

HIM & ONCOLOGY SUPPORT SERVICES

*Backlog woes?*

FHIMA

Florida Health Information Management Association

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### President's Message

January / February 2004

#### In the Thick of Woods

*Ashlyn Dellenger, RHIA*



Happy New Year everyone! I hope everyone had a great holiday. The holidays are great, but it is also nice to have life back to normal again.

With FHIMA, things are starting to get busy. Annual meeting planning is well underway and speakers are being sought to present. Remember, this year the meeting is in July again and at the Gaylord Palms resort in Orlando.

Hill Day for FHIMA is scheduled on March 4th. Your FHIMA Board of Directors will be on hand to bring our field and talents to the attention of as many state legislatures as we can. Stacie Buck, RHIA and the rest of the Legislative team have invested many hours so far in making sure our visit to the "Hill" is successful. Hill Day is open to any FHIMA member. If you wish to join us, please contact Stacie Buck so we can get you on the schedule.

Winter Team Talks are around the corner as well. Linda Stone, RHIT, Chief Delegate and Lori Lucas, RHIA, Executive Director will be attending the AHIMA Winter Team Talks. Winter Team Talks are scheduled in several cities across the US.

It is nomination time again. FHIMA is seeking nominations for President-Elect, Director and AHIMA Delegate. Get involved! If you are interested in any of these positions – they really aren't a whole lot of work – check out the requirements in this issue of E-coastlines. You can nominate yourself.....or a friend!

The end of 2003 was a time of preparation for many acute care departments that handle birth certificates. The birth certificate form and collection of the data was set to change and increase in effort starting January 1, 2004. FHIMA asked for your input on how these changes would affect you and your departments and we heard you loud and clear. FHIMA Past President, Sharol Noblejas, RHIA and President Elect, Barbara Flynn, RHIA, used your feedback while working with FHA to delay the start date of these changes until March 1, 2004. Thank you to those of you who passed on your information.

The end of the year put our field in the spotlight – again. Rush Limbaugh, Radio personality, had his medical records ordered under a search warrant issued by the State Attorney's office. A letter has been sent to Mr. Limbaugh from FHIMA letting him know that each and every individual has the right to patient confidentiality and as an organization, we are concerned for his patient rights. Governor Bush has also heard from FHIMA. This is the second letter that Governor Bush has received from our organization in two years. This letter expressed the same message that each patient has the right to patient confidentiality. This issue ties in nicely with Hill Day in March.

The FHIMA Board of Directors will be meeting in Tallahassee the day after Hill Day. It is an exciting time for FHIMA. As I stated earlier, get involved in your regional association or in FHIMA. It is a great way to network and market yourself as well as your career of choice. If we don't toot our own horn, who will?



***An FHIMA Expedition, Discovering New Territories for a Better Tomorrow***



## NEW! FLORIDA SHOTS DATA EXCHANGE

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#### FHIMA'S CALL FOR NOMINATIONS

##### MAKE A DIFFERENCE...

##### **FHIMA Needs Enthusiatic Volunteers LIKE YOU!**

*Mario A. Perez, III, RHIA, CCS, CCS-P*

*FHIMA Nominating Committee Chairperson*



Each year, we seek candidates for the following positions:

**President-Elect\*:** The position is actually a 3-year commitment. The president-elect sits on the Board and works closely with the President and Management Steering Committee. The 2<sup>nd</sup> year is the President, and the 3<sup>rd</sup> year, sits on the Board as Past President/Director.

**Qualifications:** 1) Experience serving as an FHIMA Board Member. 2) Active Membership in AHIMA and FHIMA.

**Director\*:** Each year THREE Directors are voted on to the Board. They serve as liaisons to Committees and conduct business of the Association. This is a 2-year term.

**Qualifications:** 1) Experience serving as an FHIMA Committee Chair or officer in a regional association or prior HIM leadership role in another state. 2) Active Membership in AHIMA and FHIMA.

**Delegate to AHIMA:** This is a 2-year commitment. The first year the AHIMA Delegate attends the AHIMA Annual meeting, and the second year, attends the AHIMA Meeting AND sits on the Board as Chief Delegate\*.

**Qualifications:** 1) FHIMA Board or Committee Chair experience. 2) Served as a delegate to FHIMA House of Delegates. 4) Active Membership in AHIMA and FHIMA.

\* FHIMA Board members have registrations fees waived to the annual meeting.

Click here to obtain [2004 FHIMA Nomination Form](#).

For more information, please contact:

**Mario A. Perez, III, RHIA, CCS, CCS-P**  
**1251 SW 138 Court**  
**Miami, FL 33184**  
[Mperez1251@aol.com](mailto:Mperez1251@aol.com)  
**305-903-9414**

**The deadline is January 31, 2004.**

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## ***FHIMA Annual Convention 2004***



***July 12-15, 2004 (Monday - Thursday)***  
***Gaylord Palms Resort***  
[www.gaylordpalms.com](http://www.gaylordpalms.com)

Gaylord Palms Resort & Convention Center is a total destination resort offering world class meeting facilities, exceptional service, family entertainment, a Canyon Ranch Spa Club and recreation. Enjoy this grand Florida mansion! Guest rooms include:



Complimentary self parking



No charge for local and 800 calls



Complimentary in-room internet access  
(T-1 capacity)



Bottled water, orange juice, coffee & tea in each  
room replenished daily



Access to fitness club at the Canyon Ranch Spa



Free transfers to and from Disney Theme Parks



Complimentary transfers to and from Falcon's Fire at

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## **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:

**Yamile Luna, RHIA**  
**9804 Montclair Cir**  
**Apoka, FL 32703-1966**  
**(W) (407) 303-7958**  
[yamile.luna@flhosp.org](mailto:yamile.luna@flhosp.org)

***Deadline for receipt of nominations is April 16, 2004.***

\*\*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](#).

## 2004 FHIMA SCHOLARSHIP

Myra Merillo, 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 2004 Annual Convention. Scholarship recipients will be notified in writing of their award in June. 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, 2004**

**Mail Applications & Attachments To:**  
**Myra Merillo, RHIT**  
**FHIMA Scholarship Chairperson – 2004**  
**2025 Wesbitt Avenue, Spring Hill, FL 34608**  
**(352) 592-4259 day or (352) 686-6794**  
**evening**  
[myra.merillo@healthsouth.com](mailto:myra.merillo@healthsouth.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.](#)



**GET THE ALL NEW 2003  
Medical/Legal Guide to Health  
Care Records in Florida**

The new Medical/Legal Guide to Health Care Records in Florida is now available and ready for purchase. The manuals are \$135. Students enrolled full-time in an accredited HIT/HIM program may purchase the guide for \$65.

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January / February 2004

#### Auditing for HIPAA Privacy Compliance

*Donna Padnos, MBA, MS,  
Sandra Nutten, MSA, CHC*

#### Introduction



Although the deadline for becoming compliant with HIPAA privacy regulations occurred several months ago, compliance with the HIPAA privacy rule is an ongoing activity. Each covered entity needs to assure that the efforts expended for the preparation and implementation of the privacy program initiatives continue to meet the expectations of both the patients and the Department of Health and Human Services.

#### Coordinate with the Compliance Program

An ongoing review of HIPAA privacy compliance should now be a part of your overall compliance program. Work with your compliance officer to develop a HIPAA auditing program that incorporates variations specific to HIPAA with the main elements of your existing compliance program.

These elements are:



- a. written standards and procedures
- b. designation of a compliance officer or other contact (s)
- c. appropriate education and training on the standards and procedures
- d. appropriate response to detected violations through investigations and disclosure
- e. open lines of communication; and
- f. enforcing disciplinary standards
- g. internal monitoring and auditing

Items a-f should already be in place for HIPAA. If you have not already done so, it is time to develop item g, the internal monitoring activity that will track and measure your compliance efforts. As with other HIPAA activities, the nature of the compliance auditing program will depend upon the size, scope and character of the organization

This review should occur as a component of your existing Quality Assurance or Performance Improvement process and will assist in the identification of deficiencies, support remediation actions and create appropriate documentation of your organization's HIPAA privacy compliance activities. This documentation is necessary to support the organization's complaint process, for potential Office of Civil Rights (OCR) investigations, and to help protect the organization from possible liability, which could occur in the form of fine or penalties for privacy violations, private lawsuits, and negative public relations.

### **What is a HIPAA Privacy Compliance audit?**

The goal of a HIPAA Privacy Compliance Audit is to ensure that the policies and procedures that were developed to comply with the HIPAA privacy rules are being following in daily operations.

"An audit is a systematic, objective appraisal by internal auditors of the operation and controls within an organization to determine whether external regulations and acceptable internal policies are followed." <sup>2</sup>

"An audit is a covered entity's self-certification and provides assurance of compliance being achieved, or provides a means of identifying the need for additional training, risk analysis, or process redesign." <sup>3</sup>

An audit can identify risks to the system and prompt action to minimize the risk. <sup>4</sup>

The audit team must be familiar with the HIPAA privacy

regulation, expressed as standards, and each standard's implementation specification or interpretations. Additionally, the Office of Civil Rights publishes guidelines that will further clarify the regulations and these resources are invaluable in determining the right course of action for your entity's compliance audit. Lastly, the team must be familiar with the organization's policies and procedures that address HIPAA and patient privacy. These documents may be found cohorted in one manual, but usually are scattered among many manuals and in more than one department. Selected aspects of daily operations of the organization will be measured against these policies.

Audits should be conducted at regular intervals, but may need to be conducted more frequently when there is a change in the HIPAA standard or implementation specification or if organizational changes occur in processes, policies, technology, or procedures that are related to the privacy requirements.<sup>5</sup> A focused audit should be performed at an appropriate interval following action to mitigate an identified risk.

### **Plan for the HIPAA Security Program**

Some elements of your HIPAA monitoring program can help plan for and develop your HIPAA security compliance plan, since the specific standards and implementation specifications for administrative, physical, and technical safeguards called for in the HIPAA privacy regulation are detailed in the HIPAA security rule.

### **Conducting the Audit**

The audit process will include the following steps: <sup>6</sup>

- planning the audit
- designing the audit tools
- conducting the audit and collecting information
- examining and evaluating information
- communicating results and recommendations for change
- following up to determine if the changes were successful

The data collection will take different forms: <sup>7</sup>

- observations
- interviews
- testing systems
- analysis of event and complaint data

When building your compliance monitoring program,

measure those activities that will provide meaningful and useful information for your organization and are based on the specific requirement or implementation specification.<sup>8</sup> The audit activities should take you into several departments of the organization, such as information systems, human resources, health information management, registration/patient access services, clinical areas, and customer relations.

Following the collection of data, prepare a report describing the findings; use graphs and reports to illustrate the results of your audit. "If the audit determines that the specific requirement (standard) or implementation specification has been met, then you will need to determine when this requirement should be audited in the future. If the determination of non-compliance is made, then provide some recommendations of appropriate actions to take in response to the audit findings. The report should be provided to the HIPAA compliance task force to address."<sup>9</sup> If your organization is small, prepare a list of identified compliance gaps and review them with appropriate staff for corrective action and set a date for follow-up. Be sure to communicate to your entity's compliance officer or office the results of the audit and obtain support for any subsequent action from senior management.

### **Suggested Audit Activities**

The following list provides suggested procedures that can be performed to examine whether the organization is following the workflow described in its privacy policies and procedures.

- Notice of Privacy Practices
  - Is the Notice of Privacy Practice (NPP) posted in all prominent locations? Is it available on-line? Does your front line staff know where to find a copy of the NPP, in case the patient actually asks for a copy of it to keep?
  - Identify a random selection of 50 patients that have had appointments since April 14, 2003, and review their charts to determine whether their files contain documentation that the NPP had been acknowledged or an attempt made to obtain a signature.
  - Are patients given the opportunity to opt out of certain uses and disclosures of PHI? How is this opt-out request documented and is it observed throughout the organization?
- Authorization forms –
  - Examine a sample of 25 authorization forms for format, content, purpose and review and document the organization's action and

responses.

- Business Associate (BA) contracting practices
  - Obtain a list of business associates and determine whether signed business associate agreements are on file for each one. Remember that BA compliance must be 100% by April 14, 2004.
  - How many business associates questioned the terms and conditions of your existing BA language? How many times was your BA revised since April 14, 2003?
  - How many times has the entity's legal counsel been consulted regarding the BA since the last compliance audit?
- Non-routine disclosures
  - Examine documentation of a random sample of 30 of the organization's non-routine disclosures of Protected Health Information (PHI) since April 14, 2003 and ensure that the disclosures were made in accordance with the HIPAA privacy regulations.
- Maintaining a record of all disclosures of PHI (other than for treatment, payment or operations a.k.a TPO or required by law).
  - Select 25 patients and prepare a sample accounting of disclosures. Are you able to capture all required disclosures that are maintained in either electronic or paper files? Were all disclosures across all departments captured?
- Workforce Training
  - Examine evidence such as educational records and/or the employees' annual performance appraisals that demonstrate that the organization's entire workforce has been role-based trained in HIPAA and the organization's specific privacy procedures.<sup>10</sup>
  - Conduct a post training survey to determine the retention of information by the trainees and the effectiveness of the training.<sup>11</sup>
- Separation and Clearance process
  - Review the Human Resource records of all employees who recently left the organization to assure that the terminations were communicated across departments and to key individuals in a prompt and timely manner;

- Assure that physical and technical access for these departed employees to information systems is disabled and all enterprise property is returned.<sup>12</sup>
- Minimum necessary/access control policy
  - "Conduct an operational review of information system activity including, but not limited to, system access, file access, and security incidents." <sup>13</sup>
  - Test the computer access of 25 randomly selected employees to patient files to determine if access to PHI is properly limited in accordance with the organization's minimum necessary guidelines.
  - Review the access records for the Medical Records Room.
- Complaint process
  - Review the complaint log to determine what issues have been raised by patients, designated representatives, or employees.
  - How have these issues been resolved, communicated, and documented?
- Patient Surveys
  - Include questions in your patient surveys related to the confidentiality of PHI. Do patients feel that the general atmosphere and behavior of the staff promotes the privacy of their medical information?
  - Select 25 patients and review any activities to provide access, amendment and/or log of their information.
- Preemption
  - Designate a staff member to monitor ongoing changes to the state regulations relative to privacy and other federal privacy laws that might affect your policies and procedures and training programs and brings any significant changes to the HIPAA committee.

- Physical Inspections<sup>14</sup>
  - Conduct regularly scheduled physical inspections of the facilities and premises to observe employee compliance with policies and procedures
  - Focus audit attention specifically to fax machines, printers, white boards, charts, dictation, patient rooms, document destruction
  - Highlight the following areas of interest as site inspection points: registration and admitting, medical records, patient rooms, patient/family conference areas, lobbies and corridors.

### **Final Thoughts – Auditing Is Never Concluded**

Clearly, anyone who has performed an internal compliance audit, regardless of the Federal, State or other regulatory mandated source, hopes for a result that yields no “material” violation. The term material characterizes the scope and severity of the compliance breach, with a connotation that the entity seeks immediate and exhaustive remedies to regain compliance. It also implies that legal counsel needs to be advised immediately and whatever occurred to harm the patient(s) is mitigated and resolved.

Compliance audits normally reveal areas that are working, but really can use some improvements. If your entity's culture has been supportive of process improvement change all along, adding HIPAA Privacy Compliance metrics to the audit set will be welcomed. If your culture could benefit from a refreshed approach, use HIPAA Compliance Auditing as a foundation to enhance your program. Auditing your hard work towards gaining and retaining compliance shows due diligence and sound corporate stewardship.

### **References**

- 1 Ermer, David, Memorandum, Summary of WEDI SNIP Teleconference on Monitoring and Auditing Privacy Rule Compliance, July 2, 2003.
- 2 Gourdine, Harriett. Internal Auditing. Presentation to the WEDI SNIP Teleconference on Monitoring and Auditing Privacy Rule Compliance, June 25, 2003.
- 3 McGowin, Barbara. Privacy Audit. E-mail, WEDI

SNIP Privacy Workgroup, August 4, 2003.

4 See Reference 1.

5 See Reference 3.

6 See Reference 2

7 Hofler, Linda, Hardee, Joy and Dildy, Kenneth. "Is there a Best Way to Audit HIPAA Compliance", WEDI SNIP Synopsis, October 9, 2003.

8 Yates, John "Monitoring Your Privacy Compliance" HIPAA Note, Phoenix Health Systems, June 4, 2003.

9 See Reference 3.

10 See Reference 4.

11 See Reference 3

12 See Reference 4.

13 See Reference 4.

14 See Reference 4.

Donna Padnos and Sandra Nutten are both senior management consultants with Superior Consultant, Inc. and can be contacted at 800.781.0960. Check out the Superior website at [www.superiorconsultant.com](http://www.superiorconsultant.com)

*Communicating Superior Knowledge,  
Solutions, Value & Results*

### **Memorial Healthcare System's Journey to Superior Patient Safety with CHAMPS**

*Renee R. Feller, RN, BS, BSN  
Camila Morrison, RN, BSNAs*



*In August 2000, Memorial Healthcare System (MHS) embarked on a strategic, multimillion-dollar journey to*

*enhance patient safety. The journey led to the purchase of an integrated clinical information system (CIS) and a project coined **CHAMPS** (Clinicians Having Access to Manage Patient Safety). This article will transport you through this journey, beginning with the selection process of a fully integrated CIS to where we are today: "Go Live" preparation.*

In 1999, the Institute of Medicine (IOM) issued a report estimating that 44,000 to 98,000 Americans die each year from a range of medical mistakes made by healthcare professionals. Of these errors, 49 percent occur at the time the medication is being prescribed, due to the wrong dose, the wrong choice of medication or undiagnosed medication allergies, while 26 percent of errors occur at the administration stage, due to wrong dose, wrong technique, wrong drug or a missed dose. (Bates et al. JAMA 1995; 274:29-34)

The IOM report was influential in the new rule now proposed by the Food and Drug Administration, which would require the bar coding of human drugs and biological products to help reduce the number of medication errors. Healthcare professionals would use scanning equipment to verify that the right drug, right dose and right route of administration are being given to the right patient at the right time.

As a result of the IOM report, in addition to extensive internal analysis and review, Memorial Healthcare System formed a Patient Clinical Management Information System Steering Committee to seek out and implement a fully integrated clinical information system (CIS). With a commitment to superior patient safety, MHS developed the CIS to provide instant caregiver access to relevant patient information at the point of care, reduce medical errors and improve staff and system efficiency, all while continuing to provide cost-effective care.

### **The System Selection Process**

MHS selected a broad-based, multidisciplinary committee of physicians, nurses, pharmacists, administrators and information technology representatives from key departments and areas that would use the clinical information system, including the Emergency Department, Information Technology, Medical Staff, Patient Care and Pharmacy. The committee reviewed current systems, the environment and technical architecture (how the current system is structured) before developing detailed functional and technical requirements. Vendor screening criteria were developed, including application mix, technical architecture, company profile and install base.

The system evaluation process also included a definition of features, survey of systems, demonstrations, site visits, committee meetings and a group evaluation. The committee used a detailed, weighted scoring methodology to compare key functions and features of each vendor's suite of products according to the following requirements:

- Order entry
- Results reporting
- Medication management
- Physician order entry and physician notes
- Nursing vital signs, assessments and care plans
- Bar coding
- Emergency department tracking
- Centralized patient scheduling
- Technological infrastructure, vendor stability and vendor vision

The committee worked for two years evaluating the products of nine different vendors. They conducted 20 corporate and client visits, and hosted 47 system demonstrations at all MHS hospitals. The committee determined that the project would be *clinician-driven*, with physician buy-in being critical to its success. Furthermore, appropriate resources were allocated and a long-term commitment was made, including the creation of a **Clinical Informatics Department**.

The committee performed due diligence in the system selection process. In lieu of a formal RFP selection process, MHS held simultaneous negotiations with vendors, which allowed the organization to match the system's requirements with the vendor's capabilities.

In December 2002, MHS signed a contract with IDX Carecast and IDX Imagecast PACS clinical information systems, with the full commitment of the Executive Staff setting the foundation for the project's success. The implementation of PACS (Picture Archival & Communication System) is already underway, and MHS will Go-Live with Phase I of Carecast in spring of 2004. Phase I consists of Emergency Room Tracking, Bar Code Medication Administration, Pharmacy and Centralized Scheduling systems. Phase II will consist of Physician Order Entry, Clinical Documentation and a fully integrated,

computerized Patient Record.

### **The Implementation Process**

The journey to CHAMPS now includes a system that meets the functional and technical requirements of MHS. The focus of the Executive Steering Committee at this point is implementation. With the assistance of Cap Gemini Ernst & Young Consultant Firm, a group with extensive system implementation experience with other healthcare organizations, the team took the next step toward becoming an organization with a user-friendly computerized patient record focused on patient safety.

The MHS Executive Staff and leadership recognized the value of this project being clinician-driven for both nurses and physicians. For this reason, leadership determined that the best way to implement this system was to have the clinicians who will use it every day contribute to its design and tailoring. They modeled their decision after the saying of Le Roi Jones, "The landscape should belong to the people who see it all the time."

In February, March and May 2003, more than 200 clinicians throughout the Healthcare System participated in CHAMPS Design Sessions and Validation Visits. The Design Sessions were structured sessions to develop safe, efficient and consistent processes to support leading clinical practices. The Validation Visits were vendor-conducted visits to ensure that the system met the operational needs of all departments, based on supplied data and approved processes.

On June 3, 2003, the kickoff to "Camp CHAMPS" took place. This kickoff welcomed multifacility, department-level clinicians, or Superusers, to the Clinical Informatics and IT Carecast Implementation Team. Consisting of 34 nurses, nurse clinicians, unit secretaries, pharmacists, pharmacy technicians, respiratory therapists, physical therapists and scheduling patient representatives, the Superusers are involved in:

- Designing, building and testing the system
- Developing courseware
- Reporting the status of the project at all staff meetings
- Conducting end-user and staff training
- Providing Go-Live support during and after activation

Each Superuser was assigned to one of four teams: the Barcode Medication Administration Team, the ED Tracking Team, the Pharmacy Team or the EAS (Enterprise Appointment Scheduling) Team.

The Superusers received extensive training in Carecast application, as well as in basic and advanced computer instruction, to learn to apply computer technology to our clinical practices. Simultaneously, MHS hosted IDX's Reality Center to introduce Memorial's vision and strategic direction for a clinical information system. The IDX Reality Center demonstrated the full functionality of present and future Carecast applications.

The Superusers have been thoroughly testing each screen, word and function of the system. They've created test scripts that mirror real-life scenarios and thoroughly test each application. They've also helped ensure that all other applications currently used by the Healthcare System interface correctly and efficiently with Carecast.

In preparation for Go-Live, the Superusers demonstrated their modules to Memorial leadership in the form of "A day in the life of a patient." They've reviewed and updated all policies and procedures to prepare for the switch to electronic records — and as needed, new policies have been written to reflect new processes. Extensive courseware is being developed with the help of IDX, including lesson plans and web-based training programs. All employees will undergo basic computer skills assessments and will receive training as needed

### **Next Steps**

Prior to each unit's Go-Live, staff members will attend classes designed specifically for the module they will use. The Superusers will offer around-the-clock support during each unit's Go-Live to ensure a smooth transition.

As the journey continues, all MHS employees involved with Carecast will become "safety stars," paving the way to superior patient safety for Memorial Healthcare System.

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### **F.I.U. 3<sup>rd</sup> Annual H.I.M Luncheon**

*Nicola Ferguson*  
*Secretary, H.I.M Student Association*



"HIM Professionals Building Bridges for a Brighter Tomorrow" was the theme embraced at the Health Information Management annual networking luncheon held

on November 7<sup>th</sup>, 2003. Florida International University's HIM Department and Student Association hosted this spectacular event which was a tremendous success. There were approximately 70 persons in attendance which was comprised of professionals, faculty and students. Students got the opportunity to socialize and network with professionals from various institutions; thus establishing meaningful relationships and numerous contacts.

The program director, Sandra McDonald, welcomed guests and introduced special guests and the guest speaker. Our very own Dr. Rosa Jones, Vice President of Academic Affairs, opened the luncheon with astounding remarks about the program, its success and the involvement of the community. Dr. Jones extended special thanks to the HIM professionals in the community who are actively involved in the development of the program and its students and she implored others to get involved. She emphasized the importance of a great partnership between the community and the university in producing future HIM professionals. Nancy Borkowski, the President of South Florida Healthcare Executive Forum, Inc., also gave opening remarks. She spoke about her organization, its purpose, objectives and services and their contribution to building bridges between the community and students. She highlighted their upcoming events and encouraged students to take advantage of their scholarship opportunities. Ms. Borkowski was very exhilarating and informative.

After lunch was served, the awesome and remarkable playwright and motivational speaker, Mr. Michael Pintard, gave an outstanding and stimulating speech about leadership, teamwork, mentoring, and establishing realistic goals and high standards. Mr. Pintard delivered a profound and provocative word that uplifted and inspired his audience. He encouraged the professionals in the community to become involved, to make a difference, to mentor students, to impart knowledge, and to help bridge the gap between the university and the community. He promoted self development and growth. He beseeched students to seek knowledge, to strive for excellence and to follow their dreams. With humor, he amused and captivated his audience leaving them in awe wanting more.

Interesting testimonials were given by an alumni and student of the program. They spoke about their experiences in the program and their expectations. Awards were presented to Patricia Bourraine and Nichole Knowles for outstanding leadership and dedication.

Without a shadow of doubt, the luncheon surpassed its goals and met its theme. The luncheon was simply breathtaking.

## Student Testimonial

*Nichole Knowles  
President, H.I.M Student Association*

Florida International University ended Health Information (H.I.M) Week with their 3<sup>rd</sup> annual luncheon on November 7, 2003. It was attended by current students as well as alumni, along with H.I.M Directors, Managers of the community and school officials.

A beautiful rendition of the national anthem was song by Ms Joan Jones. Presentations were made and awards were given to various students. The afternoon was full-filling and the main speaker of the event was Author and Motivational speaker, Mr. Michael Pintard from the Bahamas. He mainly encouraged us to follow our dreams and never give into failure, not just in our future careers but in life's endeavors. His speech was both motivational and uplifting. We left the luncheon feeling empowered, confident and ready for the word of Health Information Management. "Look out all healthcare, here we come!"

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## HIMSS PATIENT SAFETY SURVEY



To view the HIMSS Patient Safety Survey,  
[click here.](#)

HIM &amp; ONCOLOGY SUPPORT SERVICES

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AHIMA UPDATE

## e-Coastlines

### AHIMA Update

January / February 2004

#### **NCVHS Subcommittee to Look at Claims Attachments, CHI Standards, Other Related HIPAA, Medicare Reform Activity**

The standards and security subcommittee of the National Committee on Vital and Health Statistics has announced (69FR1587) that it will meet in Washington, DC, on January 27-28. The January 27 agenda will be devoted to final reports on standards for five domains that were prepared as part of the Consolidated Health Informatics Initiative (CHI) and a related letter to the secretary. The subcommittee will also discuss implementation of the HIPAA security rule on this date. On January 28, the subcommittee will hear an update on the implementation of HIPAA transactions and code sets and develop a draft recommendation regarding the Claims Attachment Standard. The subcommittee will also take time on this date to develop future activities regarding e-prescriptions and look at a number of dental standards. A copy of the meeting notice is available in the January 9, 2004, *Federal Register* available at: [http://www.access.gpo.gov/su\\_docs/fedreg/a040109c.html](http://www.access.gpo.gov/su_docs/fedreg/a040109c.html), and a detailed agenda will be available soon on the NCVHS Web site at: <http://ncvhs.hhs.gov/>.

#### **Medicare Payment for Drugs, Physician Fee Schedule for 2004 Announced**

The Centers for Medicare & Medicaid Services (CMS) have



published (69FR1084) the 2004 changes to its payment for drugs and the physician fee schedule payments effective January 1, 2004. A complete copy of the interim final rule with comment and an addendum of the new relative value units is available in the January 7, 2004, *Federal Register* which can be found at:  
[http://www.access.gpo.gov/su\\_docs/fedreg/a040107c.html](http://www.access.gpo.gov/su_docs/fedreg/a040107c.html).

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### **EHR Collaborative Will Hold EHR Validation Meetings at HIMSS**

The EHR Collaborative will be holding four open meetings to further validate the EHR functional model and standard at the HIMSS Annual Conference February 23-26 in Orlando, FL. The dates, times, and locations for the public meetings are as follows:

Monday, February 23

2 – 3:30 p.m. (room S230E)

Tuesday, February 24

3:30 – 5 p.m. (room N310E)

Wednesday, February 25

11 a.m. – 12:30 p.m. (room S230E)

Thursday, February 26

11 a.m. – 12:30 p.m. (room N310E)

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### **CMS Issues Interim Final Rule for OPSS Program**

The January 6, 2004, *Federal Register* contains the interim final rule for hospital outpatient prospective payment. Included is important information regarding reimbursement for high-cost drugs, orphan drugs, and radiopharmaceuticals. The IFR outlines reimbursement information for sole-source drugs, multisource drugs, and substantial increases for several extremely costly monoclonal antibody type therapeutic radiopharmaceuticals. Now would be an appropriate time to review the chargemaster to assure that these agents are coded appropriately. The final status indicators, relative weights, and payment rates are also included in the IFR. For more information, access the *Federal Register* at:  
<http://cms.hhs.gov/providerupdate/regs/cms1371ifc.pdf>.

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### **EHR Collaborative Web site Open for Input on EHR Functional Model, Standard**

The EHR Collaborative has updated its Web site. Visitors to the site can now access the slide presentations used for past informational sessions. More importantly, visitors can access the functional model and provide feedback by filling out a form. AHIMA encourages everyone to visit the site and provide their input by visiting: <http://www.ehrcollaborative.org>.

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### **Medical Record Form 522 Revision Announced**

The Interagency Committee on Medical Records has announced a revision to Medical Record Form 522 Request of Administration of Anesthesia and for Performance of Operations and Other Procedures. The form can be found at: <http://www.gsa.gov/forms/>.

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### **AHIMA Privacy and Security Survey Coming Soon**

If you work in a hospital, keep your eyes peeled for the survey for the First Annual "AHIMA Report on the State of HIPAA Privacy and Security Compliance." The survey will provide data and milestones to privacy officers, other HIM professionals, and industry and government policy makers to enable the development of potential modifications and improvements to the HIPAA privacy and security rules. For AHIMA to report the most accurate status of protected health information following the implementation of the HIPAA privacy and security rules, we need a high number of responses from the survey recipients. Don't let this opportunity pass you by! We urge you to take the time to provide feedback on your implementation and compliance experiences. The survey results will be published in the First Annual "AHIMA Report on the State of HIPAA Privacy and Security Compliance" during National Health Information Privacy and Security Week, April 11-17. Due to the high number of AHIMA members in acute care, the survey will initially focus on hospitals. It is our intention to expand the focus of the survey in the coming years.

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### **NHII Legislation Will Be Congressional Topic**

As the second session of the 108th Congress gets closer, policymakers continue discussions concerning a range of legislative proposals for a national health information infrastructure. In the Senate, a bipartisan group of senators including Senators Frist (R-TN), Gregg (R-NH), and Dodd (D-CT), have signaled their intention to develop NHII legislation. Senator Clinton (D-NY) has already announced her intention to introduce healthcare information technology

and health records bill when Congress returns in a few weeks. In the House, Rep. Nancy Johnson's HR 2915, the "National Health Information Infrastructure Act," is still the only game in town. Consideration of this legislation has not yet been scheduled and AHIMA is still working to raise Congressional awareness of the important elements contained in this legislation. To date AHIMA members have forwarded 264 letters to Congress on HR 2915. The top letter-writing CSAs are: the Ohio HIMA (58), Michigan HIMA (31), Florida HIMA (29), Pennsylvania HIMA (25), and the Tennessee HIMA (23). If you have not yet sent a letter to Congress on HR 2915, visit the Advocacy Action Center of the Advocacy Assistant at: <http://www.ahima.org/dc/aa> and send your letter today.

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### **CMS Announces New Region IX Director**

CMS has announced that Department of Health and Human Services (HHS) Secretary Tommy Thompson selected Calise Munoz as regional director for HHS Region IX in San Francisco, CA. Munoz previously served as deputy director for policy in HHS' Office of Intergovernmental Affairs. Munoz has extensive experience in health law and policy and has served as an advocate for healthcare clients with the California state government bodies. She has also worked for AARP and served as a White House intern.

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### **Fast FOREward Tops \$1 Million Goal**

The Fast FOREward Campaign of the Foundation of Research and Education (FORE) of AHIMA has surpassed its goal of raising \$1 million by December 31, 2003. **Total giving to the campaign reached \$1,041,000 at year's end.** Funds raised through the campaign supported the groundbreaking Work Force Assessment Study, FORE merit scholarships, the e-HIM Task Force and six work groups, research grants, the Triumph Awards program, and the Practice Solutions and Best Practice programs. Many thanks to the nearly 27,000 AHIMA members, 54 state and local component associations, and 67 corporate partners who contributed to this success. To view a complete list of campaign donors, go to: <http://www.ahima.org/fore/donors.html>. For information on FORE's 2004 goals, visit: <http://www.ahima.org/fore/about.html>.

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### **Study Weighs Knowledge of Standards for EHR**

Respondents to a study measuring industry awareness and

use of the minimum content recommended in the American Society for Testing and Materials (ASTM) standards for electronic health records (EHR) believe that the minimum data elements outlined in the standards should be included in all systems. But the majority of respondents were not aware or were slightly aware of the ASTM E1384 standards, the study found. The report was published in AHIMA's online research journal, *Perspectives in HIM* (PHIM), last week.

According to the study, thirteen percent of respondents had an EHR system fully in place while 10 percent did not have or did not plan to have one. The majority of respondents (62 percent) used a vendor system for EHR development. The study also asked participants to determine how important specific data elements were in an existing or proposed EHR system.

"Standards for the Content of the Electronic Health Record," by Valerie J.M. Watzlaf, PhD, FAHIMA, RHIA, Xiaoming Zeng, M.D., Christine Jarymowycz, and Patti Anania Firouzan, describes how the study was conducted and its results. The study was funded in part by AHIMA's Foundation of Research and Education. The article is the first publication by the *PHIM* journal, which was launched in 2003 to provide a forum for peer-reviewed HIM-related research. To read the article, go to <http://www.ahima.org/perspectives/>.

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## CoP News You Can Use

### January Featured CoP

This month's featured CoP is the **HL7 EHR Functional Model**. This Community includes links to the HL7 site as well as the HL7 EHR site. Resources include information on the model as well as reports from November 2003 work groups. AHIMA staff has also developed FAQs to answer your questions. This CoP augments an article in the January issue of the *Journal of AHIMA* that summarizes the work to date on HL7's EHR functional model. Keep informed by joining this CoP. To join this or any community, go to: <http://www.ahima.org>.

- Select the Communities of Practice icon
- Log in and you will be on your Personal Page
- Click on Join/Visit Communities icon in the top toolbar
- Choose the letter "H" from the alphabetical list at the top
- Mark the check box for the HL7 EHR CoP
- Click the Join Communities link at the bottom
- Once you're done, click on the link for your Personal Page and you will see the HL7 EHR Functional Model

CoP appear

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## Upcoming Audio Seminars

### January 29, 2004 APC Update

2004 APC changes went into effect January 1. Be prepared as you gain a handle on which APCs the new CPT/HCPCS codes are assigned to. This seminar will review important coding, billing, and reporting changes for 2004 from the final OPSS rule and familiarize you with APC key coding and operational revisions. We will also explore issues expected to present a challenge, how to handle them, and review the differences between 2003 and 2004. For registration and information, visit:

<http://imis.ahima.org/orders/productByType.cfm?t=1> or call (800) 335-5535.

### February 12, 2004 Modifiers for Physician Reporting

Increase your knowledge of ICD-9-CM code selection for the respiratory system and augment your coding knowledge with clinical discussion of the various types of respiratory infections. We'll cover the different types of bacterial and viral infections of the respiratory tract, various chronic respiratory conditions, and how to use *Coding Clinic* advice pertaining to the respiratory system. For registration and information, visit:

<http://imis.ahima.org/orders/productByType.cfm?t=1> or call (800) 335-5535.

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## Contacting AHIMA

For general queries, email [info@ahima.org](mailto: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](mailto: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](mailto:info@ahima.org). For general questions, contact [AHIMA Online](#).