Practice Solutions for Today

Save to myBoK

Editor's note: APCs, risk management, knowledge management...all of these are practice issues that will affect the way HIM professionals work in the future. But practice solutions exist right now in our day-to-day work environments as well. Here are a few successful practice solutions to common HIM problems that we collected via the Internet from our readers.

Striving to be the Best

The best way to gain efficiencies in my HIM department is to listen to my staff and the clinical staff. At a recent staff meeting, I asked the HIM staff are we as good as we can be? They loved the opportunity to give their ideas and be heard, and we've identified ways to provide better and more efficient customer service. Following are a few of the projects we undertook to gain greater efficiency:

- reorganized the discharge summary clinical signature requirements
- rewrote the release of information form to enhance its clarity for users
- added a "Transcription Corner" to the hospital newsletter to create a better understanding of the transcription process with the clinical staff, which led to fewer transcription errors, faster turnaround, and enhanced communication
- created a customer satisfaction survey that includes questions like:
  —When asking for changes or corrections, is the transcriptionist helpful and courteous?
  —Do you receive timely notification regarding your incomplete records?

At the monthly department head meeting, I described this process and it was well received by management and afforded my staff well-deserved recognition. We know this has to be an ongoing agenda item because staff will have more ideas on how to do their jobs better and I will continue to listen.

—Carolyn I. Damour, RHIT, Administrator, Health Information Department, New Hampshire Hospital

A Captive Audience

We wanted to provide doctors with coding documentation tips on issues they ran across daily in their charts. Because doctors are flooded with memos and articles to read in their lounge, offices, and nursing stations, we created the *Scrub Sink News*, which hangs over the scrub sinks by the operating rooms. Here, they can do nothing but scrub and read the *Scrub Sink News*! We choose a topic and write a short guideline on what needs to be documented in order to code it. We added a cartoon just to keep the doctors' attention. And at the bottom of each issue is written "If it's not documented, we can't code it."

I've received positive feedback from the doctors, most of whom say they didn't know a topic had to be documented like that. With stringent documentation guidelines and the OIG monitoring coding, *Scrub Sink News* gives coders a chance to display their ideas in hopes that doctors realize the importance of good documentation. Further, because this idea worked so well, we now include *Scrub Sink News* in the dictation cubicles and in the medical staff newsletter.

—Jodi Hermann, RHIT, Data Quality Coordinator, and Rennae Glidden, RHIT, Director of Data Services, St. John's Hospital

Doing it Ourselves

As an interim HIM manager at a large home health agency, I was challenged by a backlog of 34,000 loose sheets. Clearly, filing more than 3,000 records alphabetically caused continual filing backlogs. Field clinicians deliver almost 1,000 new loose

sheets daily so we needed to do something radically different, real soon. Administration flinched at the $8,000 estimate by an outsourcing firm for a chart conversion.

Instead, we converted our records from alphabetical to numerical filing in 18 hours for $3,000. Here's how we did it:

- We asked a local HIM college program to provide student help in exchange for course work credit, while salaried HIM staff donated four- to six-hour shifts.
- We closed the HIM department on a Friday at noon, then divided help into two teams led by employee captains, who used story boards to train the rest of the staff.
- We continually monitored and modified our process by asking *what's going well and where are we struggling*?
- We provided food, fun, and music during the process.

The chart conversion reduced our filing backlog by 50 percent. HIM staff quickly learned how to file by terminal digit and are very proud and protective of their new chart room. They also reported great satisfaction with doing it themselves and are still getting accolades from agency staff. Further, HIM students learned never to let filing get this far behind. Now we are ready to tackle the next underlying cause for filing backlogs with renewed team spirit.

—Prinny Rose Abraham, RHIT, CPHQ, HIQM Consulting

A Team Approach to Filing

Due to the large amount of paper flow that occurs in a mental health facility, the HIM staff was challenged by how to get all the paperwork routed and into the proper medical record.

First, we set up a monitoring system to allow a seven-day window for filing documents in the record. Then, we made filing duties fair for all HIM professionals. Our solution was the following:

- We asked clinicians to put their completed documents in an alphabetical organizer in the HIM department.
- We selected a day of the week for filing. Because of the nature of our facility, many of our charts are checked out each day. We sent a memo to all clinicians explaining the filing procedure and asked that if charts were not absolutely needed to leave them in the HIM department on filing day.
- On filing day, one associate will pull the chart, another associate will sort and number documents, a third will insert the document into the chart, and a fourth will put the chart back in the proper place. It is a team effort and it works.

—Malinda Wyatt, HIMS Manager, Four County Counseling Center

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Driving the Power of Knowledge