

HIM & ONCOLOGY SUPPORT SERVICES

Backlog woes?**FHIMA**

Florida Health Information Management Association

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President's Message

January/February 2002

"Rhythm of Time"*Mario A. Perez, III, RHIA, CCS, CCS-P*

In parallelism with my presidential theme, the "rhythm of time" perseveres into the New Year of 2002, and on behalf of the FHIMA Board of Directors I extend to each of you the very best of health, peace and prosperity.

We begin this New Year with a newly revised [strategic plan for 2001- 2003](#). The full description of the strategic plan is available for your review on the FHIMA web site. In efforts to streamline the association's infrastructure and address new communication technology we have reduced/consolidated the goals from five general to three comprehensive goals and added new action plans:

Strategic Plan 2001 – 2003:

- **EDUCATION**

- Development of FHIMA Community of Practice (CoP)

- **ORGANIZATIONAL INFRASTRUCTURE**

Elevate responsibility and job description of Executive Coordinator.

Alternative means of providing annual FHIMA update.

Explore methods to improve operations to include House of Delegates



MEMBER PARTICIPATION

Formation of Regional Task Force.

Explore alternatives to consolidation of regions.

Develop business plan model to assist regions.

Establish communication mechanisms with the use of
FHIMA web & CoP's.

We also begin this year with a Board of Directors, bylaws revision proposal, to be introduced and voted at the forthcoming June 4th 2002, FHIMA House of Delegates. Full revision proposals and rationale may be found on the FHIMA web site. In brief, the board of directors recommends the following revisions:

Bylaws & Standing Rule Revisions:



Change title of Executive Coordinator to Executive Director.



Change Board of Director voting composition to include,
the Executive Director and Chief Delegate.



Change verbiage and grammatical revisions to reflect amendment modifications to bylaws and standing rules.

The beginning of 2002 is also a time for FHIMA members to consider a well-deserved colleague for a FHIMA Service Award and also to apply for a scholarship. Applications and criteria were previously mailed in November 2001 to all the members and may be also found on the web site. FHIMA takes great pride in being able to endorse these awards and scholarships in our continuing efforts to recognize, honor and support the membership and the profession.

Deadline for [Service Award nomination](#) and [Scholarship Applications](#) is March 15, 2002 and March 31, 2002 and may be e-mailed to Melissa A. Larsen, RHIA, CTT+, Service Awards Chairperson (melissa.larsen@dictaphone.com), and Sharon Fitzgerald, RHIT, Scholarship Chairperson (sharonart422@yahoo.com), respectively.

Keeping to the rhythm of time it is never to late to be upbeat and plan ahead, the FHIMA Annual convention is scheduled for June 4-7, 2002 in Orlando, FL at the Caribe Royale. Mark your calendars now.

As you read this message you will see that the FHIMA board of directors has been at work with respect to strategic planning and operational infrastructure changes. You the members are the beat to keep the rhythm of time going within our organization. Without your involvement, volunteerism and support, the beat will cease to play.

As stated in the national president's message by our new AHIMA president Barbara Odom-Wesley, PhD, RHIA in the January 2002 Journal. "Currently there is a lack of credentialed HIM professionals to meet market demands and decreasing enrollment numbers in our HIM educational programs."

We must become *VOCAL & ACTIVE* advocates for the survival of our profession, in my opinion there is no excuse not to be involved. We are all actors in this web called our association and each must play their part. To quote Shakespeare, "there are no small parts, only small actors." I know this is a strong statement to make, but I am concerned for the survival HIM profession. Each of us has the responsibility to educate, mentor and recruit. Embrace and act on this concept of association - member accountability and responsibility. It is the key to professional survivorship!

"There are risks and costs to a program of action, but they are far less than the long-range risks of comfortable inaction." - John F. Kennedy

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Mid-Year Conference 2002

Sowing the Seeds of Change



Date:

January 25-26, 2002

Place:

Holiday Inn Select
Orlando International Airport
5750 T.G. Lee Blvd.
Orlando, FL 32822
407-851-6400

Registration Fees:

\$140 Full Registration (Member)
\$ 95 One Day Registration (Member)

To register on-line or print a registration form, [CLICK HERE.](#)

Room Rates:

Single/Double - \$94

Call the Holiday Inn Select at 407-851-6400 to make your

reservation. Be sure to mention that you are with FHIMA to get the conference rate of \$94 per night.

Attire: Business Casual

To view the 2002 Mid-Year Agenda, [CLICK HERE.](#)

FHIMA ANNUAL CONVENTION - 2002

"Pioneers of the 21st Century - Following the Rhythms of Time"

*Judy Gygi, RHIA
Arrangements Chairperson*



Date: June 4-7, 2002

Place:

[Caribe Royale Resort Suites & Villas](#)

8101 World Center Drive

Orlando, FL 32821

407-238-8000 or 1-800-823-8300

Registration Fee:

Full Registration - \$225 (Member) \$250 (Non-Member)

Wednesday Only - \$135 (Member) \$150 (Non-Member)

Thursday Only - \$135 (Member) \$150 (Non-Member)

Friday Only - \$115 (Member) \$130 (Non-Member)

* Rates are for advance registration received prior to May 2, 2002.

Attire: Business Casual

For exhibit space, contact Lori Eytel Lucas, RHIA at fhima@infi.net or (941) 597-1751.

CARIBE ROYALE RESORT SUITES & VILLAS



The "Perfect Place". A plush, regal oasis in Central Florida ideal for business, pleasure or a little of both, the Caribe Royale offers the best of all worlds. Three beautifully statuesque towers, all with spacious two-room suites, are each designed with the purpose of your trip in mind. For Pleasure, Business or Family Vacation the "Caribe" has blended lush landscaping, cascading waterfalls and a calypso of amenities for you... creating its own tropical rendition of classic hospitality, for you and your family to enjoy while on vacation in the Disney Area of Orlando, Florida.

Rates:

Single/Double - \$135
 Standard King - \$135
 King Deluxe - \$155
 Executive Suite - \$235
 Villas - \$235

Resort Activities:

- Thrill-seekers prepare for a rush of adrenaline as you careen down the 75-foot waterslide past the cascading waterfalls into the resort's fabulous heated swimming pool.
- The kids can explore the Children's Wading Pool with interactive water toys and fully equipped children's playground.
- Work out in your choice of two state-of-the art exercise facilities or serve up a set of tennis on one of the resort's newly surfaced, night-lighted tennis courts.

More Resort Perks...

- Free Parking
- Free Transportation to Theme Parks
- Luxurious Hotel Setting
- Breakfast Included with Room Rate
- Great Water Slide for Kids







Watch for the complete registration and convention information in the March/April issue of e-Coastlines.

For more information contact:

[Lori Eytel Lucas, RHIA](#) at (941) 597-1751

SERVICE AWARDS
ATTENTION: All FHIMA Members

Nominations are now open for the following awards:

-  Distinguished Member
-  Distinguished Service (FHIMA Member or Non-member)
-  Literary
-  Outstanding Student
-  Outstanding New Professional
-  Outstanding Professional (Practitioner or educator)







We have many deserving members. Please review the criteria and submit your nomination to:

Melissa A. Larsen, RHIA, CTT+
1702 Edith Street NE
Palm Bay, FL 32907
(H) 321-727-1791
(W) 800-942-6374 Ext. 23675
Melissa.Larsen@dictaphone.com

Deadline for receipt of nominations is March 15, 2002.

****Please Note:** As per 2000-2001 policy and procedures **nominees** will be contacted to provide supporting information to the committee.

Nomination Form - Service Awards

-  Distinguished Member
-  Outstanding Student
-  Distinguished Service
-  Outstanding New Professional
-  Literary Award
-  Outstanding Professional

Click Here For The [Service Awards Nomination Form](#).

Click Here For The [FHIMA Resume Criteria for Awards Nomination](#).

2002 FHIMA SCHOLARSHIP
Sharon Fitzgerald, RHIT



Florida Health Information Management Association is pleased to announce a continued support of individuals pursuing Health Information Management careers. FHIMA has again voted to provide scholarships this year to students enrolled in both undergraduate and graduate studies related to the Health Information Management field.

As in years past, scholarships will be awarded to FHIMA members to defray the cost of a Health Information Management related education. Awards will be presented at the Membership Luncheon during the 2002 Annual Convention. Scholarship recipients will be notified in writing of their award in May. Scholarship recipients are strongly encouraged to be present at the Annual Convention Membership Luncheon to accept the award.

APPLICATION INFORMATION:

Applications are available from Program Directors, on the FHIMA website, or by contacting the Scholarship Chairperson. Your completed scholarship application and required attachments must be received by the FHIMA Scholarship Chairperson no later than published deadline.

Eligibility Requirements:

Applicants must be presently enrolled in one of the following program

Health Information Management Program.

Health Information Technology Program.

Graduate level degree seeking program relevant to H.I.M. (Graduate applicants must be either an RHIA or RHIT and have a bachelor's degree)

Current membership in AHIMA/FHIMA .

An individual is only eligible to win one scholarship for each category.

APPLICATION DEADLINE: March 31, 2002

Mail Applications & Attachments To:

Sharon Fitzgerald, RHIT
FHIMA Scholarship Chairman - 2002

809 SW 6th Court, Cape Coral, FL 33991-2458
(H) 941-458-4658
(W) 941-851-0474
sharonart422@yahoo.com

SCHOLARSHIP SELECTION:

FHIMA utilizes a point system to evaluate scholarship applicants. Scholarship Committee members will review the applications for the following criteria:



Properly completed application -- with attachments present



Scholastic ability -- official transcripts will be reviewed



Leadership ability -- the resume and/or other documents will be reviewed. The following areas will be considered: awards/honors, previous and current employment (if any), school activities, volunteer work etc...



Potential contribution to the profession -- the essay titled "How I Plan to Achieve My Long Range Professional/Career Goals" (undergraduates) or career objectives (graduate) will be reviewed.



Professionalism – supporting letters and professional organization membership

Click Here For The [FHIMA Scholarship Application AND Reference Criteria Form.](#)

AHIMA HOD SUMMARY

*Michelle Mock, MSM, RHIA
Chief Delegate*

Warm, sunny, exciting Miami Beach, Florida made for a delightful setting for the 2001 House of Delegates (HOD) and annual AHIMA Convention. It was great to see so many members enjoying the beauty of our state.

The agenda for the HOD was very busy and led to a full afternoon of delegate networking discussing issue forums and voting on amendments to our current by-laws.

In the information below, I have outlined a brief overview of the HOD activities.

- The 2001 HOD was called to order by the President, Barbara Fuller. Linda Kloss, Executive VP, presented a report to the House. The past years accomplishments were reviewed with emphasis on the implementation of the AHIMA expeditions. The year end revenue trends for the major AHIMA and Fore business areas were discussed for 2001 and for projected 2002. A report of the Nominating Committee election results were given.
- Report of Issue Forums. A report was given to the House on the seven Issue Forum topics: House of Delegates Action Items -- Vision 2010; Public Policy -- Coding Consistency; Public Policy -- Reducing Medical Errors; Volunteerism and Mentoring; Meeting Future Manpower Needs; and, Joint Commission Revisions to the Information Management Standards. All delegates participated with numerous recommendations which will be forwarded for consideration.

Report of Delegate Action Items:

The motion to approve the revised standards for Maintenance of Certification for CCS, CCS-P and for RHIA and RHIT was passed.

- There was a proposed amendment to insert coding-specific continuing education which was defeated.
- Self-assessment will be provided as an option, not mandatory for RHIAs and RHITs.
- Self-assessment will continue to be required for CCSs and CCS-Ps.
- CE credit will be provided for all self-assessments.
- All individuals would have two-year reporting cycles. Multiple credentials have the same reporting cycle.
- Continuing Education will be required to maintain all AHIMA-sponsored credentials. The number of CE credits required depends on the number and type of certification(s) an individual has.
- The self-assessment provided to CCSs and CCS-Ps will continue to be provided on an annual basis, and will be

worth 5 CEs annually.

The motion to approve the Standards for Initial Certification and the Standards for Maintenance of Certification for the entry-level Coder was passed. The amendment to defer the motion was defeated. The Council on Certification will develop the title and marketing strategy for this new credential.

New Business:

The HOD approved a resolution presented by the Tennessee HIM State Association: Centers for Medicare and Medicaid Services -- Conditions of Participation. AHIMA will review the proposed revisions and make recommendations to the Conditions of Participation.

In closing, thank you for allowing me to serve as Chief Delegate for FHIMA. Representing our state is not only an honor but an excellent learning experience.

2001/2002 Proposed Bylaws Changes

Dwan Thomas Flowers, RHIA



Current Bylaw	Proposed Amendment(s)	Rationale
TABLE OF CONTENTS		
ARTICLE VI <i>Executive Coordinator</i>	ARTICLE VI EXECUTIVE DIRECTOR	This change will be consistent with the reading of AHIMA bylaws; additionally, the title more appropriately reflects the current duties of the position.
ARTICLE III		
Section 4. Student Membership		
Any individual who <u>hold</u> student	Any individual who holds _student	All changes from this

<p>membership in AHIMA and is formally enrolled in a program for Health Information Management Administrators or Technicians and selects this state for his association membership shall be a student member of FHIMA as long as the student membership in AHIMA continues. A student member may attend business and education meetings of the association. Registration fees are waived, but the student is responsible for payment of fees related to food functions and handout materials. A student member shall not be entitled to vote, hold office or serve as a Committee Chairman or to serve as a member of the AHIMA or FHIMA</p>	<p>membership in AHIMA and is formally enrolled in a program for Health Information Management Administrators or Technicians and selects this state for his association membership shall be a student member of FHIMA as long as the student membership in AHIMA continues. A student member may attend business and education meetings of the association. Registration fees are waived, but the student is responsible for payment of fees related to food functions and handout materials. A student member shall not be entitled to vote, hold office or serve as a Committee Chairman or to serve as a member of the AHIMA or FHIMA</p>	<p>point forward are to accommodate easier readability and grammatical correctness. There are no further proposed changes to the content of the bylaws.</p>
<p><i>Section 7 Application for Membership</i></p>		
<p>Application for be in writing on the form provided by AHIMA, and shall be sent by the applicant directly to the Executive Director of AHIMA. Total amount of dues as</p>	<p>Application must be in writing on the form provided by AHIMA, and shall be sent by the applicant directly to the Executive Director of AHIMA. Total amount of dues, as provided in the</p>	

<p>provided in the AHIMA Bylaws shall accompany the application. Transfer of membership from another state shall be automatic when notice of such transfer is received from the Executive Director of AHIMA.</p>	<p>AHIMA Bylaws, shall accompany the application. Transfer of membership from another state shall be automatic when notice of such transfer is received from the Executive Director of AHIMA.</p>	
<p>Section 9 Conflict of Interest</p>		
<p>Each individual acting in any capacity for the FHIMA shall disclose to the Board any situation which might be construed as placing the individual in a position of having an interest that any conflict with his or her duties to the Association.</p>	<p>Each individual acting in any capacity for the FHIMA shall disclose to the Board any situation which might be construed as placing the individual in a position of having an interest that may in any way conflict with his or her duties to the Association.</p>	
<p>ARTICLE IV OFFICERS AND DIRECTORS</p>		
<p>Section 3. Management Steering Committee</p>		
<p>The Management Steering Committee will assist the President in the following:</p>		
<p>1. Appoint the Chairman and appointed member of the Nominating Committee</p>	<p>1. Appointment of the Chairman and appointed member of the Nominating Committee</p>	

2. Appoint the other Committee Chairmen	2. Appointment of the other Committee Chairmen
3. Assign the Directors as Board Liaison to the committees (except the Nominating Committee).	3. Assignment of the Directors as Board Liaison to the committees (except the Nominating Committee).
4. Appoint the Chief Delegate/Advocate and the Assistant Chief Delegate/Advocate from the elected AHIMA delegates, appointed each year to act as chairman of the delegates and to represent the delegates on the FHIMA Board of Directors.	4. Appointment of the Chief Delegate/Advocate and the Assistant Chief Delegate/Advocate from the elected AHIMA delegates, appointed each year to act as chairman of the delegates and to represent the delegates on the FHIMA Board of Directors.
5. Perform an annual evaluation of the Executive Coordinator	5. Performance of an annual evaluation of the Executive Director
6. Approve the Annual Report Summary submitted by the President	6. Approval of the Annual Report Summary submitted by the President
7. Appoint a committee of at least three (3) Tellers with a Chairman designated, by January 10th of each year	7. Appointment of a committee of at least three (3) Tellers with a Chairman designated, by January 10th of each year
8. Appoint the Credentials Chairman for the House of	8. Appointment of the Credentials Chairman for the House of Delegates

Delegates at the FHIMA Annual State Convention.	at the FHIMA Annual State Convention.	
ARTICLE VI. EXECUTIVE COORDINATOR	ARTICLE VI. EXECUTIVE DIRECTOR	
<i>Section 2. Duties</i>		
The Executive Coordinator shall act as the Secretary and Treasurer of the FHIMA. This person shall be a member of the Board of Directors with voice <u>but without</u> vote. The Executive Coordinator shall oversee the completion of all of the duties of the Secretary and of the Treasurer, as established by AHIMA.	The Executive Director shall act as the Secretary and Treasurer of the FHIMA. This person shall be a member of the Board of Directors with voice and vote. The Executive Director shall oversee the completion of all of the duties of the Secretary and of the Treasurer, as established by AHIMA.	Responsibilities of this office have changed and influence the operational infrastructure of the organization. The Executive Director's having voice and vote allows for a uniform and comprehensive voting strength capacity of the Board of Directors with them all having voting privileges.
ARTICLE VIII BOARD OF DIRECTORS		
<i>Section 1. Compositon</i>		
The members of the Board of Directors shall be the President, the President-Elect, the Past-President/Director and elected Directors. The Chief Delegate/Advocate and the Executive Coordinator shall be members with a voice <u>but without</u> vote.	The Chief Delegate/Advocate and the Executive Director shall be members with a voice and vote.	Responsibilities of this office have changed and influence the operational infrastructure of the organization. The Executive Director's having voice and vote allows for a uniform and comprehensive voting

		strength capacity of the Board of Directors with them all having voting privileges.
<p>ARTICLE IX. COMMITTEES, COMMITTEE CHAIRMEN AND BOARD LIAISON</p>		
<p>In alternate years, one-half of the Regional Associations may submit one (1) nomination for the Nominating Committee. The odd-numbered Regional Associations shall be eligible <u>for</u> submit one (1) nomination in odd-numbered years and the even-numbered Regional Associations in even-numbered years. The year of determination corresponds with the year of the election by the House of Delegates. Nominations shall be sent to the Executive Coordinator at least ninety (90) days in advance of the Annual State Convention. Names of nominees and their respective Regional Associations shall be included in the delegate packet mailed in</p>	<p>In alternate years, one-half of the Regional Associations may submit one (1) nomination for the Nominating Committee. The odd-numbered Regional Associations shall be eligible to submit one (1) nomination in odd-numbered years and the even-numbered Regional Associations in even-numbered years. The year of determination corresponds with the year of the election by the House of Delegates. Nominations shall be sent to the Executive Coordinator at least ninety (90) days in advance of the Annual State Convention. Names of nominees and their respective Regional Associations shall be included in the delegate packet mailed in advance. A ballot shall be submitted to the delegates for election of the</p>	

advance. A ballot shall be submitted to the delegates for election of the members of the Nominating Committee in the FHIMA House of Delegates.	members of the Nominating Committee in the FHIMA House of Delegates.	
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Strategic Plan 2001-2003

MISSION:

The Florida Health Information Management Association is the membership organization of health information management which fosters the professional development of its members through education, communication and advocacy. These commitments thereby promote quality health information for the benefit of the public, the health care consumer, providers and other users of clinical data.

I. EDUCATION

GOAL	ACTION PLAN	RESPONSIBLE PARTY	TIMEFRAME
To educate the membership on current issues, HIM “Hot Topics”, and Best Practices.	<ul style="list-style-type: none"> Provide information at the Mid-Year Conference or Annual convention on diverse topics relating to ancillary care. Develop FHIMA COP. 	Program Chairman	October 2001 – March 2003
		Board of Directors	October 2001 – March 2003

II. ORGANIZATIONAL INFRASTRUCTURE

GOAL	ACTION PLAN	RESPONSIBLE PARTY	TIMEFRAME
Re-evaluate the organizational	<ul style="list-style-type: none"> Elevate responsibility and job 	Management Steering Committee	October 2001 – March 2002

<p>and operational structure of FHIMA to improve service to its members.</p>	<p>description of Executive Coordinator.</p> <ul style="list-style-type: none"> Investigate alternative means of providing annual FHIMA update to membership. 	<p>President-Elect / Executive Coordinator</p>	<p>October 2001 – December 2001</p>
	<ul style="list-style-type: none"> Explore methods to improve the infrastructure of the association including the House of Delegates. 	<p>Board of Directors</p>	<p>January 1998 – Ongoing</p>

III. MEMBER PARTICIPATION

GOAL	ACTION PLAN	RESPONSIBLE PARTY	TIMEFRAME
<p>To develop closer working relationships between state level and regional level volunteers</p>	<ul style="list-style-type: none"> Form Regional Task Force. 	<p>Regional Representatives</p>	<p>August 2001</p>
	<ul style="list-style-type: none"> Explore method in which regions can consolidate. 	<p>Regional Task Force</p>	<p>September 2001- March 2003</p>
	<ul style="list-style-type: none"> Develop Business Plan model to assist regions. 	<p>Regional Task Force</p>	<p>September 2001 – March 2003</p>
	<ul style="list-style-type: none"> Establish regional communication through use of FHIMA Website/ AHIMA Communities of Practice and HOD. 	<p>Website Committee/ Executive Coordinator/Regions</p>	<p>October 2001 - Ongoing</p>

	<ul style="list-style-type: none"> Disseminate AHIMA image marketing tools to membership, hospitals and human resources. 	Board of Directors	November 2001 – Ongoing
	<ul style="list-style-type: none"> Support FIRE (Find, Inspire, Recruit and Educate) Program. 	Board of Directors	October 2001 – Ongoing
	<ul style="list-style-type: none"> Provide survey to membership via COP in order to evaluate member needs. 	Board of Directors	October 2001 – March 2002
	<ul style="list-style-type: none"> Provide information to membership of detailed cost savings at FHIMA. 	Board of Directors	October 2001 – Ongoing



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Articles

January/February 2002**RFP's – Request for Proposals***Sherry A. Davis, CPA, RHIA*

You've just been assigned the task of preparing an RFP for a new dictating system. What do you do?

- A. Have a panic attack.
- B. Look for a copy of the last RFP.
- C. Call everyone you know to ask who they use.
- D. Read everything you can find.
- E. All of the above.

If you answered E. All of the above, you are correct. RFP's can be arduous, long, drawn out tasks. Most of us prefer to call a couple of vendors that we already may be familiar with, or that some colleague told us about. We have a short conversation or two with them, during which we give them some warm, fuzzy notion about what we want. They send us quotes based on their standard models and their vague assumptions about what they want to sell us. Then we take the cheapest quote. Or maybe we'll choose the one from the salesperson we liked best or the one that our HIM friends recommended. Next we'll sign the vendor's

standard contract (doesn't everyone?), check the RFP off our to do list and get back to our real jobs. No sweat, right? Well, not until the vendor delivers a system that can only handle half the work we need it to do. Oh yeah! They neglected to tell you that maintenance isn't included. And no, you never said you wanted them to train you. That'll be extra too. And you wanted it WHEN?!

RFP's may seem overwhelming, but they are a piece of cake compared to the disasters that can result from glossing over the RFP process. If you take it step by step and enlist plenty of help, you can minimize the pain and maximize the rewards. This article will give you an overview of the steps for a successful RFP process. Then we'll look at what should be in the RFP document. Finally we'll discuss how to evaluate and RFP.

What is an RFP?

"The RFP is both a document and a process" according to Merida L Johns in the textbook Information Management for Health Professions. The document and the process is similar whether the RFP is for some type of service (like transcription or release of information), or for equipment (like a new server), or software (like an encoder program). Ms. Johns lists the following sample steps that can be used for any RFP process.

- Step 1:** Identify Vendors to which RFP is to be sent.
- Step 2:** Prepare RFP document.
- Step 3:** Distribute RFP document.
- Step 4:** Receive RFP responses.
- Step 5:** Evaluate RFP responses/select top vendors.
- Step 6:** Request vendor demonstrations.
- Step 7:** Conduct on-site visits to vendor clients.
- Step 8:** Select the two best vendors.
- Step 9:** Enter contract negotiations.
- Step 10:** Complete contract negotiations.

Purpose of the RFP Document

The main purpose of the RFP document is to describe what services/products your company wants. This information should contain sufficient detail to provide all the information required by vendors to develop a reasonable response. This could be the most difficult part because you have to really think about what you want and document in a way that anyone could read it and know exactly what you mean. Never assume that the vendors will understand what you have written. For example, don't just state that contract coders should provide quality service. If you require 98% accuracy on all codes, then state that percentage. This is your best opportunity to outline everything that you want the vendor to provide you with. The more you list, the better chance you have of getting

the service/product that will best suit your needs.

If your RFP involves purchase of or access to any systems, be sure to provide all the technical information needed by the vendors. This will make sure that systems are compatible and that all necessary hardware, software etc. are included in the vendor's response. For example, you don't want to purchase and begin installing new software only to realize that you need bigger hard drives and more RAM your existing PCs in order to load and run the programs.

An RFP should also outline all the contractual requirements that will be included in the contract. Your purchasing department probably has some type of boilerplate wording to provide these details. This will encompass all the legalese, like the length of the contract, payment terms, remedies for breach, company contacts, etc. Rely on your purchasing representative and/or your corporate attorney for guidance here. There should be no surprises to the vendors or the company when it is time to negotiate the actual contract.

The following is a sample list of sections that should be included in the RFP:

1. System Overview
2. Proposal Requirements & Contractual Conditions
3. RFP Response Instructions
4. General Vendor Information
5. Personnel Requirements
6. Quality Assurance & Training
7. Technical Requirements and Specifications
8. Security Evaluation
9. Price Proposal & Billing Information
10. References
11. Statements of Work
12. Additional Response Information

Evaluation of Responses

The key to evaluating RFP responses is to provide a standard method for vendors to respond. Don't let each vendor decide how to respond, or you will end up comparing apples to oranges. Set up a spreadsheet in Excel or a table in Word with all the questions you want answered. Require the vendors to enter their answers into that spreadsheet and return them to you both in printed and electronic format. This will greatly simplify the evaluation process. Also make sure to require the vendors to answer every question. They can't dodge an issue by leaving the question blank.

An evaluation team should be selected to review the responses and decide on the final vendor. Be sure to

include representatives from every area that is effected by the RFP on the evaluation team. One person should be designated as the contact for all vendor questions and to receive all the responses. This person would review all responses for completeness, making sure there are no blanks or missing information. They could also cut and paste all the responses into a single document with each vendor's responses listed in columns next to the questions. This makes it easy for the team to compare one vendor's response to the others. It is also helpful to prepare a decision matrix for this initial evaluation. The matrix will help to focus the evaluation on the factors that are the most important to your facility. The goal of the initial review is to select a short list of 2-3 vendors. If additional information or clarification is required, send letters to each vendor.

At this point, you may need to schedule meetings or phone conferences with each vendor on the short list. It is also advisable to set up demonstrations for each of these vendors. If possible, give each vendor the same information to process. If it isn't possible to give them identical information, make sure that the information is reasonably comparable. You should also contact the customer references provided by the vendors. Schedule site visits with as many of these customers as is practical. Make sure that at least one or two of the customers are similar very similar to your facility in size and volume of business.

This process should make it easier to reach a final decision on a vendor. It will serve to validate your decision, both for internal management and for any external parties with an interest in the outcome. Contract negotiations should also be simplified since all pertinent items will already have been addressed.

I know what you're thinking, "That sounds like a lot of work. Why can't I just skip the RFP?" You're right, it is a lot of work, but it is definitely worth the effort. You'll learn a tremendous amount about your company and your vendors. You can avoid choosing the wrong vendor, service or product because you forgot to consider important information. By including all facilities/departments in the process you increase their support in the final outcome. An RFP puts all vendors on a level playing field. They receive identical information and are evaluated on the same basis. This makes the process more objective and less subjective. It may even prevent legal action from vendors who feel they were discriminated against.

RFP's require a lot of time, people and resources. Start at least one year in advance and take the time to do it right. Appoint one person to manage the process, but create a team that includes a representative from each area

effected. Provide the team with adequate support, staff, time, money and information. Skimping now will only cost more later.

RFP's can save you money, time and frustration. A properly executed RFP can insure that the service or product you select actually does meet your needs. You can get the right vendor the first time, instead of suffering through two or three bad choices to get to the correct one. Nothing is worse than going through an implementation and having to turn around and go through it again. Mistakes can be costly, in terms of money, time, productivity, customer satisfaction and employee morale. The journey is longer, but the destination is well worth it.

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ASTM Standard Guides, American Society for Testing and Materials, www.astm.org.

www.ahima.org

Vendor sources:

Professional journals. Check ads and special vendor listings.

Professional associations. Check out their websites.

Trade shows and conferences.

Your counterpart in other facilities.

Submitted by Sherry A. Davis, CPA, RHIA. Sherry is an HIM Specialist in Medical Transcription at Orlando Regional Healthcare.

ELECTRONIC REGISTRATION OF VITAL RECORDS

Ken Jones, Deputy State Registrar



The Office of Vital Statistics will not be implementing the electronic web-based vital records registration system as planned in 2002. We have terminated our contract with the current vendor and plan to start redevelopment of an electronic vital records system within the next 18 to 24 months.

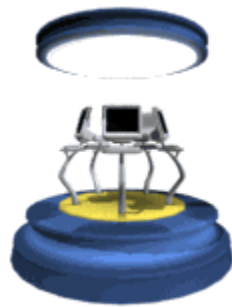
While working on the specifications for a new web-based system, we will be looking for input from those who will be

using the electronic system. We want to design a system that will be as "user friendly" as possible while still gathering accurate and timely data. Notice will be sent to various professional organizations and we will hold open meetings to voice thoughts on what an electronic system needs to do to make registration easier for all parties involved.

We welcome your input and request your patience and support as we proceed to develop and implement an electronic vital records registration system in Florida. Questions regarding electronic registration can be directed to Ken Jones, Deputy State Registrar at 904-359-6982.

Document Imaging Service Bureaus. What Should I Look For?

*Ryan T. Parent, RHIA, HCRM
President, Automated Document Solutions*



A Brief Overview of Document Imaging:

Imaging systems capture information stored on paper and provide end users with immediate, simultaneous access to the information. Images are captured by scanning paper documents and creating digitized images. These images of paper documents are indexed and organized, then burned to CD, DVD, optical disk, or some other form of permanent storage media. In healthcare environments, document images are stored on WORM (write once, read many) disks, which serve as an efficient long-term mass storage medium to be used in conjunction with a variety of magnetic storage and retrieval alternatives. Optical disk drives contain a high-powered laser to record or "burn" the information and a low-powered laser to later read the information. This information is accessed through file servers that accept and prioritize requests for the archived images, retrieve the images, and send them to the appropriate workstation for online viewing, faxing, e-mailing, printing, or migration to personalized CD's for release of information. When the document is retrieved and printed, a virtually identical copy of the original is generated.

Today, many organizations are beginning to shift away from managing these sometimes-complicated systems. They are outsourcing to more experienced service bureaus that specialize in managing high-tech and labor intensive imaging systems. A good service bureau can save time and money for a company by efficiently managing the development and installation of these systems as well as the day-to-day operational challenges involved with preparing, scanning, indexing, quality checking, and migrating millions of documents per year.

The Service Bureau Alternative:

For a few pennies per scanned page, a good service bureau can lead an organization through choosing an appropriate software package, designing the architecture on which to build an efficient storage and retrieval network, and managing the prepping, scanning, and indexing staff required to process large volumes of paperwork. Some of the benefits of using these service bureaus include:

- — You don't have to pay for scanning or indexing equipment.
- — You don't have to pay for capture software.
- — You don't have to pay for licensing, maintenance, or upgrades on hardware and software.

What To Look For:

A service bureau may use their own equipment and software, but should also be willing and able to work with existing imaging systems that your facility may already have. You may have an existing imaging system and simply need help managing large volumes of work without disrupting daily productivity. It's important in these circumstances that the service bureau be able to convert scanned images from their proprietary image format to a format acceptable for import by your system.

A good service bureau will be flexible enough to work on-site or take the records off-site, depending on the needs of the client. Experience and references are very important. A service bureau should be able to provide a list of other clients that have similar needs. In order to control costs, look for a service bureau that charges based on volume rather than hourly rates. Service bureaus should have an established quality assurance program to review image quality and index validity prior to exporting documents to

the final repository.

Summary

Document imaging is quickly becoming a trend for the future of record keeping and there are a variety of resources that can help make the transition a smooth one. As with all companies being considered for outsourcing, a service bureau should be thoroughly interviewed and investigated. Such service providers can certainly save an organization a large amount of time and money, but these things shouldn't come at the expense of quality and professionalism.

Submitted by Ryan T. Parent, RHIA, HCRM, Automated Document Solutions, President, 321-663-5011

Speech Recognition in Radiology

RoseAnn Webb, RHIA

Director, Health Information Management

Boca Raton Community Hospital



In October 2000, Boca Raton Community Hospital went live with a speech recognition system in the Radiology Department. Earlier in the year, BRCH was experiencing a lot of problems with our transcription company, the interface between our facility and the transcription company, and the turn around time for our reports. At that time a committee was formed that started taking steps toward the purchase of a voice recognition system. After reviewing several systems, management and the radiologists decided to purchase one. This system would:

- Reduce turn around time.
- Reduce the cost of transcription.
- Give the radiologist the ability to self-edit the reports or forward them to a medical editor for completion.
- Allow the radiologist to electronically sign the reports once they were completed.
- Interface with the hospital computer system to provide a download of patient demographics and immediate availability of reports on line.

The radiologists were very excited about the system. Their main concern was to get the reports dictated and distributed as soon as possible. They had to "teach" the system by dictating 20 reports. The system then "learns" their voice and types out the report underlining the incorrect words in red. The physician has the choice of self-editing the reports or sending them to a medical editor. Physicians will self-edit when time permits and on routine reports. The editor is available for longer, more complicated reports and when a physician is alone in radiology. Our medical editors currently edit 35% of the reports. Our goal is to reduce this to 10-15%.

One of the major benefits of this system is quicker turn around time. BRCH went from a 12-24 hour turn around time to less than 5 hours. Stat reports, which once averaged four hours from examination to distributed report, now take thirty minutes. This is definitely an improvement in the quality of patient care.

Another major benefit is the cost savings seen in transcription. BRCH estimates that the savings are as much as \$600,000 a year, which more than pays for the system.

Finding medical editors was a challenge for me as the HIM Director. Transcription companies were not sure how to charge and the administrative team wanted the physicians to edit as much as possible in an attempt to keep editing to a minimum. Currently, we are using an outside staffing company to perform this service and we are paying on an hourly basis in lieu of a report basis. If there is nothing to edit, the editor assists with processing the reports to the physicians and the radiology jackets.

Speech recognition has definitely come a long way since the early 80's when I first viewed a system. I am looking forward to using a similar system in the HIM department in the near future.

Submitted by *RoseAnn Webb, RHIA, Director, Health Information Management, Boca Raton Community Hospital, rwebb@brch.com*

Hospice: A Different Type of Healthcare

*Glenda Hensley, Student
International College*



Hospice roots go back to the Greeks (before 1000 B.C.) who originated the concept of having a place for people to go and die. Hospice's modern roots began when a home for the dying opened in Dublin in the 19th century by an associate of Florence Nightingale. Shortly after the Dublin home opened the Sisters of Charity opened a similar home in London. It was in the London home during the 1950's and 1960's that Dame Cicely Saunders developed her ideas of a modern hospice that would bring physical and spiritual peace in the face of death. Dame Cicely Saunders is celebrated as the creator of the philosophy that the end of life can be the most the important part of the life cycle. This philosophy is embraced by hospices across the United States and internationally. No country has embraced the concept as much as America. There are over 1600 hospices in the United States and last year over 175, 000 Americans used Hospice services.

The only criteria required to be a Hospice patient is to have a terminal illness. There are no boundaries on the type of illness. The only requirement is that if the disease follows the same course death will result in six months or less. There are no penalties assessed to the patient, family members or the attending physician if the patient does not die within the six months or less time frame. If the patient at the end of the six months still meets the criteria, they still have the terminal illness, it has not gone into remission or been cured by a miracle they may continue with Hospice care. Patients are assessed initially at ninety and every sixty days there after as to the state of their terminal illness. In many Hospices there is a review committee for certification of terminal illness. The committee is comprised of nursing staff, social worker staff, medical director, clinical director and health information director. The committee reviews patients to determine if they should continue with Hospice care. The most scrutinized charts are those with the diagnoses of debility and congestive heart failure. It is a hard decision to make in decertifying a patient. The patient has become dependent on the care that is given and the Hospice staff questions if they were not there giving the care would the patient still be alive. Therefore it is imperative to have an impartial review committee to make sure that regulations stipulated for Hospice patient criteria are being met and maintained.

Hospice focuses on palliative care or symptom management rather than curative therapy to patients who

are terminally ill. Non narcotic analgesics, narcotic analgesics, frequent change of positions, back rubs, massage, art, music therapies, tranquilizers, antidepressants, conversation and companionship are used to relieve terminal ill symptoms. The patient is allowed to live as symptom free as possible and enabled to lead as meaningful a life as they wish for the remainder of their illness.

Hospice understands that the dying process is difficult for the family and significant others of the patient as well as the patient. Therefore, hospice care not only focuses on the needs of the patient but also on the physical, emotional, and mental states of the people around the patient. Treatment plans and options are discussed with the patient and family. Goals are written for the patient and family needs.

An interdisciplinary team similar to other healthcare settings manages the treatment plan of the patient. The difference of the hospice interdisciplinary team is its composition. The team is lead by a physician either the attending or a hospice employed physician. Then the other members are made up of a nurse, social worker, chaplain, bereavement counselor, volunteers, pharmacist and home health aides. The nurse acts as the case manager coordinating care plan changes with the doctor and other team members. The social worker provides psychosocial evaluations and social resources available for the patient and family. The chaplain can be of any denomination and offers spiritual support for the patient and family. The bereavement counselor helps the family and patient to prepare for impending death and they provide grief support to the family after the patient's death. Volunteers are utilized in many capacities from helping the patient and family by being companions, delivering medications to the patients from the pharmacy, buying groceries, sitting with the patient to give the caregiver a much needed break, to helping in the office with light duty office work. The volunteers are a very important link in the hospice care by being the extra support, which would not be available due to economics. The pharmacy works with the nurse and attending physician to provide adequate symptom management. The home health aides provide light house keeping duties and personal hygiene for patients who are in need of the service due to living alone or caregiver not able to help in that area.

Hospices are regulated by state licensure and follow closely the Medicare Conditions of participation. Many of the third party payers to hospice also follow the Medicare conditions of participation. The conditions of participation are the main standards that hospices follow. Hospice is reimbursed under Part A for Medicare patients. The coverage is referred to as "electing the hospice benefit". Upon electing

the hospice "benefit" no other Part A or B reimbursement can be provided for any other patient services (other than physician payment) or to any other agencies except hospice. The hospice benefit coverage includes all services, clinical, medications, equipment, oxygen, lab work and therapies. Should a patient decide to receive aggressive treatment they can revoke hospice services and return to regular Medicare coverage. For patients to be eligible for Medicare Part A there must be a certification of terminal illness on file, signed by the attending physician and the hospice physician. This certification must be updated on the initial ninety and then every sixty days thereafter. There must be documentation in the chart to support the certificate of terminal illnesses. To insure that hospices are meeting the requirements of the Conditions of participation clinical and HIM staff reviews the charts on a monthly basis for any deficiencies. Another factor in the hospice coverage is if a patient does not have access to Medicare, Medicaid or any other third party payer they will not be turned away from hospice care. This part of the hospice philosophy is made viable through the many donations from the community, family and friends of former hospice patients.

At this point in time hospices are paid on a per diem structure. A per diem structure has an upside and a downside. The upside being there is not the same need to do coding as in other facilities so in the administrative staffing it takes less people to do the billing. The downside is a flat rate of money is paid for each patient regardless of how many interdisciplinary team members are involved with the care of the patient or how many times a day the patient is seen. ICD-9 coding is used for the primary and secondary diagnosis of the patient and CPT coding is used for lab work.

Most hospices use computer systems, which assign a running serial number of the Medical record number. Once a patient is given a medical record number they keep it. The patient's record is filed using the straight numeric filing system. The computer system is not considered a master indexing system per a hospital based master index system. The computer systems are advanced to where any type of report can be generated from the database. Reports can be created by diagnosis, by physicians, by patient zip codes, by admit date, by average length of stay, by dates for re-certification and many more types of reports. Many of the reports that are generated are used for internal purposes to identify specific areas of high traffic. For example what is the most prominent disease among the patients of Hospice of Lee County, by running a report of diagnosis it is easy to see cancer is the prominent disease. It is also easy to ascertain that the average length of stay with Hope Hospice of Lee County is approximately fourteen days.

The types of documents required in the hospice setting have a significant amount of non-physician documentation and are nonintergrational. All disciplines document separately on their own progress notes due to the fact that the disciplines visit patient at different times. The only place where this is different is with hospices that have inpatient facilities then an integrated progress note is used for the patient visits. There must be admission orders signed by the attending physician, an informed consent that must be signed by the patient or someone with Power of Attorney, legal papers, and a certificate of terminal illness in the chart or in the process of being obtained. Documentation for each and every time a member of the team has contact physically or verbally with the patient or the patient's family must also be in the chart. There has to be a care plan done every fourteen days regarding the goals and interventions for the patient discussed and signed by each interdisciplinary team member involved with the treatment of the patient.

Hospice of Naples covers the Collier county area and they have a 6-bed inpatient facility where patients who are alone and in the last stage of life can stay. Hope Hospice of Lee County covers Lee, Hendry and Glades counties. It has two inpatient bed facilities. With the second inpatient opening there are now a total of fifty-four beds available with the Hope Hospice facilities. Twelve of the fifty-four beds will be long term facility beds for patients who live alone, do not have caregivers and are not in the final stages of their illness.

It is obvious with the number of facilities open in the United States and the number of patients seen last year that hospice care is a very important link in the healthcare industry. With the coming of age of the baby boomer generation and the changing face of the American family the need will be even greater in the future.

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Web Sites to visit for more hospice information:

(<http://www.hopehospice.org>)

(<http://www.hospiceofnaples.org>)

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AHIMA Update

January/February 2002

AHIMA Bids Farewell to ISP

The close of 2001 marks the end of a forty year tradition...the AHIMA's Independent Study Program (ISP). The program, which began in 1962, allowed thousands of HIM professionals to take correspondence courses in health

information technology and coding. The ISP was ahead of its time, in that it offered distance, self-paced learning for students already committed to full time jobs. A new prerequisite requiring those sitting for the RHIT exam to have successfully earned an associate's degree (effective October 1, 2002) lessened the need for the ISP. An estimated 10 percent of AHIMA's current membership of 40,000 are products of the ISP.



AHIMA Fellows

The first five members to receive the designation of Fellow of the American Health Information Management Association (FAHIMA) were announced at the 2001 AHIMA National Convention in Miami Beach, Florida. The Fellow status is a lifetime recognition of individuals who demonstrated a sustained and significant contribution to the HIM profession. The 2001 Fellows are:

Bonnie Cassidy, MPA, RHIA, FAHIMA
 Elizabeth Layman, PhD, RHIA, CCS, FAHIMA
 Lynn Kuehn, MS, RHIA, CCS-P, FAHIMA
 Donna Slovensky, PhD, RHIA, FAHIMA
 Mary Mike Pavoni, MS, RHIA, FAHIMA

House Approves Credential Changes

By a 128 to 60 vote, the AHIMA House of Delegates approved the creation of a new coding credential for entry level professionals. The unnamed credential is designed to give the coder immediate marketability after completing a qualified training program or on-the-job training. This will allow AHIMA to set the CCS and CCS-P as the only advanced coding credentials. The new credential will provide a way for new coders to demonstrate their expertise and distinguish themselves from non-credentialed coders. The first exam will be offered in late 2002; a task force and the Council on Certification will guide the process of creating the credential and examination. AHIMA will create a marketing campaign to introduce the new credential.

Changes to CE Requirements

The House approved new credential maintenance requirements operating on a two year cycle, effective January 1, 2002 or at the beginning of each member's new CE cycle. Below is a chart of requirements.

CCS or CCS-P.....20 CE credits/2 years
CCS and CCS-P.....30 CE credits/2 years
[The annual self-assessment requirement remains unchanged and is worth 5 CE credits each year]

Those professionals holding the CCS or CCS-P and the RHIA or RHIT will not be required to earn any additional CE units to maintain credentials, but will still be required to complete the self-assessments on an annual basis.

Contacting AHIMA

For general queries, email info@ahima.org. For professional practice questions, go to the AHIMA Online practice forums at <http://www.ahima.org/bibs/index.html> or send email to: proprac@ahima.org.

If you'd like to update your mailing address or email address, include your full name, member ID number and your new information - send to: info@ahima.org. For general questions, contact [AHIMA Online](#).