

Concurrent Scanning Best Practices

[Save to myBoK](#)

by Mary Butler

In this web series, HIM professionals working in emerging roles give advice on tackling difficult HIM problems.

The HIM Problem

Streamlining a concurrent scanning process in order to achieve HIMSS Stage 7 Certification.

The Problem Solver

Tammie Johnson, RHIT, director of HIM, Ochsner Health System — Northshore Region, Slidell, Louisiana.

Advantages of Concurrent Scanning

Because Ochsner Health System—which has eight healthcare facilities throughout Louisiana—was committed to attaining HIMSS Stage 7 Certification, Tammie Johnson, RHIT, faced no resistance in laying out her framework for implementing a concurrent scanning process in her own facility in Slidell. Johnson launched concurrent scanning in Slidell in April of 2013. She plans to roll it out to additional Ochsner buildings throughout 2014.

According to Johnson, concurrent scanning pushes clinicians to adopt electronic health record (EHR) adoption to an even higher degree. The practice itself ensures that all of the charts and records generated while a person is an inpatient gets scanned into their EHR while they are still in the hospital. Prior to concurrent scanning, even if a hospital uses an EHR, the records and charts are gathered after a person is discharged and then scanned in.

“So, for me, I think it saves time on the back end, because you have less information to process once the patient is discharged. And this is only for inpatients. We’re only doing concurrent scanning strictly for our inpatient units,” Johnson says. Additionally, Johnson was able to implement her program without needing to hire any additional full-time employees in the HIM department.

Trial and Error

Johnson’s original vision for setting up a concurrent scanning procedure was ill-fated. She wanted each floor or unit in the hospital to have a workstation dedicated to concurrent scanning, with a scanner and computer.

“What we try to do, so that everybody’s skills can be fresh, we try to rotate this process so that we can have everybody having the opportunity to do the concurrent scanning process,” Johnson says.

She first tested this method on the medical-surgical floor, the facility’s busiest.

“But with congestion of units and needing workspaces for the clinicians and the nurses, do the things they need to do, having just a scanner installed and set up for every unit was not feasible,” Johnson says. “It was just too many things going on for the workstations for us to have a spot there. We scratched that idea of having a stationary workspace on every unit.”

The solution that ended up working was making a mobile scanning unit consisting of a Harvard Medical cart with a scanner and a computer that can be moved floor to floor.

Every morning, Johnson's HIM staff gets a printout of the hospital's house census, which they use as a guide. They then go floor to floor with the cart, pull each patient's chart, and scan in any new documents. HIMSS Level 7 certification guidelines dictate which records meet clinical relevance requirements.

Johnson says that depending on census and volume, it can take up to two hours to complete scanning on the busiest floor. To speed up the process, a "prepper" is sometimes designated to go to the floors ahead of the mobile scanning unit to help make the paper charts easier to access.

Best Practices

Johnson says concurrent scanning must be completed only by people in the HIM department, not other administrative or clinical personnel on the floors.

"Here at our facility, we didn't want to parcel it out the floors where they'd have to scan stuff in and we'd have to pick it up from a fax queue because everybody's just not as dedicated to everything being done properly as HIM would be," Johnson says. "Our main focus is paper. Their main focus is patient care."

She advises anyone who implements concurrent scanning to make sure they have a process in place so that information is released right away and not held in a scanning queue.

"If you're taking that information from the unit and scanning it, it needs to be readily available to the clinicians," says Johnson, who uses the mantra: "Prep, scan, release. Prep, scan, release." As soon as the information is scanned into the computer, it needs to be released into the patient's EHR, Johnson notes.

Getting senior leadership involved early on in the process helped Johnson with a smooth transition—she had the help of a physician champion on her concurrent scanning committee that helped get other physicians on board.

"We talked with our nursing unit directors, so that when they encountered physicians and saw us on the floor, they could understand what we needed them to tell us," Johnson says.

Johnson says scanners should ask clinicians questions such as: Is there anything we should leave in the chart after we scan it? Is there anything in the chart that we don't want to scan concurrently because you may still be documenting on it throughout the patient stay? Are there any documents we should wait to scan post-discharge as opposed to scanning concurrently?

"It was critical we involve them in the process so they could help promote it and speak positively about what we were doing," Johnson says.

Original source:

Butler, Mary. "Concurrent Scanning Best Practices" ([Journal of AHIMA](#)), December 2013.
