

Spring Newsletters - 2021

NDHIMA

Prairie Record News

President's Report

Happy Spring NDHIMA members,

I hope things are returning to a semi normal for everyone. It has been a long year. The NDHIMA board has not lost sight of this, and we are continuing to be aware of all the challenges our members face, as we are facing them ourselves.

As you know last year NDHIMA held our annual meeting virtually, which was a success, the sessions were informative, and offered a variety of speakers/subjects. I would like to thank the education chairpersons Kari and Mandie for all the work they did to put this together.

NDHIMA board has been in communication with the NDLTCA regarding the current requirement from ND administrative code for Long term care facilities CHAPTER 33-07-03.2 NURSING FACILITIES section 33-07-03.2-17. *Resident record services to remove the following requirement: If the facility does not employ an accredited record technician or registered record administrator, an employee of the facility must be assigned the responsibility for ensuring that records are maintained, completed, and preserved. The designated employee shall receive consultation at least annually from an accredited record technician or registered record administrator.* NDHIMA board members have submitted information in writing to NDLTCA and will be meeting with them in May to discuss this proposed change.

The NDHIMA board has also been working on finalizing the legislative manual, updating board job descriptions, and updating to the use of Microsoft office, SharePoint and having all documents stored electronically, certain board members are attending the AHIMA leadership calls, and will be attending the House of delegates this summer. The NDHIMA board change over meeting will be held in June.

AHIMA updates:

1. AHIMA is collaborating with Purdue to offer Medical Coding and Reimbursement Online (MCRO) courses which will be focusing on learners who are already employed in healthcare. By focusing on professional development, AHIMA will help some health care workers transition into this type of work and will help those already working in the field to upskill. Once they complete the 13 courses, the learner will qualify for AHIMA's micro-credential. AHIMA is allowing Purdue global to offer our MCRO courses as part of their course catalog. AHIMA is not actively pursuing this arrangement with other schools. However, AHIMA will still explore how it can work with colleges and universities that contacted AHIMA.
2. AHIMA is also holding this year's 2021 annual conference virtually as well.

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3. AHIMA has removed engage from their site and has replaced it with AHIMA access. The same information is available but has been constructed to be more user friendly. When you get a chance log in and see what you think.

I would like to appeal to our members to become active in NDHIMA, we need our members. I know there is talent within our members that would benefit NDHIMA, and I would love to hear about it from you... our members. Please reach out to a board member with your ideas, or volunteer so we can keep NDHIMA strong for many years to come.

"Opportunities don't happen, you create them." --Chris Grosser

Sincerely,

Julie Thrailkill, RHIT
president@ndhima.com



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President's-Elect Report

Happy Spring!!

Our year is almost over and I want to send a special thank you to the other Board members for making this challenging year a pleasant journey. The House of Delegates is kind of winding down for the summer so there is not a lot going on there. I am working on vendor contacts for our convention at the end of September. If anyone has any ideas for vendors that I can contact please send me their information to either Jeffery.plemel@ndhima.com or president-elect@ndhima.com . Please if you have any interest in being on our board contact any board member and they will hook you up. We can always use new people and you will definitely get more out of it than you have to put in.

Thank you,

Jeff Plemel, RHIT
president-elect@ndhima.com



State Advocacy Coordinator Update

IMPACT OF INACCURATE PATIENT IDENTIFICATION

One of the key AHIMA advocacy priorities right now is Patient Identification and the development of a nationwide patient identification strategy. Today, lack of widespread operational principles as well as limitations in processes and technologies result in inaccurate patient identification. The inability to engage in a nationwide dialogue on patient identification has resulted in the loss of American lives. Common to every health system across this country are terrible stories: mammogram results being filed into the wrong patient's record, only to be discovered when the patient was terminal; babies receiving incorrect milk; inappropriate medications being delivered; and opiates being prescribed to patients with a history of addiction. All of these episodes occur simply because – at present – we cannot fully identify the right patient at the point of care and link their prior care records.

Currently, there is no standard for patient identification in the United States. In the absence of a standard, the common practice is to rely on slippery identifiers such as date of birth or street address. Unfortunately, name and date of birth offer no guarantee of accurate identification, and providers compound the identification dilemma because they differ in how they record and store identifying information.

Now more than ever, accurate identification is essential. With greater mobility, Americans are visiting multiple providers, and more records are being exchanged, accessed, and used. In addition, the growth of electronic health records over the last decade makes it essential that bits and bytes match up.

ACTION IN CONGRESS

Congress has moved in the right direction on national health information exchange over the last five years, especially with a 21st Century Cures Act that paved the way for interoperability. But without a national strategy for patient identification—which is what the Foster-Kelly Amendment allowed for—we will not be able to realize the congressional intent of the Cures Act—true nationwide data interoperability.

Simply put, we must ensure that we are treating the right patient at the point of care.

An important contributor to the current challenge is long-standing federal statutory language that hampers the ability of the US Department of Health and Human Services to advance a nationwide patient identification strategy.

In 1996, Congress enacted the Health Insurance Portability and Accountability Act (HIPAA) which called for the creation of a unique patient identifier (UPI) to accurately identify patients. However, due to privacy and security concerns, Congress has included language in every spending bill since 1999 prohibiting the US

State Advocacy Coordinator Update, Continued

Department of Health and Human Services (HHS) from spending any federal dollars to promulgate or adopt a national UPI.

Today, sustained, narrow interpretation of the language creates a barrier to public-private sector collaboration in advancing a nationwide patient identification strategy.

ACT NOW: TAKE THE AHIMA NAMING POLICY PLEDGE!

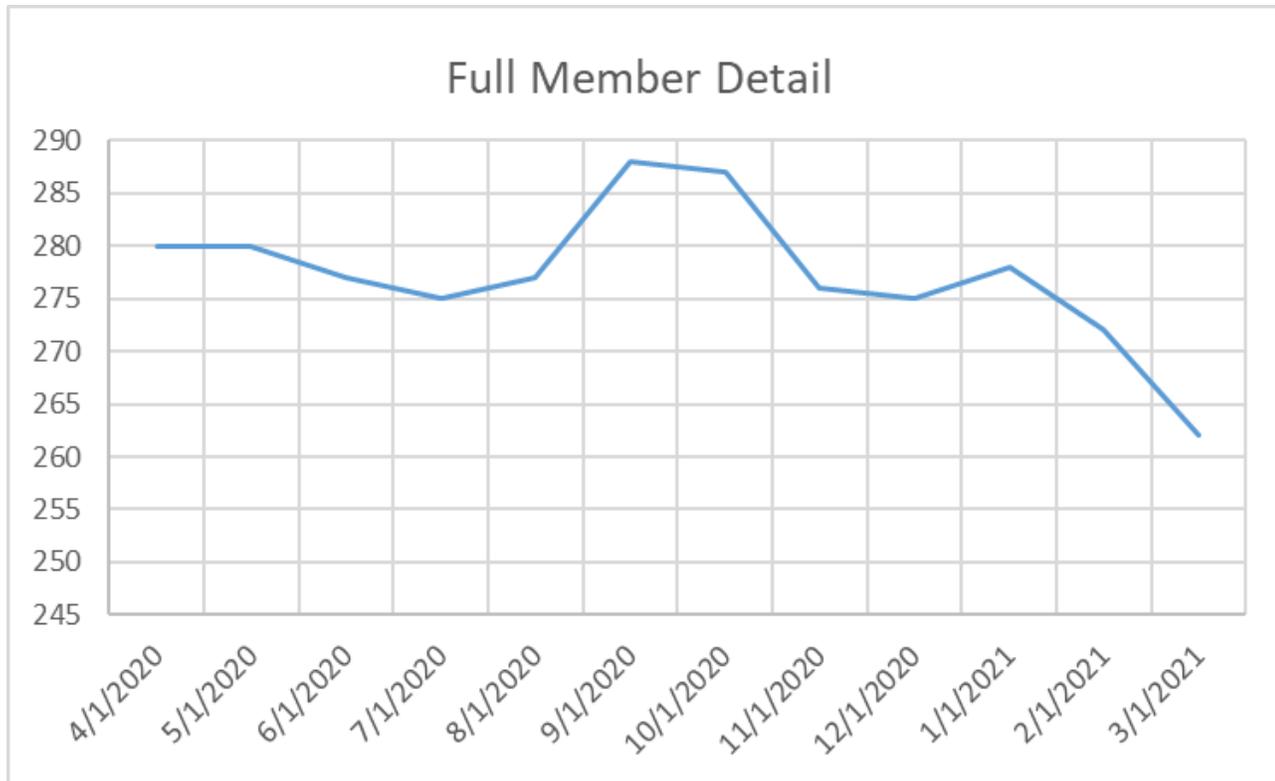
Show you agree to support, encourage, and educate your fellow health information professionals about the importance of adopting and implementing the naming policy. Over 1300 people have currently signed the Naming Policy Pledge in support of the development of a patient identifier. Show your support and take the Naming Policy Pledge!

<https://www.ahima.org/advocacy/take-action/take-action-forms/take-action-ahima-naming-policy-pledge>

Jen Kadlec, RHIA
State Advocacy Coordinator

Membership Report

NDHIMA membership continues to remain steady with an average of 277 members!! Full member details include active members, emeritus members, new graduates, new to AHIMA, premier active and students.



Thank you.

Staci Miller, RHIT, CCS
membership@ndhima.com



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Co-Education Report

Spring in ND

Hello NDHIMA members! Who else is ready for spring? I am...many of you are probably feeling the same way. Our ND weather is rather inconsistent this year making it hard for me...I am so ready for gardening and camping. What is not inconsistent is the NDHIMA Annual Conference in September 2021. We are meeting IN-PERSON! In Fargo!! At the Hilton Garden Inn!!! We, your board, cannot wait to see everyone again!!

We want to make it a conference to remember, a conference to tell your friends about. We want to know what topics you want to learn about. What issues do you want to hear about? Who do you want to see at the conference? What discussion panels do you want to have with your colleagues? And we want to learn from you.

Please share your thoughts and ideas with the NDHIMA board. You can find our emails on the NDHIMA website under the heading Members > Board Members > Board Members 2019-2020. Or you can submit a question or comment under the Contact Us heading. We are planning an interesting presentation from the Fargo Police Department about Human Trafficking. Tell us who else you want to hear from.

Please consider presenting a topic to the group. We want to learn about the processes at your facility so that we may implement some new ideas at our own. How have you handled the COVID-19 pandemic? Some ideas to consider presenting about are the HIPAA regulation updates, information sharing with other facilities, data privacy, SDoH and care coordination, CDI and voice recognition, ICD-11. Let us know if you are interested in presenting this year...we would love to hear from you!

May you all be happy and healthy when April showers bring May flowers!

NDHIMA Co-Directors of Education

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