

# Indian Health Service

## HIM 101 – *Look, Listen & Learn*

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NORTHERN NAVAJO MEDICAL CENTER





1<sup>ST</sup> Navajo Area Medical Records 101 – Canyon De Chelly, Chinle, AZ - 1994



# Health Information Management 101

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## Learning Objective:

- What is our agency mission
- What is a medical record
- How are positions defined
- What is your role and contribution towards the agency  
Mission
- What is HIM's future
- Is this job really for you



# Mission of the Indian Health Service

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***To raise the physical, mental, social, and spiritual health of American Indians and Alaska Natives to the highest level***



# Indian Health Service - History

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Formed from special relationship between the Federal Government and Indian Tribes, established in 1787, based on Article 1, Section 8 of the U.S. Constitution, or better known to us as *“The Treaty”*



# Indian Health Service - History

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- The IHS agency was officially established in 1955, and is responsible for providing health services to American Indians and Alaska Natives.
- First under the Department of Health, Education and Welfare (DHEW), then changed to the Department of Health & Human Services (DHHS).



# Indian Health Service Organization

- The IHS agency is comprised of 12 Service Unit Areas:



	Hospitals	Health Centers	Village Clinics	Health Stations	School Health Centers	Youth Treatment Centers
<b>I.H.S.</b>	<b>24</b>	<b>51</b>	<b>n/a</b>	<b>24</b>	<b>12</b>	<b>6</b>
<b>Tribal</b>	<b>22</b>	<b>279</b>	<b>59</b>	<b>79</b>	<b>6</b>	<b>6</b>



# Indian Health Service - Stats

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- Population Served: 2.56 Million American Indians & Alaska Natives for 574 Federally recognized Tribes in 37 States
- Funding: FY-2023 = \$9.3 Billion
- 3<sup>rd</sup> Party Collections FY-2023 = \$1.7 Billion





# IHS Facility & Staffing Plan

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- IHS uses the Resource Requirements Methodology (RRM) to plan and design for new facilities and determine staffing level and type of services to be provided.



## A. DESCRIPTION

Management and organization of all patient information, e.g. obtaining, securing, protecting, preserving, and utilizing medical records and information. The Medical Records Department must assure the confidentiality and privacy of the patient.

The Medical Record is a multifunctional document that is utilized for a variety of purposes that generate competition, both physically and legally, for access. These includes: 1. Patient Care Management - a) to document the course of the patient's illness and treatment during each episode of care; b) to communicate between the physician and other health professionals providing care to the patient; and c) to inform health professionals providing subsequent care. 2. Quality Review - as a basis for evaluating the adequacy and appropriateness of care. 3. Financial Reimbursement - to substantiate insurance claims of the health facility and patient. 4. Legal Affairs - to provide data to assist in protecting the legal interest of the patient, the physician, and the health care facility. 5. Education - provides actual case studies for the education of health professionals. 6. Research - provides data to expand the body of medical knowledge. 7. Public Health - identifies disease incidence so plans can be formulated to improve the overall health of the nation and world. 8. Designations of Approval - for health care facility accreditation provides justification for licensure or certification by JCAHO and other accrediting agencies.

## B. DRIVING VARIABLES

- Total Direct Inpatient Days
- Total Outpatient Visits
- Total Dental Visits
- Total Community Health Nursing Ambulatory Encounter Visits
- Total Data Entry PCC forms which are not included in any statistical system NOTE: Information is available from the local facility's PCC Management Report
- Total CHP Ambulatory Encounters Visits (Alaska Only)

ADDITIONAL VARIABLES to be considered on an individual service unit/program basis.

- Extended hours coverage, e.g. 24 hours coverage
- Ongoing education and orientation to all facility staff on confidentiality and Privacy Act.
- Detailed review, abstracting and collection of data, including retrieving and filing these medical records, e.g. tumor registry, PRO reviews, research, etc.
- Correspondence request for copies of charts to patients, attorneys third party, tort case and other providers, etc.
- Archiving inactive records
- Appointment/Scheduling
- Medical Records program secretarial support
- Courier service for medical records transport
- Interpreters needed in selected location
- Satellite clinic medical records coverage

## C. STAFFING CRITERIA

- Inpatient Services  
Fixed Medical Records staff of two (2) positions and for every 4,015 inpatient days add one (1) position.
- Outpatient Services  
Fixed Medical Records staff of one (1) position and for every 4,348 outpatient visits and 40,000 CHP Ambulatory visits (Alaska only), add one (1) position.
- Patient Care Component  
Fixed Medical Records staff of one (1) position and for every 20,000 outpatient/in-hospital visits add one (1) data entry personnel.  
PCC Support: For every 20,000 data entry workload reported on the facility's PCC Management report add one (1) data entry personnel.

## D. PERSONNEL CATEGORIES

- Medical Records Administrator (GS 5-12)
- Medical Records Technician (GS 4-7)
- Medical Records Clerk (GS 3-4)
- PCC Supervisor (GS 6-7)
- PCC Data Entry Personnel (GS 4-6)
- Secretary (GS 5-6)

## E. DISCUSSION

- Inpatient - Previous staffing criteria used 11 occupied beds for staffing calculations. Eleven occupied beds equates to 4,015 annual inpatient days.
- Outpatient - Automation has markedly increased outpatient workload and staffing needs. Therefore any outpatient facility requires one full-time medical records employee (rather than .5).
- Patient Care Component (PCC) - Supporting the Resource Patient Management System (RPMS). Data entry for chart review, telephone calls, consultation forms, nursing home visits, in hospital visits, etc. are not included in any statistical system such as the APC or Direct Inpatient Reports, thus, the information is not available at Headquarters or Area. However, the statistical information is available from the respective local facility's PCC Management Report.
- The PCC supervisor is not the same as the area data base manager or the facility site manager. The data base manager is responsible at the area level for the Multi-Facility Integration (MFI) system. The facility PCC supervisor will work with the area data base manager. The PCC supervisor will be responsible for the day-to-day PCC activities, i.e. monitoring data entry, transmission of data, resolving PCC data errors, etc.

Conclusions:

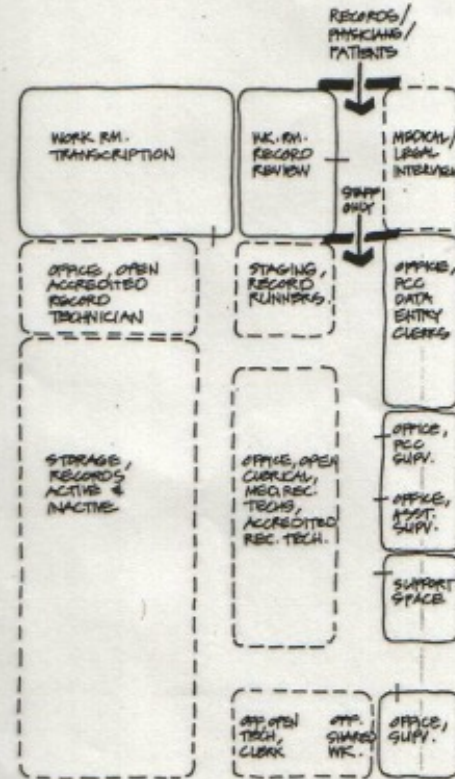
The proposed RRM staffing criteria for Health Records is:

- Inpatient - 2 Medical Records Technicians per hospital, plus  
1 Medical Records Technician per 11 ADPL
- Outpatient - 1 Medical Records Administrator per facility, plus  
1 Clerical Staff per facility, plus  
1 Medical Records Technician per 2,500 PCPVs
- PCC - 1 PCC Supervisor per facility, plus  
1 PCC Data Entry Personnel per 12,500 PCPVs for PCC
- Runners - 1 Clerical Staff per facility, plus  
1 Clerical Staff per 100,000 PCPVs

This criteria will be a piecewise linear formula.

Follow-up Items: None

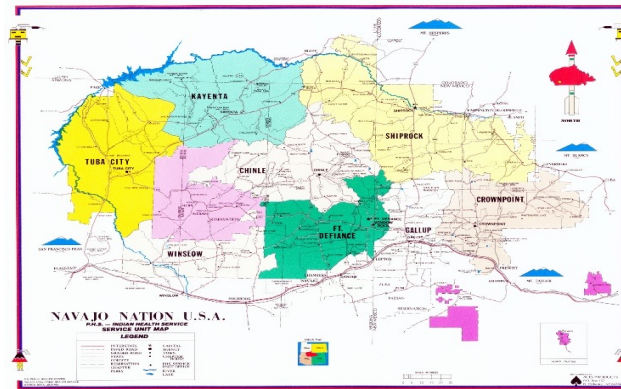
Future Issues: None



# Our Responsibility To Our Patients

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- There are no Service Unit boundaries. Patients go where they can get health care services.
- HIM must provide health information for Native patients regardless if health care services are provided by Federal, Tribal or Private Sector.



# Your Employer – The 4-11

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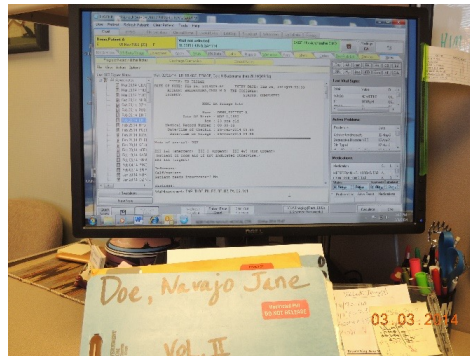
- It's important for you to know about your facility and what health care services are provided.
- Get rid of the “*I don't know*”



# What is a Medical Record?

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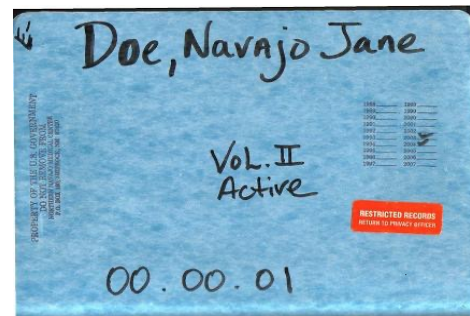
- Health information is the lifeblood of the health care delivery system.
- The medical record, in paper or electronic format, houses the health information that describes all aspect of patient care.



# HIM is Very Important For...

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- Patient Care
- Statistical Data
- Reimbursement



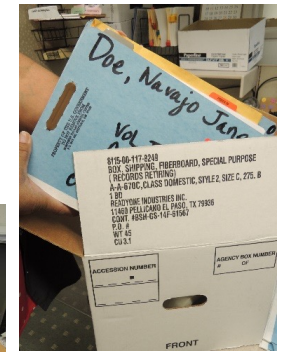
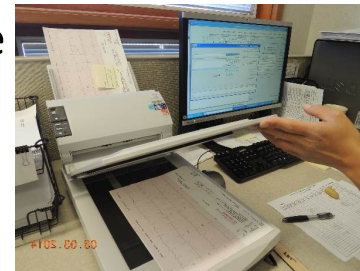
Everything we do in HIM touches a patient's life.



# Managing the Records of Life

Every HIM function is vital to health care:

- File Management – forms, archiving, master control log
- Medical Coding – data quality, statistics, revenue
- Release of Information – continuity of care
- Chart Analysis – completion, legality
- Scanning – quality check
- Health Informatics – templates, PHR, TOC





# Third Party Reimbur\$ement

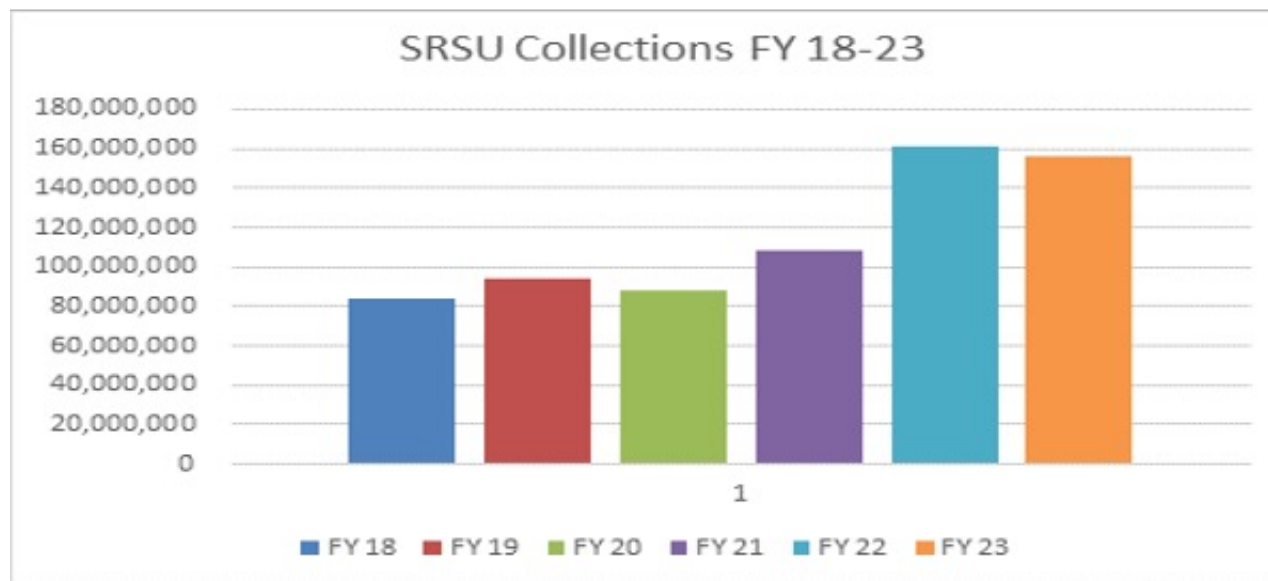
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- Funding for IHS is approved by Congress yearly.
- Collections from 3<sup>rd</sup> Party insurance makes up a large percentage of funding needed by IHS.
- Fiscal year is October to September.
- Our role as HIMBO team members is critical to our facility's funding in meeting our mission.



# Example of Service Unit Collections

FY 18	FY 19	FY 20	FY 21	FY 22	FY 23
83,584,289	93,658,819	88,035,532	108,101,210	161,004,506	156,449,930



# INDIAN HEALTH MANUAL

## CHAPTER 3

# HEALTH INFORMATION MANAGEMENT



## PART 3 PROFESSIONAL SERVICES

### Part 3 - Professional Services Chapter 3 - Health Information Management

Title	Section
<u>Introduction</u>	3-3.1
<u>Purpose</u>	3-3.1A
<u>Background</u>	3-3.1B
<u>Policy</u>	3-3.1C
<u>Authorities</u>	3-3.1D
<u>Goal</u>	3-3.1E
<u>Objectives</u>	3-3.1F
<u>Health Record</u>	3-3.2
<u>Communication</u>	3-3.2A
<u>Definition</u>	3-3.2B
<u>Division</u>	3-3.2C
<u>Electronic Health Records</u>	3-3.2D
<u>Encumbered</u>	3-3.2E
<u>Finances</u>	3-3.2F
<u>Legal Document</u>	3-3.2G
<u>Legal Health Record</u>	3-3.2H
<u>Station</u>	3-3.2I
<u>Statistics</u>	3-3.2J
<u>Training</u>	3-3.2K
<u>Health Information Professionals</u>	3-3.3
<u>Facility Level HIM</u>	3-3.3A
<u>Credentials</u>	3-3.3B
<u>Guidelines</u>	3-3.3C
<u>Responsibilities</u>	3-3.4
<u>Chief, Health Information Management</u>	3-3.4A
<u>Area HIM Consultant</u>	3-3.4B
<u>Service Unit IHM Directors</u>	3-3.4C
<u>Health Facility, Center, or Station HIM Supervisor</u>	3-3.4D
<u>Non-Supervisory HIM Technicians</u>	3-3.4E
<u>Health Information Management Department</u>	3-3.5
<u>Administrative Responsibilities</u>	3-3.5A
<u>Committees Responsibilities</u>	3-3.5B
<u>Health Information Management Director</u>	3-3.5C

# IHS Manual Part 3, Chapter 3

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The Indian Health Manual contains:

- Definition of Health Information Management
- Purpose of the Medical Record
- Goals of the HIM program
- Administrative Responsibilities

Available on the IHS web site.



(10) The HIM department maintains a permanent signature index for each provider who documents patient events in the health record. Providers include a medical doctor (MD), doctor of osteopathy (DO), registered nurse (RN), licensed practical nurse (LPN), registered pharmacist (RPh), master social worker (M.S.W.), physician assistant (PA), and physician assistant certified (PA-C). The signature file shall be secured and maintained permanently in the office of the HIM Director or supervisor and shall contain the following:

- a. provider's name;
- b. provider's signature;
- c. provider's initials;
- d. provider's professional description;
- e. provider's entry on duty date; and
- f. provider's exit date.

#### D. Program Responsibilities.

- (1) **Reception and Registration of Patients.** The reception and registration of all patients may be an HIM function depending on the facility's responsibilities. Questions regarding patient eligibility for care or treatment will be referred to the CEO or designee (Refer to Part 2, Chapters 1-5, IHM).
- (2) **Health Record Number.** A unique health record number is assigned to each patient's record when they first register, whether outpatient, inpatient, newborn, emergency patient, community health patient, school student, or CHS beneficiary. The health record number is used to identify patients' records and the documents filed in them. The reissue of an assigned number is strictly prohibited.
- (3) **Number Control Log.** A permanent log (paper or electronic) of unit numbers issued at a facility will be maintained and contain the patient's name, registration date, and date of birth. Health record numbers will be issued according to Service Unit policy. The Number Control Log form (IHS-209), may be used.
- (4) **Master Patient Index.** A permanent current Master Patient Index (MPI) will be maintained by each facility. The Patient Index Card form (IHS-198), may be used and filed alphabetically by the patient's last name. This alphabetical index of patients is key to the identity and location of the health records and may be paper or electronic. Update a patient's name change in the RPMS Patient Registration package and ensure that the MPI index card is cross-referenced with the patient's former name. The MPI will be monitored according to local policy and/or Part 2, Chapter 4, Item 4.3, Revenue Operations Manual, on the IHS Web site at:  
[http://www.ihs.gov/NonMedicalPrograms/BusinessOffice/index.cfm?module=boe\\_rom](http://www.ihs.gov/NonMedicalPrograms/BusinessOffice/index.cfm?module=boe_rom)
- (5) **Comprehensive Health Record System.** A unit record system will be maintained for all reports of health care provided to an inpatient, outpatient, or emergency patient. The unit record system includes reports of care provided to a community health patient receiving professional level care (RN, LPN, MD, DO, or physician extender as approved by the medical staff), discharge summaries, and consultation reports from contract hospitals and physicians. See Section 3-3.8L, "Hospital Facilities Health Record Format," for the inpatient and outpatient format.
- (6) **Centralized Files.** Active health records will be filed in the centralized file room of the health records department.

- (4) **Requirements.** Qualitative analysis is not something that may be undertaken lightly. It requires an in-depth understanding of health record science and management. The qualitative analysis must be performed or directly supervised by a credentialed HIM professional who is experienced in record analysis and quality review activities.
- (5) **Frequency.** Qualitative analysis may be done routinely or on a sampling basis depending on facility needs and staffing patterns. However, the review of results should be a major part of the facility's Medical Record Review Committee activity.

#### 3-3.12 MEDICO-LEGAL ASPECTS OF HEALTH RECORDS

- A. **Definition of Court of Competent Jurisdiction.** The OGC, Department of Health and Human Services (HHS), has determined that only Federal courts are inherently courts of competent jurisdiction for Privacy Act purposes, whereas because of the doctrine of sovereign immunity, Tribal (and State) courts may be courts of competent jurisdiction only if the United States submits to the jurisdiction of such courts. The OGC advice and guidance is as follows: "The IHS, upon receipt of a Tribal court subpoena for Federal medical records, has the option of either complying with the subpoena (e.g., voluntarily submitting to the jurisdiction of the court) or processing it pursuant to 45 CFR § 2.5 under rules established in 45 CFR Part 5 (FOIA). The decision, however, should be made by IHS in consultation with the OGC."
- B. **Statement of Legal Liaison between Government Agencies.**
  - (1) The Department of Justice (DOJ), through the OGC, is the legal representative of the HHS
  - (2) All issues involving litigation shall be directed by the CEO to the Area Director, who shall refer the matter to the appropriate OGC attorney.
- C. **Characteristics of the Health Record as a Legal Document.** The legal health record is the documentation of health care services provided to an individual during any aspect of health care delivery in any type of IHS facility for administrative, business, or payment purposes. The legal health record contains individually identifiable health information, stored on any medium, which is collected for documenting health care or health status. When the legal health record consists of information-created as paper documents and information created in electronic media, it is considered to be in a hybrid environment.
  - (1) The significance of the health record as evidence in a court of law dictates that considerations be given to the following health record characteristics:
    - a. All handwriting shall be in dark permanent ink (no red) that is legible when photocopied or microfilmed. The ink shall not be of the type that soaks through and obliterates information. Pencil entries in any part of the record are unacceptable. (Due to extended record retention periods, black permanent ink is preferred. No highlighters or white-out will be used in the record).
    - b. All entries shall be dated and authenticated, including signature and title of the author. (Signature stamps with original signatures are authorized). Electronic signatures will be allowed pursuant to the facility's specific guidelines. Handwriting is deemed to be illegible if two people cannot read the handwriting.
    - c. The electronic signature is a computer data compilation of any symbol or series of symbols executed, adopted, and/or authorized by an individual to be the legally binding equivalent of the individual's handwritten signature. The electronic signature is never shared.
    - d. Each page within the health record shall contain the patient's identification information and the facility name.
    - e. The health care provider shall sign those portions of the health record containing documentation of care for which that person is responsible, including countersignatures where appropriate.

# AHIMA Code of Ethics



- ◆ **Advocate, uphold, and defend the consumer's right to privacy and the doctrine of confidentiality in the use and disclosure of information.**
- ◆ **Put service and the health and welfare of persons before self-interest and conduct oneself in the practice of the profession so as to bring honor to oneself, their peers, and to the health information management profession.**
- ◆ **Preserve, protect, and secure personal health information in any form or medium and hold in the highest regard health information and other information of a confidential nature obtained in an official capacity, taking into account the applicable statutes and regulations.**
- ◆ **Refuse to participate in or conceal unethical practices or procedures and report such practices.**
- ◆ **Use technology, data, and information resources in the way they are intended to be used.**
- ◆ **Advocate for appropriate uses of information resources across the healthcare ecosystem.**
- ◆ **Recruit and mentor students, peers and colleagues to develop and strengthen professional workforce.**
- ◆ **Represent the profession to the public in a positive manner.**
- ◆ **Advance health information management knowledge and practice through continuing education, research, publications, and presentations.**
- ◆ **Perform honorably health information management association responsibilities, either appointed or elected, and preserve the confidentiality of any privileged information made known in any official capacity.**
- ◆ **State truthfully and accurately one's credentials, professional education, and experiences.**
- ◆ **Facilitate interdisciplinary collaboration in situations supporting ethical health information principles.**
- ◆ **Respect the inherent dignity and worth of every person.**



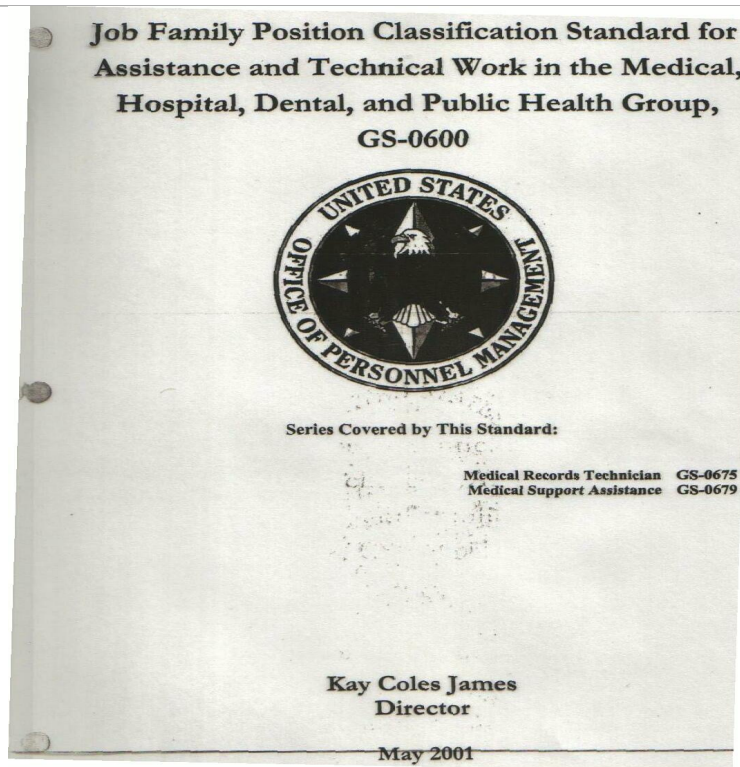
# HIM Personnel

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- The organization cannot function without you.
- Classification of HIM positions by OPM:
  - GS-669 Series: Covers management positions
  - GS-675 Series: Covers clerical & technical positions
  - GS-346 Series: Covers Data Transcriber
- Duties and Grade will vary based on facility size and type.
- Positions are classified based on knowledge & skill, not workload.



# OPM Classification 675 Series





<b>MEDICAL RECORDS TECHNICIAN, GS-0675</b>		<b>Qualification Standards</b>
Definition	<p>This series covers one-grade <i>interval</i> technical support positions that supervise, lead, or perform support work in connection with processing and maintaining medical records for compliance with regulatory requirements. It also covers positions that review, analyze, code, abstract, and compile or extract medical records data. The work requires a practical knowledge of medical record procedures and references and the organization and consistency of medical records. Positions also require a basic knowledge of human anatomy, physiology, and medical terminology.</p> <p><b>←BACK</b></p>	
Titling	<p>The basic title for this occupation is <i>Medical Records Technician</i>.</p> <p><b>←BACK</b></p>	
Occupational Information	<p><b>General Occupational Information</b></p> <p>Medical records technicians assemble, analyze, code, abstract, report, maintain, and extract medical records information. They organize and check medical records for completeness, accuracy, and compliance with regulatory requirements. In most Federal medical centers today, the medical staffs, including medical records technicians, use automated records systems.</p> <p>Federal health care facilities maintain permanent medical records that contain health care information to support and justify the diagnosis and treatment rendered on each patient. These records include the patient's:</p> <ul style="list-style-type: none"> <li>• medical history;</li> <li>• physical examination results;</li> <li>• x-ray and laboratory reports;</li> <li>• diagnosis and treatment plans; and</li> <li>• orders and notes from doctors, nurses, and other health care professionals.</li> </ul> <p>Accurate medical records are essential for:</p> <ul style="list-style-type: none"> <li>• clinical, legal, and fiscal purposes;</li> <li>• correct and prompt diagnosis and treatment of illnesses and injuries;</li> <li>• continuity of care;</li> <li>• background and documentation for insurance claims, legal actions, professional review of prescribed treatments and medications, and training of health professionals;</li> <li>• research, clinical studies, and resource management planning purposes;</li> <li>• proper evaluation and justification of the costs of various medical procedures; and</li> <li>• full assessment of overall health needs.</li> </ul> <p>Specific duties of medical records technicians vary with the complexity and characteristics of the facility. Use of the latest treatment methods by health care professionals results in comprehensive medical records, in some cases with many diagnoses and treatments. The time and knowledge needed to analyze and code a record increases in proportion to the patient's length of stay and the complexity of the patient's diagnosis and treatment. The scope of the work performed by the medical records technician is increased when there are many health care providers involved in the care of a single patient. Several physicians may provide care to one patient, all of whom write progress notes and determine diagnoses and treatments. Medical records technicians in facilities offering a greater number of specialties, health care providers, and diagnostic and therapeutic services must have increased knowledge and understanding of many health care processes. They must stay abreast of new procedures and therapies so they can analyze and code the records.</p> <p style="text-align: center;">(continued)</p>	

<b>Level 1-4</b>		<b>550 Points</b>
Series	<p><b>Medical Records Technician GS-0675 Illustration(s)</b></p>	
FLD	<p>Knowledge of, and skill in applying, an extensive body of rules, procedures, and operations, such as:</p> <ul style="list-style-type: none"> <li>• well-established medical records procedures, regulations, and principles;</li> <li>• Joint Commission on Accreditation of Healthcare Organizations (JCAHO) standards and medical records classification systems and references;</li> <li>• elementary practical anatomy and physiology, medical techniques, and major disease processes, diagnoses, procedures, tests, pharmaceuticals operations, psychological, and other specialized terms; and</li> <li>• computerized data entry and retrieval systems</li> </ul> <p>sufficient to:</p> <ul style="list-style-type: none"> <li>• analyze medical records, maintain special registries, perform quality assurance, compile statistical data, and release medical information;</li> <li>• code diagnostic and operative/procedural information;</li> <li>• collect and organize data for statistical reports, audits, and/or research projects; and</li> <li>• extract data for statistical and other reports.</li> </ul>	

<b>Level 1-5</b>		<b>750 Points</b>
Series	<p><b>Medical Records Technician GS-0675 Illustration(s)</b></p>	
FLD	<p>Thorough and detailed knowledge of, and skill in applying, a comprehensive body of rules, procedures, and operations, such as:</p> <ul style="list-style-type: none"> <li>• medical records activities, operations, and regulations;</li> <li>• medical terminology, procedures, anatomy, physiology, and disease processes;</li> <li>• medical record classification systems coding techniques; and</li> <li>• computerized data entry and retrieval systems</li> </ul> <p>sufficient to:</p> <ul style="list-style-type: none"> <li>• assist in a wide range of quality assurance studies;</li> <li>• make recommendations to improve procedures for compiling and retrieving medical records information;</li> <li>• identify specific clinical findings, support existing diagnoses, or substantiate listing additional diagnoses in the medical record;</li> <li>• code complicated medical records that are difficult to classify;</li> <li>• plan, organize, and maintain special registries;</li> <li>• gather and represent data graphically;</li> <li>• make a variety of basic statistical computations;</li> <li>• identify possible trends and patterns for preparing reports; and</li> <li>• manage medical records.</li> </ul>	

**Statement of Difference FES Form**

The duties of the position are essentially the same as those on attached position description (# 967040), but has established at one  X  or two \_\_\_\_\_ grades (s) lower to accommodate recruitment, career development or other purposes. The factor levels/point ratings are defined below for both positions with differences indicated by asterisks (\*) in "THIS POSITION" column. The asterisks (\*) in turn refer to pertinent job information and determinations are documented in the last section of this position.

FES Factors	Position # 967040		This Position 967041		*
	LEVELS	POINTS	LEVELS	POINTS	
1. Knowledge Required	Level 1 - 3	350	Level 1 - 2	200	*
2. Supervisory Controls	Level 2 - 2	125	Level 2 - 2	125	
3. Guidelines	Level 3 - 2	125	Level 3 - 1	25	*
4. Complexity	Level 4 - 2	75	Level 4 - 2	75	
5. Scope and Effect	Level 5 - 2	75	Level 5 - 1	25	*
6. Personal Contacts	Level 6 - 2	25	Level 6 - 2	25	
7. Purpose of Contacts	Level 7 - 1	20	Level 7 - 1	20	
8. Physical Demands	Level 8 - 2	20	Level 8 - 2	20	
9. Work Environment	Level 9 - 1	5	Level 9 - 2	5	
Total Points Assigned	Point Range	820	520	Point Range: (455-650)	
GS Grade Equivalent Conversion		GS-04	GS-03		

When the incumbent of this position meets or exceeds work performance requirements defined in reference position and otherwise satisfies qualifications and other administrative requirements, promotion action on a non-competitive basis may be initiated by the supervisor.

This point ratings for this position are based upon the following factor level definitions:

**Factor 1.** Knowledge of basic medical record procedures, methods, and processes which required previous training or experience in a medical record setting. Knowledge of basic medical terminology to review and file reports. General knowledge of the Privacy Act of 1974 and Freedom of Information Act.

**Factor 3.** Guidelines utilized are the IHS Medical Records Manual and Medical Records Department Policy and Procedure Manual. The majority of the instructions are readily memorized and any deviations from the instructions must be referred to the supervisor for decision.

**Factor 5.** The purpose of the work is to facilitate the work of others in Medical Records by performing specific and routine duties such as compiling data, answering records questions, and filing or retrieving records.

**GRADE CONVERSION TABLE**

Convert total points on all evaluation factors to General Schedule (GS) grades using the following table. The shaded areas reflect grade levels commonly attained in this job family.

Point Range	GS Grade
190-250	1
255-450	2
455-650	3
655-850	4
855-1100	5
1105-1350	6
1355-1600	7
1605-1850	8
1855-2100	9
2105-2350	10
2355-2750	11
2755-3150	12
3155-3600	13
3605-4050	14
4055-up	15

# Position Description

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- Know your position (job) description.
- Outlines what the position's main duties are and qualifications needed.
- Defines complexity of the job.
- Lists any special requirements of position, such as rotational shifts or HIM certification.



889250

**NAIHS GENERIC STANDARD POSITION DESCRIPTION**

**Medical Records Technician  
GS-675-06**

**I. INTRODUCTION:**

This position is located in the Medical Records department of a health care facility for both Ambulatory and Inpatient services.

The purpose of the position is to perform a variety of medical records technical duties which include the complete and accurate process and maintenance of hybrid (paper/electronic) environment of analyzing, filing, compiling, scanning, releasing information, retrieving and dispatching charts/documents, file managing, archiving Third Party, and entering data of treatment provided to patients within a complex health care facility.

**II. MAJOR DUTIES AND RESPONSIBILITIES:**

**Records Management Duties - 50%**

Performs comprehensive quantitative/qualitative analysis of patient medical record to assure the presence of all component parts of: correct patient identification, health record number, redaction, valid forms and format, signatures and dates where required, and all reports which appear to be indicated by the treatment rendered assure the presence of all components of the medical record are complete. Informs and coordinates completion of medical record with health care provider or department.

Maintains an assigned section of records by performing monthly chart audits for misfiled records, establish volumes for bulky charts, replaces torn or old record covers, converts the number labels, and ensures all records are in approved chart sequence order, with new dividers in place for easy access to health information.

Conducts archiving processes i.e., purges, prepares and ships inactive medical records, Fetal monitor strips, Obstetrics, Operating Room and Emergency Room logs for storage. Retrieves records for permanent or temporary withdrawals for re-activation of records, research activities and disclosure of records. Updates Master Control Log and requests original chart referencing the FRC logs.

Creates and maintains general registries, such as organ donor, Blood Transfusions, and Restraints.

Collaborates and assists research teams to abstract data, i.e. Tumor Registry, Birth Cohort, Epidemiology, and Johns Hopkins University.

Maintains an inventory log of all patient records for the facility for active patients, deceased patients, and archived records.

Reviews and downloads any electronic health information received by Health Information Exchange (HIE) received from external sources into patients' electronic health record on a daily basis.

Communicates with health care teams and committees to ensure data quality of direct patient care.

**Technical Support Duties: 50%**

Receives, sorts documents in preparation for scanning, reviews and cross-references the electronic health record (EHR) system for patient identification. Determines provider acknowledgement by electronic or

889250

written signature and date. Rejects documents with discrepancies, returns to originating source for correction and re-submit for scanning.  
Conducts quality audits to ensure integrity of scanned images to meet quality assurance and performance improvement requirements.

Receives, reviews and validates all requests for disclosure from hospitals, attorneys, law enforcement agencies, medical audits/reviews, Social Security Administration, private physicians, insurance companies, individual requests and others including subpoenas, by ensuring that all components for release of information are met.

Researches, abstracts medical information from hybrid record system and discloses requested information following regulation and policies. Records all disclosures for accounting purposes.

Reviews and reports potential Federal Medical Care Recovery Act (FMCRA) visits for possible tort liability and third party cases to the Office of Regional Counsel.

Makes the final determination that the record is accurate, complete, and reflects sufficient data to justify the diagnosis and warrant the treatment and end results without infringing on the decisions concerning a physician's clinical judgment. Abides by specific state, federal, Indian Health Service (IHS), Privacy Act (PA), Health Insurance Portability and Accountability Act (HIPAA), Freedom of Information Act (FOIA), Medical legal, service unit and department policies and procedures, regulations regarding specific types of records, i.e., Title 42 CFR Part 2 Confidentiality of Behavioral Health and Substance Abuse, Communicable Disease, and HIV/AIDS related records per Medico Legal Requirements.

Educates and enrolls patients to access their online Personal Health Record (PHR).

Submits workload reports as required.

**Other duties as assigned.** Some duties not specifically described or included in the Position Description (PD) may be assigned to meet the department or facility's objectives and obligations.

**III. FACTORS:**

**Factor 1 - Knowledge Required by the Position:**

**Level 1-4, 550 pts.**

Knowledge and understanding of medical terminology, accepted medical abbreviations, pharmaceutical terms, anatomy & physiology and major diseases to analyze and validate medical documentation.

Knowledge of Medico-legal aspects of medical record systems to meet regulatory requirements of the agency.

Knowledge of Quantitative and Qualitative analysis procedures and processes to ensure a complete and accurate medical record.

Knowledge of automated systems and software to abstract data and produce reports.

Knowledge of Electronic Medical Record systems for the maintenance of the official patient medical record.

Knowledge of Privacy Act of 1974, Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule of 1996 regulations and requirements in regards to the employee's responsibilities and possible penalties when patient confidentiality is violated.

889250

Knowledge of accrediting standards to ensure compliance with requirements of all regulatory agencies.

Knowledge of the IHS General Records Schedule, National Archive Records Administration (NARA), and Federal Records Center (FRC) guidelines and processes to perform record management duties and functions.

Knowledge of policies and regulations on Tort Claims and the Federal Medical Care Recovery Act guidelines, in order to expedite third party reports to the Office of Regional Counsel.

Knowledge in medical record forms and formats, and correlation of laboratory tests, surgical procedures, consents, and treatments with diagnoses, in order to assemble medical records in the appropriate sequence and analyzing records to ensure all necessary forms and documents are present, accurate and complete.

Ability to communicate with internal and external customers to promote work efforts.

**Factor 2 - Supervisory Control:**

**Level 2-3, 275 pts.**

The supervisor makes assignments by defining the overall goals and priorities of the work and assists the employee with unusual situations, which do not have clear precedent. Employee carries out assignments independently, resolves problems and deviations using established policies, instructions and accepted practices within the medical record program. The supervisor places considerable reliance upon the employee's knowledge of medical records. Work is reviewed for results achieved, technical soundness, and conformity to medical record policy and requirements.

**Factor 3 - Guidelines:**

**Level 3-2, 125 pts.**

Guidelines include Indian Health Service Manual Part 3, Chapter 3, "Medical Records" and Part 5, Chapter 15 "Records Management"; Privacy Act of 1974 (Federal Registry); Health Information Portability and Accountability Act of 1996 (HIPAA) Privacy Rule; Standards of the Accreditation Agencies; IHS General Records Schedule; Service Unit's established Medical Staff Rules & Regulations and By-Laws; Departmental and Service Unit Policies and Procedures. The employee uses judgment to identify and select from these available guidelines or refer to the most appropriate guidelines and adapts to specific case.

**Factor 4 - Complexity:**

**Level 4-2, 75 pts.**

The employee performs duties which include repetitive and interrelated tasks and some routine problem solving of medium complexity of managing a hybrid medical record system. The duties involve related processes and methods by analyzing, filing, compiling, scanning, release of information, retrieval and dispatching charts/documents, file management, archiving, third party reporting, and data entry of medical record data according to established procedures. Decisions about what needs to be done involve various choices requiring the employee to recognize the existence of and differences among recognizable alternatives. The employee corrects technical errors using prescribed methods and performs other checks to ensure the validity of information.

**Factor 5 - Scope and Effect:**

**Level 5-2, 75 pts.**

The purpose of the position is to perform medical record keeping functions which is an integral part of the operation of a health care facility. The hybrid medical record is the key to all patient treatment; a legal and

889250

**Factor 6 - Personal Contacts:**

**Level 6-2, with Factor 7**

Contacts are with patients, physicians, nursing staff, business office staff, and employees within the immediate organization or work unit, representative of various outside state/federal agencies, tribal agencies and Non-IHS medical facilities.

**Factor 7 - Purpose of Contacts**

**Level 7-b, 75 pts.**

The purpose of contact is to provide medical records exchange and to coordinate work efforts towards patient care.

**Factor 8 - Physical Demands:**

**Level 8-2, 20 pts.**

Physical effort is expended through prolonged sitting, standing, walking, stooping, bending, kneeling, lifting, reaching and pushing carts, and climbing stairs and step stools and ladders.

**Factor 9 - Work Environment:**

**Level 9-2, 20 pts.**

The work environment involves risks and discomforts including exposure to communicable diseases, working with computers and various office equipment such as mobile file unit. There is adequate light, heat, and ventilation in work area.

**IV. OTHER SIGNIFICANT FACTORS:**

The employee is required to work on a rotational basis for shift (days, evenings and nights), weekend and holidays for those health care facilities providing after-hour services and/or extended clinic hours to support patient care services.

The Privacy Act of 1974, HIPAA Privacy of 1996, mandates that the employee shall maintain complete confidentiality of all administrative, medical and personnel records and all other pertinent information that comes to his/her attention or knowledge. The Privacy Act and HIPAA Privacy carry both civil and criminal penalties for unlawful disclosure of records. Violations of such confidentiality shall be cause for adverse action.



# Work & Knowledge = Pay

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GS-0675-5-1

- GRADE = The higher the Grade is, the more complexed the work and responsibilities.

Note: *You don't go up in Grade and do less*

- STEP = The higher the Step, the more knowledge you gain.

Note: *As you move forward in Step, the more you become the Subject Matter Expert (SME)*



Grade	Step 1	Step 2	Step 3	Step 4	Step 5	Step 6	Step 7	Step 8	Step 9	Step 10
1	\$ 25,684	\$ 26,546	\$ 27,399	\$ 28,251	\$ 29,102	\$ 29,601	\$ 30,447	\$ 31,298	\$ 31,332	\$ 32,128
2	28,880	29,567	30,524	31,332	31,686	32,618	33,551	34,483	35,415	36,347
3	31,512	32,562	33,613	34,663	35,713	36,763	37,813	38,864	39,914	40,964
4	35,373	36,552	37,731	38,909	40,088	41,267	42,445	43,624	44,803	45,982
5	39,576	40,895	42,214	43,533	44,852	46,171	47,490	48,809	50,127	51,446
6	44,117	45,588	47,059	48,529	50,000	51,471	52,942	54,412	55,883	57,354
7	49,025	50,659	52,293	53,928	55,562	57,196	58,831	60,465	62,099	63,733
8	54,292	56,102	57,911	59,721	61,530	63,340	65,149	66,959	68,768	70,578
9	59,966	61,965	63,964	65,962	67,961	69,960	71,959	73,958	75,956	77,955
10	66,036	68,237	70,438	72,639	74,840	77,040	79,241	81,442	83,643	85,844
11	72,553	74,972	77,390	79,808	82,226	84,644	87,062	89,481	91,899	94,317
12	86,962	89,860	92,759	95,657	98,555	101,453	104,352	107,250	110,148	113,047
13	103,409	106,856	110,304	113,751	117,198	120,646	124,093	127,541	130,988	134,435
14	122,198	126,272	130,345	134,419	138,492	142,566	146,639	150,713	154,787	158,860
15	143,736	148,527	153,318	158,109	162,900	167,690	172,481	177,272	182,063	186,854

# Have a Positive Attitude

---

- What is your personality style?
  - *Cheerful, always complaining, whiner, laid-back, “who cares”*
  - “rules rules rules” “Boss is working us to death”*
- Turn negativity to something positive.
- Never use profanity.
- Encourage and teach others.
- Be on time for work.





# Be Professional

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- Dress appropriate for work.
- Is what you are wearing suitable for work.
- If you are receiving uniform allowance you are required to wear daily.



# Be Professional

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- A sloppy or provocative appearance gives the sign of a non-professional attitude.
- Dress appropriately to be taken seriously and treated as a professional.
- Historically, Government agencies always had a strict protocol because we are public servants.
- Be aware of local Cultural concerns/taboo.



# Be Professional

---

- Is your office/work area professional looking.
- A messy office will give the wrong impression.
- The patient will not trust you with documents given to you.
- Keep areas clean and tidy.
- Infection Control may be an issue.



# Be Professional

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- Offer to fill out forms.
- Show empathy. Remember the patient may be sick and scared.
- When assisting in person or by phone, give your name.
- Use professional etiquette when appropriate:

*Dr. Nabahe, Mrs. Webster, Mr. King*



# Be The Model Employee

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- Follow the Government Code of Ethics.
- Concentrate on work while on duty. Too many personal calls, texting, and personal visitors can be distracting.

REMEMBER – you are here to work

- You applied for the job and said you can do it. IHS did not force you to work for the agency.



# Are You Being Paid To Do This

## **Accounting Technician GS-525-6**


### **INTRODUCTION**

**This position is located in Financial Management Branch of the Indian Health Service Hospital, and serves as the Accounting Technician responsible for performing a variety of complex technical duties for the Finance Office, in support of patient care services.**

### **MAJOR DUTIES AND RESPONSIBILITIES:**

- 1. Audits all incoming vouchers for completion on a daily basis for payment.**
- 2. Prepares a monthly reconciliation of the general ledger, ensuring that the basic accounting data are utilized.**
- 3. Maintains vendor files for entire facility by filing receiving reports, invoices, and purchase orders on a daily basis.**

### **OTHER DUTIES:**

- 1. Coordinates personal business utilizing Government resources (telephone, computer, fax, etc.) to ensure family and/or personal life is not interrupted while at work.**
  - 2. Constantly reports to work 10-15 minutes late daily, and repeatedly calls in on payday Friday.**
  - 3. Interrupts work flow by visiting and gossiping with colleagues, therefore not meeting established deadlines, requiring overtime to complete tasks.**
- 



DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

Indian Health Service  
Rockville MD 20852

SGM 2007-02

MAR 28 2007

TO: All Employees  
FROM: Director  
SUBJECT: Annual Reminder of the Principles of the Standards of Ethical Conduct



Everyone who enters public service has a duty to maintain the highest standards of integrity in Government. As Indian Health Service (IHS) employees, we must ensure that we demonstrate a high standard of professionalism and ethical conduct. Each of you should be aware of all applicable ethics laws and regulations, including the following general principles of the "Standards of Ethical Conduct for Employees of the Executive Branch:"

1. Public service is a public trust, requiring employees to place loyalty to the Constitution, the laws and ethical principles above private gain.
2. Employees shall not hold financial interests that conflict with the conscientious performance of duty.
3. Employees shall not engage in financial transactions using nonpublic Government information or allow the improper use of such information to further any private interest.
4. Employees shall not, except as permitted by subpart B of this part, solicit or accept any gift or other item of monetary value from any person or entity seeking official action from, doing business with, or conducting activities regulated by the employee's agency, or whose interests may be substantially affected by the performance or nonperformance of the employee's duties.
5. Employees shall put forth an honest effort in the performance of their duties.
6. Employees shall not knowingly make unauthorized commitments or promises of any kind purporting to bind the Government.
7. Employees shall not use public office for private gain.
8. Employees shall act impartially and not give preferential treatment to any private organization or individual.
9. Employees shall protect and conserve Federal property and shall not use it for other than authorized activities.

We all receive an annual reminder.



# Duty To Privacy

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- Don't gossip.
- Respect privacy at all times.
- Don't ever repeat or post online what you may hear or see.
- Don't abuse your access.
- Very important to build patient trust.





# Hospitality

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- Welcome employees appropriately especially contractors and students.

*“Welcome to Shiprock” “I’m so glad you joined us”*

- Let them know you are here to help.
- Your behavior, good or bad, reflects on the facility.



# New Co-Worker

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- Share your knowledge. Be a mentor.
- Don't discourage your new colleagues.
- Talk positively about the work place, instead of the negative things.
- You didn't know everything when you started your job.
- Groom staff for the future.



# Workforce Generations

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- We have so many different generations working together.
- There are five generations interacting in the work place today.



# Generation Gap

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- Traditionalist = Born 1900 to 1945 *“Work is all there is”*
- Baby Boomers = Born 1946 to 1965 *“Live to work”*
- Generation X = Born 1966 to 1980 *“Work to live”*
- Millennials (Gen Y) = Born 1981 to 1996 *“Work to have fun”*
- Generation Z = Born 1997 to 2012 *“Work independently”*
- *Generation Alpha = Born 2013 to 2025*



## Five Generations in the Workforce

BY 2020, THESE five generations will work side-by-side in the workforce. The below lists some general characteristics about each generation along with some defining events in their lifetimes.



### 1. TRADITIONALISTS (AKA, THE SILENT GENERATION)

Born: 1928-1945

Shaped by: Great Depression and World War II

Characteristics: Disciplined, believe in conformity, dislike conflict, and prefer hierarchical organizational structure



### 2. BABY BOOMERS

Born: 1946-1964

Shaped by: Vietnam War, hippie culture, rise of Rock n' Roll, civil and women's rights movements

Characteristics: Hard working, strong work ethic, innovative, loyal, goal-oriented, high level of professionalism, may fear that Millennials and Generation Zers will take their jobs



### 3. GENERATION X

Born: 1965-1980

Shaped by: *Challenger* explosion, Fall of the Berlin Wall, Gulf War, Cable TV and MTV culture, AIDS, early Internet, and advancing technology

Characteristics: Independent, free agents, seek ongoing training and growth opportunities



### 4. MILLENNIALS (AKA, GENERATION Y)

Born: 1981-1996

Shaped by: 9/11 attacks, the Internet, the Great Recession and housing market collapse, mobile phones, social media, and Google

Characteristics: Confident, value diversity and community service, team players, tech savvy, want to be coached and mentored



### 5. GENERATION Z

Born: 1997 to present

Shaped by: Tablet devices, smartphones, personalization/fracture of media and entertainment, mobile apps, and social media

Characteristics: Optimistic, prefer mission-driven work, able to multi-task, extremely tech savvy, highly dependent on technology



# Workforce Generations

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- Because of various generations working together, we must learn to work well with each other with respect.

*Example: Learning style, humor, personality*

- This tests your people-skills and working with other styles of behavior.
- We all can learn from each generation.

*Example: Built the foundation of IHS (Boomers)*

*Learning new technology (Millenials)*



# T.E.A.M.

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- Together Everyone Achieves More.
- There is no “i” in team.
- We are work colleagues, not family.



# The Three (3) L's

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- LOOK – For work to be done, or for opportunities to improve.
- LISTEN – Take to heart what you are being told in regards to work.
- LEARN – Everything you can to grow and be better.

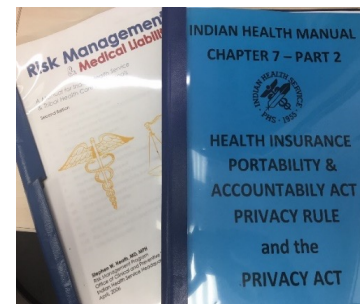




# Look, Listen & Learn

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- Training opportunities.
- Cross-training
- Use IDP as a tool to reach your educational goals
- Read policies & procedures.
- Participate in your annual evaluation.



# Individual Development Plan (IDP)

## INDIVIDUAL DEVELOPMENT PLAN

<b>EMPLOYEE NAME</b> Mattie Record	<b>POSITION &amp; GRADE</b> Medical Records Technician GS-675-4	<b>ORGANIZATION</b> DHHS/IHS/Navajo	
<b>Career Goals</b>			
<b>SHORT RANGE (in 1 year)</b> -Learn how to use modifiers -Learn how to make a volume chart -Be competent with EHR tabs -Learn in-depth on Privacy Act Routine Uses -Learn Microsoft Excel -Learn to work well with others (co-workers) -Learn how to do presentations		<b>LONG RANGE (2+years up)</b> -Become proficient with scanning & quality checks -Become a certified coder -Get specialized in Day Surgery coding -Be a HIM SME in the area of ____ -Get into a health informatics job -Become a HIM Lead/supervisor -Go back to college for RHIT	
<b>DEVELOPMENTAL OBJECTIVES</b> 1.Improve present performance in job  2.Update skills & ability  3.Familiarize self with new work assignments & SU Mission	<b>DEVELOPMENTAL ASSIGNMENTS</b> Calendar Year  Quarterly  Monthly	<b>FORMAL TRAININGS</b> -Formal HIPAA/Privacy Act Training -EHR systems (RPMS) -AAPC/AHIMA coding training -On-the-job training with SME -Excel Training	<b>OTHER ACTIVITIES</b> -Area sponsored trainings -Area site visits -Health Stream courses -IHS/National Conferences



# Employee Evaluation



## HHS EMPLOYEE PERFORMANCE PLAN

ELEMENT	RATING
1. ACCOUNTABILITY & COMPLIANCE	<input type="checkbox"/> AO(5) <input type="checkbox"/> AM(4) <input type="checkbox"/> AE(3) <input type="checkbox"/> PA(2) <input type="checkbox"/> UR(1)
Description: 1. Scanning of medical documents are scanned within three (3) days, based on monthly average. 2. 100% Quality check for scanning is complete within five (5) days of scanning original document, based on a monthly average. 3. Original documents are destroyed (shredded) after quality check has been completed daily.	
ELEMENT	RATING
1. Daily Productivity	<input type="checkbox"/> AO(5) <input type="checkbox"/> AM(4) <input type="checkbox"/> AE(3) <input type="checkbox"/> PA(2) <input type="checkbox"/> UR(1)
Description: In accordance to the ORAP Internal Control Policy, all visits must be coded within 4 days of visit. 1. Performs coding and data entry for designated clinic service assigned, into the RPMS system. 2. Generates reports daily to identify visits to code using Coding Queue, Visit Review Report, ADT, and M-System. 3. Codes all components of the medical record for statistical data, regardless if third-party or not. 4. Audits and validates the Pre-and Post- clinic visits for Day Surgery, Orthopedic & Podiatry, to ensure coding consistency. Edits codes and merges visits as needed. AO: Averages less than two (2) days to code visit encounters from date of service. Based on a random sample. AM: Averages 3 days to code visit encounters from date of service. AE: Averages 4 days to code visit encounters from date of service. PA: Averages 5-10 days to code visit encounters from date of service. Needs improvement. UR: Average more than eleven (11) days to code visit encounters from date of service.	
ELEMENT	RATING
2. Medical Coding	<input type="checkbox"/> AO(5) <input type="checkbox"/> AM(4) <input type="checkbox"/> AE(3) <input type="checkbox"/> PA(2) <input type="checkbox"/> UR(1)
Description: Random review of twenty-five (25) encounters for medical coding proficiency and competency by coding auditor for the rating period: 1. All diagnoses and procedures identified with appropriate codes for all services provided. 2. Coding specificity. No "unspecified" or "not elsewhere classified" codes used. 3. All ICD-10, CPT and HCPCS codes are correctly assigned, with G-Codes and modifiers, when needed. 4. E&M codes appropriately assigned. 5. All Transcodes correctly assigned for services. 6. Codes are appropriately sequenced for encounter. AO: All twenty-five (25) encounters met criteria. AM: 20-24 encounters met criteria. AE: 15-19 encounters met criteria. PA: 10-14 encounters met criteria. Needs improvement. UR: Less than nine (9) encounters met criteria.	



# Develop Personal Goals

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- Establish **SMART** goals:

*Specific*

*Measurable*

*Attainable*

*Realistic*

*Time-defined*

- Most important is to write your goals down.



# Be Competent

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- Challenge yourself to learn more in your job by enhancing your competency level.
- Competency is the knowledge, skill or attitude that enables one to effectively perform the activity.

*Example: Making Fry-bread*



# Educate, Educate, Educate

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- Take advantage of career opportunities.
- Welcome new assignments, instead of looking at it as punishment.
- Don't expect Uncle Sam to pay for your education or training.
- What are you doing on your own to get somewhere.

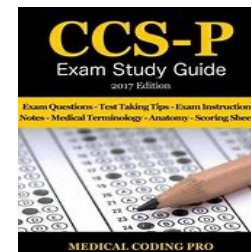


Dzilh-Na-O-Dith-Ile Health Center  
Shiprock Service Unit

Gary M. Russell-King  
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6 Road, 7686  
Bloomfield, New Mexico 87413  
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Office: 505-368-8002  
Fax: 505-368-8009



# Healthcare is Changing

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- Health care changes each year.
- We must be able to “*embrace change*”
- Why is it we all can adapt to change in our personal life, but not at work?



# HIM Challenges We Survived

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- Implementation of HIPAA in 1996
- Internal Control Policy
- ICD-10 in 2015
- Personal Health Record
- NARA 2022
- Paper to Electronic
- Maintaining a Legal Record

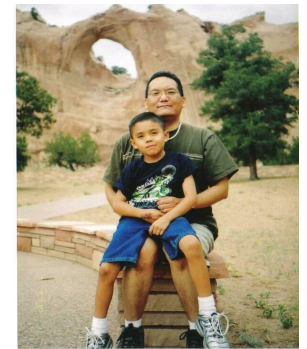




# Healthcare is Demanding

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- Physical demands on your body.
- Personal life may be effected due to work commitments.
- Educate your family of your job requirement.
- Have a balance between your work and personal life.
- Always have a Plan B, Plan C and Plan D.



# Are You Cut Out To Work In HIM?

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- Is this job really for you.
- Never a dull moment.
- Are you the type of person who loves to help other people.
- There are a lot regulatory requirements.



# Management's View

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- Management at times seems like “*sheep-herding*”
- Management's expectations of employees:
  - Be creditable and show mutual respect
  - Excel in job performance
  - Honesty
  - Loyalty



# Management's View

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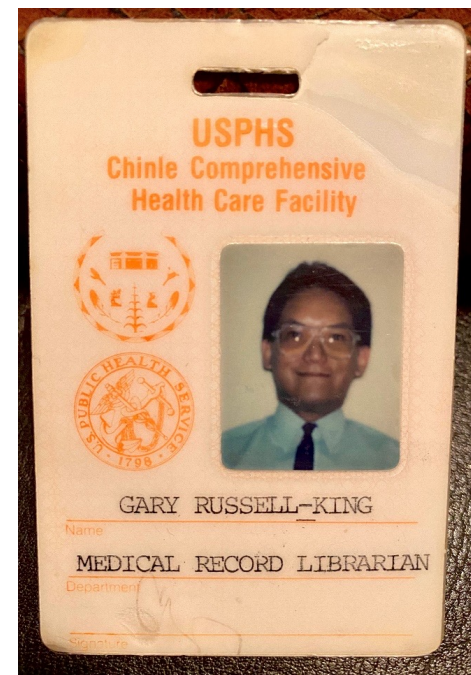
- Be creditable.
- Be proficient.
- Being happy in your job.
- Respect the “Chain of Command” no matter if there are changes in management.
- Future job reference for you.



# Management's View

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- Learn all you can to improve your knowledge and skills.
- Remember your boss started out new also at one time to get where he or she is at now.



# Tips To Success

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- Get up early in the morning, giving yourself ample time.
- Wake up with a positive attitude. Tell yourself *“today will be great”*
- Exercise – Bed side or in shower.
- Have a good breakfast.



# Tips To Success

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- Being competent.
- Produce work.
- Doing quality work.
- Know when to ask for help.



# Tips To Success

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- Accept the fact that in healthcare:
  - You will always be busy
  - There will always be work to be done
  - You will never get caught up
  - Healthcare changes, so you have to adapt
  - You will always have people relying on you





# Rewards & Recognition

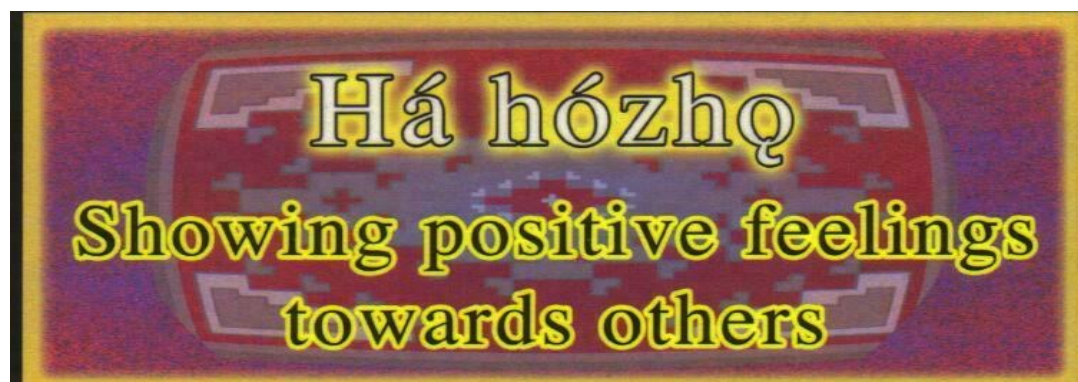
- Sometimes a thankless job.
- Write up a HIM colleague.
- Be happy for your co-worker or team.
- HIM maybe a stepping stone to other career opportunities.



# Exercise - Appreciation

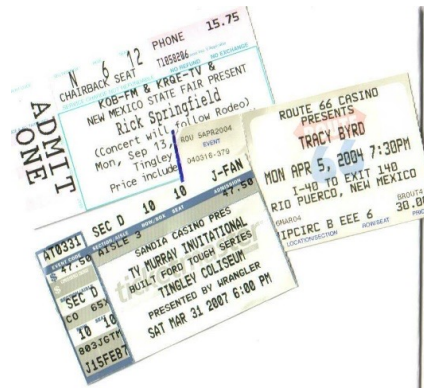
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- Turn to the person next to you and around you and tell them they are doing a wonderful job!



# Reward Yourself

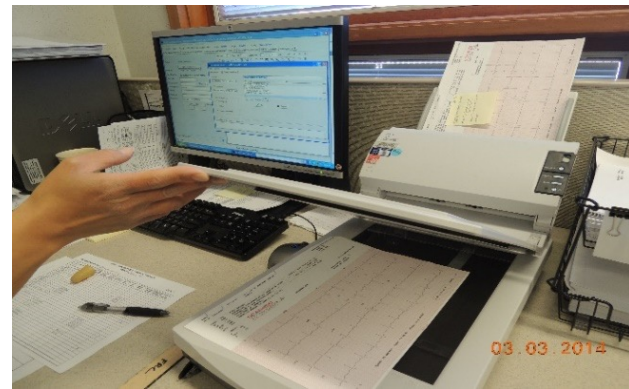
- Buy yourself something each payday... *You deserve it!*



# What Is In Our Future?

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- Electronic ROI disclosures
- Transition of Care (TOC)
- Health Information Exchange
- No more scanning of documents
- Code-Assist Software
- Health Informatics
- New EMR by 2032



# What Is In Our Future

---

- Future HIM positions: Coding Auditor, Clinical Documentation Specialist, Data Abstractor, Health Informatics, Clinical Application Coordinator.
- HIM specialty areas may go away and all HIM staff must have knowledge of all HIM areas.
- Will there be a need for HIM staff in the future? **YES!**



# HIM – Conclusion

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- HIM is the heart and soul of the healthcare facility.
- A patient cannot be treated without a health record.
- HIM provides a vital service to support patient care.



Never Forget...

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***We are here for the patient.  
Patient comes first!***



# *May You Walk In Health and Beauty!*

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