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"What Do You Mean By That?" How to motivate your HIM employees by speaking their language!

by: Tina Allan

Sales Consultant, The Omnia Group

When new employees join an HIM staff, their arrival is typically a most welcome one, as the number of good, qualified professionals in the industry is limited. Still, while strong credentials and verified skills provide some reassurance that you've found the right person for the job, there's another all-important, unanswered question that remains: have you found the right person for your *work environment*? Recent graduates might have the latest reimbursement rules memorized or prove they can code correctly, but can their persona and work approach mesh with your existing employees'? Seasoned applicants come with experience, their own time-tested systems, but will they understand a boss who utilizes innovative, fresh management practices?

As your staff grows and diversifies, it becomes increasingly important to ensure harmony and team mindedness in the office. And one of the best ways to do this is to learn how to communicate effectively with a wide range of personalities then put your newfound knowledge into everyday practice. Each person is unique and apt to have a very different set of ears.

Good communication among workers can mean the difference between high and low employee turnover. It increases morale, boosts productivity and allows for symmetry (as opposed to clashes) among new hires and existing employees with disparate perspectives. Good communication also lowers the risk of unintentional misunderstandings and unnecessary stress among staff.

All new hires exhibit behavioral traits that can clue others in on how to communicate with them effectively; you just need to learn to decipher those clues! Some traits are typical of their stage of life or reflective of their generation. Others are the result of genetic predispositions or personal preferences.

Recent HIM Grads

They're finally able to get paid for doing what they've been trained to do! Most are apt to be proud of themselves, proud of their career and ready to accommodate your's and everyone else's needs. Stay upbeat and work closely with them. Watch how they interact with peers. Those who seem to strike up easy conversations are probably outgoing and should respond best to frequent praise, perks and special privileges. Quiet types usually appreciate a simple, subdued "thank you" or chances to use their expertise. Don't put these reserved people in the spotlight – for any reason.

New graduates often bring fresh, unique perspectives to the workplace. This is especially true of those from the Millennial generation (born 1978 – 1989) as they are the offspring of Baby Boomers (born 1946 – 1964) who typically encouraged their progeny to "do their own thing." Keep an open mind when listening to their ideas, answers and concerns.

Millennials tend to possess a genuine respect for most authority figures, but they also have an independent streak and can be forthright. For example, if they complete an assignment ahead of time, they may ask unabashedly to leave work early. Try to be as flexible as you can in terms of time constraints. Reward them with an abbreviated work day on occasion, if possible.

They gravitate toward people who are technically savvy and products that enable them to work better, faster or more accurately. Don't hesitate to communicate with them via email, instant messaging or the cell phone. Doing so can convey that you and your Millennial worker are of the same mind, on the same page. And this helps create a sense of team.

New grads of any age may have the traits needed to become leaders in your organization. Be careful though, as it's easy to mistake what is merely social assertiveness for a true take-charge mentality. Don't make snap judgments. Try role-playing with an employee before promising to gear him or her toward management. Behavioral assessments can also be administered to uncover a person's potential for success in authoritative roles.

Seasoned Applicants

Experienced workers usually are the most sought after, as they come to their new employer with first hand, well practiced knowledge about the HIM world. They've combined everyday work responsibilities with skill-honing seminars and sat through refresher classes on diagnosis and procedure coding. Keeping them challenged and excited can be tricky however, as once the novelty of their new work environment wears off, they're apt to exhibit at least some of the apathy that comes with doing the same job over a period of several years.

Probe into their professional needs and expectations; keep in mind that many of them live to work. Tell them how much you value their expertise.

People with experience in the HIM world are usually very good at anticipating others' expectations and knowing the standard procedures. But some may voice their opinions and express their thoughts much more readily than others. If your newest experienced worker is surprisingly quiet, don't assume it's because he or she is short on ideas or lacking interest. Introspective personalities often see no reason to make small talk. They may share their thoughts when prodded, but typically in a direct, succinct fashion. Try asking open-ended questions to encourage two-way conversations, but remember that clear, concise words from you are what they

generally understand and appreciate.

Your more socially oriented new employee will be pleased if you ask for her input or seem genuinely interested in his responses to your questions. Make it a point to personalize your communications and allow time for conversations that might be extensive. If your effusive workers seem easily distracted by colleagues, seat them away from one another in low-traffic areas of your office. They'll find it easier to concentrate and perhaps settle in more quickly, become more valuable to you sooner.

Once you uncover ways to effectively communicate with your new hires, you'll find they seem more comfortable, more productive and more easily motivated. Boost your retention rate! Don't assume you've made a hiring mistake if an employee is failing to meet your expectations. It may be just a matter of learning to speak the same language.

About the author: Tina Allan is a Sales Consultant with The Omnia Group located in Tampa, Florida. She conducts workshops, facilitates training sessions, and advises clients on how to successfully hire, manage and motivate employees. Call Tina at 800-525-7117 ext 1227 or email her at tallan@omniagroup.com.

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Recovery Audit Contractors (RAC): Tips to Manage Your Experience

*by: Patricia Irorere RHIT, CCS
FHIMA 2007-2008 Data Quality Chair*

The RAC program is an ongoing frenzy of activity for many healthcare organizations in Florida. RAC's goal is to investigate and identify any overpayments and underpayments collected by Medicare. With this program come numerous challenges to maintain and track medical record requests along with appeals and denials for coding and medical necessity.

There are many ways to ease the tension by streamlining your organization's processes. Still, processes are constantly changing; so, flexibility is imperative to accommodate these changes to improve timely communication between the RAC and your facility.

Implementation of a RAC team to oversee these activities is a great first step. The team should include representatives from Health Information Management (HIM) operations and coding, compliance, the business office, reimbursement, clinical documentation and utilization review. Convene meetings at least monthly to summarize data, track lost revenue, underpayments or problems encountered and brain storm new ways to combat problems related to coding and utilization management reviews for medical necessity.

Some typical agenda items for the RAC team meetings include:

- Discussing implementation of process standards
- Creating a comprehensive tracking system for requests, appeals, denials and responses using automation (perhaps within an existing system)
- Presenting an overview of the following :
 - Total number of requests for records from RAC
 - Total number of denials received
 - Dollar amount of denials
 - Denials not appealed

- Appeals in process
- Appeals with responses
- Dollar amount recouped for underpayments

Storing documentation of the team's activity on a shared drive serves as another helpful tool. All the members of the team must have access to this drive. The share drive is used to store reports, excel documents concerning RAC activities relating to utilization reviews and coding, agendas and HIM operations correspondence. Some examples of the types of information stored consist of:

- spreadsheets with all the requests for records HIM operations
- spreadsheets with all the appeals, denials and outcomes
- A running list of areas of concern or hot topics surrounding the reviews

The department can expect an increase in volume of requests for medical records. Tracking, photocopying and timely submissions are constant challenges. The HIM Director can implement several processes to track all RAC requests. Make a coordinator or other designee responsible for monitoring all requests and providing status updates until all the medical records are out the door to the CMS contractor. The information collected should include:

- Patient demographics
- Date of request
- Date sent out
- FedEx tracking number

Taking these steps can prepare you in the event that your facility MEDITE is Upon receives a notice from RAC stating "no response to medical records request." This means that RAC did not receive a response to their request for the records. Upon receiving such a notice from RAC, there is the ability to track the package on the FedEx website using the tracking number and respond to RAC with the following information:

- Name of the FedEx employee who signed for the package
- Shipping date
- Delivery date
- Status of the package (delivered or not delivered)

Sharing the DRG appeals and denials with the coders at monthly coding meetings serves as education in order to alleviate future coding mistakes and enhance learning opportunities.

With RAC slated to go national by 2010, it is imperative to explore opportunities to learn from our present processes through education and continuous process improvement in order to prepare for the future.

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Update on Florida's Office of Vital Statistics Electronic Birth Registration*By: Sharon Dover**Quality Assurance Field Coordinator**Florida Office of Vital Statistics*

Florida's Office of Vital Statistics keeps adding hospitals to the list of online facilities registering births via the Internet. The list below shows the hospitals online as of September 30, 2007:

- Baptist Medical Center South, 11/06
- Baptist Medical Center Downtown, 1/07
- Baptist Medical Center Beaches, 4/07
- Wuesthoff Memorial, 4/07
- Tallahassee Memorial Healthcare, 5/07
- Wuesthoff Medical Center, 5/07
- NAS Jacksonville, 5/07
- Shands at Alachua General, 5/07
- Baptist Medical Center Nassau, 6/07
- Shands Jacksonville, 7/07
- Glades General, 8/07
- Jupiter Medical Center, 8/07
- Mt. Sinai, 8/07
- Sacred Heart of the Emerald Coast, 9/07
- Plantation General, 9/07

These hospitals' birth records are entered via **Electronic Birth Registration (EBR)** — birth records that do not have to be forwarded to the state office then manually keyed into the state database. The hospital birth registrar enters the data and in real time, the information is transmitted electronically to the State Office of Vital Statistics. Mom is able to go by the health department and pick up her baby's certification on her way home from the hospital.

This EBR system is not only operating successfully in Florida, but also in Nebraska, New Jersey, Nevada, Ohio, and South Dakota. Florida hospitals are pleased with the efficiency of the registration process. Whether using a desktop PC, printer, and signature pad to enter the birth data, or a mobile cart, equipped with laptop, printer, and signature pad, the transition from the hospital's current system to EBR has been an easy one. Entering via the Internet and Citrix software keeps EBR from being an issue as it relates to hospital security and firewall issues. Social Security Enumeration is much faster, something parents are quite happy about — they have their child's number in a couple of weeks. EBR is available to hospitals at no charge. With the ease of operation, the almost immediate transmittal of the data, and elimination of paper records filed with the county, the system speaks for itself. EBR is the only avenue for uploading birth data; Florida will not be utilizing any external systems to upload data

to Vital Statistics.

Jana Duffy, EBR Project Lead, continues to work with facilities statewide in assessing their processes and how that translates to the electronic environment. Any questions regarding EBR should be directed to Jana at (904) 359-6900 ext. 1087 or (904) 524-0311 or jana_duffy@doh.state.fl.us.

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FHIMA Legislative Committee Update

**by: Kelly McLendon, RHIA
FHIMA Legislative Co-Chair**

This year FHIMA has divided the Legislative duties into 2 Committee's; Advocacy, Chaired by Linda Renn and the one I am serving as Chairman which is primarily tasked with re-writing the FHIMA Legal Manual and providing support for legislative issues for all our members. Jill Finklestein is our BOD liaison. The talented and diverse members of this committee include:

- Philip Baker
- Michael Lowe, Esquire
- Bill Dillon, Esquire
- Everall Peele
- Elizabeth Whitmer
- Lisa English

This is a very dynamic and exciting group, including two attorneys who provide us with invaluable insight. We have reviewed the existing manual components and would like extend a 'tip of the hat' to all the dedicated FHIMA members who have contributed to this body of work in previous years, much thanks to all of you! We look forward to building upon your able foundation.

We are early in our task and it will take most of the year to complete, but with this energetic group I know we'll be successful. The Committee's game plan revolves around review and updates of existing materials, determination of any expansion to include statutory sections of Florida law such as Section XXX which addresses physician offices and getting concurrent with LHR (Legal Health Records) and the new eDiscovery FRCP (Federal Rules of Civil Procedure). The pervasive movement towards EHRs (Electronic Health Records) presents challenges and opportunities in relation to Legal Health Records which AHIMA and FHIMA recognize and recommend be addressed in a proactive manner. Watch Coastlines for further discussion on this topic.

What is a 'Legal Health Record'?

This is a question that has a varied set of answers, but for purposes of clarity I like to think of the LHR in terms of simple and more complex definitions. The simple definition is the record that serves as a facilities (or Provider of Care) business record that will be delivered upon subpoena or other appropriate legal request. This record (many of us call it '*the LHR*') should be well defined. The more complex definition includes almost all EHR data and documents (along with paper if existent) that can be discovered in structured steps after initial disclosure of the defined business record.

In the paper environment it was simple enough to say that a paper medical record served as the LHR. In today's increasingly electronic (and paper / electronic hybrid)

record management environment it gets harder to clearly define. There are two primary methods for LHR definition; either a listing of its possible components (typically consisting of *documents*) or as a statements that describes what is contained within a EDM (Electronic Document Management) or other EHR system(s). For example; the documents listed in the Master Document Table within a EDM system which houses the facilities medical records. Be sure to enumerate exceptions to the list, for example coding queries and external documents such as copies from other facilities. These documents may be excluded from your LHR, yet they still reside within the Master Document Table.

I'll write more as the year progresses on this topic. Stay Tuned! As always if you have questions or comments please contact me at kmclendon@go-iem.com or call me at (321) 268-0320, I'd be happy to chat with you.

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Health Information Technology at Lake-Sumter Community College

by: *Brandy Ziesemer, RHIA, CCS*

HIM Program Manager, Lake-Sumter Community College

The Health Information students held a kick-off for National HI&T Week. On November 1st, students presented a mock HIT vendor fair and reception for our Advisory Committee and the community. Topics included discussion on products available for converting from paper records to an EHR. The event was held in the new Science and Math Building on the Leesburg Campus.

Our Laura Clark memorial HIM Library Collection has a new home in the main Library on the Leesburg Campus to expose the collection to more people. Although the books are for in-house reference only, please feel free to browse through our collection by signing in to www.iscc.edu; following the libraries link, then courses, then Health Information Management. The Laura Clark collection has a separate link to a visual data base of the books available.

For more information or to find a good candidate for your HIM department, please call Brandy Ziesemer at 352-435-6414 or email ziesemberb@iscc.edu.

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