more enterprise-wide, but we still have more work to do to be less hospital-centric. HIM functions are also growing.

**LESLIE:** Why is HIM growing?

**MEG:** As HIM becomes more of an enterprise-wide solution, it requires additional standardization across the various entities. Secondly, as the record has become more electronic, people throughout CHW have learned about HIM and come to value what HIM brings to the table. This has resulted in getting asked to participate or lead initiatives more frequently.

**PATTY:** Can you give us an example of an HIM function that is valued?

**MEG:** In addition to coding and compliance knowledge, we are valued for our expertise in being able to define requirements for how to create a document. People can create anything on a screen, but is it really usable? Is it really legal? Is it really compliant and will it meet customers' needs? HIM professionals understand these issues. They also have a general sense of what an electronic document should look like when it's viewed online, and what the output needs to look like. Working closely with physicians and other providers to ensure they understand how to use components of the EHR is also valued. But this is not the exhaustive list. In general, HIM is a valued participant in the organization because of its understanding of information management throughout the system.

**LESLIE:** This is so inspiring. To what do you attribute this success?

**MEG:** I think this success is directly attributed to the support we receive from senior leadership as well as the quality of work performed by the HIM and clinical informatics managers and supervisors. Their quality and good customer service attracts more requests to be at the table. They are technically oriented and think outside the box. People see that they are not traditional paper-based in their thinking and get excited about that. While we need to maintain the compliance aspect of the EHR, we really do work hard to meet users' needs.

**LESLIE:** You are very customer focused, in other words.

**MEG:** Yes. You have to be willing to change what your model has been if you want to grow and meet the

needs of providers, patients and other customers.

**LESLIE:** This has been so interesting; I wish we had more time. In closing Meg, what are your leadership suggestions to help our readers get to the table?

**MEG:** I think the most important thing is to not be afraid to be assertive. I think people value HIM tremendously when HIM professionals bring their expertise to the table. I think it's important to promote HIM expertise at every opportunity. It's also important to help your staff see their leadership role and to support their growth, especially in getting comfortable with thinking out of the box and leading change.

**PATTY:** How do you advise people to balance assertiveness and demonstrate content expert without being seen as an impediment?

**MEG:** I think it's all in how one does their homework. I think it's essential to be a content expert, but it's also important not to get so focused on how to do something, especially in the initial stages of discovery. I see our role as guiding users through a process that includes letting go of the outcome and really listening to what customers are saying. Then return to your office to think about it. People get turned off when we are quick to say we can't do it that way because of our current mental models. We need to think about it and come back to the table with suggestions and ideas of what would work. In general, we need to be open to new ways of thinking and delivering information management and informatics services.

**LESLIE:** I think this way of thinking is critical to success. Being flexible and creative is exactly what our health care system needs from us.

**MEG:** I also think HIM professionals need to fit in and develop good working relationships with key stakeholders across the organization. This contributes to being able to hold just about any kind of conversation and to be invited to the table again and again.

**LESLIE:** I couldn't agree with you more, Meg. Thank you for sharing your successes at CHW. We wish you all the best as you and your team continue to provide leadership toward the full implementation of the EHR.

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