

# Footprints

An official publication of the North Carolina Health Information Management Association

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## President's Message

Lisa A. Walter, RHIA



Fall in North Carolina, what a beautiful time of year. I'm sure everyone is very busy trying to balance home and work, but I encourage you to take time for yourself whether it be a few minutes of quiet alone time, a warm bath, exercise, a spa, a call with an old friend, or reading a good book. It is important for your personal wellness.

On August 17, 2007 the NCHIMA Board held their first Executive Board Meeting of the year at Moses Cone AHEC in Greensboro. The Treasurer's report shows our association fiscally strong, with a checking account balance of \$70,526.36 and savings balance of \$52,290.35. It is the goal of the Association to maintain a financial balance totaling three times their annual expenses. The Board is working hard to update the NCHIMA Bylaws and Procedure Manual, as well as our Strategic Plan to reflect cohesiveness with AHIMA direction.

The NCHIMA Midyear Workshop was held on Friday, October 5, 2007 at the Grandover Resort & Spa in Greensboro. The Education Committee, chaired by Jolene Jarrell, did an outstanding job planning this meeting to provide effective education, at a convenient location, with a reasonable cost. There were over 100 members in attendance, and an additional 30 students attended, at no cost, to participate in student breakout sessions. We are considering having the 2008 Midyear Workshop at the Grandover again, based on the positive evaluation feedback.

The Executive Board voted to change the name of the Coding Task Force to Coding Roundtable to mirror AHIMA coding education. We are seeking a coordinator for the Coding Roundtable, to work closely with the Education Committee, to plan educational programs this year to meet the needs of our association coders. If you are interested, please contact me to discuss the role and responsibilities.

The AHIMA House of Delegates was held on Sunday, October 7, 2007 at the Philadelphia Marriott from 8:30am to 5pm. All five NCHIMA Delegates were in attendance, and actively participated in issues forums and resolution proposal voting. You will find their articles in this issue of Footprints summarizing HOD discussion and actions. Prior to the HOD, the AHIMA Delegates electronically voted to approve both the Diversity and Personal Health Record resolutions. In Philadelphia, the HOD voted to approve three additional resolutions which included e-HIM Professional Standards, Quality Data and Documentation in EHR, and Vision 2016: A Blueprint for Quality Education in Health Information Management.

*(President's Message Continued Pg 2)*



## Call For Speakers!

The Education Committee is working diligently to create a "Speakers Bureau" listing. The listing will be a great resource to our membership at the regional and state level as committees prepare for educational sessions.

If you are interested in being placed on this list as a speaker or know of someone who we could call on, please contact:

Jolene Jarrell, RHIA, CCS  
704-649-5596  
Jolene.Jarrell@ps.net

*(President's Message Continued)*

Each year the AHIMA FORE Triumph Awards are presented to special individuals to recognize those who have made a difference in the HIM profession. NCHIMA member, Elizabeth J. Layman, PhD, RHIA, CCS, FAHIMA, received the Legacy Award which recognizes her significant contribution to the knowledge base of the HIM field through an insightful recent publication, building on the enduring tradition of the Edna K. Huffman Literary Award. Please join me in congratulating Dr. Layman for this achievement.

The Education Committee is conducting an electronic membership survey to gather feedback on educational needs and meeting preferences. I encourage all members to participate in the survey and let us know how we can plan future education programs to best meet your needs. A summary of the survey feedback will be provided in the December issue of Footprints.

The next meeting of the NCHIMA Executive Board will be on Friday, October 19, 2007 and will be a teleconference. The major topics of discussion will include the 2008 Annual Meeting plans, marketing vendor assistance, coding education programs, and volunteer meeting attendance procedures. If there is anything you would like to bring to the Board's attention, or something we can do to assist you, please let me know. This is your association, so take steps to get involved. You have plenty to offer!



We appreciate those who responded to the recent Education Survey which was posted on the NCHIMA website. The results of the survey are being reviewed by the Education Committee and will be shared with our membership in the next issue of Footprints.

## The Future of Accreditation and Certification

Lisa A. Walter, RHIA

The AHIMA House of Delegates gathered on Sunday, October 7, 2007 in Philadelphia, PA to discuss and plan for the future of health information management. In addition to the proposed resolutions that were voted on, two issue forums were held for delegates to discuss the future of accreditation and certification.

The first issue forum discussed health information management program accreditation and certification governance. This included three topics of discussion:

1. CAHIIM recognition by CHEA
2. ANSI certification
3. Master's accreditation standards

Currently the Commission on Accreditation of Health Informatics and Information Management

Education (CAHIIM), an independent organization sponsored by AHIMA, is responsible for the accreditation of HIM academic programs. The goal is to consider required steps to increase the value of CAHIIM accreditation through third party quality recognition and accountability by the Council for Higher Education (CHEA). CHEA is the national body that accredits university and college programs, and the recognized standard in the industry for higher education. Recognition by CHEA will build respect for HIM programs, and thus raise the demand for HIM professionals. In order to pursue CHEA, AHIMA bylaws would need to be modified to allow greater independence for CAHIIM to make decisions outside the AHIMA House of Delegates. AHIMA is committed to having the HOD still control HIM program *(Continued Pg 5)*

## Calendar of Events

### October 24

Coastal Carolina Region Meeting  
Eastern AHEC, Greenville, NC  
12:30 PM to 4:30 PM

### October 25

Piedmont Region Fall Workshop  
Wesley Long Hospital, Greensboro, NC  
7:30 AM – 12:00 PM

### November 4 - 10

Health Information and Technology Week

### November 16

Charlotte Region Meeting  
Presbyterian Hospital-Huntersville  
Huntersville, NC

### November 30

Southeastern Region Meeting  
New Hanover Regional Medical Center  
Wilmington, NC.

### December 7

NCHIMA Executive Board Meeting  
Conference Call

Triangle Region Meeting, WakeMed  
Raleigh Andrews Center

### February 1

NCHIMA Executive Board Meeting  
Conference Call

Triangle Region Meeting, WakeMed  
Raleigh Andrews Center

### February 8

Charlotte Region Meeting  
Location TBA

### February 13

Coastal Carolina Region Meeting  
Edgecombe Community College,  
Tarboro, NC  
12:30 PM to 4:30 PM

### March 14

NCHIMA Executive Board Meeting  
Northeast Medical Center, Concord, NC

### April 2

Coastal Carolina Region Meeting  
Eastern AHEC, Greenville, NC  
12:30 PM to 4:30 PM

### April 4

Charlotte Region Meeting  
Presbyterian Hospital-Matthews  
Matthews, NC

### April 29 – May 2

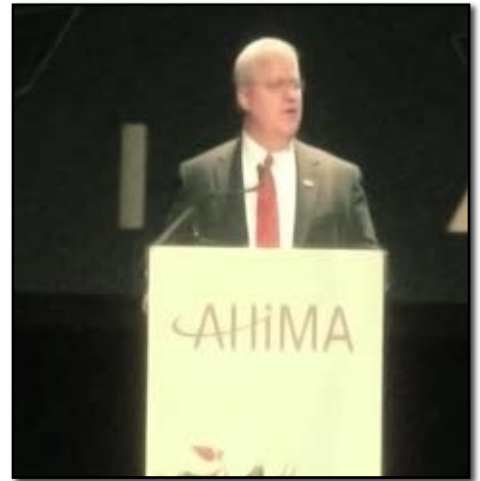
NCHIMA 58th Annual Meeting  
Grove Park Inn, Asheville, NC

For more information please visit  
[www.nchima.org](http://www.nchima.org)

## Moments from AHIMA's Convention



Elizabeth J. Layman, PhD, RHIA, CCS, FAHIMA, accepts the Legacy Award.



Bryon Pickard, MBA, RHIA, President of AHIMA speaks to the membership.



Elizabeth Layman (4th from the left) stands with other award recipients at the AHIMA Convention.



NCHIMA Delegates 2007-2008: Deanie Auton, MHA, RHIA; Cornelia McClure, RHIA, CCS; Lisa Walter, RHIA, Laura Pait, RHIA, CCS; Sandy Allendar, RHIA,

## HIM Goes International

*Cornelia McClure, Delegate - Strategic Plan*

Well, that could be the headline in the next year. One of the forums held during the delegate sessions at the annual AHIMA meeting held in Philadelphia October 8 – 10, 2007 was HIM global trends. The groups discussed the changes taking place in the healthcare arena. The world is now shrinking in terms of how we access healthcare. We now have more people traveling internationally for work or fun, which means they could potentially need healthcare treatment during their travels. We also have more people seeking

healthcare in countries outside the United States due to cost. It is thought that we could spend \$14 billion per year within the next five years on medical travel. We also have an aging population and experts are predicting a shortage of healthcare workers in the not to distant future.

AHIMA is looking at the role it should play on the internationally scene to assist in having credentialed persons to control the healthcare information. Various issues have to be considered

since not all countries have some of the same controls the United States does related to security, privacy and quality control. AHIMA may decide to have a collaborative effort with other organizations within a designated country to help elevate our name and develop recognition of the AHIMA brand. We need to learn other cultures and the way things are done in other countries before the determining the best approach.

*(Continued Page 4)*

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We currently have members in the AHIMA association that are from other countries and many of the HIM schools have foreign students who plan to return to their home country to practice their skill set. AHIMA has also been approached to help other countries develop education requirements for their school programs. If AHIMA has programs that target HIM professionals and users in other countries they can help advance a multinational vision for the profession.

If AHIMA does not decide to take the next step and become involved in the international arena, another organization will and we will miss an

opportunity to set the pace. Currently AHIMA is determining how to show the benefits of this international move to its current membership. The number one priority of AHIMA is to provide benefit to the current membership and at the same time grow the AHIMA brand name to keep our profession in the spotlight. They want the membership to see this move as adding a new benefit for them and not as taking anything away from the membership.

After reading this short article think about the ways the world has changed in the past 10 to 15 years in relation to healthcare. With the aging population and fewer people

entering the HIM field, where will HIM professionals come from if our schools cannot produce enough graduates? Who will collect and protect our healthcare data if we have to have treatment in another country? How can we help persons in other countries attain our credentials and work in either their home country or in the United States? Give your delegates some feedback on your thoughts.

Thanks for giving me the opportunity to serve as your delegate.

## Resolutions Passed at House of Delegates

*Deanie Auton, MHA, RHIA, CCS*

During the 2007 House of Delegates (HOD), several resolutions were passed. For clarity, a resolution is a formal expression of opinion to the membership and the public. The creation and approval of resolutions is a current strategic role of the HOD and has been encouraged by the leadership. A suggested tool for resolution creation is the use of environmental scanning for the identification of trends in healthcare, computerization, etc.

Two resolutions passed by the HOD are as follows:

1) Resolution for e-HIM Professional Standards: This resolution proposes that AHIMA evaluate and develop professional practice standards for e-HIM. The healthcare industry is migrating and evolving into an electronic environment with the adoption of electronic health records. This process requires

extensive changes in the traditional HIM practices. Standards for technical functionality are being developed by a variety of groups (CCHIT, HITSP, HL7, etc). Standards do not address best practices or guidelines for certain HIM functions, i.e., amending or correcting medical record entries, archiving original text, etc. HIM professionals are responsible for the integrity, reliability, defensibility, and maintenance of the legal health record regardless of its format. The resolution serves as a formal request for AHIMA to convene qualified workgroups of HIM professionals to examine and evaluate existing criteria and standards to determine areas of HIM practice in which professional guidelines are needed. AHIMA will devote necessary resources to promote establishments of these professional standards as expected practice within the healthcare industry.

This resolution was written and submitted by the Tennessee Health Information Management Association.

2) Resolution for Quality Data and Documentation in EHR: This resolution "Quality Data and Documentation in the EHR" urges that HIM professionals actively participate and contribute to organizations that develop standards to ensure that EHR data and documentation meets the needs of healthcare organizations.

This resolution was submitted by AHIMA's Physician Practice Council.

To accomplish the goals outlined in the above resolutions, much work will be required from every member of our professional organization.

# My First Visit to the House of Delegates

Laura Pait, RHIA, CCS, President-Elect

How do I describe my first experience at the House of Delegates?

- Membership
- Friendships
- Leadership
- Commitment
- Membership

The House of Delegates (the House) is a full day meeting scheduled the day before the annual meeting begins. A delegate workgroup composed of members from across the country designs and plans this meeting. We are pleased that Sandy Allender was selected to be a member of this workgroup for 2008. The strategic direction for the House this year was "Faster, Fluid, Flexible, Fully Engaged." I believe our state embraces this direction.

As a newcomer, I found the definition of the roles between the Board and the House to be extremely helpful. "Board governs the association, House governs the profession". Wow, how awesome to know that our participation actually impacts our profession! Sometimes it is so easy to believe that you are just one voice, one person. How can you have an impact on the profession that you enjoy and appreciate? It was made very clear to us, after hearing the resolutions composed by CSAs and presented by those members, that there is commitment to this profession by members like me and you.

In 2002 the Delegate Workgroup collected delegate job descriptions from the states and considered the year-round House of Delegates. The following core elements were developed for CSAs to incorporate into delegate job descriptions; Qualifications, Desired Attributes, Role and Activities. Each year, when

our nomination committee looks for members from within our membership to lead and direct the state of North Carolina, they use the elements of the job description to ensure we seek out those members who can embrace the responsibilities of each position at state level.

Before the House was called to order we broke out into "issue forums". The five issue forums were:

- HOD Structure and Operations
- Vision 2016: A Blueprint for Quality Education in HIM
- Accreditation and Certification Governance
- Certification Program Development
- HIM Global Trends

The five delegates from our state divided up to ensure we covered everything. When we came back together we gave a big, collective "Wow." There is so much going on and a great deal of opportunity. From education expansion to international relations, the realization that the House is a resource not fully tapped strengthened our passion for what we do everyday as Health Information professionals.

This year the House discussed two resolutions through participation on the CoPs, summer team talks, and discussion at our own state regional meetings. We voted on these two resolutions electronically before our arrival in Philadelphia. When the House was called to order we moved forward with our vote on the three remaining resolutions. As a result, the House acted on a total of five resolutions this year thanks to the participation of the delegates year-round. The House of Delegates meets year-round electronically via AHIMA's State Leaders and HoD Community of

Practice which is open to all members. All members can join by logging on to [www.ahima.org](http://www.ahima.org).

It was fascinating to see representation from all across the nation in celebration of the 61st House of Delegates. I was seated on the back row, and that provided me with a ticket to the dance and an excellent view of the true operations of this large association. I got to observe the strength of the delegation from Tennessee and the energy the state of Pennsylvania brought to the room. I got to visit with our neighbors from South Carolina and made new friends from New Jersey and Maryland.

I am excited that, as your President-elect, over the next few years I get to participate in and observe the development of a new structure model for the House, modernization of the AHIMA bylaws, the continued evolution of the AHIMA nomination process for the House, Board members, and other volunteer positions and the reapportion of the House to achieve its purpose.

The delegates from North Carolina are proud of our membership, our friendships, our commitment to our members, and our leaders of the organizations throughout North Carolina. Each delegate attending demonstrated great pride and enthusiasm about the efforts our members put forth each year. We look forward to what is ahead and look to you "our membership" to stay involved, communicate with us, and participate with us in the expansion of our association and our profession.

## ACE Update

Audrey Chase, RHIA

As mentioned in the last issue of Footprints, AHIMA is forming the Action Community for e-HIM® Excellence (ACE), which mobilizes a network of experts and change agents to identify, prepare, engage, mentor, and recognize those working to transform HIM practice. ACE members lead and influence e-HIM®, making a difference in their organization, state, communities or possibly at a national level. Below are ways that you can make a difference!

- Participate in regional health information exchange activities
- Lead data quality improvement efforts in your organization
- Speak at state or national HIM conferences
- Influence the EHR discussions in your organization
- Contribute to advance HIM practice in their communities
- Mentor students and new professionals, launching them into great careers

Consider joining the challenge by either self-nomination or recommending others. It's very simple, takes only a few minutes of your time, and assists with assessing your experiences through a personalized gap analysis. The assessment helps you to know if you are ready to be an ACE member, match opportunities to transform practice with your interests and skills, as well as identify growth opportunities.

Take this opportunity to meet change head on and become a member today! Visit [www.ahima.org/ace](http://www.ahima.org/ace) to join today or to find out additional information about ACE. Think of the personal growth and experience you can obtain by volunteering today! If you have any questions, please feel free to contact me at [achase@bjrh.org](mailto:achase@bjrh.org) or 910-892-1000.

*(Continued from Pg 2)* curriculum, and recognizes that these steps would raise the expected level of education for program directors.

AHIMA would like to pursue the American National Standard Institute (ANSI) certification recognition program to offer third party recognition for AHIMA individual credentials to build higher recognition and value. ANSI has national name recognition, especially in the technology industry, and would offer a way to differentiate AHIMA credentials from competitor credentials. The ANSI approval process may take up to two years, so AHIMA is recommending that we begin the steps now to move forward.

The level of HIM expertise needed in the future is rising, and we had discussion on Master's accreditation standards. Currently there are four approved HIM Master's programs, with 7 others pursuing. AHIMA would like to pursue CHEA certification for HIM Master's education to complete in the marketplace. AHIMA will offer the opportunity for membership input beginning in November.

The second issue forum discussed certification program development for the proposed new certificate in Health Data Analytics. The rationale is to increase the size of the trained HIM workforce and to engage new members at a professional level by offering additional credentialing opportunities. AHIMA currently offers 6 professional credentials and, in addition to Health Data Analytics, is considering other credentials including EHR specialty, clinically focused coding certifications, and Master's level education.

The delegates made recommendations with regards to the Health Data Analytics title, and agreed that additional credentials are needed. As with other AHIMA credentials, full membership would not be required. In conjunction, continuing education programs would need to be developed to support maintenance of the credentials. The AHIMA Director of education stated that many other industries have added credentials with proven benefits.

AHIMA will be requesting feedback on all of these credentialing and certification future proposals, and the delegates of NCHIMA encourage you to respond. We will continue to keep you posted on future plans in this area, and will have discussions at upcoming NCHIMA regional meetings.

## NCHIMA Annual Meeting 2008



*The program committee, chaired by Penny Wells, MAEd, RHIA is working to prepare the agenda for the next NCHIMA Annual Meeting. The meeting will be held April 29 – May 2, 2008 at the Grove Park Inn Resort in Asheville, NC. Please mark your calendar and plan to attend!*

## MS-DRGs – Feel the Excitement!

*Sharon B. Easterling, RHIA, CCS*

These are in fact exciting times! We have not had this type of uncertainty and urgency since 2000 with APC implementation. Even then it was a different type of excitement, I believe much more stressful. There has been nothing as tremendous within inpatient coding area since the early 80s when DRGs were introduced. The time of new learning and dabbling in the unknown is here and I say embrace it.

Over the past few years, coding has been pushed more and more in the forefront as it is being recognized as one of the critical drivers of finance and quality within healthcare organizations. This is further being reinforced by Medicare with the implementation of MS-DRGs and evidenced in statements data analysis by CMS and reported in the final rule. After review of coding data, the final conclusion was branded into our worlds. Coding and documentation within the Medicare population of patients is not sufficient to accurately reflect the severity and complexity of the patients served. We have been challenged as coding professionals to strengthen our coding and at the root of that our documentation.

We have been given hints over the past few years to begin our preparation. We were introduced to more specific coding with chronic renal disease and congestive heart failure, to name a few. Within my organization, we immediately implemented a process to improve our documentation for congestive heart failure by beginning to query and educate documentation specialists and physicians on the need for statement of acute, chronic, systolic, diastolic, etc. Over the past 3 years, Coding Clinic has provided ongoing clarification of

SIRS while continuing to expand the codes and bring better specificity to the world of HIM. Were you auditing and educating on the Major Cardiovascular and Major Gastrointestinal diagnoses that were introduced last year? This was an opportunity to start preparing your coders. Even with Core Measure data there are coding education implications. Gently, stabs were being taken to close some gaps between the coding language and the clinical aspect of disease while using the willing ICD-9 system that we as coders love and hate. We have seen shades of gray appearing on the wall for some time.

As many facilities instituted documentation programs many years ago, we should be well prepared and well ahead of the game, but as evidenced in the projection of the MS-DRGs top 10, we are not. In review of the top 10, you can see Medicare is saying we have failed with documentation improvement in the past and we will continue to fail, at least for another year. Sixty percent of the DRGs within the top 10 that could include a MCC will not, as projected by Medicare. Only 20% are DRGs that include a CC with only 1 DRG that includes a MCC. Chest pain presides in the top 10 as well, as we have continued to struggle with is it anxiety, gastrointestinal or related to another cardiovascular condition.

We as HIM professionals have been challenged to improve coding and documentation for data collection as the information is currently destitute. As stated in the federal register, "We highly encourage physicians and hospitals to work together to use the most specific codes that describe their patient's conditions. Such an effort will not only result in more accurate

payment by Medicare but will provide better information on the incidence of this disease in the Medicare patient population." Historically HIM professionals have a competitive nature so the challenge has been given for us to improve the abilities of our coders and interactions with MD staff to improve documentation.

CMS goes on to say "We do not believe there is anything inappropriate, unethical or otherwise wrong with hospitals taking full advantage of coding opportunities to maximize Medicare payment that is supported by documentation in the medical record. We encourage hospitals to engage in complete and accurate coding." This statement means a great deal within itself and stands self-explanatory.

As coders, we should be very excited about these changes, as we are finally getting support from CMS and others within our own institutions. The documentation or should I say lack of it is hitting home by impacting quality, severity, and pay for performance with the eight potentially preventable complications. I say let's pick back up my fellow HIM professionals and embrace these changes with the help CMS has provided. Rally with documentation specialists at your institution to obtain concurrent documentation for conditions that impact your coded data most. Know what diagnoses you are consistently obtaining "NO" on in regards to your POA and initiate an action plan.

Documentation will now begin to get the attention it has deserved for years. Take full advantage of the opportunity to make change within the lives of coders and foster success within your institution...feel the excitement.

## One-Day Stay Update

The Carolinas Center for Medical Excellence (CCME), under contract with the Centers for Medicare & Medicaid Services (CMS), is conducting a One-Day Stay Project involving 16 acute care providers in North Carolina who have high percentages of admission errors, hospital case volumes and ratios of one-day stays to all discharges. The goal of the project is to achieve an overall reduction in error rate across all providers in the project.

Out of the 160 records screened for the initial sample, 73.1 percent met acute care admission screening criteria. Clear admission orders were documented on 86.9 percent of the cases. Providers in the project have been asked to provide an AIM statement based on



their screening results in an effort to improve in this area.

The re-measurement sample was selected in mid-July and consisted of 320 records, including 20 from each participating provider. Abstraction of the re-measurement sample is underway. At the completion of abstraction, analysis will be shared with the participants.

Successful providers will be invited to share their improvement processes and lessons learned with other providers in North Carolina to help sustain process improvement statewide.

Look for our final report in the December 2007 Edition of *Off the Record*.

—Contributed by Jennifer Tortora, RHIA

### **Analysis of the initial sample of the first 160 cases concluded inappropriate admissions as a result of the following:**

- Lack of screening criteria or inappropriate application of criteria.
- Misunderstanding appropriate use of observation.
- Failure of hospitals/physicians to properly identify patients whose care may be more efficiently provided on an outpatient basis.
- Lack of or unclear medical record documentation clarifying patient status (unclear orders for inpatient admission versus observation).
- Lack of or incomplete physician documentation supporting the medical necessity of admission.

## Vision 2016: A Blueprint for Quality Education in HIM

Sandy Allender, RHIA, CCS

The resolution "Ensuring the Future of the HIM Progression through Vision 2016: A Blueprint for Quality Education in Health Information Management" was submitted by the Tennessee Educators, Tennessee HIMA board of Directors, and the AHIMA Education Strategy Committee.

The rationale behind vision 2016 is: A new vision for quality education in Health Information Management is proposed to sustain HIM professionals as experts in current roles and to lead in new job skills as the electronic health record and health information exchange continues to develop. The HIM profession is challenged to demonstrate the skills and abilities to move forward in this time of transition as the leaders and qualified professionals to maintain quality information for quality patient care.

Before the Delegates voted on Vision 2016, AHIMA had break out sessions to discuss issues of strategic importance to the members and the association. At the break out

sessions the emphasis was placed on providing guidance on issues of significance concerning Vision 2016. The facilitators stressed that Vision 2016 was just that - a vision of where AHIMA wants the profession to be by 2016.

We were asked the question "What is needed to move forward?" I have listed below some of the strategic issues that were identified.

- Identify skills a coder will need in 2016 when coding is automated (vocabulary skills, analytics etc)
- Develop career paths so individuals know what type of education he/she needs to pursue the career he/she wants.
- Develop formal mentoring program for faculty development.
- Explore other professions where they have moved to the master's level as the terminal degree (both regulated-MLS and non-regulated professions).
- Need to develop a short-term plan to begin moving to this sooner than 2016.
- Need to have representation from the rural areas.

- Need to be talking about PhD level now.
- Investigate how to ensure there are sufficient bachelors programs to feed into a master's level. Promote BS/BA programs and masters programs throughout the US
- Explore how we will maintain the viability of the bachelors programs if we make the masters the terminal degree.
- Streamline curriculum so that we can more easily identify what track a person wants, better delineate the academic areas and allow the student to focus and become an expert in one particular area.
- Investigate the use of the internship to provide for the focus in a particular setting/role. One suggestion was to model the medical residency program.

The final version of "Ensuring the Future of the HIM Progression through Vision 2016: A Blueprint for Quality Education in Health Information Management" was approved. This version will be posted on the CoP in the next few weeks.

## Celebrate Health Information and Technology Week

November 4-10, 2007



Visit [www.ahima.org/hitweek/](http://www.ahima.org/hitweek/) for more information or you may contact Kozie Phibbs, Chairman Public Relations Committee to order HI&T Week logo items (*supplies are limited, do not delay!*)

Kozie V. Phibbs, RHIA • 8517 Hawk Grove Court • Huntersville, NC 28078  
704-977-0996 • [kphibbs@digital-voice.com](mailto:kphibbs@digital-voice.com)

## NOMINATIONS FOR NCHIMA OFFICERS 2008

NCHIMA's Nominating and Awards Committee has begun the process of identifying highly motivated, skilled, and committed individuals to assist in managing the affairs of our association for 2008. Summarized below is the slate of officers that are to complete their 2-year term and those to be elected during our on-line voting in the spring of 2008.

We need new faces to volunteer! New, fresh ideas are critical to the growth of our association. Volunteer yourself or submit the names of active members who you feel are qualified and committed. The NCHIMA Executive Board is the voice of our state association and we do need individuals who are committed to helping our association advance!

### NCHIMA OFFICERS TO COMPLETE 2-YEAR TERM:

Lisa Walter, RHIA, 2007-2008 Outgoing President/Director  
 Laura Pait, RHIA, CCS 2008 Incoming President  
 Sandy Allender, RHIA, CCS, Delegate, Bylaws

The following is the list of officers to be filled, with a brief description of the duties of the office. I encourage you to begin submitting nominations to:

Annette White, RHIA,  
 Morehead Memorial Hospital  
 117 E. Kings Hwy,  
 Eden, NC 27288 or

Email me at [awhite@morehead.org](mailto:awhite@morehead.org) or call at 339-623-9711 x 2227.

### NCHIMA OFFICERS TO BE ELECTED FOR 2008-2009:

Office	Description
<b>President Elect</b>	Shall serve as an aide to the President, and shall assume duties of the President in her absence or inability to act. The President Elect shall serve as Membership Chair and shall automatically assume delegate status for a two-year term.
<b>Vice President</b>	Shall serve as an aide to the President and shall assume duties of the President Elect in her absence or inability to act. The Vice President shall serve as the Program Committee Chair for the Annual Meeting.
<b>Regional Liaison</b>	Shall work with the Executive Board and the Region/section officers in the management of the Association in accordance with the bylaws. Will communicate the activities of the Board to the regions and sections. Will assist regional coordinators as needed in keeping regions active.
<b>Secretary</b>	Shall maintain an official record of meetings of the Executive Board for the NCHIMA.
<b>Delegate (2 elected)</b>	Shall represent NCHIMA membership at the AHIMA House of Delegates and other special meetings held during the AHIMA Annual meeting. Elected for a 2-year term.

## NCHIMA 2007-2008 Corporate Partners

### **APPLIED MEDICAL SYSTEMS / FAST CHART**

**Jan Noble Connors, Vice President of Sales**

3414 North Dule Street #400  
Durham, NC, 27704  
919-477-5152  
775-429-6323 Fax  
jan.connors@ams-nc.com  
www.ams-nc.com  
*Transcription, Coding, Billing & Practice Management*

### **COASTAL SYSTEMS, INC.**

**Joseph J. Duffy, III, President**

150 Providence Road  
Suite 202  
Chapel Hill, NC, 27514  
919-493-8808  
919-493-6518 Fax  
www.coastalsystems.net  
*Dictation/Transcription*

### **DIXON HUGHES**

**Laura Plait, RHIA, CCS, Sr. Manager**

2505 Meridian Pkwy  
Durham, NC 27713  
919-484-0630  
919-484-0629 Fax  
plait@dixon-hughes.com  
www.dixon-hughes.com  
*Healthcare Consulting*

### **PEROT SYSTEMS CORP REVENUE CYCLE SOLUTIONS**

**Lisa A. Walter, RHIA,**

AVP HIM Consulting  
101 Cumberland Avenue  
Madison, TN 37115  
704-947-9038  
732-453-1543 Fax  
lisa.walter@ps.net  
www.perotsystems.com  
*HIM & CDM Consulting Services*

### **UNITED TRANSCRIPTION**

5000 Nations Crossing Rd. Suite 201  
Charlotte, NC 28217  
800-527-6816 Toll Free  
704-527-8244  
702-977-3858  
Transcription Service  
tellmemore@unitedtr.com  
www.unitedtr.com

### **AT ONCE MEDICAL RECORD SERVICES**

**Carol Parham, RHIA, President**

191 Dogwood Lane  
Rutherfordton, NC 28139  
Phone: 828-429-1139  
Fax: 828-287-7904  
atoncemedrec@bellsouth.net  
www.atoncemedrec.com  
*Coding, Staffing & Consulting*

### **CONFIDENTIAL RECORDS MANAGEMENT**

**Gail Bisbee, President**

PO Box 3495  
New Bern, NC, 28564  
252-633-1348  
252-633-2007 Fax  
nbcrcmi@earthlink.net  
www.crcmi-online.com  
*Records Management Services*

### **MAXIM HEALTH INFORMATION SERVICES**

**Megan Flower, General Manager**

25200 Chagrin Blvd. #109  
Beachwood, OH, 44122  
866-265-0589  
866-265-3907 Fax  
meflower@maxhealth.com  
www.maximhealthinformationservices.com  
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### **SMITH MOORE LLP**

**Barry S Herrin, Partner**

2800 Two Hannover Square  
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877-404-7466 x1027  
404-962-1242 Fax  
barry.herrin@smithmoorelaw.com  
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*Law Firm*

### **THE CAROLINAS CENTER FOR MEDICAL EXCELLENCE**

**Jennifer Tortora, RHIA, Manager**

100 Regency Forest Drive, St. 200  
Cary, NC 27518-8598  
919-380-9860 x2134  
919-380-7637 Fax  
jtortora@thecarolinascenter.org  
www.thecarolinascenter.org  
*Quality Improvement Organization for NC & SC*

### **DICTAPHONE CORPORATION**

**Pam Partin, Regional Account Manager**

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Lewisville, NC, 27023  
888-471-3465 ext. 4299  
203-683-2722 Fax  
pam.partin@dictaphone.com  
www.dictaphone.com  
*Dictation/Transcription/Speech Recognition & Natural Language*

### **MEDICAL RECORDS ONLINE**

**Steve Hynes, VP Sales & Marketing**

501 Allendale Road  
King of Prussia, PA, 19406  
610-265-8423  
610-962-8421 Fax  
stephenhynes@medcorp.com  
www.medcorp.com  
*Inhouse Release of Information Solutions*

### **SPI AMERICA, LLC**

**Dave Woodrow, President & COO**

417 Welshwood Drive Suite 200  
Nashville, TN 37211  
615-301-8420  
615-301-8423 Fax  
healthcare@spi-bpo.com  
www.spi-bpo.com  
*Medical transcription, Data entry, & Dictation Services*

## NORTH CAROLINA HEALTH INFORMATION MANAGEMENT ASSOCIATION (NCHIMA) CORPORATE PARTNER INFORMATION AND BENEFITS



### **ELIGIBILITY**

Any corporation interested in the purposes of NCHIMA is eligible for corporate partnership. Each corporate partner shall designate one individual who receives the rights and privileges of corporate partnership for one year. Subsidiaries, affiliates, and divisional companies are not included under the corporate partnership of the parent corporation but are eligible for corporate partnership in their own right.

### **ANNUAL DUES**

Annual dues for corporate partners are \$150.00. Partnership is for one calendar year (January to December), with no pro-ration.

### **HOW TO APPLY**

Complete the enclosed application. The application must be signed by the corporate representative to whom NCHIMA will assign the rights and privileges of a corporate partner.

### **BENEFITS**

#### **1. PUBLICATIONS**

All corporate partners are invited to view Footprints, on the NCHIMA website – [www.nchima.org](http://www.nchima.org). Footprints is a bimonthly publication which contains many interesting articles as they relate to current affairs in HIM and the activities of NCHIMA.

#### **2. MAILING LIST**

Upon request, the NCHIMA mailing list is available to corporate partners.

#### **3. REPRESENTATION**

Corporate partners are eligible to serve on committees with voice. Corporate partners shall not be entitled to vote, hold office or serve as a delegate to AHIMA.

#### **4. MAILINGS**

Corporate partners receive announcements of educational seminars and other mailings of interest to NCHIMA members.

#### **5. DISCOUNTS**

Corporate partners are entitled to NCHIMA member registration fees for workshops and seminars sponsored by NCHIMA. Corporate partners receive NCHIMA member rates on publications. Corporate partners exhibiting at the annual convention are also eligible for corporate partner discounted rates which are set annually by the NCHIMA Executive Board.

#### **6. RECOGNITION**

Corporate partners are entitled to one "spotlight" write up or a free 1/4 page ad in Footprints. A listing of corporate partners is published in every issue of footprints. There is a corporate partner listing on the NCHIMA web site, [www.nchima.org](http://www.nchima.org). In addition, corporate partners are listed in the NCHIMA annual report, annual meeting program and new member handbook.

**AMERICAN HEALTH INFORMATION MANAGEMENT ASSOCIATION  
NC HEALTH INFORMATION MANAGEMENT ASSOCIATION, COMPONENT STATE  
(AHIMA / NCHIMA)**

**CODE OF ETHICS**

PREAMBLE: The health information professional abides by a set of ethical principles developed to safeguard the public and to contribute within the scope of the profession to the quality and efficiency of health care. This code of ethics, adopted by the members of the American Health Information Management Association, defines the standards of behavior which promote ethical conduct.

1. The Health Information Management Professional demonstrates behavior that reflects integrity, supports objectivity and fosters trust in professional activities.
2. The Health Information Management Professional respects the dignity of each human being.
3. The Health Information Management Professional strives to improve personal competence and quality of services.
4. The Health Information Management Professional represents truthfully and accurately professional credentials, education and experience.
5. The Health Information Management Professional refuses to participate in illegal or unethical acts and also refuses to conceal the illegal, incompetent or unethical acts of others.
6. The Health Information Management Professional protects the confidentiality of primary and secondary health records as mandated by law, professional standards and the employer's policies.
7. The Health Information Management Professional promotes to others the tenets of confidentiality.
8. The Health Information Management Professional adheres to pertinent laws and regulations while advocating changes which serve the best interest of the public.
9. The Health Information Management Professional encourages appropriate use of health record information and advocates policies and systems that advance the management of health records and health information.
10. The Health Information Management Professional recognizes and supports the Association's mission.

## North Carolina Health Information Management Association Corporate Partner Application

Period Covered: Jan 2007 - Dec 2007
--

- Initial Application  
 Renewal Application

\*\*\*Include information as you would like listed on the NCHIMA website:

**Corporation Name:** \_\_\_\_\_

**Type of Business:** \_\_\_\_\_

**Corporation Representative:**

**Name:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Address:** \_\_\_\_\_

(city)

(state)

(zip)

**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Website** (if applicable): \_\_\_\_\_

*In the name of the above corporation, we hereby apply for designation as a corporate partner with the North Carolina Health Information Management Association and upon acceptance agree to uphold the AHIMA Code of Ethics:*

\_\_\_\_\_  
*Signature of Corporate Representative      Date*

**Check payable to NCHIMA must accompany application (fee - \$150.00).**

*Completed application should be mailed to:*

Laura Pait, RHIA, CCS  
 NCHIMA President-Elect and Membership Committee Chairman  
 2900 Meadowview Court  
 Apex, NC 27539

OFFICIAL USE ONLY: TO BE COMPLETED BY NCHIMA REPRESENTATIVE		
Approved by:		Comments:
Title:		Check#:
Date:		



**“WE WANT YOU!”  
NCHIMA  
VOLUNTEER APPLICATION**



NCHIMA is an organization managed by volunteers AND WE NEED VOLUNTEERS! All officers, committee chairs, committee members and project managers, delegates, etc volunteer their time and talents to serve the Association. To successfully manage a volunteer organization, new volunteers are needed each year. The new volunteers provide fresh ideas and new perspectives on issues and projects.

**You can volunteer by completing the information below and sending to Laura Pait at LPait@Dixon-Hughes.com..** Your name will be forwarded to the officers, chairpersons, project managers, and volunteer task team.

If you have any questions or suggestions about the volunteer process contact Laura Pait, Membership Committee Chairperson, at 919-484-0630.

NAME \_\_\_\_\_ Credentials: \_\_\_\_\_  
 ADDRESS \_\_\_\_\_ AHIMA ID # \_\_\_\_\_  
 CITY/STATE/ZIP \_\_\_\_\_

NCHIMA REGION \_\_\_\_\_ COUNTY \_\_\_\_\_  
 PHONE NUMBER WORK ( ) \_\_\_\_\_ HOME ( ) \_\_\_\_\_

PLACE OF EMPLOYMENT \_\_\_\_\_  
 E-mail Address \_\_\_\_\_

**I WOULD LIKE TO VOLUNTEER TO SERVE ON THE FOLLOWING COMMITTEE/TASK FORCE:**

- |   |   |                                     |
|---|---|-------------------------------------|
| <input type="checkbox"/> ANYWHERE NEEDED  | <input type="checkbox"/> ALLIANCE           | <input type="checkbox"/> AWARDS     |
| <input type="checkbox"/> BYLAWS           | <input type="checkbox"/> CODING             | <input type="checkbox"/> EDUCATION  |
| <input type="checkbox"/> HOSA             | <input type="checkbox"/> LEGAL              | <input type="checkbox"/> MEMBERSHIP |
| <input type="checkbox"/> PROGRAM          | <input type="checkbox"/> PUBLICATION        |                                     |
| <input type="checkbox"/> PUBLIC RELATIONS | <input type="checkbox"/> STRATEGIC PLANNING |                                     |

**I WOULD LIKE TO VOLUNTEER TO ASSIST IN OTHER AREAS:**

- |   |  |                                  |
|---|--|----------------------------------|
| <input type="checkbox"/> CAREER DAY                   | <input type="checkbox"/> REGION ACTIVITIES |                                  |
| <input type="checkbox"/> MAILINGS                     | <input type="checkbox"/> TYPING            | <input type="checkbox"/> SPEAKER |
| <input type="checkbox"/> OTHER (please specify) _____ |  |                                  |

I AM WILLING TO COMMIT APPROXIMATELY \_\_\_\_\_ HOURS PER MONTH TO NCHIMA ACTIVITIES.

# NCHIMA 2007-2008 Executive Board

## President

*Lisa Walter, RHIA*  
8711 Taybrook Drive  
Huntersville, NC 28078  
(704) 947-9038 W  
(704) 453-1543 C  
Lisaw\_0609@hotmail.com

## Treasurer

*Kevan Weaver, RHIT*  
5421 Queen Anne Rd.  
Charlotte, NC, 28217  
(704) 330-6452 (W)  
kevan.weaver@cpcc.edu

## Regional Liaison

*Tammy Downum, RHIA*  
240 Country Club Drive  
Edenton, NC 27932  
(252) 482-4729 H  
tdownum@mchsi.com

## Delegate – Bylaws

*Heather Kyles-Watson, RHIA*  
4360 Alderny Place  
High Point, NC, 27265  
(336) 249-8186 x 310 (W)  
(336) 249-9060 Fax  
hkwatson@davidsonccc.edu

## Alliance Liaison/Uniform Billing

*Kris-Shae McCall, RHIA*  
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kris-shae.mccall@mosescone.com

## Public Relations

*Kozie Phibbs, MS, RHIA*  
8517 Hawk Grove Ct  
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(704) 942-1127 C  
kphibbs@digital-voice.com

## President-Elect (Membership)

*Laura Pait, RHIA, CCS*  
Laura Pait, RHIA, CCS  
2900 Meadowview Court  
Apex, NC 27539  
(919) 433-1411 W  
(919) 662-7861 H  
lpait@dixon-hughes.com

## Secretary

*Susan Richardson, RHIA, MHSA, CPHQ*  
140 Farm Wind Road  
Gaffney, SC 29341  
(704) 487-3834 W  
(864) 480-9276 H  
(704) 473-1792 C  
susan.richardson@  
carolinashealthcare.org

## Delegate – Legal

*Deanie Auton, MHA, RHIA, CCS*  
P.O. Box 1763  
Lincolnton, NC, 28093  
(704)783-1425 W  
(704) 735-3867 H  
gauton@northeastmedical.org

## Piedmont Region

*Sandy Allender, RHIA, CCS*  
475 Hiatts Dr.  
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## NCHICA Liaison

*Jean Foster, RHIA*  
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## Education

*Jolene Jarrell, RHIA, CCS*  
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## Vice President

*Penny Wells, MAEd, RHIA*  
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pwells@southwesterncc.edu

## Director (Awards/Nominating Comm)

*Annette J. White, RHIA*  
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(336) 627-4203 H  
(336) 932-9832 C  
awhite@morehead.org

## Delegate – Strategic Plan

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(910) 521-9445 H  
mcclurec@capefearvalley.com

## Allied Health Liaison

*Justine L. Seabolt, RHIA*  
1540 US Highway 1 South  
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(910) 257-0775 C  
jseabolt@firsthealth.org

## Publications

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3416 Leaning Pine Drive  
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## Webmaster

*Kristyn Punch, RHIT*  
2155 Finger Bridge Rd  
Hickory, NC 28602-7154  
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kpunch@catawbavalley.com

## NCHIMA 2007-2008 Executive Board

### Western Mountain

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### Charlotte Region

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### Triangle Region

Sherry King, RHIA, CTR  
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### Piedmont Region

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### Southeastern Region

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### Western Foothills

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### Long Term Care

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### Special Projects (E-HIM, CEC)

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### Behavioral Health

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### Coding Task Force

TBA

## NCHIMA 2007-2008 Behavioral Health Board

### Coordinator

Wanda Green, RHIT  
Information Systems at Southeastern Regional MH/DD/SAS

### Secretary

Nancy Rabun, RHIA  
Health Information Director at Walter B Jones

### Coordinator-elect

Hallie Dunlap, RHIT  
Mecklenburg County Area Mental Health Center

### Secretary-elect

Bonnie Miller, RHIT  
Medical Records Director Daymark Recovery Services

### Treasurer

Bob Gain, RHIA  
HIM Data Coordinator at Sandhills Center MH/DD/SAS

### Nominating Chair

Diane McDonald, RHIT  
Consultant at Carolina Health Information Consultants

### Treasurer-elect

Janice Orick, RHIT  
Business Manager Foothills Area Program

### Communications Chair

Vanessa Coles, RHIT  
Office Manager at Stanly Emergency Medical Associates



### MISSION STATEMENT

NCHIMA shall promote the quality, access, and security of health information in all healthcare settings for the benefit of the members, healthcare consumers, providers and other users of clinical data.