

The HIM Director's Handbook

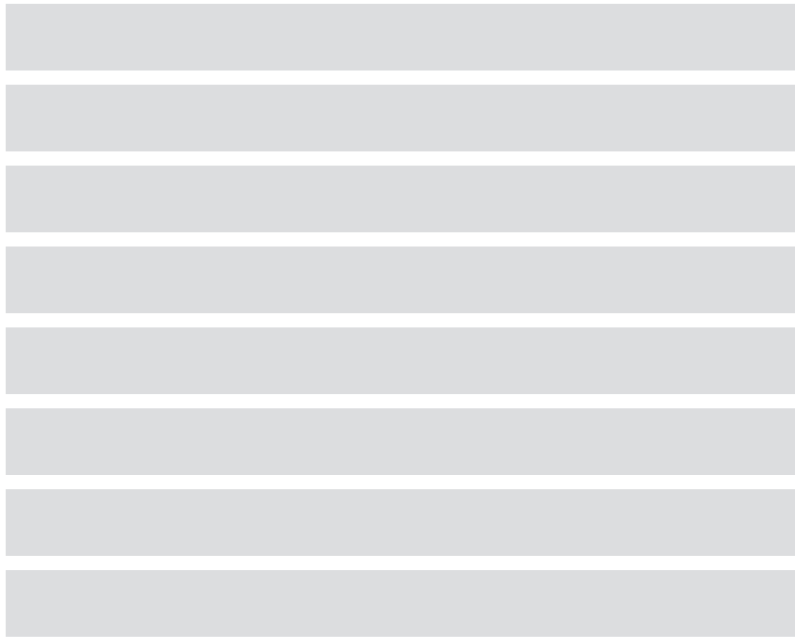
Second Edition



Jean S. Clark, RHIA, CSHA

Second Edition

*The
HIM Director's
Handbook*



Jean S. Clark, RHIA, CSHA

HCPRO

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CONTENTS

List of Figures.....	iv
About the Author	vii
Acknowledgments.....	viii
Introduction	ix
Chapter 1: Organizing and Managing the Department and Productivity Standards	1
Chapter 2: Understanding The Joint Commission, Centers for Medicare & Medicaid Services, and Other Regulatory Organizations	11
Chapter 3: Improving the Revenue Cycle	53
Chapter 4: Managing Process Improvement and Quality Assurance	65
Chapter 5: Using the Medical Record as an Audit Tool	75
Chapter 6: Providing Training, Support, and Incentive for Coding Staff	85
Chapter 7: Managing Transcription Staff and Processes	103
Chapter 8: Training Staff and Drafting Policies on HIPAA Privacy Requirements	109
Chapter 9: Implementing Electronic Health Records	141
Chapter 10: RACs and Other External Auditors	163
Chapter 11: ICD-10-CM and ICD-10-PCS	187
Appendix	195



LIST OF FIGURES

Chapter 1

Figure 1.1: HIM Director Checklist	3
Figure 1.2: Five Tips for Evaluating Productivity Standards	7

Chapter 2

Figure 2.1: Patient Tracer Worksheet	16
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Chapter 3

Figure 3.1: Understand the Coder's Multifaceted Role in the Revenue Cycle	55
Figure 3.2: Six Steps for Developing a Documentation Improvement Program	60
Figure 3.3: Nursing: The Most Common Background for Documentation Specialists	61
Figure 3.4: Profiling Data Depends on Documentation: One Hospital Shares Its Improvement Program	63

Chapter 4

Figure 4.1: Process Improvement Phases and Tools	67
Figure 4.2: EHR Process: Bar Codes and Quality Process	70
Figure 4.3: Standard Flow-Charting Symbols	71
Figure 4.4: Start Process: From Receipts of Paper Records to Correct Patient Electronic Chart to Users	73

Chapter 5

Figure 5.1: Prohibited Abbreviation Documentation Monitor	77
Figure 5.2: Respiratory Therapy Chart Review Tool	78
Figure 5.3: Medical Records Documentation Audit Tool—Physician Office	79
Figure 5.4: Proper Review of Records Sample Policy	80

Figure 5.5: Dashboard—Ongoing Records Review	82
Figure 5.6: Ongoing Records Review—Closed Charts, Discharge Summary Content	84
 Chapter 6	
Figure 6.1: Coding Productivity Reporting Log	93
Figure 6.2: Proposal for Coding Financial Incentive Plan	95
Figure 6.3: Production Bonus Plan for Transcriptionist and Coder Positions Policy	97
 Chapter 7	
Figure 7.1: Don't Neglect Transcription During EHR Development	105
 Chapter 8	
Figure 8.1: Accounting of Disclosures of Protected Health Information	127
Figure 8.2: Request for Accounting of Non-Authorized Disclosures of Protected Health Information	129
Figure 8.3: De-Identification of Protected Health Information	130
Figure 8.4: Minimum Information Needed to Conduct Job Functions	132
Figure 8.5: Designated Record Set	135
Figure 8.6: Verification of Identity for the Use and Disclosure of Protected Health Information	136
 Chapter 9	
Figure 9.1: Acronym Cheat Sheet	142
Figure 9.2: Q&A: Clear Up MPI Cleanup Confusion	146
Figure 9.3: Document Imaging Coordinator Job Description	150
Figure 9.4: Sample Document Imaging Job Description	152
 Chapter 10	
Figure 10.1: CMS RAC Status Document FY 2007	164
Figure 10.2: Government Audit Appeals Coordinator Job Description (St. Elizabeth Medical Center, KY)	168

List of Figures

Figure 10.3: Government Audit Appeals Coordinator Job Description (Methodist Hospital of Southern California)	177
Figure 10.4: Chart of External Audits	185

Chapter 11

Figure 11.1: Ten HIM Director Questions for ICD-10-CM/PCS Implementation	192
Figure 11.2: ICD-10-CM/PCS and 5010 Transaction Checklist	193

Appendix

A.1: Policy for Retention of Medical Records, Correspondence Logs, Statistical	197
A.2: Responsibilities of Department Managers Policy	198
A.3: Request for Amendment or Correction to Health Record Information Policy	200
A.4: Record Completion—Policy for Faxing to the Physicians' Offices	203
A.5: New Employee Orientation Policy	204
A.6: Electronic Signature Policy	205
A.7: Policy for Subpoenas, Notary Subpoenas, Court Orders	206
A.8: Informed Consent for Operation/Procedure/Anesthesia, Including Blood and Blood Products	208
A.9: HIM/Coding Manager Job Description	210
A.10: Director, Health Information Services Job Description	212
A.11: Short Form Discharge Summary	214
A.12: Postoperative Progress Note	215
A.13: Physician's Order Sheet	216
A.14: Outpatient History and Physical Report	217
A.15: 2010 Medical Records Documentation Guide	218
A.16: The Joint Commission/Centers for Medicare & Medicaid Services HIM Crosswalk	233
A.17: Monthly Coding Production Chart (Available online only)	
A.18: Transcription Production Chart (Available online only)	



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She is the contributing editor to **Medical Records Briefing** and author of seven editions of *Information Management*, five editions of *Ongoing Records Review*, *The HIM Director's Guide to Recovery Audit Contractors*, and the first edition of *The HIM Director's Handbook*, all from HCPro, Inc.



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- **Electronic Health Records Briefing**
- **Health Information Compliance Insider**
- *HIPAA Security and Privacy Staff Trainer*
- *HIPAA Training Handbook for the HIM Staff*
- *JustCoding.com*
- **Medical Records Briefing**
- *Ongoing Records Review: A Guide to The Joint Commission Compliance and Best Practice*
- *Performance Improvement Basics: A Resource Guide for Healthcare Managers*
- *Revenue Cycle Training Handbook*
- *The CMS-Joint Commission Crosswalk, 2010 Edition*
- *The CMS Survey Guide*



INTRODUCTION

This book is designed to be a guide for the new health information management (HIM) director and a reference for experienced directors and others who work in the HIM field. I hope readers will find the book not only helpful, but also an essential guide to everyday practice. As with my other books, it also provides practical information and examples.

This second edition of *The HIM Director's Handbook* features updated chapters and tools from the first edition, as well as new information on HIPAA and HITECH, recovery audit contractors, and preparing for ICD-10.

I dedicate this book to all my colleagues working in the HIM field, both nationally and internationally. It is just the kind of resource I wish I had when I started out in the profession.



DOWNLOAD YOUR MATERIALS NOW

All the figures contained in the chapters of this book are available at the URL below, as are the policies, job descriptions, and forms listed in the appendix. In addition, you will find two bonus tools, a coder production form and a transcriptionist production form, which are Excel documents used for calculating production and bonuses in support of the bonus plan policy in Chapter 6.

Website available with the purchase of this book.



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ORGANIZING AND MANAGING THE DEPARTMENT AND PRODUCTIVITY STANDARDS

The role of the health information manager has changed over the years. No longer is the health information management (HIM) department located in the basement of the organization and thought of as just “that place” where staff members file and retrieve medical records, and where doctors have to go to do the dastardly deed of records completion. During the past 15 years, HIM has come into its own, and the HIM director must be an expert in much more than record filing.

In 1991, the American Medical Record Association changed its name to the American Health Information Management Association (AHIMA), and with that a change in the credentials soon followed. The registered record administrator became known as the registered health information administrator (RHIA), and the accredited record technician became the registered health information technician. These were important milestones in the transformation of the HIM director and the profession itself. Suddenly the concept of filing and retrieving records became the management of information. Since those early years, the profession has never looked back. It has continued to grow and change with the demands of the times.

The HIM director of today must understand all the aspects of health records management of the

past—including record content and uses, forms and formats, statistics, coding, regulations, and legal aspects of the medical record.

However, he or she must also understand technology, databases, the Health Insurance Portability and Accountability Act of 1996 (HIPAA), electronic medical records (EMR), and much more. HIM roles have extended from the general hospital to roles in physician office practices, in information technology companies, as consultants, in insurance companies, and more. The sky is the limit and the opportunities are limitless.

Changes bring more challenges and more attention. Therefore, regardless of the setting, the HIM director must be a flexible, problem-solving, articulate, and well-organized team player. The director must establish his or her place in the organization to ensure that he or she will be at the table when HIM topics are considered.

If you're a new director, here are a few tips for getting started:

- Get to know your employees and what they do in the department. You may have many challenges to face in this area, so understanding what the current processes are early on is important.

- Get to know your colleagues in other departments. Establishing a relationship early will go a long way toward communicating that you are a team player. Start with department directors for admitting, the business office, information technology, nursing and medical staff, performance improvement, the compliance officer, and the Joint Commission coordinator. If finance is separate from the business office, make sure you work with the finance director. Often the HIM director will be responsible for some of the aforementioned positions. Check out the committee structure and make sure you are on any committees that deal with HIM, quality improvement, and technology related to the EMR.
- Know the record retention requirements in your state as well as state licensure regulations.

Later chapters in this book will cover the Joint Commission standards and Medicare's *Conditions of*

Participation requirements, but knowing what your state requires will be of the utmost importance to ensure compliance from a state licensing aspect.

You must also know how long you have to retain medical records and whether your state recognizes the EMR as the legal record. If it doesn't, you might have to go to work with your colleagues to get this requirement changed.

Figure 1.1 is a checklist the HIM director can use to determine whether he or she has covered all the bases in regard to important internal contacts, regulatory requirements, and understanding of the department and its processes.

Now let's look at some of the specifics related to organization and management, such as storage of records, productivity standards, and other areas that fall under the HIM director's oversight.

Figure 1.1

HIM Director Checklist

The following checklist is appropriate for new or experienced health information management (HIM) directors.

New directors: Answer the questions outlined below to help you assess the department and the HIM director’s involvement in the organization.

Experienced directors: Answer the questions outlined below to help validate that you are staying on top of all the main activities that occur in the department.

Questions	Notes	Actions
Department/organization goals		
Do you have a copy of the organization’s mission and strategic goals?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Does the HIM department have a stated mission and strategic goals that support the organization’s mission and strategic goals?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you have a copy of the healthcare facility organizational chart?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you have a copy of the HIM department’s organizational chart?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is there a flow chart for HIM department processes?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is there an HIM policy and procedure manual?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are there HIM productivity standards that include coding productivity standards?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you met with other department directors within the organization?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
On what committees does the HIM director sit?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are there committees that the HIM director should be a member of and is not (e.g., Joint Commission preparedness team, forms committee, electronic medical record [EMR] committee, performance improvement committee, revenue cycle committee, ARRA-HITECH committee, ICD-10-CM/PCS committee, or the RAC committee)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is there a quality assurance/performance improvement process for HIM?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you started a transition plan for ICD-10-CM/PCS?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you implemented elements of ARRA-HITECH, such as breach, red flag rules, and meaningful use?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Management/staffing		
Have you reviewed the HIM department’s budget?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
What is provided for education/training of management and staff?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is staffing adequate to meet productivity standards?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is a coding quality program in place?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are regular HIM department meetings scheduled?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
How often are you going to meet with managers (e.g., weekly, monthly)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
How often will you meet with the entire department (e.g., weekly, monthly)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are areas in the department backlogged?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Figure 1.1

HIM Director Checklist (cont.)

Regulations/requirements			
Do you have a copy of the Joint Commission/CMS requirements?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Do you have a copy of the state's licensing requirements?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Is a HIPAA reference guide available to your department?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Do you have information about ARRA, HITECH, RACs?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Medical records			
Do you know your state's retention time frames for medical records?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Is there a flow of the medical record from treatment to discharge (inpatient/outpatient)?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
What is your process for approving new and revised forms for the medical record?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Is the HIM director involved in development and approval of forms for the medical record?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Is there a delinquent-record problem?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Do you know the current delinquent-record rate?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
How are medical staff issues related to medical records resolved?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Where are paper records stored? Are they in-house, or do you outsource the storage?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Is outsourcing used for HIM processes?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Is the universal chart order used throughout the organization?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
What type of filing system do you use?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Does the department conduct periodic customer satisfaction surveys?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Electronic medical record (EMR)			
What is the status of EMR system use in your organization?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Are all records electronic?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Are records scanned in the medical record department?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Are there EMR policies?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Are there EMR productivity standards?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Are all forms bar-coded?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
What is the process for getting forms bar-coded?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Is there a quality review of scanned records?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Is the EMR considered the legal record?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
What portions of the record are electronic?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Medical staff			
Have you met the leaders of the medical staff? (for example, department chairpersons and the medical staff director [chief medical officer])	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Who are the "unofficial" leaders of the medical staff?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
How is the HIM department's relationship with the medical staff?	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Storage of Records

Most HIM directors are faced with the challenge of deciding what to do with paper records. Let us hope that your organization is either in the process of implementing an EMR or planning to implement one in the near future. Regardless, paper records probably still exist, so you must consider the following options:

- Is there room within the organization to house the records, either inside or outside the HIM department? What kind of shelving will you use—manual or electronic? What is the cost?
- Should the organization use an off-site vendor?
- If off-site is the answer, will the company provide timely access to the records? Can it scan the records into an existing document imaging system? What is the cost?

The most important aspect of any decisions related to records storage is ensuring that records are readily retrievable for caregivers, the patient, and others. As you will see in Chapter 9, EMR is the best resolution to medical record storage issues.

Productivity Standards

The HIM director must work with staff to establish productivity standards for processing within the HIM department, such as for coding, transcription, release of information, and the filing and retrieval of records. Productivity standards are essential for two reasons:

- They help staff understand the expectations of their customers, as well as the HIM department and director
- They help the HIM director evaluate whether staff members are meeting those standards

Most HIM departments develop productivity standards for common processes, such as coding, transcription turnaround time, timely retrieval of records for patient care, release of information, assembly and analysis of records, and the processes associated with document imaging: prepping, scanning, indexing, and analyzing. If your department oversees other functions, such as providing information for the cancer registry or processing birth certificates, you will need productivity standards for these tasks as well.

You must develop an efficient way to measure these standards on a weekly or monthly basis so that when it is time to complete annual employee evaluations, you have had time to help the department improve its productivity.

How to establish productivity standards

The best way to establish productivity standards is to get a baseline of current practice from other sources, such as your colleagues, and to review The Joint Commission's information management standards and the Centers for Medicare & Medicaid Services requirements. Many of these standards and requirements are based upon timely documentation of the medical record, such as obtaining and

documenting the history and physical (H&P) within 24 hours of admission. (See Chapter 2 for more detailed information on these requirements.)

Next, work with a team or staff member who performs a particular process to flow out or chart the process, and create realistic standards. For example, depending on the size of your organization, the following standards may be realistic:

- Emergency department requests for records—10 minutes
- Patient units—15 minutes
- Billing department—3 days

These standards often have a quality element to them, for example, productivity standards that ensure the quality of transcription or coding.

Transcription

The American Association for Medical Transcription (AAMT) believes that organizations should quantify accuracy scores with the use of numeric calculation that weighs varying degrees of error against the length of the record. For example, the AAMT recommends the following quality goals:

- One hundred percent accuracy with respect to critical errors (ones that potentially could compromise continuity of care, such as the misuse of a medical word or omitted dictation)
- Ninety-eight percent accuracy with respect to major errors (ones that compromise the

integrity of the document without risk to patient care, such as misspellings, most demographics errors, and formatting errors)

- Ninety-eight percent accuracy with respect to all errors in the report, including minor errors (ones that compromise neither patient care nor document integrity but represent an area of recommended improvement, such as capitalization, punctuation, and other minor style and grammar errors)

Each organization will want to establish its own specific standards for transcription. For example, you may want to set an expectation that at a minimum, transcriptionists must transcribe 100 minutes per day in an eight-hour period or that all transcription for H&Ps are available within 24 hours of dictation. However, if you have an electronic health record system, you may want to tighten up the standard to a 12-hour turnaround because the transcribed document should be available immediately in the medical record, and this eliminates the step of charting the medical record.

Coding

Coding standards should be fair, achievable, objective, and easily measurable, according to Rose T. Dunn, RHIA, MBA, CPA, FACHE, FHFMA, author of the book *More With Less: Best Practices for HIM Directors*, published by HCPro, Inc. Dunn suggests creating goals that outline the number of records you expect will be coded daily and weekly; unbilled accounts; or the number of uncoded discharge days.

Your own coding expectations might be 98% accuracy, or that all coders must code records within three days of discharge (this number will depend on your organization's established hold period when billing is suspended to allow charge-generating

departments to apply their charges to patient accounts), or an actual number of records that a coder should code. **Figure 1.2** offers five tips on how to evaluate coder productivity.

**Figure
1.2**

Five Tips for Evaluating Productivity Standards

Measuring productivity starts the moment you hire new coders. It's important to let new coders know how you will evaluate their productivity. Consider these tips:

Tip #1: Assign charts randomly to ensure equality

Assigning charts randomly protects against coders who default to easier charts and leave the harder ones for others.

"Inpatient is where you have the bigger issue of taking easy charts and leaving the big ones," says Deborah Dominique, CCS, health information management (HIM) manager at Katy (TX) Rehabilitation Hospital. "I have them separated numerically for inpatient coders. We file the charts by date in terminal digit order."

Dominique says she assigns a numerical number to each chart and then a number range to each coder. By randomly assigning charts, she ensures that charts are coded fairly throughout the department.

Cheryl Doudican, RHIA, director of HIM at Mercy Health System Oklahoma in Oklahoma City, takes a similar approach to ensure equality. Her facility's coders are cross-trained to code all charts and are then rotated throughout the different areas every three days.

Tip #2: Evaluate productivity regularly, but not daily

Dominique suggests you evaluate productivity at least every month. This allows for bad days, personal problems, or any other potential inefficiencies that may occur for a day, but will even out over a longer period, she says.

In addition to auditing your individual staff, audit your staff as a whole to determine your department's accuracy rate. Although you can conduct internal audits regularly, it is also a good idea to schedule external audits. External audits are an unbiased way of evaluating coder productivity, and regulatory and accrediting agencies can also use the data.

Tip #3: Factor in noncoding responsibilities

Take a look at your department and see what tasks staff performed in addition to those spelled out in the job description. For example, consider the percentage of the day your coders spend abstracting.

"[Be] very protective of the coding staff and really evaluate what kinds of abstracting functions they are doing in addition to coding," says Doudican. "Eliminate a lot of the abstracting or scale it back; place it in another area or with another department. [Letting] them do straight coding is one way to increase productivity."

*Five Tips for Evaluating Productivity Standards (cont.)***Tip #4: Calculate productivity using a set formula**

Establish productivity standards using a set formula to help motivate coders to become more efficient. This should be clearly spelled out and consistent so that staff know what's expected of them. For a suggested method of developing productivity standards, see Chapter 6.

"In our job description for our coders, we have the number of the different types of charts that they would code. We have a minimum standard that they are to do," says Doudican. "We compare the types of charts they reviewed against the number of hours worked and come up with a productivity percentage from that."

Keeping track of productivity and rewarding coders when they meet or exceed expectations will help you retain the most productive staff possible.

Tip #5: Recognize coders who meet or exceed expectations

An effective way to motivate and retain quality coders is to offer incentives for those who meet or exceed productivity standards. You can tailor these incentives to your specific facility, but here are some options to consider when creating an incentive plan for your hospital:

- **Monetary versus nonmonetary:** Monetary incentives are often desired by a coding staff, but sometimes it is not the right program for your facility. Instead, consider holding a monthly luncheon to recognize exceptional coders or simply let the coders know verbally that they are doing an exceptional job. Remember that the goal is staff motivation and retention. Dominique, who was formerly employed by a nonprofit, faith-based hospital, says that offering monetary incentives, except for annual performance reviews for raises, just was not right for her facility. "I'm sure they'd probably rather have [had] financial recognition, but we didn't do that there just because of the type of facility we were."
- **Individual versus team-based:** When putting your incentive program into practice, consider whether coders should be rewarded as a whole or as individuals. Although individual incentives are easier to calculate and track, rewarding the entire team encourages coders to work together and helps less-experienced coders learn. However, animosity could arise if less-productive coders are holding back the team. "I think it works much better if you identify the whole team. I think it's helpful for team building and helpful to accomplish our goals," says Doudican. "I think it's probably one of the best things we've ever done."
- **Bonus versus scheduled review:** Many facilities use a performance review to determine the salary increase a particular coder will receive. Other facilities decide to reward coders based on a shorter time frame by offering monthly or quarterly bonuses. Annual performance reviews tend to be very common, though frequent incentives allow you to recognize employees more often, thus increasing your chance to motivate your staff. Although her facility did not offer financial incentives and bonuses, Dominique says that her annual reviews were performance-based. "Some people would get 2%, other people would get 4%, so it really was a true performance-based evaluation as far as productivity and accuracy."

Source: www.justcoding.com (HCPro, Inc., August 2006).

Best practices

Here are some examples of typical productivity standards:¹

Record processing

Receipt of discharged encounters: Day of discharge—seven days per week

Assembly: Minimal—universal chart order consistently used; simple/minor assembly performed during analysis

Analysis: Day after discharge—six days per week

Coding: Day after discharge/day after analysis—six days per week; all coding performed within “hold” period

Coding expectations

Inpatient (including newborn) records: 3.7 per hour or 29 per eight paid hours or 16 minutes per case

Ambulatory surgery/outpatient procedures: 6.6 per hour or 53 per eight paid hours or 9.1 minutes per case

ED visits: 17.6 per hour or 141 per eight paid hours or 3.4 minutes per case

Clinic encounters: 21.3 per hour or 179 per eight paid hours or 2.8 minutes per case

Statistics

Today’s HIM director usually is not called upon to supply organization statistics—for example, average daily census, bed occupancy rates, or morbidity and mortality rates. However, you should still be familiar with these statistical formulas. More important, the HIM director should put quality controls in place to ensure that the data that staff members enter into the computer are accurate and timely.

The medical record and coding databases provide the information on which most healthcare statistics are formulated. More than likely, the HIM director will be part of the team analyzing any data presented to the medical staff and others. An effective coding quality program goes a long way toward ensuring the accuracy and credibility of coded data used for planning, marketing, and changing physician practices!

Budget and revenue cycle

Finally, the HIM director plays an important role in developing, preparing, and monitoring the HIM department’s budget and revenue cycle process. The foundation for the revenue cycle is coding, which must be accurate and timely. Ultimately, the HIM director will be held accountable and therefore must have good processes in place to ensure accuracy and timeliness. See Chapter 3 for a detailed look at the HIM director’s role in the revenue cycle process.

Summary

AHIMA has defined some of the roles of the changing HIM profession to include the following:

- Chief privacy officer at a major hospital system
- Director of a Fortune 100 healthcare corporation
- Supervisor of medical coding at a managed care facility
- President of a healthcare consulting firm

- Program director at a prominent university
- Director of health data and informatics at a government agency

The future for HIM directors is bright, and if you are well organized and step up to the plate, you will be one of the most important assets to your organization.

References

1. Dunn, Rose. *Coder Productivity: Tapping Your Team's Talents to Improve Quality and Reduce Accounts Receivable*. HCPPro, Inc., 2006.

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