Leading Home-grown Coders to Excellence

Save to myBoK

by Jane Jeffries, MFA, managing editor

"HIM is a lot more visible now and we have to work to keep it that way by staying involved at the state and national level."
—Laurie Bartell, RHIT, CCS, CPC, director of health information and records, Memorial Hospital of Sheridan County, Sheridan, WY

More than a few HIM professionals remember spending the early days of their careers in the hospital basement. As a one-person medical records department, Laurie Bartell, RHIT, CCS, CPC, recalls, "I would pick up the charts and go to the basement to do the transcription, the coding, the filing, and attend the medical staff meetings. The phone would never ring. No one would even know I was down there."

Times have changed.

Today, Bartell supervises 34 employees as director of health information and records at Memorial Hospital of Sheridan County in Sheridan, WY. Her staff is responsible for medical transcription, clerical work, and coding for the 88-bed hospital. Due to the coder shortage, Memorial Hospital "grows their own" through a combination of classes taught by Bartell, on-the-job training, and peer review.

An On-the-Job Educator

"I have three credentialed coders involved in training the other coders on staff and reviewing their work," Bartell says. Through her in-house training program, the coders are exposed to a variety of different types of coding. "We start by training coders with mock exercises, then ER records—coding and abstracting the entire chart, because it's like a mini medical record. When they no longer need supervision coding those records, they move on to outpatient surgery, then observations and oldest inpatient accounts, then high-dollar accounts. Finally, they code outpatient diagnostics and x-rays, because they are the most problem-prone." Each of the non-credentialed coders will take the new CCA exam this fall.

Coder education doesn't stop there. Thanks to her hospital's generous education budget ("Other hospitals are envious," Bartell admits), the coders also learn through teleconferences, reference materials, and online education. They are also responsible for giving educational presentations at weekly meetings. "We really give them every tool they need to code correctly," Bartell says. "We want to ensure our hospital is within coding compliance at all times."

Bartell considers the absence of managed care constraints an educational advantage for the coders, because it gives them more time to perform data quality and collection activities. Further, it means they have time to research new conditions as they come up.

"I know our data is accurate," Bartell says. "We're able to take the time to educate these people, from clerks all the way up."

Bartell's education plan for coders is also her method of keeping the staff energized: coders code different kinds of charts every three to six months. "It keeps them fresh in all areas," she says.

Support from the State

Bartell also taught coding throughout the state through a program sponsored by the Wyoming HIMA, of which she is the current president. "We developed a program based on the Official Inpatient and Outpatient Coding Rules as approved by the cooperating parties. We go into different communities and teach hospital and medical office coding. The medical facilities wouldn't be able to afford to shut down their practice and send their people away for education," Bartell says. "The proceeds

were used for health information scholarships. There is no HIT/HIA program in Wyoming; this program sponsored people so they can become credentialed."

To Bartell, volunteer involvement isn't optional. "Because of our busy lifestyles, people have learned over the years to say no [to volunteer commitments], but this isn't the time for it," says Bartell. "Even if you can only spend one hour a week, you can make a difference."

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