

CHAPTER 1

Health Information Management and the Health Care Institution

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The terms *medical record* and *health record* are sometimes used interchangeably in referring to the document that captures the health information of a patient. However, a distinction should be made between the two types of records. *Medical record* implies that physicians participate in and supervise the medical care provided to patients in health care institutions. *Health record* is a term that encompasses not only the record of medical care provided but also a listing of services provided by nonphysician health care practitioners. This accounting may include records of an individual's health status that are kept on file with an agency, third-party payer, non-health care institution, or even by the patient. Such health records may be used in health benefits administration, applications for insurance coverage, research studies, and employment records, as well as in social service plans for individual or family care.

As the health information management (HIM) profession shifts its focus from the hard-copy paper record to an electronic patient record,

data elements become the critical component of the record. In the paper record, data elements were found on various forms. Because there are no forms in a true electronic patient record, these data elements convey the patient's encounter through computerized means.

The health record is a valuable tool in providing high-quality patient care, preventing disease, and promoting health. Health records assist the preparation of the health service statistics used to evaluate the efficiency and effectiveness of care and to substantiate the provision of patient care services and treatment. The health record supports medical education, health services, and clinical research, and it provides documentation for the reimbursement of expenditures for health care services. It is also used in developing public policy on health care, including regulation, legislation, accreditation, and health care reform.

The Joint Commission on Accreditation of Healthcare Organizations (JCAHO) is a voluntary organization that accredits hospitals. A hospital must demonstrate substantial overall compliance with the Joint Commission's standards for hospital operations. JCAHO also accredits other types of health care facilities such as long-term care, mental health, and ambulatory care.

The Commission on Accreditation of Rehabilitation Facilities (CARF) may accredit rehabilitation facilities. Included in both CARF and JCAHO standards are requirements for the maintenance and adequacy of health records. A facility may also be certified for Medicare and Medicaid reimbursement through federal regulations, as published by the Center for Medicare and Medicaid Services (CMS). Facilities should also be licensed by the state they are in. Directly or indirectly, the board of trustees, the CEO, the medical staff, and the HIM professional all share responsibility to meet these standards, regulations, and policies regarding the health record. This chapter provides an overview of each group's role in the creation, maintenance, and protection of health information to ensure that it is accurate, timely, and complete. (See Figure 1.1.)

RESPONSIBILITY OF THE BOARD OF TRUSTEES AND CEO FOR HIM

An institution's governing body, or board of trustees, typically comprises individuals who are recognized leaders in their field and have a responsible standing in the community. Trustees may be appointed or elected by the existing board or by the corporate office to serve for a specific term.

The board of trustees is responsible for establishing policy, maintaining high-quality patient care, and providing institutional management and planning for the health care institution. To fulfill its responsibilities, the board establishes mechanisms for performing necessary policymaking, planning, and administrative functions, including functions related to HIM. These mechanisms include appointment of a CEO, support for the medical staff in quality management, and creation of appropriate committees.

The board holds the CEO responsible for implementing established policies for the operation of the institution and for keeping the board well informed about day-to-day operations. The CEO is also responsible for informing the board about federal, state, and local events that may affect the planning and operation of the facility.

The board holds the medical staff responsible for the development, adoption, and periodic review of medical staff bylaws and rules and regulations that are consistent with the facility's policy. The medical staff, as well as the staffs of other departments, are required to implement and report on the activities and mechanisms for monitoring and evaluating the quality of patient care. The purpose of monitoring and evaluating is twofold: (1) to identify opportunities for improving patient care and (2) to identify and resolve patient care problems.

Although the board of trustees is ultimately responsible for the health care institution, the optimal operation of the facility requires the combined effort of the board, CEO, and medical staff. This is typically accomplished through the establishment of a joint committee to address activities and problems of mutual concern.

Figure 1.1. Responsibility for Health Information

Board of Trustees

- Corporate planning
- Maintaining quality care
- Establishing policymaking, planning, and administrative mechanisms
- Appointing the Chief Executive Officer
- Having ultimate responsibility for the health care institution

Chief Executive Officer

- Approving the budget for implementing systems for maintaining health information
- Providing direction, staffing, and facilities for HIM
- Enforcing information management regulations, policies, and standards
- Protecting health information
- Running day-to-day operations for the health care facility

Medical Staff

- Reviewing health information rules, regulations, policies, and standards
- Participating in decisions regarding health information systems format or forms content
- Specifying medical staff membership qualifications
- Delineating clinical privileges qualifications
- Authenticating medical record entries

HIM Department

- Maintaining a health information storage and retrieval system
- Preserving health information confidentiality, security, integrity, and access
- Coding and classifying health information
- Managing all patient health information
- Organizing, producing, and disseminating health information

Figure 1.1. Continued

HIM Professional

- Coordinating data collection
 - Monitoring information integrity
 - Ensuring access to health information by qualified individuals
 - Organizing, analyzing, and evaluating health information
 - Consulting on information management issues for other departments
 - Compiling administrative and health statistics
 - Coding diagnoses, therapies, and other procedures
 - Inputting and retrieving health information
 - Monitoring standards and regulations regarding information management
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Maintenance and Protection of Health Information

The health record is maintained for the purpose of providing quality care. Proper maintenance of this health information serves the patient, health care professionals, and the facility. The CEO is responsible to the governing body for implementing a system for maintaining adequate health information, whether a hard-copy medical record or an electronic patient record. The CEO is also responsible for safeguarding the record and its content against loss, defacement, and unauthorized use. Federal regulations mandate the privacy and security of health information.

The CEO and the HIM Department

In addition to maintaining systems, the CEO is also accountable for the administrative functions of the institution and for delegating duties and responsibilities to subordinates. This management function includes providing the HIM department with proper direction, staffing, and facilities to perform all required functions. Therefore, it is important that the CEO know the skills and competencies of the HIM professional.

RESPONSIBILITY OF THE MEDICAL STAFF

A facility's bylaws, rules, and regulations dictate each medical staff member's responsibility for maintaining timely, accurate, and complete health records. The institution's CEO and its organized medical staff share the responsibility for ensuring that the facility's health records are complete and in accordance with the bylaws and rules and regulations for self-government approved by the board. Health record rules and regulations apply to the entire medical staff and should be uniformly enforced.

Medical staff should also actively participate in decisions regarding the maintenance of health information, including the format and design of the paper medical record or the information system in an electronic medical record. Members of the medical staff may participate in the medical record committees or forms committees.

Rule Compliance Review and Monitoring

As part of the health care facility's performance improvement activities, the medical staff is responsible for the regular review of all rules, regulations, and policies related to medical record requirements. A clinical pertinence documentation review consists of evaluating the completeness, adequacy, appropriateness, accuracy, and quality of documentation.

The objective of a review process is to ensure that each health record includes (1) sufficient documentation of the patient's condition, progress, and outcome of care, (2) documentation for the administration of tests and therapy as ordered, and (3) documentation for notification and acceptance in any transfer of patient responsibility from one physician to another. The review process should also consider the adequacy of the health record for the institution's performance improvement, utilization, and risk management activities. The standards of JCAHO imply that a quality improvement process is in place in all departments. Therefore, professionals from HIM, nursing services, medical staff, and all others involved in health record documentation should take part in the record review process.

Clinical Privileges and Credentialing

In keeping with JCAHO standards on the management of information services, as described in the *Accreditation Manual for Hospitals*, the medical staff is responsible for specifying its membership categories and delineating qualifications for the granting of clinical privileges. Physicians wishing to obtain privileges for a specific institution must apply for medical staff membership or clinical privileges. The granting of membership and privileges makes the affected individual responsible for adhering to the medical staff's existing rules and regulations for HIM. The exercise of clinical privileges within any department, if there are medical staff clinical departments, is subject to its rules and regulations and to the authority of the department chair. Although the medical staff bears overall responsibility for the quality of professional services provided by those who are granted clinical privileges, the final accountability lies with the governing board.

Responsibility of Other Health Care Professionals

The physician should complete several parts of the medical record, including the history and physical, discharge summary, physician's orders, and progress notes. In addition, other health care professionals provide services, and they must document those services in the medical record.

Nursing services, for example, document mostly through such means as nursing progress notes, graphic records, and medication records. Nurses may work with social workers in developing a discharge plan. Dietary services may document the patient's nutritional needs. In addition, therapies such as physical, occupational, or speech may be provided. Each one of these professionals contributes to the medical record through the provision of progress notes.

Entries must be authenticated and reviewed to ensure data quality. In addition, each professional has a role to play in maintaining the security of health information.

Authentication of Entries

To ensure that entries are authentic, they should be dated and signed by the author. Entries that require a countersignature by supervisors or attending medical staff members should be defined in the medical staff rules and regulations. Although state and federal regulations and agency standards should always be adhered to, authentication can generally be defined as a written signature or initials, electronic signature, or rubber-stamp signature.

When rubber-stamp signatures are authorized for use in authenticating entries, their use must be controlled. The individual whose signature is replicated on a stamp should place a signed statement on file in the administrative offices of the facility stating that he or she is the only one who has the stamp and is the only one who will use it.

FUNCTIONS OF THE HIM DEPARTMENT

The HIM department supports the facility's optimal standards for quality care and services by providing quality information. Its functions support the patient through the entire continuum of the patient's care. In addition, it supports administrative processes, billing through classification systems, medical education, research through data gathering and analysis, utilization, risk and quality management programs, legal requirements, data security, and release of information to authorized users.

THE HIM PROFESSIONAL

The HIM professional is the institution's specialist on managing and utilizing health care data. This professional often communicates with administration, financial services, and health care professionals to ensure that the data are timely, complete, valid, and secure.

Definition of Responsibilities

The American Health Information Management Association (AHIMA) is the professional association for HIM professionals. AHIMA states that one

of the primary goals of the HIM professional is to enhance patient care through the provision of timely and relevant information.¹ This professional is the expert in managing medical records and information systems. AHIMA states that the HIM professional is uniquely qualified to

- Ensure that health information is complete and available to legitimate users
- Code and classify data for reimbursement
- Analyze information necessary for decision support
- Protect patient privacy and provide information security
- Enhance the quality of uses for data within health care
- Administer health information computer systems
- Comply with standards and regulations regarding health information
- Prepare health data for accreditation surveys
- Analyze clinical data for research and public policy

HIM professionals are responsible for securing, analyzing, managing, and integrating health information. This integration of health information has become an important function, as health care facilities focus on providing a continuum of care services to the patient. In this system, patients and their health information would easily move across several levels of care.

The information provided by HIM is used by health care professionals in making medical decisions and by the organization in making business decisions. As the expert, the HIM professional performs a variety of functions, including

- Compiling research and administrative statistics
- Coding, inputting, analyzing, and securing data
- Performing quality improvement studies
- Providing decision support services

This professional may also be responsible for maintaining indexes, such as the master patient index (MPI), which may be one of the most important tools because it identifies all of the patients who have received care at the facility.² Whatever the specific function, the HIM professional is responsible for maintaining the health information system, whether it is computerized or on paper.

In small facilities, the professional may be responsible for providing support services to medical staff. The HIM professional should be knowledgeable about current JCAHO standards and current state and federal requirements. The professional may serve on various committees within the organization. Such committees may include medical records, utilization management, and quality management.

Career Opportunities in HIM

Every organization involved in health and wellness needs professionals to manage information. Thus HIM professionals may work in a variety of settings, including³

- Hospitals
- Managed care organizations
- Long-term care facilities
- Behavioral health facilities
- Consulting and law firms
- Information systems vendors
- Ambulatory care facilities
- Rehabilitation centers
- Skilled nursing facilities
- Home care providers
- Government agencies
- Pharmaceutical companies

- Physician practices
- Insurance companies

As the dynamics of the health care industry continue to evolve, HIM professionals' roles may include health data management, service to the health care consumer, or information resource management.

Educational Requirements for HIM

Current baccalaureate-level educational requirements of health information administration programs accredited by the AHIMA Council on Accreditation require courses in the following content areas:

- Biomedical sciences, including anatomy, physiology, language of medicine, medical sciences, pharmacology
- Information technology
- Health care delivery systems
- Organization and supervision
- Quantitative methods and research
- Health care information requirements and standards
- Health care information systems
- Health data content and structure
- Clinical quality assessment and performance improvement
- Biomedical research support
- Health information services management

Expertise in the areas listed helps equip the graduate for the expanded HIM role that the professional will play in the future. After graduation from an accredited HIA program, the graduate becomes eligible to write the Registered Health Information Administration (RHIA) exam. Passage of this exam allows professionals to use the RHIA credentials after their name to illustrate their role as a HIM. The RHIA is required to maintain

thirty continuing education hours every two years in order to maintain his or her credentials.

The curriculum for an accredited health information technology program is similar; it requires the following:

- Biomedical sciences, including anatomy, physiology, language of medicine, medical sciences, pharmacology
- Information technology
- Health data content
- Health care delivery systems
- Organization and supervision
- Health care statistics and data literacy
- Clinical quality assessment and performance improvement
- Clinical classification systems
- Reimbursement methodologies
- Legal and ethical issues

After graduation from an accredited HIT program, the graduate becomes eligible to write the registered health information technician (RHIT) exam. Passage of this exam allows the professional to use the credentials RHIT. The RHIT is required to maintain twenty continuing education hours every two years in order to maintain his or her credentials.

Mastery of these core contents, at either the baccalaureate or associate level, will help ensure that the graduate entering the profession possesses the entry-level competencies for success in the future. Some universities offer a graduate degree in health informatics, whose curriculum places a major emphasis on information systems.

In addition, the HIM professional may become certified in coding by passing the Certified Coding Specialist (CCS), Certified Coding Specialist–Physician-Based (CCS-P), or Certified Coding Associate (CCA) exams. Passage of the CCS exam demonstrates competency in coding and

data quality and integrity, mainly in the hospital setting. The CCS-P exam also assesses proficiency in coding and data quality and integrity, but in physician-based settings rather than the hospital. The CCA exam was devised to serve as an entry-level exam for those just beginning their coding careers.

Since the assurance of privacy is vital to a health care institution, the HIM professional may also become Certified in Healthcare Privacy (CHP). Passage of this exam demonstrates proficiency in the designing and administering of privacy programs in various types of health care institutions.

Job Descriptions

Through managing health information, the professional contributes to the quality of care provided to the patient. Positions an HIM professional may hold include⁴

- HIM department director
- HIM system manager
- Data quality manager
- Information security officer
- HIM college instructor
- Consultant
- Health data analyst
- Insurance claims analyst
- Clinical coding specialist
- Physician practice manager
- Patient information coordinator
- Privacy officer
- Corporate compliance officer

HIM Department Director

As a department director, the HIM professional determines health information policies, budgets, and resources; acts as liaison with other departments, and evaluates employee performance. The managerial skills of the department director must include the ability to organize functions and workload for maximum productivity, provide overall direction to department personnel, assist members of the medical staff in carrying out their responsibilities relative to the health record, and adhere to the established policies, rules, and regulations of the institution.

The HIM director is responsible for investigating delays in the gathering of reports that are vital to the content and completeness of the record. Delays cause problems in continuing care and reimbursement and call for immediate attention. To avoid delays resulting from insufficient information, it is essential that the HIM department communicate with other departments in the institution. In fact, in some organizations the director may also be in charge of other departments such as admitting and utilization management.

Vision 2006 Roles

Vision 2006, developed in 1996, is the framework of the profession as promulgated by AHIMA.⁵ Its purpose was to identify the strategic direction and roles of the future. These roles include the following:

- Managers of integrated systems
- Clinical data specialists
- Patient information coordinators
- Data quality managers, who ensure data integrity
- Data resource administrators
- Information security managers
- Research and decision support analysts

These roles were devised for the integration of technology into the health care industry. Over time these functions will evolve from department-based operations to an information environment as the documentation of health information moves from a paper record to a computerized patient record.

Health Insurance Portability and Accountability Act

The Health Insurance Portability and Accountability Act (HIPAA) was signed into law in 1996. Two major purposes of HIPAA are administrative simplification and data security. In December 2000, the Standards for Privacy of Individually Identifiable Health Information were released by the federal government. These standards require that facilities assign a privacy official to be responsible for the development and implementation of policies and procedures regarding privacy. HIM professionals are uniquely qualified to hold this position through their experience with maintaining confidentiality and access to health information (see AHIMA Position Statement: Privacy Officer Position, at the end of this book).

HIPAA also requires a corporate compliance program to ensure ethical business practices. Through their knowledge of coding, accurate documentation, and billing, the HIM professional is qualified to serve as the corporate compliance officer.⁶

Relationships with Other Departments

The HIM professional interacts with all of the departments and services that generate information to be included in individual patients' records. The HIM professional should therefore be familiar with the reporting systems and procedures used for generating reports in the diagnostic and therapeutic areas. In addition, the HIM professional often functions as a consultant for information systems in other areas of the organization. For example, the HIM professional may be called on to work with a department such as physical therapy to see what data elements they may want to use in an electronic medical record.

The quality of the patient record depends in part on the timeliness and meaningfulness of the content entered by all individuals who are given the authority and responsibility for documenting their participation in patient care. The usefulness of health information depends in part on the legibility of entries and on the ability to identify the individuals who have entered the information, whether manual or computerized. Illegible handwriting, poor form design, or inadequate safeguards and controls on data entry can create problems in using the health information for continuing care and data abstracting, as well as for coding diagnoses and procedures for reimbursement.

The HIM professional may contribute to quality management by analyzing clinical data that can then be used to monitor performance improvement. The professional may also assist in monitoring resources through utilization management. Risk management, which is designed to reduce risk and liability, and the credentialing process, which ensures that only qualified practitioners can practice in their area of expertise, are two additional departments that the HIM professional may work closely with.

The HIM professional works with other departments in the provision of administrative and research statistics. For example, administration may want to know what the occupancy rate of the facility was for last month. A large teaching hospital may have the professional working with the medical staff to gather data and compile statistics regarding a clinical trial. Health care professionals realize that quality information is a significant part of providing quality care. The HIM professional must work with the medical staff and other interdisciplinary professionals to provide this information.

Financial and Information Systems Management

The HIM professional plays a key role in the financial and information systems in organizations. Systems such as diagnosis related groups (DRGs), resource utilization groups, or ambulatory payment classifications (APCs) mandate that the coding be accurate.

The job of the HIM professional in clinical data management has become highly technical because of the following factors:

- The large number of diagnoses and procedures that need to be coded
- The large number of third-party and review organizations requesting coded data
- Delays in billing and reimbursement if the coding is not accurate

Administration focuses on costs and financial feasibility while striving to provide quality care and services to all patients. Therefore, the HIM professional and CFO must work closely in the handling of budgets, cash flow, coding, sequencing, and reimbursement issues.

Integrated clinical and financial information systems represent another financial management area in which the HIM department plays a key role. The coded data produced by the HIM department are integrated with financial data to provide the administration with the information necessary to make important decisions about quality and profitability. The databases created with the merger of the clinical and financial data are used for reports, statistics, and research.

CONCLUSION

The health record, whether documented on hard copy or through electronic means, is a vital component in the provision of quality care. Current trends in the health care industry, such as providing services across a continuum of care and the development of longitudinal records, make the managing of health information a critical component in the delivery of these services. This information is used by various health care professionals in providing treatment, and the data abstracted from the record can be used for research, reimbursement, and quality management review.

The HIM professional plays an important role in the provision of quality care through providing quality information. The professional

should ensure that the data are accurate, timely, and complete. The HIM professional works collaboratively with other members of the interdisciplinary team in sharing responsibility for the creation, maintenance, and protection of this health information.

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