

New HIM Supervisor

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CHIEF MEDICAL RECORDS ADMINISTRATOR

NORTHERN NAVAJO MEDICAL CENTER



INTRODUCTION

This presentation will provide tips and best practices in:

1. How to get started in the role of a new supervisor.
2. What important tasks that should be done.
3. How to set up your office.
4. Tips to success.
5. Identify training needs.



Assessment

- What needs to get done?
- What is a priority?
- Where do I start?



Checklist

This check list can be used as a guide to assist you.

NEW HIM DIRECTOR/SUPERVISOR CHECKLIST

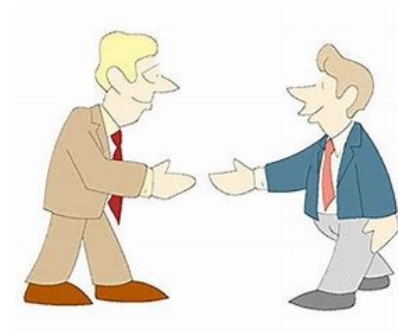
PERSONNEL		SERVICE UNIT	
1. Staffing	# of HIM FTEs, vacancies, establish roster	1. Workload statistics	
2. Establish CAPHR worksheet	Cheat sheet for HIM Staffing	2. Services provided at site	
3. Catalog HIM Position Descriptions		3. Leadership	
4. HIM Organization Chart		4. Hospital Survey	Any follow-up for HIM
5. EMAPs		5. Medical Staff By-Laws	
6. Competencies/Mandatories	Status of HIM staff completeness, IDP What is required		
7. Employee Folders			
8. Develop employee survey			
9. Work schedule	Rotational shifts		
10. Union			
11. Meet-n-Greet			
HIM DEPARTMENT		IHS HIM PROGRAM	
1. Policies & Procedure Manual	Up-to-date, missing For HIM	1. HIM Manual	
2. Scope of Service		2. Privacy Policies	
3. Safety, Infection Control		3. Standard Code Book	
4. Code Green / ER call-back	Roles	4. RRM	
5. Equipment	PMs, on-hand, what is needed Restriction		
6. Security of department	Chart orientation, Master Control Log Archiving status		
7. Section orientation	Currently working on Future		
8. Projects			
9. Health Centers/Stations	Site visit		
10. Type of reports (Boss, Exec)	Hospital Leadership, Governing Board Monthly, Revenue		
11. Committee memberships			
12. HIM Committee			
13. EHR	Services on EHR Reporting, due date		
14. Performance Improvement activities			
15. Strategic Planning activities			
16. ITAS	Future leave schedule Coding, RDI, Scanning		
17. Backlogs			
COMPUTER		RECORDS MANAGEMENT	
1. PHSR	Status	1. General Records Schedule	
2. RPMS Applications Coordinators		2. File Plan	
3. CACs		3. Establishing Admin Files	
4. RPMS Reports	Training needs		
5. ITAC			
RISK MANAGEMENT		FINANCE	
1. Torts, Subpoena process		1. Department Budget – Travel, Training	
2. Locked files		2. UFMS	
3. Adoption Process		3. Purchase Card	
		4. Acquisition Process	
		PRIVACY PROGRAM	
		1. Designation	
		2. Records Management	
		3. IST	
		4. Orientation & Training	
		5. Handling of complaints, investigations, audits	
		DEPT ORIENTATION	
		1. Business Office	Registration, Billing, MPI
		2. PRC	
		REFERENCES	
		1. IHS web site	
		2. AHIMA	
		TIPS	
		1. To-do-list	By section
		2. Be organized	Set up office
		3. References needed	Identify



Meet & Greet

Sponsor a Meet-n-Greet to get to know your staff.

- Have a mini-reception
- Newsletter – mini story
- Email - Introduction



Staffing

- Find out from Finance the total FTEs and vacancies.
- Create a Dept. roster.

HIM Dept Vacancy Listing Total = 11 as of 07/02/18

PR	PDR	PCNV	POSITION TITLE	CLASS/GRADE	VICE	REMARKS/HR STATUS
1	3	177010	3017-50	Medical Records Technician (Specialized Coder)	GS-675-8	09/21/15 To be re-announced. No additional selection made
2	3	177010	3017-32	Medical Records Technician (Specialized Coder)	GS-675-8	02/07/15 Pending CEO approval for announcement
3	3	177010	3017-38	Medical Records Technician (Specialized Coder)	GS-675-8	06/03/18 Pending CEO approval for announcement
4	3	177010	3017-44	Medical Records Technician (Specialized Coder)	GS-675-8	02/02/18 To be re-announced - Selection Declined
5	4	88880112/15	3017-43	Medical Records Technician (Coder)	GS-675-4/5/6/7	07/24/17 To be re-announced to include GS-4 level
6	4	88880112/3	3017-33	Medical Records Technician (Coder)	GS-675-4/5/6/7	7/2/18 Pending CEO approval for announcement
7	2	888810/1	3017-10	Medical Records Technician	GS-675-3/4	11/2/17 Pending announcement
8	2	888910/1	3017-07	Medical Records Technician	GS-675-3/4	Pending announcement
9	2	888910/1	3017-12	Medical Records Technician	GS-675-3/4	Pending announcement
10	1	187330	3017-02	Supervisory Medical Records Technician (Coding Supervisor)	GS-675-10	12/26/15 Pending announcement
11	5	888940	3017-21	Medical Records Technician (MO)	GS-675-5	To be re-announced in 120 days (on 8/24/18)

Pink =	Submitted & in process w/HR	Green =	Pending release & approval
Grey =	Position on Hold	Yellow =	Believe, CAPM completed &
White =	Announced/award/Selection	Orange =	To be re-announced. No app
Red =	Position ANNUL	Blue =	Pending Classification



Staff Worksheet

Establish a CAPHR Worksheet. This will assist you with knowing where your employees are in Grade and S

CODING UNIT

Updated 05/01/18

NAME	EMPLOYEE ID #	PCN #	POSITION #	JOB CODE	SCD	GRADE	STEP	NEXT WIGI	COMMENTS
Employee A	00000001	3017-20	00231505	888892	06/26/16	GS-5	3	06/25/17	GS-6 Eligible
Employee B	00000002	3071-33	00089752	888891	10/19/14	GS-7	1	04/29/18	3/21/15
Employee C	00000003	3017-43	00111893	888890	03/20/05	GS-7	5	05/17/17	
Employee D	00000004	3017-26	00095724	888880	12/13/92	GS-8	8	06/11/17	
Employee E	00000005	3017-52	00167893	888890	07/13/14	GS-7	3	07/09/17	
Employee F	00000006	3017-38	00083845	888890	08/16/09	GS-7	3	10/15/17	
Employee G	00000007	3017-03	00032580	888880	03/01/93	GS-8	9	07/09/17	
Employee H	00000008	3017-40	00025430	888891	01/25/92	GS-6	8	06/09/19	6/12/16 GS-7 Eligible 06/10/17
Employee I	00000009	3017-11	00143965	888890	03/05/06	GS-7	5	04/01/18	
Employee J	00000010	3017-09	00013475	167320	05/17/18	GS-3	1	05/18/19	
Employee K	00000011	3017-24	00097081	888890	03/19/95	GS-7	8	05/12/19	
Employee L	00000012	3017-21	00031731	167500	06/28/96	GS-6	10	Ineligible	HIM EOD 4/16/17
Employee M	00000013	3017-39	00108249	888892	06/12/16	GS-5	1	06/11/17	GS-6 Eligible 06/11/17
Employee N	00000014	3017-28	00110182	888892	12/09/07	GS-5	9	11/25/18	GS-6 Eligible 12/09/08
Employee O	00000015	3017-44	00106776	888892	01/22/17	GS-5	1	01/21/18	GS-6 Eligible 01/21/18
Med Rec Tech (Spec Coder)		3017-18	00130039	177010		GS-8			Vacant – Vice: E. P
Med Rec Tech (Spec Coder)		3017-50	00183743	177010		GS-8			Vacant – Vice: E. Q
Med Rec Tech (Spec Coder)		3017-41	00031671	177010		GS-8			Vacant – Vice: E. R
Med Rec Tech (Spec Coder)		3017-42	00106777	177010		GS-8			Vacant – Vice: E. S
Med Rec Tech (Spec Coder)		3017-51	00183998	177010		GS-8			Vacant – Vice: E. T
Med Rec Tech (Spec Coder)		3017-04	00299560	177010		GS-8			Vacant – Vice: E. U

Position Description

Catalog your Position Descriptions. This will help determine if they need to be updated.

The image shows two overlapping forms titled "NAHS GENERIC POSITION DESCRIPTION".

Top Form (ID: 888910):

- Job Title:** Records Technician
- Department:** Medical Records Branch
- Supervisor:** Gary M. Russell-King, Medical Records Administration Specialist
- Location:** Winnetka, Illinois, IL
- Key Duties:** Maintain and update patient records, ensure accuracy and confidentiality.

Bottom Form (ID: 888961):

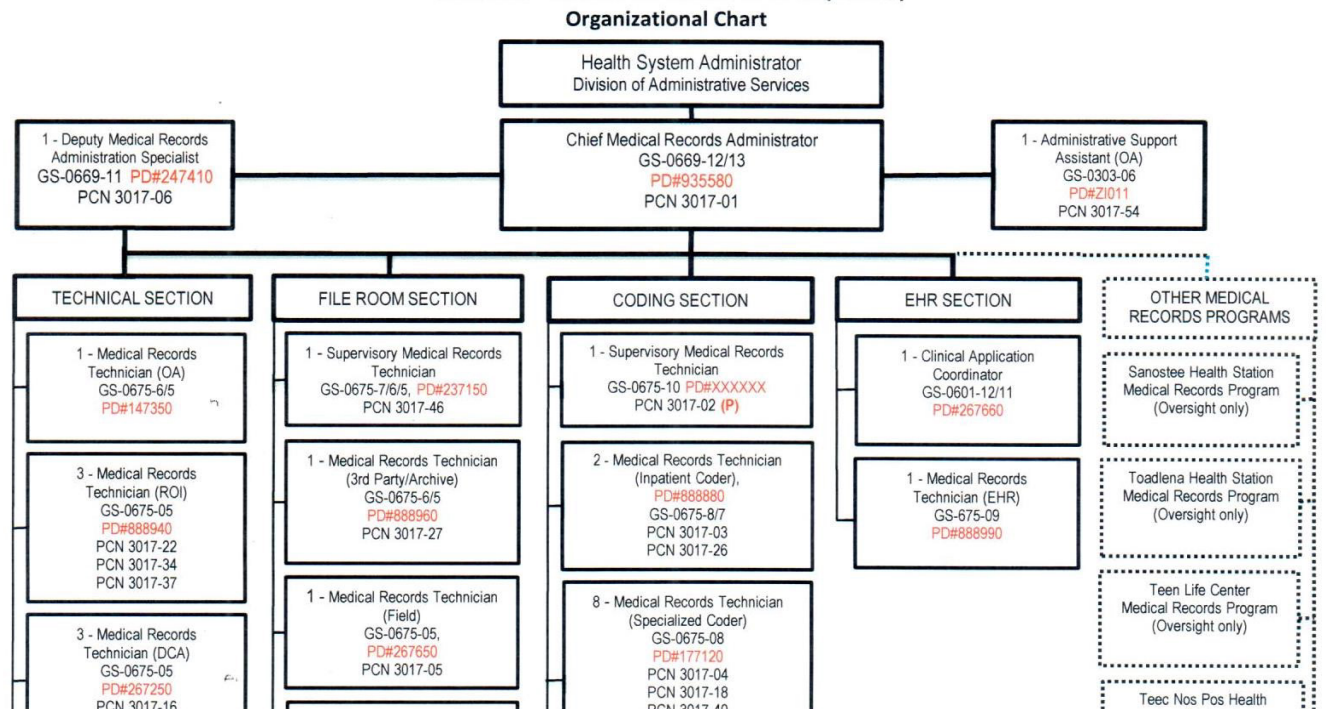
- Job Title:** Medical Records Administrator
- Department:** Medical Records Branch
- Supervisor:** King Peter, M.D., NAHS Chief Medical Officer
- Location:** St. Michael's, AZ
- Key Duties:** Oversee medical records administration, ensure compliance with regulations.

Handwritten notes and signatures are present on both forms, including dates like 5/14/15 and 7/30/15.



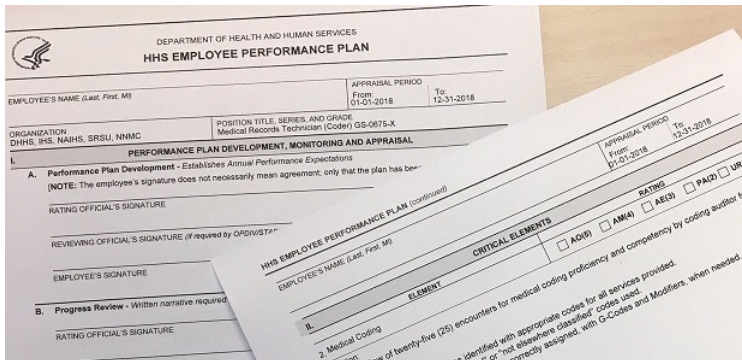
Organization Chart

- Include PCN
- PD #
- # of employees



PMAP

- Do all employees have one on file?
- Creating new PMAP
- Keep it simple
- Create a evaluation worksheet



EMAP WORKSHEET – CODER: _____

ADMIN:

- a. All Mandatory Trainings done? Yes No
- b. Provides Provider orientation: _____ Average score: _____
- c. Shreds documents:
- d. Monthly Reports received:
 - Jan = _____ Apr = _____
 - Feb = _____ May = _____
 - Mar = _____ June = _____

1. DAILY PRODUCTIVITY - Must be under 5,000 uncoded visits
AVERAGE = _____

- Jan = _____ Apr = _____
- Feb = _____ May = _____
- Mar = _____ June = _____

2. DATA QUALITY AUDIT:

_____ of 25 met
Top Fall-outs:

3. CODING AUDIT (EM/Trans)

_____ of 25 met
Top Fall-outs:

4. THIRD-PARTY REVENUE:

ORAP Coding @ 6 days

AVERAGE Billing Errors = _____

- July = _____ Oct = _____
- Aug = _____ Nov = _____
- Sept = _____ Dec = _____

5. INCOMPLETE VISITS:

AVERAGE days to complete after notification = _____

- July = _____ Oct = _____
- Aug = _____ Nov = _____
- Sept = _____ Dec = _____

NOTE:



Performance Management Appraisal Program (PMAP) Performance Ratings

(AO) Achieved Outstanding Results

(AM) Achieved More than Expected Results

(AE) Achieved Expected Results

(PA) Partially Achieved Expected Results

(UR) Achieved Unsatisfactory Results



PMAP Elements - Example

1. Coding Compliance: In accordance to the Internal Control Policy, all visits must be coded in 4 days of visit (*based on random sample*):
 - AO: Averages less than two (2) days to code visit encounters from date of service.
 - AM: Averages 3 days to code visits from date of service.
 - AE: Averages 4 days to code visits from date of service.
 - PA: Coding averages 5-10 days from date of service.
 - UR: Coding averages more than 11 days from date of service.
2. Medical Coding: Random review of 25 encounters for medical coding accuracy and proficiency:
 - AO: All 25 encounters met criteria.
 - AM: 22-24 encounters met criteria.
 - AE: 19-21 encounters met criteria.
 - PA: 18-16 encounters met.
 - UR: Less than 15 encounters met.



Competencies

Keep it simple with key components from Job Description

NNMC MEDICAL RECORDS STAFF COMPETENCY CHECKLIST

EMPLOYEE: _____

SUPERVISOR: _____

COMPETENCIES / KEY RESPONSIBILITIES	Verbalizes Understanding	Understands	Demonstrates	Return Demonstration	Demonstrates Proficiency	Date	Initials
1. Knows how to find a patient's health record number.							
2. Is proficient with explaining how to complete an 810 form.							
3. Can demonstrate how to locate health information in E.H.R. Example: Lab result, weight, POV, problem list.							
4. Knows how to check out a paper record from the main file room.							
5. Can perform quality check on a scanned document.							
6. Can explain how to use the Master Control Log.							
7. Can demonstrate how to sequence a paper chart.							
8. Knows how to protect damaged/soiled patient records/documents							
9. Is able to determine inactive date for patient record for archiving.							
10. Knows how to appropriately disclose minor medical records.							

CIRCLE THE CATEGORY THAT FITS EMPLOYEE:

SIGNATURES:

Competent

Inadequate Performance
Needs Assessment

Unable to Fulfill
Job Description

Employee: _____

Supervisor: _____



Equipment Use Competencies

NNMC MEDICAL RECORDS BRANCH
Equipment / Skills Matrix

- Problem-prone equipment
- High-usage equipment

EMPLOYEE: _____ EOD: _____

Completed demonstration on the following equipment:

EQUIPMENT	LOCATION	FREQUENCY	DEGREE OF RISK	PROBLEM PRONE	DATE	INITIALS
Mobile File Unit <ul style="list-style-type: none"> • Locking mechanism • tripping hazards • moving carriages individually • moving carriages gently • carriage handle hazards 	GC-107A	Daily	High	Yes		
DataCard 280 Plus Embosser <ul style="list-style-type: none"> • Card jam • loading cards correctly • rebooting system 	GC-107A	Daily	None	Yes		
DataCard/New Bold Model 861/862 Addressograph <ul style="list-style-type: none"> • how to imprint forms • replacement of ink roller 	GC-107A	Daily	None	No		
Personal Computer <ul style="list-style-type: none"> • log-on • errors/assistance 	GC-107A	Weekly	None	Yes		
HP LaserJet 1200 Printer <ul style="list-style-type: none"> • paper jam • loading toner • loading paper 	GC-107A	Weekly	None	Yes		
Mitel Superset 402S Telephone <ul style="list-style-type: none"> • volume control • transferring calls 	GC-107A	Daily	None	Yes		
Mobile Cart <ul style="list-style-type: none"> • tripping hazards • safety 	GC-107A	Daily	Low	No		
Xerox Copier <ul style="list-style-type: none"> • paper jam • rebooting • turning on • replacing toner • how to transmit (use for fax) 	GC-106	Daily	None	Yes		
Paper Shredder <ul style="list-style-type: none"> • paper jam • removing paper • appropriate usage • error codes 	GC-109	Daily	High	Yes		
Microwave <ul style="list-style-type: none"> • how to appropriately use • items not to use • safety & cleanliness 	GC-107	Weekly	Low	Yes		
Beeper <ul style="list-style-type: none"> • how to retrieve messages & delete • how to recharge 	GC-107	Daily	None	Yes		
Proxy-Card Reader <ul style="list-style-type: none"> • how to appropriately use • who has access to restricted area 	GC-107	Daily	High	Yes		

SIGNATURE OF SUPERVISOR: _____ DATE: _____



Mandatory In-Services

Tracking by employee & by topic

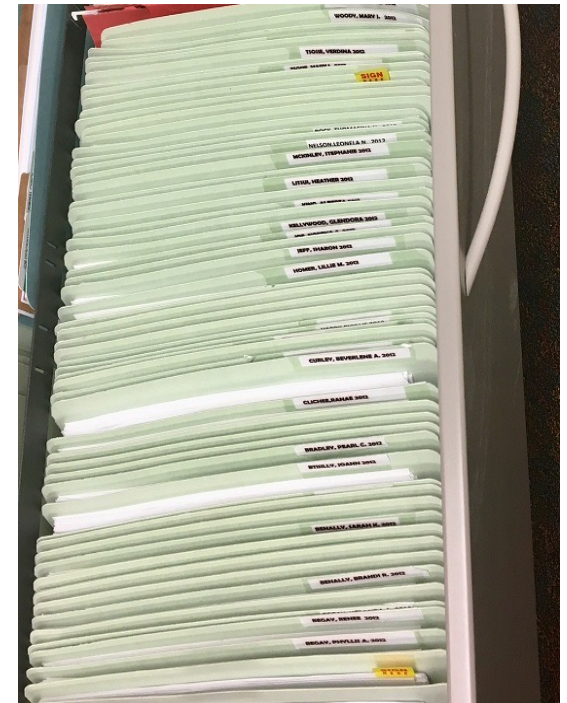
EMPLOYEE:	SSA Trng/Rules of Behavior (DUE: 03/24/18)	HIPAA (PA) Training (DUE: 03/30/2017)	SRSU HIPAA-Patient Confid in HIS 2017 (DUE: 09/30/18)	RRC Non-Clinical I Trng (DUE: 09/30/2018)	RRC Non-Clinical II Trng (DUE: 09/30/2018)	EEO & Diversity Trng Ctr/Revised (DUE: 09/30/2018)	SRSU-EMTALA ER Med Trn/Labor Act	SRSU New Employee Orientation	Baby-Friendly Policy Review (DUE: 03/30/2018)	SRSU - Active Shooter	SRSU - EMTALA-2017 P&P (DUE: 01/26/2018)	EMTALA (DUE: 02/15/2018)
[REDACTED]	02/22/18											01/19/18
[REDACTED]	12/14/17											01/18/18
[REDACTED]	10/24/17											01/14/18
[REDACTED]	2/27&3/7/18											01/29/18
[REDACTED]	10/13/17		07/10/18	07/10/18	07/10/18	07/10/18	07/10/18					01/12/18
[REDACTED]	12/11/17											01/12/18
[REDACTED]	02/22/18											01/23/18
[REDACTED]	01/23/18											01/23/18
[REDACTED]	04/30/18		04/30/18	04/30/18	04/30/18	04/30/18		04/30/18				05/01/18
[REDACTED]	10/08/17											01/12/18
[REDACTED]	02/22/18											01/12/18
[REDACTED]	10/11/17		07/04/18	07/05/18	07/05/18	07/04/18						01/12/18
[REDACTED]	02/26/18											04/26/18
[REDACTED]	02/22/18											01/11/18
[REDACTED]	10/23/17											05/09/18
[REDACTED]	10/05/17		07/09/18	07/09/18	07/09/18	07/09/18	07/04/18					05/03/18
[REDACTED]	10/05/17		07/05/18			07/05/18						04/26/18



Employee Folders

Annually Review Accreditation Requirements for Employee Files, include:

- Position Description
- Training certificates
- Licensure and Credentials
- Orientation sheet
- Competencies
- Education: Ongoing, In-house, IPD



Personnel File

- Keep this separate from your Employee File.
- This file contains your employee's:
 - Current of SF-50 (Personnel Actions)
 - PMAP evaluations
 - Conduct/disciplinary letters
 - Monthly Reports



Work Schedule

- Create a work schedule grid
- ITAS – Future leave requests
- Leave Approving Official/Delegation of Authority

NORTHERN NAVAJO MEDICAL CENTER														11/20
Medical Record Technicians														PP# 1
18 cgb	SUN	MON	TUE	WED	THU	FRI	SAT	SUN	MON	TUE	WED	THU	FRI	SAT
2018	27	28	29	30	31	1	2	3	4	5	6	7	8	9
	X	H	C	C	C	C	X	X	C	C	C	C	C	X
	X	H	(D)	(D)	(D)	(D)	X	X	D	D	D	D	D	X
	X	H	FRC	FRC	FRC	FRC	X	X	FRC	FRC	FRC	FRC	FRC	X
	X	H	FRC	FRC	FRC	FRC	X	X	FRC	FRC	FRC	FRC	FRC	X
R.	X	H	D	D	D	D	X	X	(D)	(D)	(D)	(D)	(D)	X
	X	H	D	D	D	D	X	X	D	D	D	D	D	X
	X	H	D	D	D	D	X	X	D	D	D	D	D	X

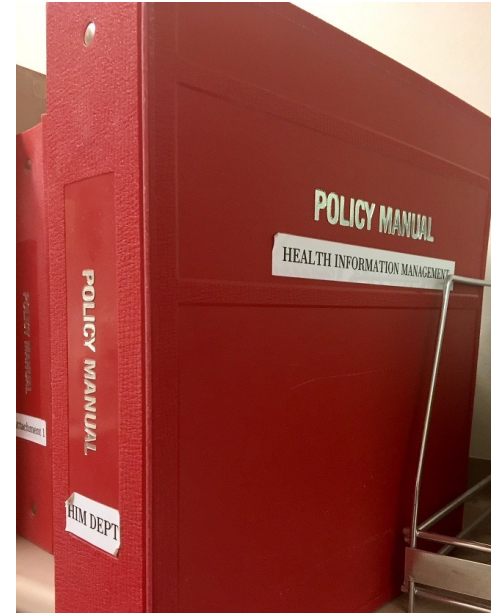
	TIME			
	8:00 AM - 4:30 PM		X = DAY OFF	R = RELEASE OF INFORMATION
HFT	8:30 PM - 5:00 PM		H = HOLIDAY	() = BREAK/LUNCH COVER
T	3:30 PM - 12 MN		TR = TRAINING/TRAVEL	< > = BREAK/LUNCH COVER
			LV = LEAVE	A = PARTIAL DAY LEAVE



Policy & Procedure Manual

Check for current policies:

- Department
- Safety
- Infection Control
- Life Safety
- Material Data Sheets



Scope of Service


Create a Department Scope of Service to include:

- Purpose of Department
- Scope of Service
- Hours of Operation
- Staffing details
- Standards of Practice adopted by dept.
- Quality Improvement Plan
- Staff Qualifications
- Staffing Plan
- Staff Assignments & Responsibilities



Disaster Management Plan

- Dept's role
- Employee call-back list
- Required for accreditation

Current Status: Active		PolicyStat ID: 2515544	
 Shiprock Service Unit	Origination Date:	1/1/2016	
	Last Approved:	1/1/2016	
	Last Revised:	1/1/2016	
	Next Review:	1/1/2019	
	Owner:	Dante Halleck: Safety Officer	
	Policy Area:	SRSU Emergency Management	
References:	EC.01.01.01, EM.02.02.07		
Code Green - Disaster & Mass Casualty			
DISTRIBUTION:			
FCRHC Pharmacy			
POLICY:			
FCRHC Pharmacy staff is prepared and trained to respond to disasters or other emergencies that disrupt the health center's ability to provide care and treatment.			
PURPOSE:			
Define CODE GREEN and assure that FCRHC pharmacy staff are aware of roles and responsibilities when responding to disaster situations that overwhelm available resources.			
PROCEDURE:			
This guidance document is not intended to meet and explain every possible contingency but rather to provide defined activities that will permit the pharmacy to function effectively and efficiently in crisis situations.			
A pharmacy CODE GREEN would be the equivalent of a complete loss of power in the pharmacy or the			



Equipment

- Inventory
- Preventative Maintenance
- New equipment needed



Department Orientation

Schedule orientation in each section your department to best understand and manage the department.

- Identify strengths and weaknesses
- Training opportunities
- Best practices and SMEs



Department Projects

- What is currently being worked on?
- What's the status and target completion date?
- Identify Future projects
 - Who can be designated a Lead?



Health Centers/Health Stations

Are you responsible for the department or functions at the satellite clinics?

- Schedule site visit
- Is the department in compliance?
- What assistance is needed?
- Monthly meeting



Reports

- Type of required reports
- Leadership
- Governing Body

Operational Workload Quarterly Report – FY' 2017
4th Quarter (July-Sept) – Shiprock Service Unit

o FY-16 4th Quarter (July-Sept) = + 3.2% overall for Ambulatory visits SU-wide

AMBULATORY	FY-17 4 th Qtr	FY-16 4 th Qtr	% of Difference
Total	96,213	93,219	+3.2%
NNMC	75,008	74,757	+0.3%
DZHC	4,046	4,288	-5.6%
FCRHC	9,705	9,766	-0.6%
Teen Life Center	74	767	-90.4%
Sanostee Health Station	819	801	+2.2%
Toadlena Health Station	90	92	-2.2%
Major Clinics:			
1. Urgent Care	5,207	4,696	+10.9%
2. Family Medicine	9,132	9,161	-0.3%
3. Internal Medicine	2,755	2,393	+15.1%
4. Pediatrics	2,187	3,800	-42.4%
5. Dental	3,806	3,832	-0.7%
6. Emergency	3,731	3,576	+4.3%
a. Injury Diagnoses	730	856	-14.7%
b. Alcohol-related	377	351	+7.4%
7. Pharmacy	29,432	32,171	-8.5%
a. New scripts	63,044	59,259	+6.4%
b. Refills	75,996	87,116	-12.8%
Top 10 Ambulatory Diagnoses	<ol style="list-style-type: none"> 1. Issue of medication refill 2. Other specific counseling 3. Screening for DM 4. DM Type 2 5. Hypertension 6. Immunization 7. Administrative encounter 8. Encounter for specific aftercare 9. Hyperlipidemia 10. Screening for Dental Care 		

INPATIENT	FY-17	FY-16
Admissions	394	415
Discharges	473	530
Length of Stay	3.9	3.6
Inpatient Days	1,558	1,571
Births	86	98
Deaths	7	8
Top 10 Admitting Diagnoses	<ol style="list-style-type: none"> 1. False Labor (after 37 weeks) 2. Sepsis 3. Hypo-osmolality & hyponatremia 4. Cellulitis 5. Pneumonia 6. DM with Ketoacidosis 7. Matern care low transverse 8. Urinary Tract Infection 9. Heart Failure 10. Acute Kidney Failure 	

	FY-17	FY-16	% of Difference
New Patients	661	595	+11.1%



Revenue Report

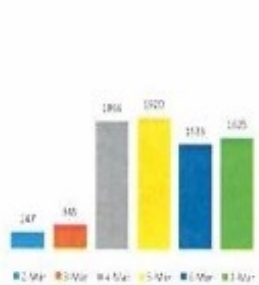
Daily Coding Production

As of March 8, 2019

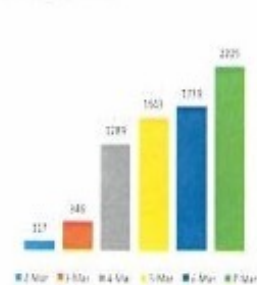
New Visits	Total Coded Visits	Coding Queue	Unmerged Visits	Adjusted Coding Queue	3rd Party Visits	Medicaid Visits	Incomplete Visits	Incompletes w/Medicaid	Incompletes w/3rd Party
1,625	2,225	2,643	561	2,082	2,064	1,333	430	216	349
					Potential 3rd Party Revenue	Potential Medicaid Revenue	Potential Total Incomplete Revenue	Potential Medicare Incomplete Revenue	Potential 3rd Party Incomplete Revenue
					\$939,120.00	\$606,515.00	\$195,650.00	\$98,280.00	\$158,795.00

Week at a Glance

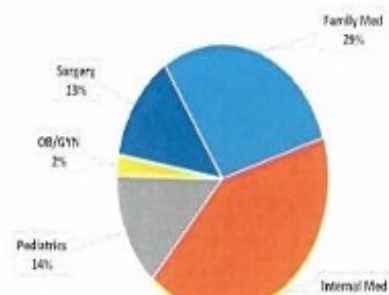
New Visits



Total Coding Production



Incompletes By Clinic



Contributing Factors

Leave	
Scheduled Leave	2.5
Unscheduled Leave	8.25
Training	0
Other	0
Total	10.75

Committee Membership

Identify meeting(s) date/time

- Revenue Committee
- Utilization Review
- Executive Committee
- EHR Committee
- CAC Committee
- Clinical Practices Committee
- Other



Performance Improvement Activities

- What is reported and due date?
- Required for accreditation
- Any Backlogs to address
- Action Plan
 - Pull resources
 - Monitoring
 - Timeframe

NNMC HIM/MEDICAL RECORDS REPORT CY-2017 Performance Improvement - Joint Commission IM Standards																	
Performance Indicator	JAN	FEB	MAR	1ST QTR	APR	MAY	JUN	2ND QTR	JUL	AUG	SEP	3RD QTR	OCT	NOV	DEC	4TH QTR	Threshold To Meet
Timeliness of Operative Report Dictation	99%	98%	97%	98%	#####	#####	#####	#####	#####	#####	#####	0%	#####	#####	#DIV/0!	0%	98%
# of Procedures	158	123	124	405	0	0	0	0	0	0	0	0	0	0	0	0	
# of Fail-Outs	1	2	4	7	0	0	0	0	0	0	0	0	0	0	0	0	
History & Physical Completion	100%	100%	100%	100%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	99%
# of Fail-Outs	0	0	1	1	0	0	0	0	0	0	0	0	0	0	0	0	
Chart Delinquency Rate	3%	1%	3%	2%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	50%
Total # of Delinquent Charts	6	1	5	12	0	0	0	0	0	0	0	0	0	0	0	0	
Total Discharges	190	180	174	544	0	0	0	0	0	0	0	0	0	0	0	0	



Services Provided by Facility

Important to know for statistical retrieval:

- Ambulatory
- Inpatient
- Specialty Clinics (Podiatry, Ortho, Ophthalmology, etc.)
- Community Services
- School
- Nursing Home
- Emergency room



Leadership – Who are they?

- HQ, Area, SU, Division
- Health Board
- Governing Body

LEADERSHIP

HHS Director:	Xavier Becerra
I.H.S. Director:	Roselyn Tsao
Navajo Area Director:	Duwayne Begay, PhD.
Chief Medical Officer:	Dr. Kevin Gaines, M.D.
Executive Officer:	Audra Atene
Area HIM Consultant:	Nemora Lee, RHIT, CPC

NORTHERN NAVAJO MEDICAL CENTER Shiprock Service Unit

Chief Executive Officer: Katrina J. Leslie-Puhuyaoma, D.D.S.

EXECUTIVE DIVISION	Hospital Executive Committee (HEC)	TITLE
Administration	Robina Harvey	Health Systems Administrator
Clinical	Ouida Vincent, M.D.	Clinical Director
	Vacant	Deputy Clinical Director
	Jean C. Howe, M.D.	Chief of Staff
Community Health Service	Christopher Percy, M.D.	Director of Community Health
Nursing	CDR Lenora Tao, R.N.	Chief Nurse Executive
	Carlene Tahe-Begay, R.N.	Assistant Chief Nurse Executive
Professional Quality Services	Jimmy Billy	Director
Dzilth-Na-O-Dilth-Hle Health Ctr.	CDR Shuelyn R. Lucero, R.N.	Health Systems Administrator
Four Corners Regional Health Ctr.	Ellamae Dayzie	Health Systems Administrator
ADMINISTRATIVE DIVISION	DIRECTOR/SUPERVISOR	TITLE
Acquisitions	Vacant	Supervisory Contract Specialist
Business Office	Tanya Deale	Business Office Manager
Purchased/Referred Care	Brenette Pine	Health Systems Specialist
Facility Management	Randell Alex	Facility Manager
Finance	Shawn O. Morgan	Finance Officer
General Services	Randy Widefoot	Support Services Supervisor
Housekeeping	Maureen Lewis	Housekeeping Officer
H.I.M./Medical Records	Gary M. Russell-King	Medical Records Administrator
Management Information System	CAPT Roland Chapman	Chief Information Officer
Nutrition & Dietetics	LCDR Verdaleen Denetdale, R.D.	Dietary Supervisor

Governing Board: Consists of Area Director, Chief Medical Officer and HEC members.



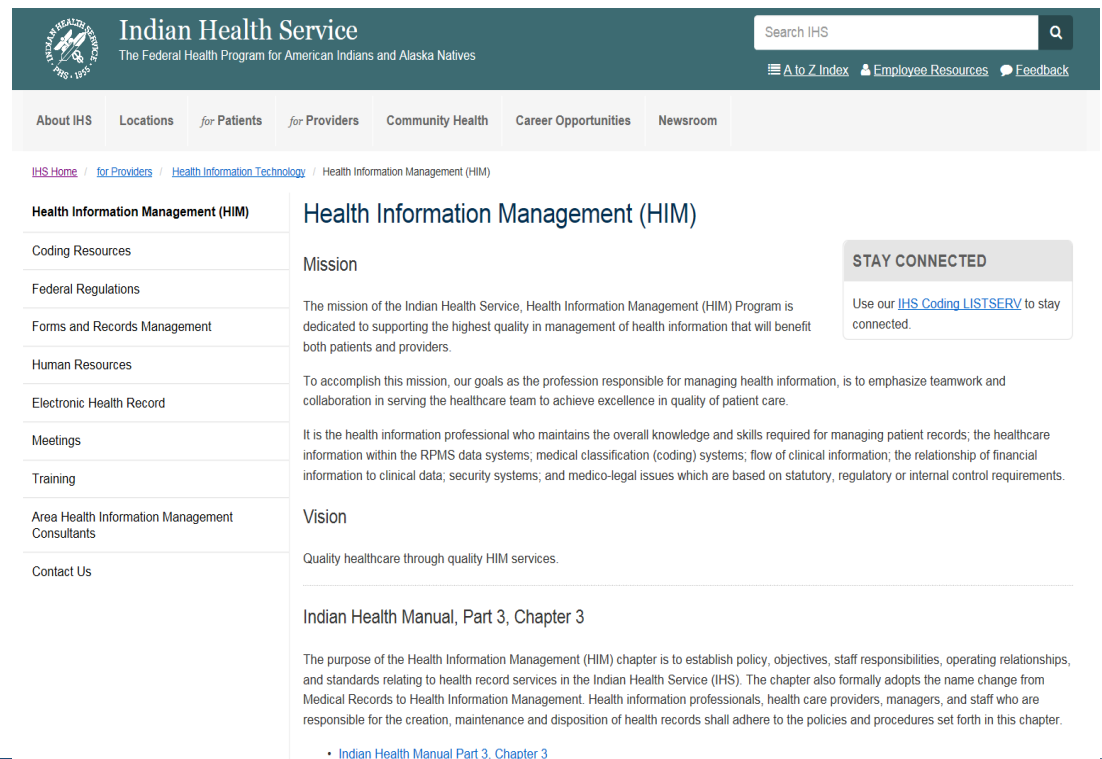
Accreditation

- When is the next survey?
- Any follow-up items for dept?



Indian Health Manual

All services has a section under the IHS manual



The screenshot displays the Indian Health Service website. At the top, there is a dark teal header with the IHS logo on the left, the text "Indian Health Service" and "The Federal Health Program for American Indians and Alaska Natives" in the center, and a search bar on the right. Below the header is a navigation menu with links for "About IHS", "Locations", "for Patients", "for Providers", "Community Health", "Career Opportunities", and "Newsroom". A breadcrumb trail shows the path: "IHS Home / for Providers / Health Information Technology / Health Information Management (HIM)".

The main content area is titled "Health Information Management (HIM)". On the left, there is a vertical sidebar menu with the following items: "Health Information Management (HIM)", "Coding Resources", "Federal Regulations", "Forms and Records Management", "Human Resources", "Electronic Health Record", "Meetings", "Training", "Area Health Information Management Consultants", and "Contact Us".

The main content area contains the following sections:

- Mission:** The mission of the Indian Health Service, Health Information Management (HIM) Program is dedicated to supporting the highest quality in management of health information that will benefit both patients and providers. To accomplish this mission, our goals as the profession responsible for managing health information, is to emphasize teamwork and collaboration in serving the healthcare team to achieve excellence in quality of patient care. It is the health information professional who maintains the overall knowledge and skills required for managing patient records; the healthcare information within the RPMS data systems; medical classification (coding) systems; flow of clinical information; the relationship of financial information to clinical data; security systems; and medico-legal issues which are based on statutory, regulatory or internal control requirements.
- Vision:** Quality healthcare through quality HIM services.
- Indian Health Manual, Part 3, Chapter 3:** The purpose of the Health Information Management (HIM) chapter is to establish policy, objectives, staff responsibilities, operating relationships, and standards relating to health record services in the Indian Health Service (IHS). The chapter also formally adopts the name change from Medical Records to Health Information Management. Health information professionals, health care providers, managers, and staff who are responsible for the creation, maintenance and disposition of health records shall adhere to the policies and procedures set forth in this chapter.

At the bottom of the main content area, there is a link: "• [Indian Health Manual Part 3, Chapter 3](#)".

On the right side of the page, there is a "STAY CONNECTED" box with the text: "Use our [IHS Coding LISTSERV](#) to stay connected."



IHS Resource Requirements Methodology (RRM)

- IHS Use for additional staffing
- Evaluate current productivity

RRM Category: ANCILLARY SERVICES

Overview

The RRM HIM staffing module estimates the requirements for a HIM administrator, HIM technician, a Patient Care Component (PCC) supervisor, and PCC data entry personnel to manage and organize all patient treatment records using the PCC part of the RPMS computer system. The workload parameters that are the key variables in the staffing estimation are Average Daily Patient Load (ADPL) and Primary Care Provider Visits (PCPVs).

Staffing Criteria

Fixed HIM Administrator staff of 1.00 FTE.

Inpatient:

Fixed HIM Technician staff of 1.00 FTE per facility, plus 1.00 FTE HIM Technician for every 14.3 ADPL.

HIM Technician (CHA/P) - 1.0 FTE for every 40,000 CHA/P encounters.

Outpatient:

1.00 FTEs HIM Technician for every 4,550 PCPVs, plus 1.0 FTE for every 40,000 CHA/P encounters.

Patient Care Component (PCC):

PCC Supervisor staff of 1.00 FTE for every 4.0 PCC data entry staff.

1.00 FTEs PCC Data Entry staff for every 16,000 OPVs (A population factor is also a part of the formula. Based on both Inpatient and out patient workloads).

PCC Data Entry (CHA/P) - 1.0 FTE for every 16,000 CHA/P encounters.

Fixed Coder (Inpatient) staff of 1.0 per hospital, plus 1.0 FTE for every 1250 admissions over 1000.

Fixed Coder (Outpatient) staff of 1.0 FTE per facility, plus 1.0 FTE for every 20,000 OPVs.

Runners:

1.00 FTE Medical Runner staff for every 144,000 OPVs. (A population factor is also part of the formula.)

IHS General Records Schedule

- Type of files
- Disposition of files
- Administrative record
- NARA Mandate June 30, 2024
- IHS Mandate for Digital Files

SECTION 3 - MEDICAL RECORDS		
ITEM NO.	TITLE AND DESCRIPTION OF RECORDS	DISPOSITION AUTHORITY
3-16	OPERATION LOG FILES. Operation logs which indicate type of operation, surgeon, assistant, scrub nurse, sponge count, anesthetist, agent, method, pre-op, diagnosis, post op, diagnosis, complications, etc. The logbook is forwarded by Nursing personnel to the Medical Records Department when the logbook is full.	Destroy 10 years after receipt in Medical Records Department. Auth: N1-513-92-4
3-17	SCHEDULE OF OPERATIONS FILE. Daily schedule of operations.	Destroy when 3 months old. Auth: N1-513-92-4
3-18	FETAL MONITOR STRIPS.	Cut off annually. Retain in IHS health care facility from 3 to 7 years after the last episode of care. Records may be retired to the FRC after 3 or more years of inactivity (depending on a facility's availability of filing space and research activities). Destroy 25 years after date of last activity. Auth: N1-513-92-4



Establishing your Administrative Files

Review and Plan



Finance

- Department Budget for Travel, Training and Supplies.
- Acquisitions and P-Card process.



Facility Orientation

1. Business Office
2. Purchased Referred Care
3. Clinical Chairs
4. MU Coordinator
5. Risk Manager
6. Compliance Officer
7. Nursing



Identify Training Needs

Identify training for Dept Staff:

- Assess training needs after meeting with staff
- Who are the Dept SMEs?

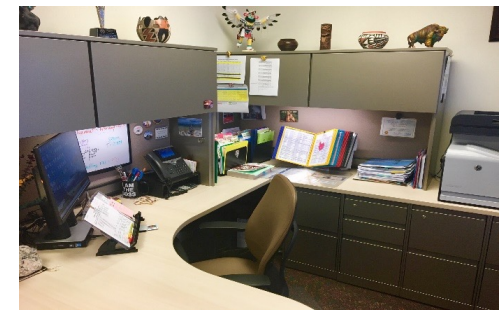
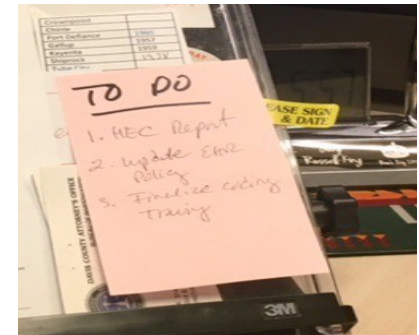
Identify training for yourself:

- ITAC, Concur, ITAS, Secure Data Transfer, etc.
- RPMS EHR – Supervisor keys
- VisTA Imaging (Keys)
- Federal, State and local laws and regulations



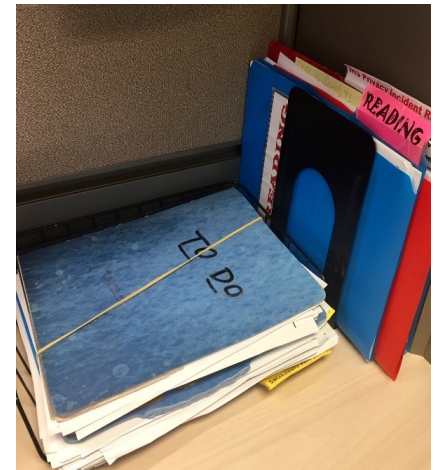
Tips

- Create a master “To Do” list by HIM Section/Topic
- Use post-it-notes to identify what two things to complete that day
- Feel good about completing the task no matter how small
- Get organized – Set up your office and keep it tidy
- Create worksheets
- Create folders.



More Tips

- Read policies, procedures, bylaws etc.
- Use only one calendar for your schedule
- Have routine documents handy for access
- Establish email folders
- Set up one day every quarter to clean up files (electronic/paper)
- Use Microsoft outlook to set up reminders.



Time Management

- Allocate certain day of the week to work on issues
- Designate time to read emails – reply, file or delete
- Start on new or complicated projects early in the work week
- Delegate.



Take on New Challenges

- Additional knowledge
- Better understand the organization
- Clarifies your role and contribution



IHS Website – Tons of Information

The screenshot shows the Indian Health Service (IHS) website homepage. At the top, there is a navigation bar with the IHS logo and the text "Indian Health Service The Federal Health Program for American Indians and Alaska Natives". A search bar is located on the right side of the navigation bar. Below the navigation bar, there is a main content area with a large banner for the "Indian Health Service Partnership Conference" in Phoenix, Arizona, from July 31 to August 2, 2018. The banner includes the text "Hosted by the Office of Information Technology & the Office of Resource Access and Partnerships" and "Together Towards Tomorrow - The Power of Partnerships". To the right of the banner are three buttons: "Tribal Partnerships", "Find Jobs", and "Getting Services". Below the banner, there are two columns of content: "In the News" and "Upcoming Events".

Indian Health Service
The Federal Health Program for American Indians and Alaska Natives

Search IHS

A to Z Index Employee Resources Feedback

About IHS Locations for Patients for Providers Community Health Career Opportunities Newsroom

Hosted by the Office of Information Technology & the Office of Resource Access and Partnerships

Indian Health Service Partnership Conference
Phoenix, Arizona | July 31 - August 2, 2018

Together Towards Tomorrow - The Power of Partnerships

IHS Partnership Conference >

Tribal Partnerships

Find Jobs

Getting Services

In the News

15th Annual Direct Service Tribes National Meeting	06/26/2018
IHS Virtual Internship	07/05/2018
During National Safety Month, IHS Highlights Collaborative Effort to Dispose of Drugs Safely and Properly	06/22/2018

Upcoming Events

IHS Tribal Self-Governance Advisory Committee Quarterly Meeting
Compensated Work Therapy (CWT) and Indian Health Service (IHS): A Partnership for National Replication
NIHB MMPC Meeting



Personal Tips From a Lifer

- Know that you will always be “BUSY”
- Always expect the unexpected
- Accept the fact you will never get caught up
- Appreciate those rare times of recognition or thank you
- Don't put dedication before your health & well-being
- Know that work will always be there
- Have humor.



Most Important

Finding your style of management that will work to get the job done and motivate your team:

Wrong -

- Dictator
- Easy-Going
- Flowery and rosy
- Everyone's friend/buddy
- We are family

Correct -

- Understanding
- Compassionate
- Respectful
- Mentoring
- Fair

Never **regret** a day in your life.

Good days give you **happiness**.

Bad days give you **experience**.

The **worst** days give **lessons**.

The **best** days give you **memories**.

You cannot have the **good** without
the **bad**, remember that.



Ahee' Ahee'

MAY YOU WALK IN HEALTH AND BEAUTY!



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