

2024 Indian Health Service Partnership Conference

Effective Provider On-Boarding

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Course objectives

1. Identify the components necessary for a complete HIM orientation with new providers.
2. Learn strategies to establish and maintain a provider check-in/check-out process.
3. Exam why collaboration is important for success.

Best practices



Shiprock Service Unit
check-in/check-out process



HIM orientation – Why is it important?

1. To ensure all patient records are completed.
2. To ensure statistical data is captured.
3. An investment of your time that will pay off in the future
4. Develops positive working relationships HIM reputation
5. Streamlines workflow
6. Quality documentation reflects quality patient care



Coordination

Collaboration with all the key players to implement and to ensure compliance is met at all levels.

Buy-In – Sharing what the process will do for the department and facility.



Key players

- a. Medical Staff
- b. HIM
- c. Human Resources
- d. Staff Development
- e. IT/MIS
- f. Other – Acquisitions



Check-in process

a. Establish a facility check-in process

ORIENTATION/DEPARTURE CHECK LIST

Name:		Title:		Date of Arrival:		Departure Date:	
Male <input type="checkbox"/> Female <input type="checkbox"/>		DOB:		Social Security Number:			
OFFICE KEYS/PROXY CARD		ISSUE DATE		RETURN DATE		Please check one: Volunteer/Shadow <input type="checkbox"/> Resident <input type="checkbox"/> Student <input type="checkbox"/> University Info:	
1. Meet with Department Chair <input type="checkbox"/> Signature _____ Date _____		4. Staff Development: Electronic ITAC completed Computer Security Awareness/Mandatory Training ID Badge (West Wing) <input type="checkbox"/> Signature _____ Date _____		7. MIS: Electronic ITAC completed Access/Verify Codes RPMS Internet MDS Outlook email list <input type="checkbox"/> Signature _____ Date _____			
2. Credentialing/Med. Staff Office Credentials/privileges are complete <input type="checkbox"/> Signature _____ Date _____		5. Medical Records: Electronic ITAC completed Gary Russell-King, HIM Director PCC/Master Tickets Outpatient/inpatient analysis, transcription dictation/ITAC completed in system <input type="checkbox"/> Signature _____ Date _____		8. Employee Health- (Mon, Wed, Fri. 7am-330pm) Immunization update is completed <input type="checkbox"/> Signature _____ Date _____			
3. Human Resources: Complete Gov't application/fingerprint (West Wing) <input type="checkbox"/> Signature _____ Date _____		6. Pharmacy: Signature required for medication orders/formulary orientation <input type="checkbox"/> Signature _____ Date _____		9. Business Office Provider Enrollment is completed <input type="checkbox"/> Signature _____ Date _____			
DEPARTURE CHECKLIST							
				Signature of Provider		Signature of Departmental Employee	
MSO Supervisor: Return room keys							
Medical Records: Status on pending transcription dictation							
MIS: Notify IT, deactivate access account in system							



HIM orientation

- b. Identify important HIM sections to include in HIM mini-orientation.
- c. Determine if provider will be working ambulatory or inpatient or both
- d. Welcome the provider to the organization.
- e. Let the provider know you are there to help them.



COMPLETED	FUNCTION	
	Medical Coding -	Coder or Theresa Francisco
	1. Official Signature Log	
	2. PCC Provider Code – when to use	
	3. RPMS Provider File info (<i>Legal name, License #, DEA#</i>)	
	4. Coding Documentation orientation:	
	a. Coding specificity, E/M & Specificity	
	b. EHR notifications	
	c. Required co-signature for Med Students/Residents for billing	
	d. Charge tickets (<i>chargemaster</i>)	
	EHR Orientation -	Lucinda Benally, EHR Technician
	1. EHR implementation dates	
	2. Mini-EHR orientation (<i>tabs, orders, etc.</i>)	
	3. Redaction – how and who to notify	
	4. Additional Signer versus Co-Signature	
	5. Late Entry – if not charting same day. - EHR Contingency Plan - PCC form when EHR system goes down	
	6. Cut-n-Paste and Cloning	
	7. Patient Flags	
	8. Electronic Prescribing (<i>if applicable</i>)	
	9. Electronic Signature Block – Legal name	
	10. Surrogate set-up	
	HIM Inpatient –	<i>if working on inpatient</i>
	1. Inpatient Discharge Analysis – Incomplete, consents, paper documents	
	2. Inpatient Coding	
	3. Vital Records Office – eVitals setup (<i>birth/death</i>)	
	HIM File Room -	Joan Carlston, File Room Supervisor
	1. Hours of operation	
	2. Scanning of documents – requirements, scanning routing sheet	
	a. Definition of Internal and External documents	
	b. Only pertinent documents to be scanned	
	c. Note to attach document	
	e. eSignature	
	3. Archiving – Retention period, request chart back	
	a. How to identify “inactive” in RPMS (*)	
	b. How to request a reactivation of a chart (RPMS/EHR) for review	
	HIM Administration -	Gary Russell-King, HIM Chief
	1. Unit Medical Record (<i>hybrid</i>) – HIE access, PHR, Employee Health	
	2. IHS Eligibility and Revenue Cycle	
	3. Privacy Act and HIPAA Privacy, no cell phone, secure email	
	4. Law Enforcement	
	5. Provider Statistics	
	6. Check-out process (<i>if temporary/student/volunteer</i>) Contact HIM 2 days prior departure for prioritize coding & completion	



Provider set-up

It is important to establish the RPMS Provider File upon arrival:

- a. For EHR functionality
- b. For statistical data
- c. For medication dispensing
- d. For reimbursement



NNMC PROVIDER ORIENTATION WORK SHEET

LEGAL NAME: _____

(First, Middle, Last and Designation - MD, RN, LPN, Etc)

DOB: _____

TITLE: _____

SSN: _____

SERVICE/DEPT: _____

Choose From. See back of form for choices

FACILITY LOCATION: _____

(NNMC/DZ/FOUR CORNERS)

REMARKS: START DATE HERE _____

LAST DATE HERE _____

PROVIDER CLASS/SPECIALITY: _____

(Nurse, Family Practice, OB/GYN, etc)

AFFILIATION:

1-IHS 2-CONTRACT 9-OTHER (Residents) 6-Volunteers (Students)

DEA #: _____

DEA # EXP DATE: _____

PROVIDER TYPE: _____

(full time, part-time)

STATE OF MEDICAL LICENSEURE: _____

MEDICAL LICENSE # _____

PCC PROVIDER CODE: _____

Completed by: _____

***DESTROY AFTER ENTRY ***



HIM Information sheet

Provide key information to the health care provider that they need up front:

- Health record services
- Access and type of health information maintained
- Provider codes
- Telephone numbers, etc.





Shiprock Service Unit Health Information Management Program

FYI

Shiprock Service Unit manages over 200,300+ patient medical records (hybrid) for:

- a. Northern Navajo Medical Center
- b. Dziłth-Na-O-Dith-Hle Health Center, Bloomfield, NM
- c. Four Corners Regional Health Center, Red Mesa, AZ
- d. Sanostee Health Station
- e. Toadlena Health Station
- f. Teecnospos Health Center (1970-Jan. 2007)
- g. Teen Life Center (1987-Aug. 2017)



The Northern Navajo Hospital opened in 1938 located downtown next to the San Juan River, under the U.S. Department of Education & Welfare. Many original medical records were transferred to Federal Records Center and destroyed.



The Shiprock PHS Indian Hospital opened in 1960, under the Department of Health & Human Services, Indian Health Service which was created in 1955.



The Northern Navajo Medical Center opened in March 1995 with 60 inpatient beds.

1. EHR implementation = 2006 for Outpatient, 2010 for Inpatient and November 2016 for Emergency.
2. Patients are assigned one health record number (HRN) for all facilities within the Shiprock Service Unit.
3. All paper medical records are archived to the Federal Record Center for 75 years. If records are needed, call 3-6026 to request from Federal storage.
4. IHS Beneficiary – Free health care to members of 574 Federally recognized Tribes.
5. IHS Revenue Cycle – Beneficiaries with 3rd party resources (M/M, PI) will be billed for services.
6. All medical records are protected by the Privacy Act of 1974, with covers all Government records.
7. Minors medical records, parents DO NOT have access or obtain copies of their child's medical record unless a signed ROI consent for children 13 years and older, or disclosure approved by the primary provider for 12 years and younger.
8. Personal cell phones are prohibited for medical documentation and patient communication (no texting)
9. Do not send PHI & PII by unsecure or personal email.
10. Do not remove patient documents from the facility.
11. All requests for copies of medical records must be referred to the HIM ROI Office.
12. Law Enforcement & Court requests for medical records must be processed and certified by Custodian of Records (HIM Director).
13. Provider statistical data can be provided upon request via HIM Director or EHR Tech.
14. If you are a temporary provider, please check out with HIM to confirm all records are completed and an EHR surrogate is set up.



15. IT/MIS will be contacting your supervisor once your computer access has been approved and set up.
This may take up to 4-8 hours. Then you will need to set up your electronic signature block.

Electronic Signature BLOCK – RPMS SETUP

Please use your **LEGAL NAME** as you are charting in a legal medical record. Enter using Upper and Lower Case letters: First Name, Middle Initial, Last Name, and professional designation (if any)

<p>Correct way: /es/ Mary A Nurse, RN ICU</p> <p>/es/ Trey A King Medical Student III</p> <p>/es/ George C Provider, MD Family Practice</p> <p>/es/ John Q Doe, MD Resident Internal Medicine</p>	<p>Wrong way: /es/ T. Frank Burns, MD</p> <p>/es/ LAURA A INGALLS LPN NURSE LPN</p> <p>/es/ mike medicinebag, rph</p> <p>/es/ Robert (Bob) Smith, DMD</p> <p>/es/ Dr. Huxtable</p>
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Review your electronic signature. If your signature displays as “ / es / “, it is NOT set up correctly.

RPMS T-BOX – To set up your Electronic Signature NOTE: TBOX is a hidden menu on the RPMS Roll-n-Scroll menu.

<p>Good morning G-Man You last signed on today at 09:28 Select DIVISION: NORTHERN NAVAJO MEDICAL CTR// ADT ADT Menu ... LAB Results menu ... PAT Patient registration RAD Radiology/Nuclear Med Order Entry Menu SCH Scheduling Menu ... XRAY Display a Rad/Nuc Med Report</p>	<p>Select MEDICAL RECORDS DIRECTOR Option: ^TBOX User's Toolbox Change my Division Display User Characteristics Edit User Characteristics Electronic Signature code Edit Menu Templates ... Spooler Menu ... Switch UCI TaskMan UseR User Help</p>
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<p>Select User's Toolbox Option: ELECTronic Signature code Edit</p> <p>This option is designed to permit you to enter or change your Initials, Signature Block Information, Office Phone number, and Voice and Digital Pagers numbers. In addition, you are permitted to enter a new Electronic Signature Code or to change an existing code.</p> <p>*** ENTER your name in Upper & Lower Case Letters</p>	<p>INITIAL: GRK// SIGNATURE BLOCK PRINTED NAME: Gary M. Russell-King Replace SIGNATURE BLOCK TITLE: Chief Medical Records Administrator Replace OFFICE PHONE: 505-368-6032//</p> <p>Enter your Current Signature Code: <i>This is where you can change or edit your code</i></p>
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HIM/Medical Records – Contact

Hours of Operation: Monday-Friday 8:00am-4:30pm

Main File Room	3-6026
Release of Information Office	3-6027 ~ FAX: 368-6025
Scanning Section	3-6272
Inpatient Discharge Analysis	3-6040
**HIM EHR Tech – Lucinda Benally	3-6270 ~ Pager 5674
File Room Supervisor – Joann Carlston	3-6214
Coding Supervisor – Theresa Francisco	3-6041
HIM Chief – Gary M. Russell-King	3-6032 ~ FAX: 368-6277

Designated Clinic Coder (name): _____ Ext. _____

07/2023



Check-out process

Collaborate with Human Resources to ensure Health Information is included in the check-out process.



**Human
Resources**



DEPARTMENT OF HEALTH AND HUMAN SERVICES
Indian Health Services
EMPLOYEE CLEARANCE CHECKLIST

EMPLOYEE NAME: (First, Middle, Last)	LAST 4 DIGITS OF SSN:	TIMEKEEPER NUMBER:
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ITEMS	RECEIVED FROM EMPLOYEE CHECK ONE (If yes, identify the accountable office* in comments field. If no, please explain.)			Comments	*ACCOUNTING OFFICE FOR FINAL DISPOSITION		
	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A		Initial	Date	
22	Separation Data Entered into ITAS	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	HR		
23	Appropriate Action entered into Capital HR Resolved	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	HR		
24	Capital HR Request Approved	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	HR		
25	E-WITS (if applicable) Removed	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	HR		
26	Exit Survey	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	HR		
27	EHR Notifications Completed	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Medical Records		
28	Pyxis Deactivation	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Pharmacy		
29	PIV Card Returned	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Education Department		
30	Education Folder Picked Up	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Education Department		
31	HealthStream Deactivation	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Education Department		
32	HHS LMS Deactivation	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Education Department		
33	Outstanding Bills/Accounts	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Business Office		
34	Action Tracking System (ATS) Removed	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A			
35	Transit Subsidy Resolved (Transshare, vanpool, bicycle Subsidy, etc.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A			
36	Government Phone Card Returned	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A			
37	Employee Health	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A			
38		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A			
39		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A			
40		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A			
41		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A			
42		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A			

- Under comments, list the office that was sent the item or notified about clearing it. Accountable offices may differ
- If the employee is not willing to sign the clearance sheet, not present or deceased, the supervisor should locate all equipment assigned to the employee and account for each place on the clearance sheet
- Any missing items take the appropriate actions

Additional Comments:

I certify that I do not have IHS property or records in my possession and that I am not indebted to the IHS

I certify that I have completed this form and that I have verified that all required clearances have been obtained

Signature of Employee

Date

Signature of Supervisor

Date



Contractors

1. Include a process to notify the medical staff chair for incomplete medical records.
2. Is there language in the contract or agreement (MOA/MOU) that allows you to coordinate completion of medical records, via VPN, sending certified mail, etc.?
3. Process to notify Acquisitions to contact contractor for non-compliance, and possible deduction of payment.



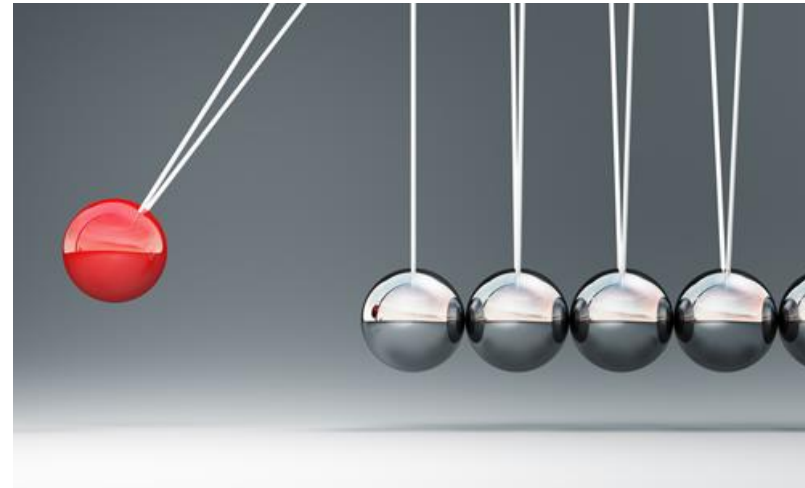
What is the goal

To ensure all patient records are completed by the health care provider.



What is the impact?

1. Patient Care
2. Compliance
3. Workload data
4. Revenue



Resources

- Indian Health Manual, Part 3, Chapter 3 - HIM
- FTP site for EHR/HIM policies
- HIM Website

