President’s Message

Welcome to a new year with NCHIMA. It is so hard to believe that Summer is over and those of us who are in education are back on campus gearing up for Fall Semester with our new and returning students. Most people think of January 1st as the beginning of a new year, but I see the Fall as the beginning of a new year with students. I am very proud of all the things accomplished last year by NCHIMA and am looking forward to another great year. I am very proud of our Governance team and the leadership they have shown under the direction of Jolene Jarrell in moving NCHIMA forward. We had our annual Executive board retreat on June 5, 2015 at Catawba Valley Medical Center in Hickory. We provided orientation to new members of the board as we have transitioned to a new website, which offers Basecamp online collaboration for members of our board and teams. Also, we were able to develop a strategic plan during a planning session with the Governance Team. During this session, we outlined our goals for the 2015-2017 year, which are centered on AHIMA’s Strategic Initiatives: Health Informatics, Information Governance, Public Good, Innovation, Leadership and overall operational excellence. The new NCHIMA Strategic Plan will be available soon on our website and in each quarterly issue of Footprints, I will highlight one or two of these areas and communicate with our members on how NCHIMA is working to advance each initiative.

In this issue, I wanted to focus on leadership and tell a little of my story of how I have become a leader in our State Association. Health Information Management has been my passion for the last fifteen years. During this time, I have been able to develop professionally by being a volunteer with NCHIMA. I began my career as a Medical Records Supervisor in Long-Term Care and from there decided that education was my passion and worked with a local Community college to launch an Associate’s Degree Program in Health Information Technology. Soon after launching the program we were accredited, originally by CAAHEP for allied health programs, now CAHIIM for HIM educational programs. During this time, I was also able to network with other NCHIMA members around the state by volunteering. Being a volunteer has allowed me to network with peers in our state and develop as a leader in our profession. I was fortunate enough to attend the AHIMA Leadership Symposium with other NCHIMA delegates last month, where AHIMA launched their theme of “Realizing our Vision”. During the AHIMA leadership symposium we participated in sessions on each of AHIMA’s Strategic Initiatives and in this issue of Footprints, you will be able to read about these sessions from our delegates. In order to “Realize our Vision”, you need to be aware of the changes taking place within the profession and dream of the future where those changes will transform the profession and most of all be prepared to lead our profession in the implementation of these changes.

Did you know that we are one of the top ten largest CSA’s of AHIMA? Many of you probably did not. Once we recognized this during the past year, it was evident that in order to remain a viable component state association, we needed leadership to streamline processes and relieve the heavy load carried by our many volunteers over the last several years. Fortunately, we have been able to continue with the contracting of an Executive Director for a full fiscal year this year. This will allow us to better plan for
educational activities from year to year, streamline our policies and procedures, respond to member inquiries and facilitate meeting planning, just to name a few. We are all busy individuals and to be honest many of our daily work lives are more than enough to keep busy, in addition, many of us volunteer in our communities, faith-based communities, schools, with our children’s sports teams, etc. where each of these are opportunities to collaborate and always keep working toward a common goal. That’s what I love most about being part of the HIM profession is our passion to never give up. Most of you who know me, know that I love college sports and Major League Baseball. This is something that my husband and I share and enjoy watching together. Being a member of a team takes passionate collaboration and that’s what I love most about college sports and HIM Professionals!

In closing, I wanted to share an excerpt from my speech at this year’s annual meeting installation of officers. I listen frequently to speeches given to large groups to find inspiration. I recently listened to the speech given by Jim Valvano, former coach of NC State basketball who started the Jimmy V foundation for cancer research, as many of you probably have as well. In that speech, his most famous quote was “Don’t give up, Don’t EVER give up”. He also said that “if you laugh, you think, and you cry, that’s a full day. You do that 7 days a week, you’re going to have something special”. I believe that anyone can do anything they set their mind to as long as they are passionate and are willing to adapt to changes by collaborating with others. I am excited about what the future holds for NCHIMA and HIM Professionals and am here to work for you, our members.

Until next time,
Valerie Dobson, MHS, RHIA
NCHIMA President 2015-2016

Upcoming Meetings

The NCHIMA Education and Coding Roundtable Committees have been hard at work developing our education calendar for 2015-16. Please see future events below and watch for news about our midyear workshop tentatively planned for early November.

Upcoming Events

The Final Countdown to ICD-10
September 12, 2015
Marion, NC

Webinars

ICD-10 Top 20 Questions Webinar Series on Demand

Check out our 3-part ICD-10 webinar series on demand. You may purchase and play one or all three of these webinars now.
For more information please follow this link.

On the Job Board
Remember to check out the latest job opportunities on our Job Board. http://www.nchima.org/him-careers/job-board/

2014-2017 AHIMA Strategy Update
By: Kozie V. Phibbs, MS, RHIA

NCHIMA 2nd Year Delegate – Strategic Planning

I had the honor and privilege of representing NCHIMA at the 2015 AHIMA Leadership Symposium this year in Chicago, IL in July, along with our other Delegates, Valerie Dobson, Sharon Easterling, Lisa Walters and Lee Ford. Once again, this was a well-organized two-day event.

Melissa Martin and Lynne Thomas Gordon gave an overview of the 2014-2017 Strategic Plan for AHIMA. The Strategic Plan consists of five pillars or goals for the national organization in an effort to provide a vision for the component state associations, as well as the members. The five pillars include:

1. Information Governance [IG] – which is the key to interoperability.
   a. HIM Professionals need to be recognized as the expert in health information governance
   b. Key Trends include:
      i. Changing Skills & Demographics
      ii. Big Data
      iii. Health Reform
      iv. Health Technology Adoption
      v. Rising Costs/Revenue Constraints
      vi. Consumer and mHealth
   c. The IG Tool Kit has been developed and education will be key to its adoption. Priorities for 2015 include:
      i. IG Maturity Model and Application Pilots have already begun.
      ii. This will enable HIM Professionals to become IG leaders.
      iii. Advocate for IG as a means to advance interoperability and health IT.

2. Informatics – the transforming of data into health intelligence.
   a. The “Value of Data Analytics Survey” was completed.
      i. 88.5% completion rate.
      ii. Increased semantic interoperability competence
      iii. Development of global interoperability standards
      iv. IHE White Paper Health IT Standards for HIM Practices was written and is located at: http://ihe.net/public_comment/#IT
   b. Priorities include:
i. Develop comprehensive resources for inpatient/outpatient/physician practice coding professionals.

ii. Introduce new CDI Academy.

iii. Encourage industry adoption of “health intelligence” drawn from data analytics

iv. Increase the use of clinical data for secondary purposes (i.e. public health)

v. Promote the value of the CHDA credential.

3. Innovation – Increase thought leadership and evidence-based HIM research

   a. HIM without Walls.
      i. Workforce development:
         1. 50+ partners to support apprenticeship program.
         2. Placement of over 50 students
      ii. Research:
         1. Partnered with institutions on grants for training and workforce development,
      iii. Education:
         1. Expanded the awareness of the profession to five countries—Global Academic Curricular Competencies for Health Information Professionals

   b. Innovating at AHIMA includes:
      i. International issue of Perspectives in HIM
      ii. New Learning Management System
      iii. Virtual Career Fair
      iv. New Coding Basics Training
      v. New online courses—100+ courses
      vi. Growth in specialty certifications—CHDA, CHPS, & CDIP
      vii. DOC Grant Accomplishments
         1. Established Global Health Workforce Council (GHWC)
         2. Developed Global Curricula
            a. Accepted for implementation in 3 countries, under consideration in several others including India and Qatar
            b. Anticipated adoption in 20 countries by 2016.
            c. International student recruitment committee
               i. 894 new international students placed in our 22 university partners.
            d. Papers and Presentations
               i. Two international articles, global issues in PHIM which highlighted work of AHIMA
               ii. 10+ national and international presentations
               iii. Recognition of efforts by WHO and EU-US workgroup

   viii. Going Global

   ix. WHO – Health Goals
      1. Framework with Targets
      2. 100+ indicators on progress toward goals
         a. Let’s help assure the date for these indicators are trustworthy and demonstrate the value of HIM practices to the globe.
4. Leadership – develop HIM leaders across all healthcare sectors.
   a. Value of Certification – What defines a quality certification program?
      i. [www.ahima.org/certification/whitepaper](http://www.ahima.org/certification/whitepaper)
   b. Leading through Education
      i. AHIMA foundation
         1. Established 3 new scholarships
         2. Preparing campaign to raise $4.5 million by 2020
         3. Established relationships with educational entities worldwide
   c. 2015 Priorities
      i. Connect and communicate the value of certification
      ii. Launch a new leadership development program
      iii. Increase leadership products available online
      iv. Develop training opportunities for CSA leaders
      v. Increase *Journal* pieces on Leadership
      vi. Conduct Career Map user sessions for member benefit

5. Public Good – empower consumers to optimize their health through management of their personal health information
   a. 2015 Priorities
      i. Publish consumer facing *Journal* series which promotes privacy and security practices
      ii. Measure consumer reaction to MyPHR.com
      iii. Advocacy impact
         1. Represent over 101,000 HIM Professionals
         2. Continue testimonials before Congress on urgent issues
         3. Organize coalition meetings/briefings on Capitol Hill

In summary, as your 2015-2016 Strategic Planning Delegate, I am happy to report that your Governance Team has overhauled the NCHIMA 2015-2016 Strategic Plan; so that it is more in concert with AHIMA’s strategic plan overall. There are measurable, attainable goals for our component state association to accomplish, so that our members can attain the value of our membership through leadership, innovation, information governance/informatics, advocacy and the public good.

**On The Track of ICD-10 Implementation Nationally and within NC**

*Lee Ford, Bylaws Delegate*

**NCHIMA Liaison and Co-Chair, NCHICA ICD-10 Taskforce**

We are at the cusp of a new era of code reporting in the United States for all healthcare sectors. In less than two months we shall begin our official code reporting using ICD-10 codes. While attending the AHIMA Summer Leadership conference in Chicago last month, our professions unified and successful efforts of ICD-10 advocacy was echoed in numerous success stories over the past year.

Here are a few of the national highlights mentioned from *ICD-10 MATTERS*:
• 87,909: Number of tweets as of June 2015, since start of the ICD-10 Grassroots campaign
• May 2015: ICD-10 Campaign wins ASAE’s Power of A Silver Award for Advocacy
• February 2015: AHIMA testifies about ICD-10 before the committee of Energy & Commerce
• 35 states have met with physician organizations or provided ICD-10 resources since January 2015 with 68 percent of states reaching out to these organizations
• Since July 2014: 32,000 letters have been sent by HIM professionals to Congress to advocate on behalf of ICD-10. Only 800 letters were sent the previous year.

As you can see we have come so very far and still have work to be done. There are still naysayers attempting to halt and/or modify the ICD-10 October 1st date- so we must remain vigilant in our advocacy efforts. From the recent reminders sent to NCHIMA members, please take the time to continue reaching out to legislators and urging forward ICD-10.

Within North Carolina NCHIMA continues our efforts to ensure resources and leadership are supplied to educate the healthcare community regarding ICD-10. We’ve continued our partnership with the AHEC’s to provide code set and readiness training to the physician office community with great success. We’ve been a voice alongside the payer community in participating at four regional ICD-10 Multi-Payer Expos throughout the state. We also participated in a NC media ICD-10 Press conference recently with DHHS, the hospital association, the medical society, BCBS and Medicaid. We’ve partnered with numerous associations to teach webinars and face-to-face meetings to continue our educational expertise. We continue to lead the statewide effort and be a voice for ICD-10. Within NC it is NCHIMA that is known as the industry expert of ICD-10!

As a final note I’d like to personally thank each of you, our valued HIM members, that continue to advocate. Stay resilient and vocal as we collectively make ICD-10 reality!

A Look at Information Governance (IG)
Sharon Easterling, MHA, RHIA, CCS, CDIP, FAHIMA
NCHIMA President-Elect

President-elect@nchima.org

Information Governance (IG) was a focus and topic of discussion for Health Information Management (HIM) professionals at this year’s Annual American Health Information Management Association (AHIMA) Leadership Symposium in Chicago. One common thread among many was the desire to have a
stronger understanding of Information Governance and its role within Health Information and commitment of AHIMA to foster understanding. AHIMA defines IG as an organization-wide framework for managing information throughout its lifecycle and supporting the organization’s strategy, operations, regulatory, legal, risk, and environmental requirements.

Something all could agree on is that historically HIM has owned information. This certainly started out in paper form when those in the profession were known as Medical Record Librarians but continued as titles changed to Technicians and Administrators. A key part of that was ensuring we have clear policies and procedures that were reflective of the Medical Staff Bylaws, Policy and Procedure Manual as well as The Joint Commission and other regulatory agencies. As time has gone on, the record has morphed into a computerized document and in some ways regulation is still playing catch up to this technology. With this, true IG goes well beyond the health record in whatever format and is more far reaching as information is data that has been collected, combined, analyzed, and/or interpreted to be used for a specific purpose or set of purposes (AHIMA) across an organization.

IG lends the opportunity to understand how information is compiled, maintained, accessed, and disseminated. These 4 key areas are part of the building blocks around IG which touches all organizations, every department within an organization, all types of information (clinical, financial, and operational), and comes from every media source (paper, computer, etc.). The more we understand IG the better we can control costs, impact patient safety, trust our data, have sound information for the movement toward quality, be compliant in our practice and operations, and minimize risk.

A simple way to look at IG is to relate it to how we live. Think of a house which is composed of rooms. Some of those rooms can function pretty well independent of each other but isn’t life much smoother with at the minimum a kitchen, a bedroom, a living area, a bathroom, and laundry area. Going a step further isn’t it hard when the plumbing is broken and water is not available to those key areas like the kitchen, bathroom, and laundry. They are separate areas that rely on a key mechanism, water. If water isn’t getting to all areas consistently or smoothly you have a problem just like with information. Imagine having those nice amenities in this house such as an entertainment center or jewelry with no security; doesn’t it become more accessible and to whom; just like data. Your house works and governs how we live. We must get our arms around information in that way within or organizations.

AHIMA has developed 8 Principles of Information Governance entitled:

INFORMATION GOVERNANCE Principles for Healthcare (IGPHC)™

**Principle of Accountability** - An accountable member of senior leadership, or a person of comparable authority, shall oversee the information governance program and delegate program responsibility for information management to appropriate individuals.

**Principle of Transparency** - An organization’s processes and activities relating to information governance shall be documented in an open and verifiable manner.

**Principle of Integrity** - An information governance program shall be constructed so the information generated by, managed for, and provided to the organization has a reasonable and suitable guarantee of authenticity and reliability.
**Principle of Protection** - An information governance program must ensure the appropriate levels of protection from breach, corruption and loss are provided for information that is private, confidential, secret, classified, essential to business continuity, or otherwise requires protection.

**Principle of Compliance** - An information governance program shall be constructed to comply with applicable laws, regulations, standards, and organizational policies.

**Principle of Availability** - An organization shall maintain information in a manner that ensures *timely, accurate, and efficient* retrieval.

**Principle of Retention** - An organization shall maintain its information for an appropriate time, taking into account its legal, regulatory, fiscal, operational, risk, and historical requirements.

**Principle of Disposition** - An organization shall provide secure and appropriate disposition for information no longer required to be maintained by applicable laws and the organization’s policies.

As HIM professionals, getting involved with establishing an framework for IG is imperative as our roles change and healthcare continues to evolve.

For more information on Information Governance (IG) download resources at [AHIMA IG Resources](#).


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**New Member Spotlight**

**Amanda Fox, RHIA, CCS**

Job Title: System Manager, Coding

Employer: Mission Health System

Years in HIM Profession: 15 years

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I began my career as a high school student simply looking to earn enough money to buy a car. My first job was at Frye Regional Medical Center as a Medical Records Operations Tech. My Mom picked me up from school, dropped me off at work and picked me up at the end of my shift until eventually, I earned enough to get a car and she let me start taking myself!

My main responsibility was to file charts, yes paper charts, in the evenings after school. I also did internal release of information and loose paperwork filing. After graduating high school, I accepted a
full time position. I gradually learned more about the HIM profession as I had multiple lateral job transfers within the HIM operations department. During this time, I attended a local community college. I accepted a Chart Analysis position at Blue Ridge Healthcare in 2005, and quickly received a promotion to the Coding department. I had a great Manager and several seasoned Coders that took me in under their wings. I feel like they taught me everything there was to know about Coding. While in this role, I obtained my associate degree in Health Information Technology and successfully passed the RHIT exam in 2007. Coding is the specialty that I fell in love with. I moved to McDowell County in 2010 and took a Coding position with McDowell Hospital. The McDowell Coding department centralized to Mission Health in 2011.

I’ve worked for several health care systems and learned valuable lessons for all those that supported and mentored me. At each facility, I seemed to become a resource for others. I acted as a Coordinator and mentor for new Coders and those learning new patient types. I successfully passed the CCS exam in 2012.

I have always been interested in a management position. Early 2012 my Mission Coding Manager approached me about a new Coding Manager vacancy. The health care system was quickly growing and she felt I would be a successful Coding Manager to co-manage the department with her. The role required a BS degree. I had taken some online courses to get the BS degree in Health Information Administration, but had not graduated the program yet. I applied and interviewed with the Vice President of the Revenue Cycle. I appreciate that my VP saw potential in me and was very fortunate to be offered the position under an agreement to complete the HIA program. Once again, I had passionate mentors who helped me begin my management career. I completed the HIA program and successfully passed the RHIA exam. I love being a Manager. I like building a strong cohesive team and I most enjoy helping others grow in their careers. I consider myself to be fair and I strive to inspire people to do their best while doing my best to create a positive working environment for them.

At the annual NCHIMA 2014 state meeting I was recruited to volunteer with NCHIMA. I accepted my first role as the Western Mountain Regional Coordinator. I quickly learned that I enjoy volunteering! It’s a lot of work, but it’s very rewarding. I love the experience along with the opportunity to help others learn and grow in our career field. This year, I have accepted an appointment with the NCHIMA state component as the Publications Chair and look forward to learning and volunteering in this role.

The advice I would give to those considering the HIM profession would be to research the various career pathways and possibilities, search for an education program that fits your needs, stay focused and learn as much as you can in college, and upon graduation apply for every opportunity that you find appealing. Someone will give you a chance. Believe in yourself and others will believe in you too. Shine as bright as you are!

Sharon Davis
Job Title: Manager, Data Integrity
I started out in the nursing program at McDowell Technical Community College. I was working as a Certified Nursing Assistant and was loving what I did. I enjoyed taking care of people. During the 3rd semester of the nursing program my husband became very sick and was eventually diagnosed with a brain tumor. Between all the doctors’ visits and treatments I was feeling overwhelmed with school and I decided to withdraw from the program so that I wouldn’t fail. I knew that I didn’t want to quit school all together for it would be twice as hard to go back. I researched to see if there was another area of focus that sounded appealing. I then met Valerie Dobson, Director of the Health Information Technology program at MTCC. She told me about the program and it sounded so interesting to me. In all my years of working in healthcare, I never realized this side of the profession. I knew then, this was a great way for me to still make a difference in people day to day lives and still enjoy what I do. I could still play a role in caring for patients. I finished the program in 2010 and was offered a position in the Mission Health Information Management Department as a HIM Specialist. This position consisted of scanning, quality control, validation, etc. of medical records. I thought this would be a great way for me to start my career path in Health Information. I worked hard and was determined to further myself in this career. In working I jumped at every opportunity to succeed. I have always been a bit of a perfectionist and failing was not an option for me.

I was in this role for about 2 years learning everything I could about how this department worked and soon was offered a position as HIM Educator. This was a great way for me to get out of the HIM department and learn how others areas work side by side with HIM. I knew I still wanted to further myself even more. I started looking into colleges that offer the RHIA program in North Carolina, and to be honest I was shocked to find there wasn’t very many. Western Carolina University had recently removed their bachelors program and was only offering the master’s degree. I then found the health informatics program from East Carolina University. I started taking a few minor classes at MTCC. I was recently offered a Managers position within the HIM Department over the Ambulatory Clinics. I didn’t really have a lot of ambulatory experience but was willing to give it my all. I was able to establish a great relationship with all the member practices. I wanted to be sure that I was able to be successful so I am currently taking a few classes at a time at ECU, rather than taking a full load.
After working with the ambulatory practices for six months, I was offered a position as Manager of Data Integrity for our HIM Department. This is a great opportunity for me to get closer to where I want to be, informatics. Data integrity is the maintaining and assuring the accuracy and consistency of data over its entire life-cycle, and is a critical aspect to the design, implementation and usage of any system which stores, processes, or retrieves data. Being part of this team helps me understand the workflow of our Electronic Health Record System and the interoperability of our systems on the back end. The most interesting part of my current position is learning what has to happen behind the scenes to ensure the patients’ needs are met and are exceptional without harm, without waste, and with a great experience. Most people don’t understand what all happens on the HIM side, most think it’s just pushing paper. For future HIM Profession seekers I would say, if you are not learning, your dying. HIM is forever changing every day, you have to be willing to adapt to change and work as a member of a team. If you are comfortable, chances are you are behind. This type of work is very grey in many areas and requires critical thinking and decision making skills based on regulatory requirements.

**Newly Credentialed Professionals**

**CCA**
Jaymie Hooley 5/4/2015
Lashandra Cloud 5/20/2015
Carla Cook 5/27/2015
Sandra Hilliard 5/8/2015

**CCS**
Audrey Gower 5/30/2015
Lisa Long Gore 5/30/2015
Karen Morris 6/13/2015
Angela Buff 5/22/2015
Jennifer Wychock 5/14/2015
Amanda Lawson 5/16/2015
Jennifer Dunst 5/8/2015
Karen Glazar 7/17/2015
Ethel Wright 6/27/2015
Heather White 7/18/2015
Donna Medlin 5/19/2015
Crystal White 6/27/2015
Tracy Fields 6/15/2015
Michele Cash 7/10/2015
Hirenkumar Italia 5/12/2015
Clesfield Hansen 5/22/2015
Charlene Ricks 5/30/2015
Keisha Burcham 5/20/2015
Lisa Dakin 6/4/2015
Christen Wright 5/28/2015
Cindy Doumar 7/15/2015

**RHIA**
Tracie Clark 5/22/2015
Jean Day 6/13/2015

**RHIT**
Demetrius Hodge 5/30/2015
Rikki Cox 7/28/2015
Patty Caldwell 6/20/2015
Sharon Callender 6/24/2015
Danielle Jackson 7/17/2015
Jan York 6/13/2015
Robert Patterson 5/19/2015
Charla Richardson 7/9/2015
Melanie Goff Bradley 6/11/2015
Shannon Smith 5/6/2015
Crystal Joyner 6/11/2015
Natasha Banks 7/16/2015
Dolores Gomez-Hayes 5/5/2015
Schania Gales 6/29/2015
Stephanie Houser 7/25/2015
Patricia Michenfelder 6/6/2015
Rhonda Ray 6/19/2015
Enita Lionel 6/6/2015
Jessica Siers 6/4/2015
Katherine Edwards 5/26/2015
Sarah Creel 7/7/2015
Leah Ashe 5/22/2015
Eliza Green 7/21/2015
Debra Arrowood 7/10/2015
Jenna Rice 6/24/2015
Chanelle Mrazik 7/8/2015
Jordan Evege 7/8/2015

CCS-P
Linda McGoldrick 5/2/2015
Debbie Tripp 6/27/2015

CHPS
Geraldine Auton 6/19/2015

CHDA

CDIP
Allison Goland-Schlussel 5/6/2015
Jeremy Whitted 5/28/2015
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