

News & Views

January, 2018



NHIMA Contact Information:

Board Members - Committee/TF Chairs

Dates to Remember:

April 11-13, 2018 – NHIMA Annual Convention, Younes Conference Center, Kearney, NE

President's Message

January 2018....can this be possible? If you are like me, the holidays approached rapidly and now are already gone and the work continues to be fierce! I certainly hope that everyone was able to take time and reflect on this past year. Reflect on your blessings, the challenges but most of all that everyone had time to enjoy some time with family or friends. Please know that I have thought about our membership and the commitment our HIM members give not only to this state but also to the organizations in which we all work. We are very valuable assets to our employers and I look forward to another great year with great friends and colleagues! This last year has been a challenge as we had to replace our central office coordinator unexpectedly as she moved to be closer to family as well as the recent replacement of our President-Elect, Rachel Berry. Rachel and her husband had a wonderful opportunity to move back to Tennessee to be closer to family. While we are very happy for her, we were also very sad to lose her as she brought a lot of great ideas and knowledge to the Board of Directors. Having said that, I am so thankful for this Board and their commitment to making sure these transitions have gone very smooth! I would like to thank the Board for their willingness to immediately step in and take over committees as well as Tina Mazuch who agreed to be the Interim President Elect to replace Rachel. NHIMA as well as myself are very blessed to have the commitment of these wonderful people. They care tremendously about our members and I have seen that demonstrated by taking on extra roles to help fill those voids on top of their full-time jobs without batting an eye!

This month I will also focus on the 2nd topic that was discussed at AHIMA House of Delegate meeting back in October. This is the 2nd of the 5 SBAR's that were reviewed.

Consumer Engagement

The consumer engagement issue group was charged with identifying opportunities to engage consumers in their health care and increasing the understanding of the role of HIM professionals in consumer engagement. In a background SBAR it was noted that patients are increasingly relying on technologies and social media to form and grow relationships with their healthcare providers.

Most of this issue group's discussion focused on the role of patient portals in engaging consumers. A number of delegates commented on the challenges faced by their institutions enrolling consumers to use portals. It was also noted that there are significant variations in the information made available to consumers on portals and how quickly the information is made available.

Recommendations:

1. Identifying baseline "metrics" for measuring engagement
2. Promoting community outreach and education
3. Formation of a HOD task force on consumer engagement
4. Identifying "consumer engagement" as an emerging HIM role.

I hope this finds everyone doing well and ready to tackle some great things in 2018!

~ A New Year, A Fresh Start and Infinite Possibilities ~

Your President, **Courtney Burbach, RHIA** NHIMA 2017-2018

Networking Nook



1. What is your first and last name, current title/role, and credentials?

Sherri Folsom, RHIT, CCS I hold two positions currently, I am an Inpatient Coder at Nebraska Methodist Hospital and I also work on a government contract that reviews the quality of healthcare in VA hospitals nationwide. Both are remote, work from home positions.

2. What has surprised you about being the HIM profession?

Everything! The career development and areas an HIM professional can find interesting, meaningful, well compensated work have increased dramatically since I first entered this profession.

3. What do you like best about being an HIM professional?

I feel it keeps me aware of current healthcare trends, disease processes and treatments.

4. What have you found to be the most challenging experiences you have had as an HIM professional so far?

At times it can seem overwhelming --- workload, meeting deadlines, constantly being aware of changes in technology, the coding process, keeping up with education on all areas of medicine, procedures, audits, government, documentation, etc.

5. If you could change one thing about the HIM profession, what would it be?

I am seeing the change, which is in how our profession is perceived by those not in it. In the past we were viewed simply as clerical workers or "pencil pushers". We are so much more than that; we always were but technology, changing trends in healthcare, and job security have all made our profession appealing to new graduates and people seeking to make later in life career changes.

6. Has anyone influenced your decision to become an HIM professional or to change roles within the HIM profession? If so, who and what did they say or do to influence you?

I have been incredibly blessed to have several wonderful mentors throughout my career. I moved to Omaha in 1984 when my husband accepted a job here. I had been a surgical technician back in our hometown in Iowa but

did not find that especially fulfilling. I chose not to return to that after our move and took what I thought was a clerical job at St. Joseph Hospital (later CHI- now closed) just to have a job while I decided what educational path to pursue next. I knew I wanted to stay in healthcare and was considering nursing school. However, I found I loved the HIM environment. I decided I liked being more of an observer and collector of data rather than being involved in hands on patient care. I started out as a clerk in the Tumor Registry and then was trained to do coding. I obtained my RHIT, and later my CCS. I owe my beginning and encouragement in this field to several mentors- Denise Oliver, my first manager at St Joseph who greatly encouraged me on this path, Rita Scichilone who has been a dynamic leader in our local HIM profession, Mary Meysenburg from Methodist and a former manager from Minnesota, Jan Spoden. She set a wonderful example of how to work with people. When I encounter a challenging situation, I think WWJD (what would Jan do?)

7. What is an element of being an HIM professional you wish more people understood?

Again, I think the perception of what we actually do. The technical elements of our work, the degree of complexity and all of the areas we must be competent in, computers, data, reading and understanding complex medical documentation and translating that into usable data, coding, billing. This is not just a boring cubicle dweller job. We work in many arenas in healthcare.

8. What do you think will change about the HIM profession over the next five to ten years? Why?

There will be a continuing need for solid data and I believe the profession will continue to grow, as far as change, we will adapt to whatever comes. We always have.

9. What would you tell someone who is thinking about becoming an HIM professional?

There are so many areas to find career satisfaction in HIM. It just depends on what appeals to you the most and what kind of healthcare setting you wish to be in. There is a vast telecommuting workforce in HIM, consulting, quality improvement, coding, information technology, education. I would advise someone considering HIM to talk to several professionals and of course visit the AHIMA website to see all of the possibilities well described there.

10. Describe your duties as OHIMA chair?

Currently to provide a workshop for HIM professionals in our community to obtain CEU's, fellowship and networking. We usually have one or two meetings per year. The past few years due to implementation of ICD-10 we have had just one We provide a day long workshop with speakers on HIM topics such as coding, disease processes, healthcare issues in our community.

11. How often does OHIMA meet? When is the next meeting? Where can members go to get more information?

Our goal is to have one to two workshops annually. The board members meet to prepare for the workshop, we don't have monthly or quarterly meetings. It mainly revolves around the workshops and preparation for it. Which give me an opportunity for a shout out for volunteer help! Our next meeting will likely be in the spring. We could not have a fall workshop this year due to several board members terms being up and those that were left had family and health issues. So...HIM professionals, if you want to help out in your HIM community consider volunteering. We have several open positions. It's a great way to meet fellow HIM professionals locally, get some CEU's, network, and enjoy educational opportunities. And, of course, serving on committees and boards in our profession is always the sort of thing that looks good on a resume- so career development as well.

Our new president has had some health issues, I am the outgoing president but will remain on board awhile longer. I can be reached at safolsom2@cox.net or sherri.folsom@nmhs.org

AHIMA NAMES DR. WYLECIA WIGGS HARRIS NEW CEO

On behalf of the AHIMA Board of Directors, it is my pleasure to announce that [Wylecia Wiggs Harris, PhD](#), (pictured at right) has been selected as AHIMA's chief executive officer, effective February 5, 2018.

Dr. Harris has extensive experience leading and transforming associations. She comes to AHIMA after serving as CEO of the League of Women Voters of the United States (LWVUS) and the League of Women Voters Education Fund, where she was responsible for revitalizing the national organization by developing and translating the organization's strategic vision into operational solutions. She has held senior executive positions at the American Nurses Association, Sister to Sister Foundation, and the American Heart Association.

We're thrilled to have Dr. Harris join AHIMA leadership, staff, and volunteers, as we continue to advocate for our members and best practices in health information management at a time when our profession and the healthcare industry are experiencing rapid change. We look forward to working together for the continued success and advancement of the HIM profession and AHIMA.

Please join me and the Board in welcoming Dr. Harris to the AHIMA family.

Diann H. Smith, MS, RHIA, CHP, FAHIMA
AHIMA Board President/Chair



Coding Roundtable Update

Susan Bailey, M.Ed. RHIA, Manager Consulting Services, 3M Health Information Systems, reviewed educational opportunities in ICD-10-PCS at the Clinical Coding Meeting in October, 2017. Clinical coders are encouraged to review the following root operations as these root operations present challenge for coders.

Control – Stopping or attempting to stop, postprocedural bleeding.

Example - patient experienced an expanding hematoma at the puncture site in the groin. Patient taken to OR for incision and exploration of the groin. Suture placed in femoral artery. Root operation - Control – 0Y370ZZ

NOTE: The definition of “control” was amended in 2018. The definition now reads “Stopping, or attempting to stop, Postprocedural or other acute bleeding.”

Excision - Cutting out or off, without replacement, a portion of a body part.

Resection – Cutting out or off, without replacement, all of a body part

Example - “Dissection towards the spleen and excised it en bloc.” Root operation – Excision -07TP4ZZ

Extirpation – Taking out or cutting out solid matter.

Example - Evacuation of post-partum clots. Root operation – Extirpation – 0UC97ZZ

Introduction – Includes therapeutic, diagnostic, nutritional, physiological or prophylactic administration of substances

Example - Intrathecal chemotherapy. Root Operation - Introduction – 3E0R305

Release – Freeing a body part from constraint.

Example - lysis of adhesions to mobilize bowel. Root operation – Release – ODN80ZZ

Two **approaches** have been identified as posing challenges for coders.

Procedures that are “**laparoscopically assisted**” are coded to an open approach rather than a laparoscopic approach.

Percutaneous approach – entry, by puncture or minor incision of instrumentation through the skin or mucous membrane and any other body layers necessary to reach the site of the procedure.

Example – insertion of chest tube for treatment of an apical hemopneumothorax -0W9B30Z

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Best Wishes for 2018!