



Evergreen Bulletin

OUR VISION STATEMENT

To promote the contribution of the health information management professional and the Washington State Health Information Management Association by ensuring the protection, integrity, and quality of health care information.
ASSOCIATION (WSHIMA)

Volunteering at the WSHIMA 2008 Annual Meeting

June 2008 Issue No. 2

By Marion Miller, RHIA, CCS
2008 WSHIMA Annual Meeting Registration Coordinator

This year I had the honor and pleasure of volunteering to coordinate the registration process for the WSHIMA Annual Meeting held May 1-2, 2008, in Wenatchee. When Petra Smith, WSHIMA Annual Meeting Chair, first approached me about taking on this task a year ago, I said "Sure!" not knowing quite what I was getting into, but I was up for a new challenge. The process was both very enjoyable and great deal of work at the same time, and I especially enjoyed working with people I already knew and meeting many new HIM colleagues along the way.

I began my task by identifying some new HIM professionals with whom I wanted to work and also with the ulterior motive of getting them involved in WSHIMA as future leaders. I contacted Lora Andrew and Camille McKinney, both RHITs with Good Samaritan Hospital in Puyallup, and Gwen Lang-McClinton and Debby Shamblin, both RHITs with Multicare Health Systems. Being dutiful former HIT students of mine at Tacoma Community College (TCC), they jumped on board. I couldn't have done it without them!

Lora, Camille, Gwen and Debby helped in advance of the meeting in so many ways from preparing the name badges for attendees, vendors and speakers in advance; preparing attendee and vendor lists for the attendee packets; to preparing the continuing education certificate. We packed Camille's vehicle to the top and they transported the materials from Tacoma to Wenatchee. At the meeting, they introduced speakers for various sessions, helped with the registration table, and generally assisted in any way that they could. They had many ideas in retrospect of how we could streamline the process in the future.

I would also like to recognize three current HIM students who volunteered at the meeting: Jill Carrier from Shoreline Community College, and Rebecca Ballou and Mary Freter from Spokane Community College. They served as room monitors, introduced speakers, assisted with registration and helped in many more ways. I know that they were a little nervous about introducing speakers, but they did a fine job and became acquainted with many new HIM professionals in the process. I wish them well now that they are graduating and entering the HIM workforce.

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Questions? Comments?
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I was fortunate to have many other HIM colleagues who also stepped up to the plate whenever I asked them for assistance. Kim Lee, Rich Weidman, Mary Meek, Joyce Duffy, and many, many others who helped transport all of the meeting items to Wenatchee, put packets together, assisted at the registration table, and introduced speakers.

All of the above efforts were just a part of the registration process. Many other annual meeting volunteers did tremendous work on site coordination, identifying speakers, selecting the menu, getting vendors, hosting a wine tasting event, raising scholarship monies, and more. Petra Smith lead the process with the following team members: Mary Bloomsburg, Peggi Ann Rufener, Deb Tesch, Kathy Peterson, Mary Meek and Marci Vanderbosch, plus all of the work from the WSHIMA standing members of the Health Information Technology, Advocacy/Legislative, and Coding and Data Quality Committees in identifying speakers and topics. It is important that we all recognize the extra effort that these individuals and all WSHIMA volunteers do to make our organization a success.

When someone asks if you would like to help with a WSHIMA project, please say "Yes!" with confidence. You will get to work with many energetic, dedicated HIM professionals and will make many new friends. I know that over the years of my volunteer work for WSHIMA, I have benefited from the opportunity to learn and work with all of my colleagues. I will be chairing the Registration process for the 2009 WSHIMA Annual Meeting at the Davenport in Spokane. If you would like to have fun and get involved in your association, contact me at marionmiller@comcast.net and remember that if I do not hear from you, I will probably be contacting you instead!

President's Message

By Kathy Peterson, RHIA, CCS
WSHIMA President 2007-2008

What a tremendous WSHIMA Annual Meeting! Thanks to all the members who joined us in Wenatchee on May 1st and 2nd and took part in the educational and social events. With attendance averaging 140 participants daily, the Annual Meeting was marked by outstanding speakers and exhibitors. The Board of Directors thanks the Annual Meeting Committee members: Petra Smith, Chair; Mary Bloomsburg and Peggi Ann Rufener, Speaker Coordinators; Mary Meek and Marci Vanderbosch, Silent Auction and Fundraising Coordinators; Marion Miller and her team of volunteers, Registration; Wanda Clayson, Site Coordinator; and Debra Tesch, Exhibitor Coordinator. The Annual Meeting Committee members are commended for their team work and persistence in arranging

all the events!

Thanks also to Sharon and Dwight Owens for leading us in line dancing lessons, as well as Eugenia Terry for hosting the Social Event and educating us on "Cowboy Trivia!" Overall, we raised about \$2,800 for WSHIMA scholarships from the Silent Auction and Wine Tasting. Thank you to all the members who donated to these events as well as to FORE!

Issues Forum

This year we included an "Issues Forum" after the Annual Business Meeting. We discussed the following three issues:

1. The appropriateness of the AHIMA Board strategy to move forward on "Vision 2016 – A Blueprint for Quality Education in HIM" in terms of employer surveys on the needs and marketability of HIM professionals at the associate, baccalaureate and master's degree levels, as well as branding of HIM academic programs and HIM professionals in e-HIM.
2. Specialty tracks at the associate degree level to include coding, e-HIM, and others, as well as whether an entry level coding position requires an associate degree in HIT.
3. Alternative pathways to RHIA exam eligibility, which allows a candidate with a bachelor's or master's degree and specific number of years working in the HIM field, as well as endorsement of RHIA-credentialed professionals, to sit for the RHIA credentialing exam.

There was great interchange among all participants on these topics. For issue 1, most agreed that AHIMA needed to do further investigation on Vision 2016 to include providing more information to the membership on this entire initiative. The participants were generally split on issue 2 with some more emphatic than others on the maintenance of separate coding credentials for CCS and CCS-P. The third issue on alternative pathways generated much discussion, with several members pointing out that an individual may pass either the RHIT or RHIA credentialing exam without having a mastery of each HIM competency areas (Health Data Management; Health Statistics, Biomedical Research and Quality Management; Health Services Organization and Delivery; Information Technology and Systems; and Organizational Resources). This group supported the view that AHIMA should require each competency area be equally tested and a passing grade should be required in each competency area on the RHIA exam.

In the coming months, 2009 WSHIMA Delegates Sheila Green-Shook, Carol Ann Quinsey, Petra Smith, Eugenia Terry, and Marci Vanderbosch will be involved in these issues and seeking your input on how you think AHIMA should move forward on these issues. Please be sure to participate in the CoP discussions as well as emailing your delegates with your views. WSHIMA delegates represent

you on AHIMA leadership and professional issues.

WSHIMA Board Year in Review

It has been a busy year for the Advocacy, Health Information Technology (HIT) and Coding and Data Quality (CDQ) Committees. Both the HIT and CDQ Committees hosted educational events for the membership. The Advocacy Committee has initiated the work to update the Legislative Manual. The commitment of the Committee chairs and members is key to providing education and resources for WSHIMA members.

As my term as President ends, I am honored to have served WSHIMA members. I will proudly display the plaque presented to me at the Annual Meeting. Thanks to all members, the Board of Directors and Committees for supporting WSHIMA this year. Let us all continue the volunteer efforts in our professional association and look forward to an exciting AHIMA Annual Meeting in Seattle in October!

WSHIMA Job Postings— Opportunities Await

By Joyce Duffy, RHIA
WSHIMA Central Office Coordinator

Have you checked out the Job Postings link on the WSHIMA website lately? There is quite a range in job titles and responsibility represented in the job postings. You will see jobs from traditional coding positions to charge capture / reconciliation specialists and a bevy of supervisory and management positions. Since December, anyone wanting to post a position to the WSHIMA website need only go online to do so. Upon payment of \$50 for the three-month posting, the position is immediately available on the WSHIMA website “for all the world to see”. Job seekers and employers alike will find the job postings on the WSHIMA website to be easy, convenient, and timely! For more information on job postings and how to post a job, go to www.wshima.org or contact the WSHIMA Central Office at wshima@mindspring.com.

WSHIMA Silent Auction

By Mark Meek, RHIT

Once again, we held a silent auction fund raiser during the Annual Meeting in Wenatchee. The auction was very successful and fun for all. There were 65 items donated this year.

We raised \$2,500 which be used for student scholarships in 2008-2009.

Thank you to everyone who donated an item to the auction:

AHIMA, Arby's in Spokane, Baskin Robbins in Spokane, Pam Beattie, Mary Bloomsburg, Jean Carman, Cascade Reimbursement Specialists, ChartOne, Chuckar Cherry Company, Cold Stone Creamery in Spokane, Cost Plus World Market in Spokane, Dairy Queen in Spokane, Joyce Duffy, Melanie Endicott, Chuck Flewelling, Sheila Green-Shook, Bev Hillinger, INHIMA, Camelia Lambert, Kim Lee, Joanne Liantonio, Liberty Orchards in Cashmere, Kathy Martin, Mc Donald's in Spokane, Marion Miller, Gretchen Murphy, Kathy Peterson, Carol Quinsey, Peggi Ann Rufener, Safeway in Spokane, Sharena Sanders, Simply Northwest in Spokane, Petra Smith, Spokandy, Starbucks in Spokane, Subway in Spokane, Taco Bell in Spokane, TAHIMA, Eugenia Terry, Bill Thieleman, Wal-Mart in Spokane, Marci Vanderbosch, Rich Weidman, Welch's in Grandview, Wendy's in Spokane, and Maureen Wiley with Stern and Associates.

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For more information contact
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Thank you to WSHIMA Corporate Partners, Sponsors and Vendors!

The WSHIMA Board and members thank and recognize our Corporate Partners and Annual Meeting Sponsors and Exhibitors for their monetary and in-kind contributions to our Association this year! Their support assists us in hosting the Annual Meeting as well as other educational events, and in providing scholarships.

2008 WSHIMA Corporate Partners

3M Health Systems, Accuro Healthcare Solutions, Anderson Hunter Law Firm, ChartOne, Northwest Expert Coders, Reimbursement Management Consultants, Secure Health Information Corporation, and University of Cincinnati (Compass Knowledge).

2008 WSHIMA Scholarship Sponsors

- Maxim Health Information Services - \$500
- Seattle Health Information Management Association (SHIMA) - \$500
- Secure Health Information - \$2,500 for scholarship fundraiser
- Stern and Associates - \$50

2008 WSHIMA Annual Meeting Sponsors

- 3M Health Information Systems - \$750
- Advance for Health Information Professionals – sample magazines
- Cascade Reimbursement Specialists – silent auction item
- Case Mix Analysis, Inc. - \$500
- ChartOne - pedometers for morning walks, \$271 for breaks, and silent auction item
- For the Record – sample magazines
- Inland Health Information Management Association (INHIMA) – silent auction item
- Iron Mountain - \$1,000
- Precyse Solutions - \$500 and annual meeting speaker, Seana Long
- Revenue Cycle Consultants – water for morning walks and silent auction item
- Secure Health Information – tote bags
- Stern and Associates – silent auction item
- Tacoma Area Health Information Management Association (TAHIMA) – silent auction item
- Wenatchee Visitors' Bureau – apples and welcome bags

2008 Annual Meeting Exhibitors

3M Health Systems, Accuro Healthcare Solutions, Cascade Reimbursement Specialists, ChartOne, DSHS Disability Determination Services, Docuware, eScription, HFS Consultants, Ingenix, Iron Mountain, Maxim Health Information Services, MRO Corporation, Nuance, Oregon Health and Science University (OHSU), Peak Health Solutions, Precyse Solutions, Quadramed, Reimbursement Management Consultants, Secure Health Information, Spheris and Vista Revenue Solutions.

Annual Meeting Educational Sessions

The WSHIMA Evergreen Bulletin staff thank the HIT students of Spokane Community College for submitting these excellent summaries of some of the educational offerings during the WSHIMA Annual Meeting in Wenatchee.

Comprehensive Hospital Abstract Reporting System

Presentation by: Julie Rhodes, RHIA, Department of Health, Tumwater, WA

Summary by: Camelia Lambert, Spokane Community College, HIT Student

Comprehensive Hospital Abstract Reporting System (CHARS) is data reported by hospitals to the Washington State Department of Health. The data is taken from billing information in the UB-04. Each hospital has a designated person to handle the data collection process. Data can be hand keyed, but most is submitted electronically, and for many hospitals the data is automatically submitted for the hospital by a vendor. Data from 94 hospitals around the state is then combined to give a better picture of what is happening in Washington State.

The statistics are used in a variety of areas:

- Identify and analyze health trends relating to patients hospitalizations
- Establish statewide DRG weights
- Create hospital specific case mix indices
- Identify and quantify issues related to healthcare access, quality and cost containment.

This information is used for research and when making public health decisions and policy. For example, the data has shown that falls by seniors cause more deaths than injuries sustained in auto accidents by people of all ages! Therefore, those involved are starting a campaign to help seniors avoid falls. It will be interesting to follow this issue and watch for more information on this campaign in the future.

I personally enjoyed this presentation and would love to work with all this data some day. If you are curious about CHARS you can find out more at:

http://www.doh.wa.gov/EHSPHL/hospdata/CHARS_UB04/HospitalInformation.htm.

Corporate Compliance Programs: Employee Rights & Responsibilities

Presented by: Christopher J. Knapp, JD

Summary by: Mary Freter, Spokane Community College, HIT Student

Christopher J. Knapp, JD, Anderson Hunter Law Firm, began his lecture, "Corporate Compliance Programs: Employee Rights & Responsibilities," by providing an overview of several legislative acts that impact compliance. He explained that the Deficit Reduction Act of 2005 is the "touchstone" for compliance. Knapp then went on to explain that Medicaid requires covered entities to establish written policies and what these policies must contain. He also noted that even if a corporation did not meet the requirements for the amount an entity makes or receives annually from Medicaid payments, then that corporation should still institute these policies. Much of Knapp's lecture focused on employee rights and responsibilities in reporting fraud and abuse. He explained the importance of teaching employees the "watchdog" process: prevention, protection, detection, discipline and education.

Christopher Knapp is one of the rare speakers who can keep his speech upbeat even when reporting on something as daunting as legalities within the health information arena. He explained several laws, what is entailed in employee training and education, which laws must be included in the training, which policies and procedures must be addressed, and

the Federal False Claims Act and Medicare/Medicaid Anti-Fraud Statute. I found Knapp's lecture to be very interesting and informative. He was very knowledgeable on the subject, as well as informative without being boring or long-winded. I feel I learned a great deal from this lecture, and would enjoy hearing Mr. Knapp speak again if the opportunity ever arises.

MRSA: Another Episode in the Drama of Healthcare Associated Infections
Presented by: Dr. Gary Preston, PhD, Epidemiologist,
Central Washington Hospital

Summary by: Della Wright, Spokane Community College, Coding Student

Dr. Gary Preston jumped right into a subject that he is well versed in, and from beginning to end of his presentation we were treated to an overview of bacterial diseases. Dr. Preston covered the history of healthcare-associated infections starting with doctors washing their hands in the 1840's to the present-day issues of patient safety, including questions such as whether providers should wash their stethoscopes between patients.

The fact that there is no shared vocabulary or understanding, and even worse, misunderstanding between providers and patients, complicates the risks and the spread of disease. The trend of antimicrobial resistance is on the rise, and patients need to be informed on how resistant bacteria are formed and what the risks are if resistant bacteria are contracted. In addition, Dr. Preston discussed how the standard of care can be changed to combat the formation of further strains.

He explained the methods of transmission from contamination, colonization, and finally to infection where the bacteria load is high enough to make patients ill or even kill them. Bacteria are just in it to survive and to spread; our goal is to stop it at the source before the contamination occurs. Bacteria use a form of antibiotic in their fight to be the only one to survive, and we use the same thing to kill all of them. Over time the bacteria learn to resist the effect of the antibiotics. Penicillin was the first to be invented and it started to fail in the 1970's; next came Methicillin, which lasted for 20 years, and today we are faced with Vancomycin-resistant strains.

Documentation is the key to tracking how a patient acquired the bacteria and the impact of hospital-acquired illness. For discharges after October 1, 2008 (section 5001(c) from the CMS) hospitals will not receive additional payment for cases which, on the selected conditions, were not present on admission. Changes in the standards of care are a must in the halting and or stopping the spread from one person to another.

Links to sites and for further reading, www.cdc.gov/ncidod/dhqp/nhsn.html.

MySpace vs Office Space

Presentation by: Robert Wamsley, Director, Corporate Compliance / Legal Services, Empire Health Services

Summary by: Cheryl Saucier-Wilson, Spokane Community College, HIT Student

The attendees at the WSHIMA Annual Meeting of 2008 were truly blessed to have Mr. Robert Wamsley as our speaker. He was a perfect "starter" to our two-day menu of speakers and events. His vast knowledge and experience in both the private and public sectors has enabled him to offer a rare glimpse of the health information field from a legal point of view. His humor and personal character makes listening to him a pure delight.

He brought up the contrasts between the 1943 Guide to Hiring Women and (<http://www.damngood.com/jobseekers/tips.html>) to show how we have progressed in the workforce. It is a real eye opener when you think of the substantially short amount of time that has passed since that article was written for the July 1943 issue of Transportation Magazine. Still, statistics show that women are paid 80% on the dollar compared to men one year after graduating from college,

according to the American Association of University Women Educational Foundation, based in Washington D.C.

Mr. Wamsley noted that the laws of our land have not been able to keep up with the rapidly-changing technology, and used as examples the social websites such as MySpace, Facebook and others. The point was made that there are many cases of employees now being terminated or potential employees not being hired because of a fast, easy, check on the Web for what that particular facility considers poor behavior or behavior that does not follow their facility's principles of moral ethics.

There have been some measures passed to protect minors from online predators on these social websites; however, protecting employees from their future or current employers using such personal sites as tools to punish is still a very vague area of law that has not caught up with the uses of the Internet.

Even more relevant to the Health Information profession is, of course, protecting PHI and IHI for our patients, and at the same time protecting our facilities from HIPAA violations. The healthcare employees who choose to post, even anonymously, their experiences with patients and even revealing PHI and IHI in the process, are doing our profession and the patients a great deal of harm and disrespect. This use of social websites should be at the top of the priority list of those who can change the laws in regard to patient health information protection. As Mr. Wamsley noted, it is up to the individual facility to educate their employees on this matter and to create policies that will address this issue directly with serious consequences if not followed.

Thank you to Mr. Wamsley for bringing this relevant issue to the forefront.

AHIMA's Personal Health Record Campaign
Presented by: Pam Beattie, RHIA,
WSHIMA Community Education Coordinator (CEC)

Summary by: Lasin Moua, Spokane Community College, HIT Student

Wouldn't you like to have your own personal health record, instead of always having to rely on your memory or on other people? Well, now you can!

A Personal Health Record (PHR) is a health record initiated and actively maintained by you, the consumer, to provide a complete and accurate health history of you, the patient, by gathering data from scattered sources. The PHR provides an opportunity for consumers to participate in and improve the quality of their healthcare. A PHR is more than just clinical documentation; it is the center of all your health care sources: hospitals, dentistry, imaging, optometrists, pharmacies, and so on.

There are many benefits to having a PHR. The consumer records contain different, more rounded information. PHRs may improve quality and could even save lives. PHRs promote teamwork between you and your provider. It reduces duplication of tests or procedures and it saves time and money for those involved.

Here is how to start your own PHR. First, visit myPHR.com for instructions and information. Next, contact your doctor's office or wherever you receive treatment and then decide where to start. For example, you can start from today, last week, or even last year. Other options include offers from healthcare providers, insurers, employers, or commercial suppliers.

There are a variety of ways to maintain your PHR, and your PHR can be stored a number of ways: a file folder, a computer disk, removable USB drive, or using Internet-based services. The most important thing to remember is to create a single source for your health information, whichever format you choose, and be sure to back it up. It is important that you not lose this information, especially if you chose to save it to a computer disk or removable USB drives.

EHR Implementation

**Presented By: Peggi Ann Rufener, MBA, CCS-P, CCS &
Jeannette Procter, ARNP, INHS**

Summary by: Aya Aleksandrov, Spokane Community College, HIT Student

Implementation of the Electronic Health Record (EHR) is one of the largest projects to hit the Health Information Management (HIM) field across United States. Each healthcare organization needs to accomplish this task in the next five to seven years, and each group has only one question: how do we accomplish this most efficiently and effectively?

The main key to effectiveness and efficiency lies purely in the organizational or the planning part of the project. According to EHR project implementation specialists Peggi Ann Rufener and Jeanette Proctor, several things need to be established before starting the project. These things identify the planning part of the project which covers choosing a team, finding the budget, selecting the system by identifying the company's needs, designing tools, and analyzing workflows. Once these are established the project can be taken into further steps.

An average EHR Implementation project may take anywhere from four to nine months. However, the project may be delayed due to budget restrictions, poor communication or teamwork, shortage of space and tools, or improper training. When everyone on the team stays focused and the project manager pushes the team through the steps, the implementation will be timely and successful. Once the EHR is implemented, the project does not stop there, but instead it becomes routine. Work flows need to be reviewed, taken out for a test flight, revised and retested over and over. It is important to do this periodically to solve newly arising problems and establish perfection in the system.

Choosing the correct team is important because it plays an essential part in the progress of the project. The ability and willingness to work together as a team member and being supportive and open to ideas are the qualities each team member should have. The project manager needs to have ways to encourage the staff and keep them enthusiastic and going with the change. Finally, celebrate each success because they are the essential steps to reaching the goal and accomplishing the mission.

Release of Information and the Hybrid Record - Challenges and Opportunities

Presenter: Sheila Green-Shook, MHA, RHIA, CHP

Summary by: Rhonda Kabage, Spokane Community College, HIT Student

Sheila Green-Shook gave a presentation on Release of Information and the Hybrid Record that provided insight on the key points of planning, planning teams, implementation teams, impact on HIM and possible challenges, just to name a few. One thing that she stressed several times is that a representative from the HIM department should be on all teams from planning, resources and implementation. If there is not already an HIM professional on the team, then strive to get yourself to the table.

HIM professionals are notorious for giving thought to details, such as how the facility would handle authentication of transcribed notes, cut/copy and paste, formatting of the electronic chart, and location of documentation within the EHR. These are just a few reasons why the HIM department should have a strong presence at the table when a facility converts to an electronic health record.

Ms. Green-Shook also presented a few risks of an electronic health record system. One risk is that the electronic record when printed does not look like the paper record. Another risk could be questions regarding the integrity of the data. I enjoyed Ms. Green-Shook's presentation because it was packed with helpful information that gave me a lot of food for thought in case I am ever asked "What are your thoughts on the electronic health record?"

CALENDAR OF EVENTS

August 1, 2008	WSHIMA Strategic Planning Meeting UW Waterfront Activities Center, Seattle
September 19, 2008	WSHIMA Board Meeting
October 11–16, 2008	AHIMA Annual Meeting Washington State Convention Center, Seattle
April 1–3, 2009	2009 WSHIMA Annual Meeting Davenport Hotel, Spokane

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