

Welcome to Nashville!



Health Information 101



Byrdwatcher Fan since 1993–G & Country Music Artist Tracy Byrd

Presenter



Gary M. Russell-King

**Chief Medical Records Administrator
Northern Navajo Medical Center
Shiprock, New Mexico**

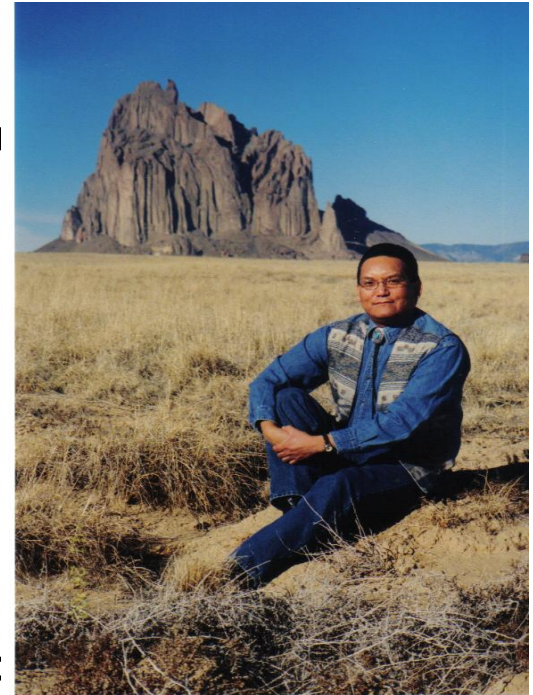
Worked for IHS for 23 years

Navajo Tribe:

Born for the Red Running Into The Water People Clan

Maternal Grandparents: Salt People Clan

Paternal Grandparents: Folding Arms People Clan



Health Information 101



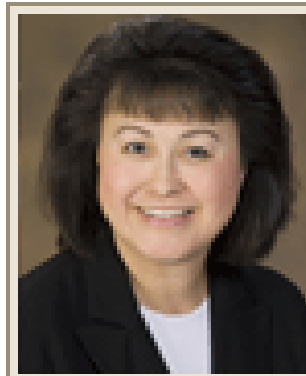
- **What is our agency mission?**
- **What is a medical record?**
- **How are positions defined?**
- **What is your role and contribution towards the agency mission?**
- **Is this job really for you?**



Mission of the Indian Health Service (IHS)



John Hubbard, Jr. – NAIHS Director
Dr. Charles Grim, Former IHS Director
Yvette Roubideaux, M.D.
Director of IHS



The mission of the IHS, in partnership with American Indian and Alaska Native people, is to raise their physical, mental, social, and spiritual health to the highest level.

IHS–Stats



- **Population served:**
1.9 million American Indians/Alaska Natives (AI/ANs) for 562 federally recognized tribes.
- **Annual Patients Services:**
 - **Inpatient Admissions: 54,127**
 - **Outpatient Visits: 10,711,925**
- **Funding: FY2008 = \$3.35 billion**
FY2009 = \$3.58 billion
- **Third-Party Collections: FY08 = \$656 million**
FY09 = \$798 million
- **Total IHS Employees = 15,676**
(71% are Indian)

IHS Facility and Staffing Plan

- IHS uses the Resource Requirements Methodology (RRM) to plan and design for new facilities and determines staffing and type services to be provided.



A. DESCRIPTION

Management and organization of all patient information, e.g. obtaining, securing, protecting, preserving, and utilizing medical records and information. The Medical Records Department must assure the confidentiality and privacy of the patient.

The Medical Record is a multifunctional document that is utilized for a variety of purposes that generate competition, both physically and legally, for access. These includes: 1. Patient Care Management - a) to document the course of the patient's illness and treatment during each episode of care; b) to communicate between the physician and other health professionals providing care to the patient; and c) to inform health professionals providing subsequent care. 2. Quality Review - as a basis for evaluating the adequacy and appropriateness of care. 3. Financial Reimbursement - to substantiate insurance claims of the health facility and patient. 4. Legal Affairs - to provide data to assist in protecting the legal interest of the patient, the physician, and the health care facility. 5. Education - provides actual case studies for the education of health professionals. 6. Research - provides data to expand the body of medical knowledge. 7. Public Health - identifies disease incidence so plans can be formulated to improve the overall health of the nation and world. 8. Designations of Approval - for health care facility accreditation provides justification for licensure or certification by JCAHO and other accrediting agencies.

B. DRIVING VARIABLES

- Total Direct Inpatient Days
- Total Outpatient Visits
- Total Dental Visits
- Total Community Health Nursing Ambulatory Encounter Visits
- Total Data Entry PCC forms which are not included in any statistical system NOTE: Information is available from the local facility's PCC Management Report
- Total CHP Ambulatory Encounters Visits (Alaska Only)

ADDITIONAL VARIABLES to be considered on an individual service unit/program basis.

- Extended hours coverage, e.g. 24 hours coverage
- Ongoing education and orientation to all facility staff on confidentiality and Privacy Act.
- Detailed review, abstracting and collection of data, including retrieving and filing these medical records, e.g. tumor registry, PRO reviews, research, etc.
- Correspondence request for copies of charts to patients, attorneys third party, tort case and other providers, etc.
- Archiving inactive records
- Appointment/Scheduling
- Medical Records program secretarial support
- Courier service for medical records transport
- Interpreters needed in selected location
- Satellite clinic medical records coverage

C. STAFFING CRITERIA

- Inpatient Services
Fixed Medical Records staff of two (2) positions and for every 4,015 inpatient days add one (1) position.
- Outpatient Services
Fixed Medical Records staff of one (1) position and for every 4,348 outpatient visits and 40,000 CHP Ambulatory visits (Alaska only), add one (1) position.
- Patient Care Component
Fixed Medical Records staff of one (1) position and for every 20,000 outpatient/in-hospital visits add one (1) data entry personnel.
PCC Support: For every 20,000 data entry workload reported on the facility's PCC Management report add one (1) data entry personnel.

D. PERSONNEL CATEGORIES

- Medical Records Administrator (GS 5-12)
- Medical Records Technician (GS 4-7)
- Medical Records Clerk (GS 3-4)
- PCC Supervisor (GS 6-7)
- PCC Data Entry Personnel (GS 4-6)
- Secretary (GS 5-6)

E. DISCUSSION

- Inpatient - Previous staffing criteria used 11 occupied beds for staffing calculations. Eleven occupied beds equates to 4,015 annual inpatient days.
- Outpatient - Automation has markedly increased outpatient workload and staffing needs. Therefore any outpatient facility requires one full-time medical records employee (rather than .5).
- Patient Care Component (PCC) - Supporting the Resource Patient Management System (RPMS). Data entry for chart review, telephone calls, consultation forms, nursing home visits, in hospital visits, etc. are not included in any statistical system such as the APC or Direct Inpatient Reports, thus, the information is not available at Headquarters or Area. However, the statistical information is available from the respective local facility's PCC Management Report.
- The PCC supervisor is not the same as the area data base manager or the facility site manager. The data base manager is responsible at the area level for the Multi-Facility Integration (MFI) system. The facility PCC supervisor will work with the area data base manager. The PCC supervisor will be responsible for the day-to-day PCC activities, i.e. monitoring data entry, transmission of data, resolving PCC data errors, etc.

Medical Records

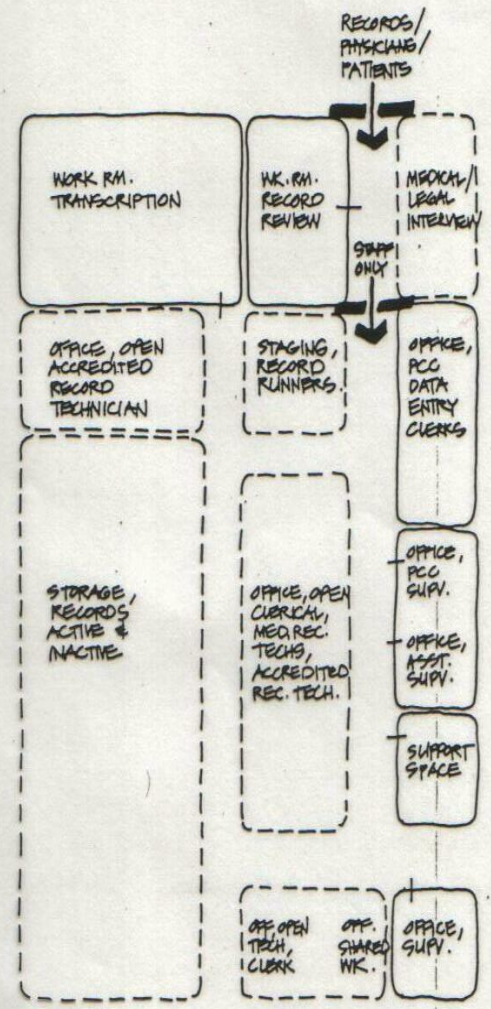
Conclusions:

- The proposed RRM staffing criteria for Health Records is:
- Inpatient - 2 Medical Records Technicians per hospital, plus
1 Medical Records Technician per 11 ADPL
 - Outpatient - 1 Medical Records Administrator per facility, plus
1 Clerical Staff per facility, plus
1 Medical Records Technician per 2,500 PCPVs
 - PCC - 1 PCC Supervisor per facility, plus
1 PCC Data Entry Personnel per 12,500 PCPVs for PCC
 - Runners - 1 Clerical Staff per facility, plus
1 Clerical Staff per 100,000 PCPVs

This criteria will be a piecewise linear formula.

Follow-up Items: None

Future Issues: None



Navajo Area IHS



Founded in 1903, the NAIHS has 8 Service Units consisting of 6 hospitals, 7 health centers, and 15 health stations:

Chinle Comprehensive Health Care Facility – Chinle, AZ. # of beds = 60

**Crownpoint Healthcare Facility
Crownpoint, NM. # of beds = 32**



NAIHS–Facilities

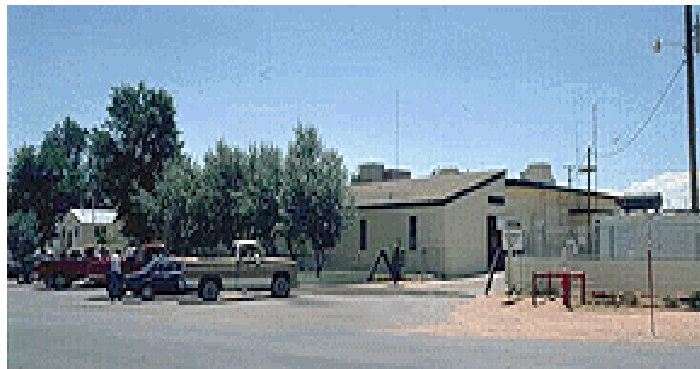


**Fort Defiance Indian Hospital –
Fort Defiance, AZ. # of beds = 56**

**Gallup Indian Medical Center –
Gallup, NM. # of beds = 99**



**Kayenta Health Center
Kayenta, AZ**



NAIHS Facilities



**Northern Navajo Medical Center
Shiprock, NM. # of beds = 60**

**Tuba City Regional Health Care
Corporation (638-Tribal) –
Tuba City, AZ. # of beds = 65**



**Winslow Health Care Corporation
(638-Tribal) – Winslow, AZ.**





Shiprock Service Unit

Largest SU in Navajo consisting of:

- 1 Medical Center—
Northern Navajo Medical Center,
Shiprock, NM**
- 2 Health Centers—Dzilth-Na-O-Dilth-Hle Health
Center (*Bloomfield, NM*) and Four Corners
Regional Health Center (*Red Mesa, AZ*)**
- 2 Health Stations—Sanostee, NM
and Toadlena, NM**
- 1 School Health Center—Teen Life Center**

***Teec Nos Pos Health Center closed January
2006. Medical Records retired to FRC.***



Northern Navajo Medical Center (NMMC)



Annual Patient Services:

FY09: 333,555 outpatient visits

3,991 inpatient admissions, 817 newborns

Number of employees: 1,998

Number of HIM employees: 58

NNMC is the third Shiprock facility built.



LEADERSHIP

I.H.S. Director: Yvette Roubideaux, M.D.
I.H.S. Lead HIM Consultant: Patricia Gowan, RHIA, CPC (*Phoenix Area*)

Navajo Area Director: John Hubbard, Jr., M.P.H.
Chief Medical Officer: RADM Douglas Peter, M.D.
Executive Officer: Floyd Thompson, R.N.
Area H.I.M. Branch Chief: Velma J. Shirley, RHIA (*Fort Defiance*)

NORTHERN NAVAJO MEDICAL CENTER Shiprock Service Unit

Chief Executive Officer: Fannessa R. Comer



DIVISION	EXECUTIVE	TITLE
Administration	Alva R. Tom	Health Systems Administrator
Clinical	Stephen Bowers, M.D.	Clinical Director
	CDR John C. Mohs, M.D.	Chief of Staff
Community Health Service	Christopher Percy, M.D.	Director of Community Health
Nursing	Lavenia Diswood, R.N.	Chief Nurse Executive
Professional Quality Services	CDR Pauline Stubberud, R.N.	Director
Dzilh-Na-O-Dilh-Hle Health Ctr.	<i>Mercedes Beckerhoff, RN Acting</i>	Health Systems Administrator
Four Corners Regional Health Ctr.	Morland McCurtin	Health Systems Administrator
ADMINISTRATIVE DIVISION	DIRECTOR/SUPERVISOR	TITLE
Business Office	Helena Burbank	Business Office Manager
Contract Health Service	Henrietta M. Lewis	Health Systems Specialist
Facility Management	Charles J. Atcitty	Facility Manager
Finance	Paulette S. Chatto	Financial Manager
General Services	Ronda Clichee	Support Services Supervisor
Housekeeping	Timothy S. Begay	Housekeeping Officer
Health Information Management	Gary M. Russell-King	Medical Records Administrator
Management Information System	LCDR Roland Chapman	Chief Information Officer
Nutrition & Dietetics	CAPT Miranda Yang-Oshida RD	Dietary Supervisor

Health Board President: David John (*from Mexican Water*). All 19 chapters within the Shiprock Service Unit are represented.

Governing Board: Consists of Area Director, Chief Medical Officer and HET members.

Health Executive Team (HET): Consists of Division Executives & Chief of Staff.

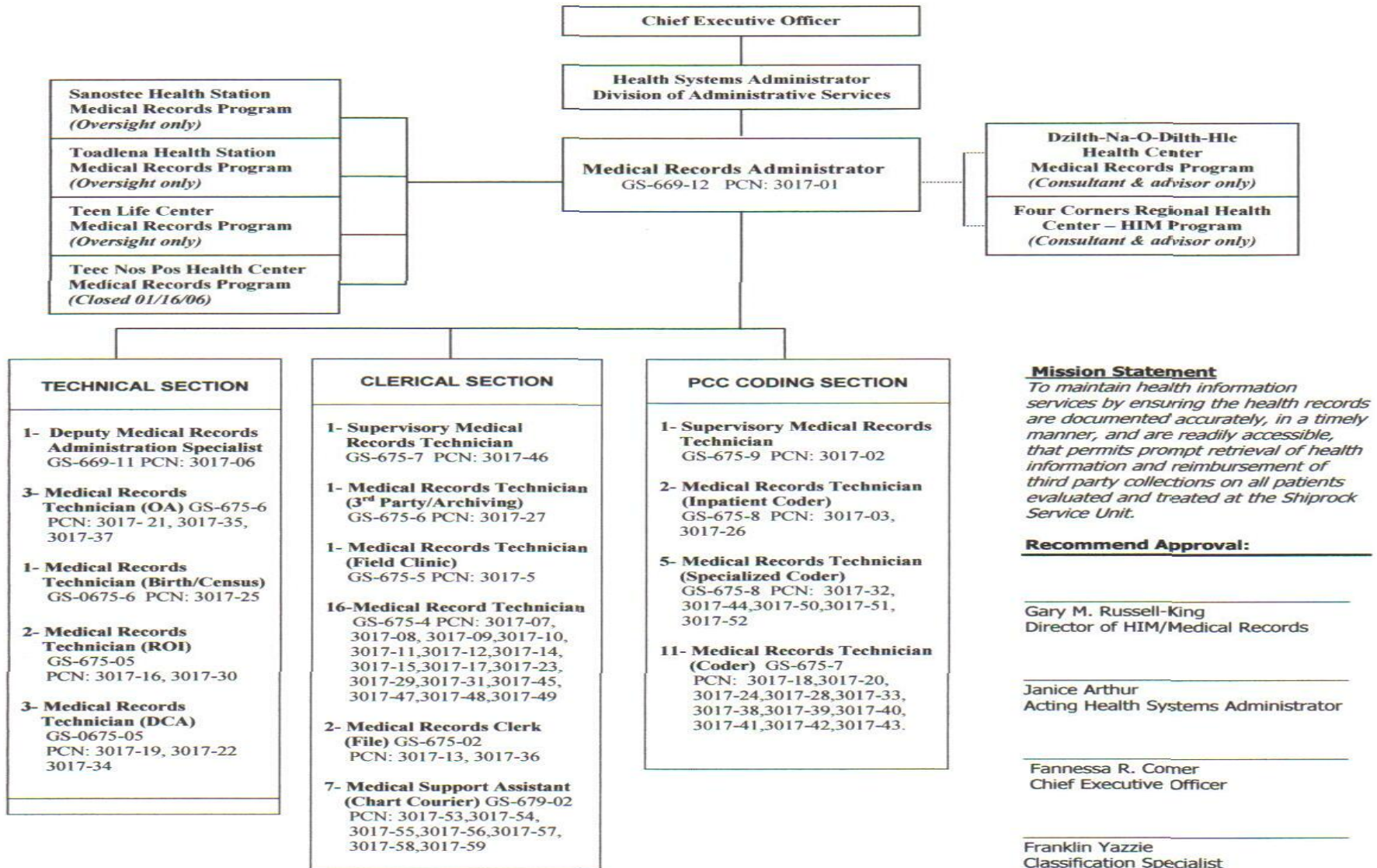
Chain of Command



- Know your chain of command.
- Respect your supervisor and who is acting in his/her place.
- *Example:*
 - Immediate Supervisor
 - HIM Chief
 - AO/HSA
 - CEO



**Navajo Area Indian Health Service - Shiprock Service Unit
Northern Navajo Medical Center
Division of HIM/Medical Records - HGFJJ2a**



Mission Statement

To maintain health information services by ensuring the health records are documented accurately, in a timely manner, and are readily accessible, that permits prompt retrieval of health information and reimbursement of third party collections on all patients evaluated and treated at the Shiprock Service Unit.

Recommend Approval:

Gary M. Russell-King
Director of HIM/Medical Records

Janice Arthur
Acting Health Systems Administrator

Fannessa R. Comer
Chief Executive Officer

Franklin Yazzie
Classification Specialist

**Total Support: 54 Professional: 4
Total FTE: 58**

Revised: 11-03-08

What is a Medical Record?



- Medical information is the lifeblood of the healthcare delivery system.
- The medical record, in manual or automated form, houses the medical information that describes all aspects of patient care.



Mission Statement–HIM



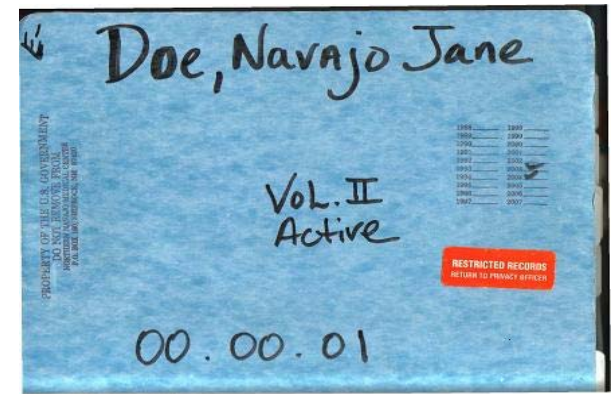
Health Information Management

“The Health Information Management Program is responsible for maintaining health information by ensuring all health records are documented accurately, in a timely manner, and are readily accessible, that permits prompt retrieval for patient care and reimbursement of all patients evaluated and treated”

HIM is Very Important for...



- **Statistical retrieval**
- **Reimbursement**
- **Quality of patient care**



Everything we do in H.I.M. touches a patient's life and is critical for healthcare

Managing the Records of Life



Every function is vital to healthcare.

- **File Management:**
Chart Sequence, Filing, Forms, Archiving, Master Control Log.
- **Medical Coding**
Data Quality, Statistics
- **Release of Information**
Continuity of Care
- **Transcription**
- **Chart analysis**
Completion, legality



Third-Party Reimbur\$ement



- **Funding for IHS is approved by Congress yearly.**
- **Collections from Third-Party Insurance makes up a large percentage of the funding for IHS facilities.**
- **Fiscal year is October to September.**
- **Our role as HIM/BO team members is critical to our facility's funding in meeting our mission.**



FY 2008 & 2009 Collections Comparison

	FY 2008	FY 2009	DIFFERENCE
Oct	\$ 3,383,187.24	\$ 3,719,899.80	\$ 336,712.56
Nov	\$ 2,893,301.76	\$ 3,120,207.12	\$ 226,905.36
Dec	\$ 2,684,149.16	\$ 3,369,572.07	\$ 685,422.91
Jan	\$ 3,054,301.59	\$ 4,103,974.64	\$ 1,049,673.05
Feb	\$ 4,343,736.44	\$ 3,869,974.63	\$ (473,761.81)
Mar	\$ 3,961,195.77	\$ 4,017,921.48	\$ 56,725.71
Apr	\$ 4,255,396.60	\$ 4,294,435.29	\$ 39,038.69
May	\$ 3,757,531.57	\$ 3,828,606.07	\$ 71,074.50
June	\$ 3,849,514.89	\$ 3,516,901.06	\$ (332,613.83)
July	\$ 4,348,674.22	\$ 4,907,525.21	\$ 558,850.99
Aug	\$ 2,877,554.82	\$ 3,605,150.51	\$ 727,595.69
Sept	\$ 3,990,891.97	\$ 4,653,968.07	\$ 663,076.10
TOTAL:	\$ 43,399,436.03	\$ 47,008,135.95	\$ 3,608,699.92

IHS Manual Part 3, Chapter 3

The Indian Health Manual contains:

- **Definition of Health Information**
- **Purpose of the Medical Records**
- **Code of Ethics (AHIMA)**
- **Goal of the HIM Branch**
- **Objectives of the HIM Branch**
- **Administrative Responsibilities of the HIM Branch**



CHAPTER 3
MEDICAL RECORDS

3-3.1 INTRODUCTION

- A. PURPOSE. This chapter establishes the policy, objectives, staff responsibilities, operating relationships, and standards relating to medical record services in the Indian Health Service (IHS).
- B. POLICY. The medical record is a multifunctional document that is used for a variety of purposes that generate competition, both physically and legally, for access. The resulting conflict is escalated by the need for free and immediate access to health records versus the need to protect the privacy interests of patients and the legal interests of the IHS. The policy of the IHS Medical Records Program is to mediate this competition in a manner that holds patient care and patient rights as the highest priorities, while providing essential medical record services in a manner consistent with sound medicolegal principles and principles of record management. Personnel orientation/training and management incentives shall be designed and implemented to ensure that human resources are available for and directed toward support of this policy.

3-3.2 DEFINITION OF MEDICAL RECORDS

- A. A medical record is the chronological documentation of health care and medical treatment given to a patient by professional members of the health care team. It is an accurate, prompt recording of their observations including relevant information about the patient, the patient's progress, and the results of the treatment. Total health care involves the preventive, curative, and rehabilitative aspects of elevating the health status of the patient as well as improvement of his/her environment.

CHAPTER 3
MEDICAL RECORDS

(3-3.2 continued)

- B. The medical record is a means of communication among physicians, nurses, and allied health professionals who plan and conduct the care and treatment of the individual patient.
- C. The medical record is a legal document that benefits the patient, the physician, and the health care program.
- D. The medical record is a tool for training members of the medical and paramedical professions, and for conducting medical research. It is also the primary means of evaluating the quality and appropriateness of medical care rendered.
- E. The medical record is the source document for statistical use in research, planning, and budgeting.
- F. The medical record is the original source document for any financial activity involving patient care. Primary examples are the use of medical records in audits of third party collections by outside payers; and in internal audits to verify allocation processes and to develop and maintain cost management programs and cost management systems.

3-3.3 PURPOSE OF THE MEDICAL RECORD

The primary purpose of the medical record is to be readily available at all times for the care and treatment of the patient. Its confidentiality shall be preserved by all who use it or become aware of its contents in the course of supporting patient care activities or providing patient care.

CHAPTER 3
MEDICAL RECORDS

3-3.4 CODE OF ETHICS FOR THE PRACTICE OF MEDICAL RECORD SCIENCE

The IHS Medical Records Program adopts the Code of Ethics of the American Health Information Management Association (AHIMA). It is the responsibility of each individual member of the AHIMA to obtain and maintain active association status.

3-3.5 GOALS AND OBJECTIVES OF THE MEDICAL RECORDS BRANCH

A. Goals. To assist the IHS in raising the health status of the American Indians and Alaska Natives by maintaining a progressive medical record system that encompasses all aspects of a comprehensive health program.

B. Objectives.

- (1) Maintain a readily available, complete, and accurate medical record on all individuals evaluated and treated in an IHS facility or by IHS staff in a community health setting; namely, hospitals, health centers, school health centers, health stations, and contract 638 facilities.
- (2) Ensure to the maximum extent possible that patients' rights to privacy are protected by all who use the medical record or become aware of its contents in the course of supporting patient care activities or providing patient care.
- (3) Facilitate the exchange of medical information among health care providers within IHS facilities, contract facilities, or other facilities providing health care to IHS patients.

CHAPTER 3
MEDICAL RECORDS

3-3.9 MEDICAL RECORDS DEPARTMENT ADMINISTRATIVE RESPONSIBILITIES AND FUNCTIONS

A. Administrative Responsibilities

- (1) The medical records department shall maintain facilities and services necessary to provide medical records that are documented accurately and in a timely manner; that are readily accessible and contain all current information; and that permit prompt retrieval of information, including statistical data.
- (2) A medical record shall be maintained for every individual who receives service as an outpatient, inpatient, newborn, emergency patient, community health patient, and contract health service beneficiary. Each individual treated within the facility or in the community by a member of the health care team shall be registered.
- (3) Medical records shall be maintained in strict confidence. Information from the records shall be disclosed only in conformance with applicable Federal laws and regulations, policies of the IHS, and the laws of the State in which the facility is located.
- (4) Only authorized personnel shall have access to medical records. Service unit policy and procedures shall specify those employee positions within the service unit that are authorized access to medical records on a "need to know basis."

HIM Personnel



- **The organization cannot function without *you!***
- **Classification of HIM Positions by Office of Personnel Management (OPM):**
 - **GS-675 Series: Covers clerical and technical positions**
 - **GS-669 Series: Covers management positions.**
 - **GS-679 Series: Medical support assistant**
- **Duties and grade will vary by facility size and type.**
- **Positions are classified based on knowledge and skill, not workload.**

OPM Classification 675 Series



**Job Family Position Classification Standard for
Assistance and Technical Work in the Medical,
Hospital, Dental, and Public Health Group,
GS-0600**



Series Covered by This Standard:

**Medical Records Technician GS-0675
Medical Support Assistance GS-0679**

**Kay Coles James
Director**

May 2001

MEDICAL RECORDS TECHNICIAN, GS-0675		Qualification Standards
Definition	<p>This series covers one-grade <i>interval</i> technical support positions that supervise, lead, or perform support work in connection with processing and maintaining medical records for compliance with regulatory requirements. It also covers positions that review, analyze, code, abstract, and compile or extract medical records data. The work requires a practical knowledge of medical record procedures and references and the organization and consistency of medical records. Positions also require a basic knowledge of human anatomy, physiology, and medical terminology.</p> <p>←BACK</p>	
Title	<p>The basic title for this occupation is <i>Medical Records Technician</i>.</p> <p>←BACK</p>	
Occupational Information	<p>General Occupational Information</p> <p>Medical records technicians assemble, analyze, code, abstract, report, maintain, and extract medical records information. They organize and check medical records for completeness, accuracy, and compliance with regulatory requirements. In most Federal medical centers today, the medical staffs, including medical records technicians, use automated records systems.</p> <p>Federal health care facilities maintain permanent medical records that contain health care information to support and justify the diagnosis and treatment rendered on each patient. These records include the patient's:</p> <ul style="list-style-type: none"> • medical history; • physical examination results; • x-ray and laboratory reports; • diagnosis and treatment plans; and • orders and notes from doctors, nurses, and other health care professionals. <p>Accurate medical records are essential for:</p> <ul style="list-style-type: none"> • clinical, legal, and fiscal purposes; • correct and prompt diagnosis and treatment of illnesses and injuries; • continuity of care; • background and documentation for insurance claims, legal actions, professional review of prescribed treatments and medications, and training of health professionals; • research, clinical studies, and resource management planning purposes; • proper evaluation and justification of the costs of various medical procedures; and • full assessment of overall health needs. <p>Specific duties of medical records technicians vary with the complexity and characteristics of the facility. Use of the latest treatment methods by health care professionals results in comprehensive medical records, in some cases with many diagnoses and treatments. The time and knowledge needed to analyze and code a record increases in proportion to the patient's length of stay and the complexity of the patient's diagnosis and treatment. The scope of the work performed by the medical records technician is increased when there are many health care providers involved in the care of a single patient. Several physicians may provide care to one patient, all of whom write progress notes and determine diagnoses and treatments. Medical records technicians in facilities offering a greater number of specialties, health care providers, and diagnostic and therapeutic services must have increased knowledge and understanding of many health care processes. They must stay abreast of new procedures and therapies so they can analyze and code the records.</p> <p style="text-align: center;">(continued)</p>	

Level 1-4		550 Points
Series	<p>Medical Records Technician GS-0675 <u>Illustration(s)</u></p>	
FLD	<p>Knowledge of, and skill in applying, an extensive body of rules, procedures, and operations, such as:</p> <ul style="list-style-type: none"> • well-established medical records procedures, regulations, and principles; • Joint Commission on Accreditation of Healthcare Organizations (JCAHO) standards and medical records classification systems and references; • elementary practical anatomy and physiology, medical techniques, and major disease processes, diagnoses, procedures, tests, pharmaceuticals operations, psychological, and other specialized terms; and • computerized data entry and retrieval systems <p>sufficient to:</p> <ul style="list-style-type: none"> • analyze medical records, maintain special registries, perform quality assurance, compile statistical data, and release medical information; • code diagnostic and operative/procedural information; • collect and organize data for statistical reports, audits, and/or research projects; and • extract data for statistical and other reports. 	

Level 1-5		750 Points
Series	<p>Medical Records Technician GS-0675 <u>Illustration(s)</u></p>	
FLD	<p>Thorough and detailed knowledge of, and skill in applying, a comprehensive body of rules, procedures, and operations, such as:</p> <ul style="list-style-type: none"> • medical records activities, operations, and regulations; • medical terminology, procedures, anatomy, physiology, and disease processes; • medical record classification systems coding techniques; and • computerized data entry and retrieval systems <p>sufficient to:</p> <ul style="list-style-type: none"> • assist in a wide range of quality assurance studies; • make recommendations to improve procedures for compiling and retrieving medical records information; • identify specific clinical findings, support existing diagnoses, or substantiate listing additional diagnoses in the medical record; • code complicated medical records that are difficult to classify; • plan, organize, and maintain special registries; • gather and represent data graphically; • make a variety of basic statistical computations; • identify possible trends and patterns for preparing reports; and • manage medical records. 	

Statement of Difference FES Form

The duties of the position are essentially the same as those on attached position description (# 967040), but has established at one X or two _____ grades (s) lower to accommodate recruitment, career development or other purposes. The factor levels/point ratings are defined below for both positions with differences indicated by asterisks (*) in "THIS POSITION" column. The asterisks (*) in turn refer to pertinent job information and determinations are documented in the last section of this position.

FES Factors	Position # 967040		This Position 967041		*
	LEVELS	POINTS	LEVELS	POINTS	
1. Knowledge Required	Level 1 - 3	350	Level 1 - 2	200	*
2. Supervisory Controls	Level 2 - 2	125	Level 2 - 2	125	
3. Guidelines	Level 3 - 2	125	Level 3 - 1	25	*
4. Complexity	Level 4 - 2	75	Level 4 - 2	75	
5. Scope and Effect	Level 5 - 2	75	Level 5 - 1	25	*
6. Personal Contacts	Level 6 - 2	25	Level 6 - 2	25	
7. Purpose of Contacts	Level 7 - 1	20	Level 7 - 1	20	
8. Physical Demands	Level 8 - 2	20	Level 8 - 2	20	
9. Work Environment	Level 9 - 1	5	Level 9 - 2	5	
Total Points Assigned	Point Range	820	520	Point Range:	(455-650)
GS Grade Equivalent Conversion	GS-04		GS-03		

When the incumbent of this position meets or exceeds work performance requirements defined in reference position and otherwise satisfies qualifications and other administrative requirements, promotion action on a non-competitive basis may be initiated by the supervisor.

This point ratings for this position are based upon the following factor level definitions:

Factor 1. Knowledge of basic medical record procedures, methods, and processes which required previous training or experience in a medical record setting. Knowledge of basic medical terminology to review and file reports. General knowledge of the Privacy Act of 1974 and Freedom of Information Act.

Factor 3. Guidelines utilized are the IHS Medical Records Manual and Medical Records Department Policy and Procedure Manual. The majority of the instructions are readily memorized and any deviations from the instructions must be referred to the supervisor for decision.

Factor 5. The purpose of the work is to facilitate the work of others in Medical Records by performing specific and routine duties such as compiling data, answering records questions, and filing or retrieving records.

GRADE CONVERSION TABLE

Convert total points on all evaluation factors to General Schedule (GS) grades using the following table. The shaded areas reflect grade levels commonly attained in this job family.

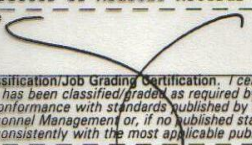
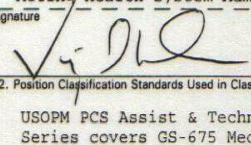
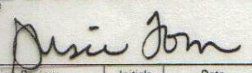
Point Range	GS Grade
190-250	1
255-450	2
455-650	3
655-850	4
855-1100	5
1105-1350	6
1355-1600	7
1605-1850	8
1855-2100	9
2105-2350	10
2355-2750	11
2755-3150	12
3155-3600	13
3605-4050	14
4055-up	15

Position Description

Know your Position (job) description

- **Outlines what the position's main duties are, and qualifications needed**
- **Lists reference materials**
- **Lists any special requirements of position (shift rotation)**



POSITION DESCRIPTION (Please Read Instructions on the Back)						1. Agency Position No. 9 6 7 0 4 0					
2. Reason for Submission <input type="checkbox"/> Redescription <input type="checkbox"/> Reestablishment <input checked="" type="checkbox"/> New <input type="checkbox"/> Hdqtrs <input checked="" type="checkbox"/> Field <input type="checkbox"/> Other		3. Service		4. Employing Office Location Window Rock, AZ		5. Duty Station Shiprock, NM		6. OPM Certification No.			
7. Fair Labor Standards Act <input type="checkbox"/> Exempt <input checked="" type="checkbox"/> Nonexempt		8. Financial Statements Required <input type="checkbox"/> Executive Personnel Financial Disclosure <input type="checkbox"/> Employment and Financial Interest		9. Subject to IA Action <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		10. Position Status <input type="checkbox"/> Competitive <input type="checkbox"/> Excepted (Specify in Remarks) <input type="checkbox"/> SES (Gen.) <input type="checkbox"/> SES (CR)		11. Position is <input type="checkbox"/> Supervisory <input checked="" type="checkbox"/> Managerial <input checked="" type="checkbox"/> Neither		12. Sensitivity <input checked="" type="checkbox"/> 1-Non-Sensitive <input type="checkbox"/> 3-Critical <input type="checkbox"/> 2-Noncritical Sensitive <input type="checkbox"/> 4-Special Sensitive	
Explanation (Show any positions replaced) Title correction, PD dates 11-2-05. Position is career ladder GS-3/4. Replaces PD#935410 dtd 3-12-93.						13. Competitive Level Code CIC-0675-04-1101					
14. Agency Use											
15. Classified/Graded by Official Title of Position						Pay Plan Occupational Code Grade Initials Date					
a. Office of Personnel Management											
b. Department, Agency or Establishment											
c. Second Level Review											
d. First Level Review Medical Records Technician						GS 0675 04					
e. Recommended by Supervisor or Issuing Office						3/29/06					
16. Organizational Title of Position (if different from official title)						17. Name of Employee (if vacant, specify)					
18. Department, Agency, or Establishment DHHS, PHS, IHS, Navajo Area Office						c. Third Subdivision Medical Records Branch					
a. First Subdivision Shiprock Service Unit						d. Fourth Subdivision					
b. Second Subdivision Division of Administration Services						e. Fifth Subdivision					
19. Employee Review-This is an accurate description of the major duties and responsibilities of my position.						Signature of Employee (optional)					
20. Supervisory Certification. I certify that this is an accurate statement of the major duties and responsibilities of this position and its organizational relationships, and that the position is necessary to carry out Government functions for which I am responsible. This certification is made with the knowledge that						this information is to be used for statutory purposes relating to appointment and payment of public funds, and that false or misleading statements may constitute violations of such statutes or their implementing regulations.					
a. Typed Name and Title of Immediate Supervisor Gary M. Russell-King Director of Medical Records						b. Typed Name and Title of Higher-Level Supervisor or Manager (optional) Virgil Davis Acting Health System Administrator					
Signature  Date 3/17/06						Signature  Date 3/17/06					
21. Classification/Job Grading Certification. I certify that this position has been classified/graded as required by Title 5, U.S. Code, in conformance with standards published by the U.S. Office of Personnel Management or, if no published standards apply directly, consistently with the most applicable published standards.						22. Position Classification Standards Used in Classifying/Grading Position USOPM PCS Assist & Technical Work GS-600; Series covers GS-675 Med Rec Tech, 5-01.					
Typed Name and Title of Official Taking Action Susie Tom Human Resources Specialist (Classn.)						Information for Employees. The standards, and information on their application, are available in the personnel office. The classification of the position may be reviewed and corrected by the agency or the U.S. Office of Personnel Management. Information on classification/job grading appeals, and complaints on exemption from FLSA, is available from the personnel office or the U.S. Office of Personnel Management.					
Signature  Date 3/29/06											
23. Position Review						Initials Date Initials Date Initials Date Initials Date Initials Date					
a. Employee (optional)											
b. Supervisor						OFF EMPLOYEE					
c. Classifier						SUPVR FACILITY					
24. Remarks "Designation Child Care position under P.L. 101-630 & P.L. 101-647." AREA BUS CODE:0653 BU:Yes SUPVY CODE:8											
25. Description of Major Duties and Responsibilities (See Attached)											

Medical Records Technician

[Outpatient]

GS-0675-4/3

INTRODUCTION:

This position is located in the Ambulatory Services Section, Branch of Medical Records, Division of Administrative Services, of the Northern Navajo Medical Center, in Shiprock, New Mexico. The Northern Navajo Medical Center is a 59-bed general medicine and surgical healthcare facility that provides health care services to the Northern Navajo Indian Reservation within the Shiprock Service Unit area. The medical center provides medical services in the areas of; Surgery, Orthopedic, Pediatrics, OB/GYN, Intensive Care, Newborn Nursery, Emergency, Internal Medicine, Family Medicine, ENT, Podiatry, Optometry, Dental, Urgent Care, home care, community & school-based health clinics, and a variety of specialty clinics (Cardiology, Urology, Seizure, Neurology, Audiology, etc.).

The purpose of this position is to perform a wide variety of clerical and basic technical medical record functions in the ambulatory section of the department, on a 24-hour rotational basis (holiday, weekends, evenings, midnight shifts), in support of patient care for all age groups, at the Northern Navajo Medical Center. The ambulatory section of the Medical Records Branch is the largest and busiest, with a yearly workload of over 225,000 patients. The work directly impacts the timeliness, scope of care, and treatment provided to patients.

MAJOR DUTIES:

Ambulatory Services (30%): Process, pull, and deliver patient medical records daily, in accordance to policy & procedures, to appropriate ambulatory care clinics within the medical center in a prompt timely manner, to ensure patient care is not interrupted. Ensures that the patient's medical record is available at all times for health care visits. Picks up medical records daily from the clinics, ensuring that all patient records are returned to the department at the close of business. Re-file patient medical records daily back into the main file room after chart analysis is performed. Processes all walk-in chart requests from clinics, doctors, and hospital staff. Provides exceptional customer service to all internal and external customers, courteously and professionally (telephone or in-person) for health record services. Pulls daily appointment and chart review records for all clinics and hospital staff. Searches and re-establishes inactive patient charts retired to the Federal Records Center (FRC), needed for clinic, by establishing a chart, activating master control log, and locating the original chart in the FRC logs for the record to be requested back.

Quality Chart Analysis (30%): Reviews and analyzes the patient medical record for completion daily. Conducts a thorough analysis of the Patient Care Component (PCC and PCC+) encounter form and charge ticket to ensure all data is accurate and complete, such as date, time, diagnoses and provider signature. Identifies discrepancies in medical documentation and routes the medical record back to the provider/department for completion immediately. Conducts a thorough review of the entire record to ensure there is no missed placed encounter form or document before the record is file. Performs a quick analysis of medical documents and/or documentation at the time of retrieval from the clinics, to ensure completeness. Files all loose forms, laboratory & radiology reports, consultation sheets, and other patient care documents into the medical record that may accompany the PCC form. Ensures that all patient care forms have an approved form number. Maintains a master incomplete chart log for department performance improvement program. Reviews the patient record for required formatting, by ensuring that the record is correctly identified with patient identification on each page, year activity, and that all documents are filed in appropriate chart sequence, in accordance to established policies.

File Management (25%): Maintains an assigned section of records in the main file room, by performing monthly chart audits for misfiled records, establishes volumes for bulky charts, replaces torn or old record jacket covers, and converts small number stickers to large number stickers for both active records and

inactive volume charts. Ensures that all records in assigned section are in approved chart sequence order, with new dividers in place for easy access of health information. Maintains the Master Control Log for assigned file section, by adding newly assigned health record numbers, and missing data to the logs. Purges, prepares and ships inactive records to the National Federal Records Center yearly. Processes and retrieves permanent records from the Federal Records Center. Reactivates, assemble and combine inactive records with original record immediately upon return from the Federal Records Center.

Patient Privacy & Confidentiality (5%): Incumbent must maintain strict confidentiality of all patient care information at all times, as the work performed directly evolves around protected health information. Incumbent works around highly sensitive patient information in the direct performance of he/she's daily duties. Incumbent is mandated by Federal Privacy Laws to keep any and all protected health information that he/she sees to themselves and not to disclose or divulge any confidential information about the patients we serve to another person. Incumbent is responsible for safeguarding patient records and securing the main file room at all times by not allowing unauthorized persons access at any time.

Interdepartmental Communication (5%): Incumbent must work as a team member with a group of employees in the same section and grade, to accomplish daily task of chart pulling, chart delivery, and re-filing of patient records. Ability to work with colleagues closely to accomplish goals and objectives of the work unit, as the clerical work directly impacts the timeliness of patient care services rendered by the healthcare team. Communicates with health care providers to explain what is needed to complete incomplete documentation; communicate with fellow colleagues to locate lost patient files; and to communicate professionally with the general public in regards to health record services. Team work and communication is critical to complete special projects, such as archiving records, as projects have deadlines, which are set by the Medical Records Supervisor(s).

Medical Records Technician (5%): Performs a variety of technical medical record functions after-hours, weekends and holidays, when needed. These duties include, but not limited to:

1. **Birth Records** – Interviews the parents of the newborn to obtain demographic information required by the State of New Mexico Office of Vital Records, to establish a birth record. Prepares the paternity form by typing required forms. Thoroughly explains the Birth Certificate, Paternity and Social Security process to the parents upon discharge.

2. **Release of Information** – Process requests made by patients, doctors, or various health care facilities that need health information in urgent situations that may directly affect the patient's care. Example, prenatal records, emergency room visits, walk-in clinic visits. Other non-urgent requests will be referred to the Medical Records Technician. Assists the patient with completing the "Authorization of Disclosure" form, ensuring that all components are completed.

3. **Inpatient Discharge Analysis** - Pulls and locates incomplete inpatient records for health care providers upon request (in-person or by telephone). Ensures that all records are available utilizing the RPMS Incomplete Chart Listing posted in the ambulatory section. Assists the healthcare provider with any inquiries in regards to incomplete deficiencies.

4. **Patient Registration/Admission** - Interviews and updates patient demographic information and screens for alternate resources. Process new patient charts, by assigning a new health record number, printing face sheet, embossed card and master patient index card, and filing of all documents. Assembles chart. Enters the patient's name and chart number both into the Number and Master Control Logs. Prepares patient admission form, by data entering into the RPMS Admission Transfer Discharge (ADT) system with all required data, prepares patient I.D. arm band, and bed tag for Nursing Unit.

5. **Telecommunications** – Performs switchboard duties, by serving as a back-up Switchboard Operator for the facility, during the telephone operator's rest and lunch breaks. Duties include answering the main

hospital telephone line, transferring calls, paging providers using the internal pager system, and answering general questions regarding clinic hours or services that the caller may inquire.

6. **Strategic Planning** - Actively participates in providing education to the service unit population regarding the IHS and the Service Unit's mission and service availability to the various communities. In concept with the aforementioned element, employee will participate on an annual basis develop and implement a departmental program to educate the community about the mission and services available.

7. **Field Clinic Coverage** – Provides routine basic health record services, on a rotational basis, for the Teen Life Center, Sanostee and Toadlena Health Stations.

Performs other duties as assigned.

Knowledge Required by the Position:

1. Knowledge of basic medical terminology, accepted medical abbreviations, pharmaceutical terms, hospital terms and medical abstracts.
2. Basic knowledge of the structure and physiology of major anatomical systems and the major disease processes.
3. Knowledge in medical record forms and formats, and correlation of laboratory tests, surgical procedures, consents, and treatments with diagnoses, in order to assemble medical records in the appropriate sequence and analyzing records to ensure all necessary forms and documents are present, accurate and complete.
4. Knowledge of the Privacy Act of 1974 and Health Insurance Portability Accountability Act (HIPAA) of 1996, in regards to the patient's right to privacy and confidentiality, along with rules and regulations dealing with securing Federal records.
5. Basic knowledge of legal and regulatory requirements of medical record ethics in accordance to JCAHO, CMS, IHS Medical Records Manual, and the Service Unit Medical Staff Rules & Regulations (By-Laws).
6. Basic knowledge in the Resource Patient Management System (RPMS) computer application software of Patient Registration; Patient Information Management System (PIMS) Admission Discharge Transfer (ADT), Patient Care Component (PCC), and Scheduling.
7. Basic knowledge of computer applications, which include Windows and Microsoft Office, to generate reports and obtain information from Government internet systems (ITAS, My Pay, HHS University, etc.).
8. Must have knowledge and strong skills in communications, customer service, and team building skills, in order to work and deal effectively among coworkers, other health care professionals, patients and service unit personnel, in such a manner to promote work efforts of the department and program.

Supervisory Controls:

The Supervisory Medical Records Technician defines the overall goals and priorities of the work, and is available for guidance on unusual problems or emergency situations. The Supervisor relies on the clerk's knowledge of medical records technology to perform his/her assigned duties in a relatively independent manner. The medical records clerk is responsible for initiating and following through on recurring functions of work assignments, and handles routine problems and deviations using established policies, procedures, instructions and accepted practices of the Medical Records Program. The Supervisor reviews the work for results, accuracy, timeliness, and conformity to policy and procedural requirements, and reports directly to the Chief Medical Records Administrator, who has final decision authority.

Guidelines:

Huffman's Health Information Management, 10th Edition; Standards of the Joint Commission of Accreditation of Hospitals (JCAHO); Indian Health Service Manual, Chapter 3, Part 3-Medical Records; Privacy Act of 1974 (Federal Registry); Health Information Portability Accountability Act of 1996 (HIPAA) Privacy Rule; Freedom of Information Act of 1966; IHS General Records Schedule; Centers for

Medicare & Medicaid (CMS); Service Unit's established Medical Staff Rules & Regulations and By-Laws; Service Unit and Area Office Directives & Circulars; New Mexico State Vital & Statistical Regulations; Departmental and Service Unit Policies and Procedures; medical text and references provided by, and adheres strictly to the American Health Information Management Association (AHIMA).

Complexity:

The incumbent assembles, files, and maintains patient records, which at times can be both general and complex, such as the order in which information is assembled and filed; performing chart analysis and determining whether the documentation is complete; where to file a medical document in patient's record; and decision of whether or not it is legal to release certain protected medical information to a third party. The duty requires basic knowledge of medical record procedures to properly route and locate medical information in the clinic/department areas quickly and efficiently. The employee performs clear-cut, repetitive and interrelated tasks, with little modifications of how duties are to be performed.

Scope and Effect:

The medical record function of the Service Unit is an integral portion of the operation of a health care facility. The patient medical record is the key to all patient treatment; a legal and financial document of the facility; and is the primary means of communication between health care providers over a long duration of time. The work has a direct impact on the accuracy, timeliness and reliability of medical records in order to render patient care services, treatment, statistical retrieval and reimbursement. No patient can be treated by a healthcare provider without a medical record.

Personal Contacts:

Contacts are with other medical records personnel, health care providers, patients and their families; employees of the immediate organization or work unit; law enforcement officials; and representatives of various outside local, State, Tribal and other Federal agencies. Contacts are by telephone or in person.

Purpose of Contacts:

The purpose of contacts are primarily to exchange factual information, establishing and completing medical records, and disclosing health information from patient medical records.

Physical Demands:

Physical effort is expended through continuous standing, walking, stooping, bending and kneeling. Frequently carries files to various clinics throughout the facility or pushes equipment. This also includes repetitious upper body motion movement (e.g. arms, hands) encountered while performing medical record services over a period of seven (7) hours a day. The usual physical demands of work requirements of this position are noted below:

ACTIVITY	CONTINUOUS
Lifting/Carrying: up to 25 lbs.	5 hours per day
Sitting	4 hours per day
Standing	7 hours per day
Walking	7 hours per day
Climbing	3 hours per day
Kneeling	4 hours per day
Bending/Stooping	6 hours per day
Twisting	4 hours per day
Pulling/pushing	5 hours per day
Simple Grasping	7 hours per day
Fine Manipulation (includes keyboarding)	4 hours per day
Reaching Above Shoulder	4 hours per day

Employee may deal with some emotional and physical stress that comes with working in a demanding health care position and with dealing with a variety of personalities in the work place.

Work Environment:

The work environment is well lighted, ventilated, and heated. Immediate risks or discomforts require the normal safety precautions typical of most health care facilities which include: exposure to some communicable diseases, working around mobile shelving units, carts, video display terminals, moving and working quickly though a crowded work area, etc.

Other Significant Factors:

The incumbent is required to work on a rotational basis for day, evening, night, midnight, weekend and holiday shifts. Shift hours are: Day – 8:00am-4:30pm, Evening – 3:30pm-12:00am, Night – 8:00pm-4:30am, Midnight – 12:00am-8:30am. Shift rotation is every two-weeks (pay period).

Patient privacy and confidentiality is required. Patients' problems are to be discussed only in the context of assuring professional care. The Privacy Act of 1974 and Health Insurance Portability and Accountability Act (HIPAA) of 1996, mandates that the incumbent shall maintain complete confidentiality of all administrative, medical and personnel records and all other pertinent information that comes to his/her attention or knowledge. The Privacy Act and HIPAA Privacy carry both civil and criminal penalties for unlawful disclosure of records. Violations of such confidentiality shall be cause for adverse action.

This position is covered under the Indian Child Protection Act and is hereby designated an authorized child care position subject to P.L. 101-630 and P.L. 101-647.

EFFECTIVE JANUARY 2010

Annual Rates by Grade and Step

Grade	Step 1	Step 2	Step 3	Step 4	Step 5	Step 6	Step 7	Step 8	Step 9	Step 10
1	\$ 20,324	\$ 21,003	\$ 21,679	\$ 22,351	\$ 23,027	\$ 23,424	\$ 24,092	\$ 24,766	\$ 24,792	\$ 25,422
2	22,851	23,395	24,151	24,792	25,071	25,808	26,546	27,283	28,021	28,758
3	24,933	25,764	26,595	27,426	28,257	29,088	29,919	30,750	31,581	32,412
4	27,990	28,922	29,855	30,788	31,720	32,653	33,586	34,519	35,451	36,384
5	31,315	32,359	33,402	34,445	35,489	36,532	37,576	38,619	39,663	40,706
6	34,907	36,070	37,233	38,397	39,560	40,723	41,886	43,050	44,213	45,376
7	38,790	40,084	41,377	42,671	43,964	45,258	46,551	47,844	49,138	50,431
8	42,960	44,391	45,823	47,254	48,686	50,117	51,549	52,981	54,412	55,844
9	47,448	49,029	50,611	52,192	53,773	55,354	56,935	58,516	60,097	61,678
10	52,252	53,994	55,736	57,478	59,221	60,963	62,705	64,447	66,189	67,931
11	57,408	59,321	61,234	63,148	65,061	66,974	68,888	70,801	72,714	74,628
12	68,809	71,102	73,396	75,689	77,983	80,276	82,570	84,863	87,157	89,450
13	81,823	84,550	87,278	90,005	92,732	95,459	98,187	100,914	103,641	106,369
14	96,690	99,913	103,136	106,358	109,581	112,804	116,027	119,249	122,472	125,695
15	113,735	117,527	121,318	125,109	128,900	132,692	136,483	140,274	144,065	147,857

Customer Service is Critical



- **Who is your customer ?**
 - Patients
 - Healthcare providers
 - Colleagues
- **Customer service by:**
 - Telephone
 - In person
- **Watch your tone, facial expressions and body language**
 - * **SMILE EXERCISE**



Have a + Attitude



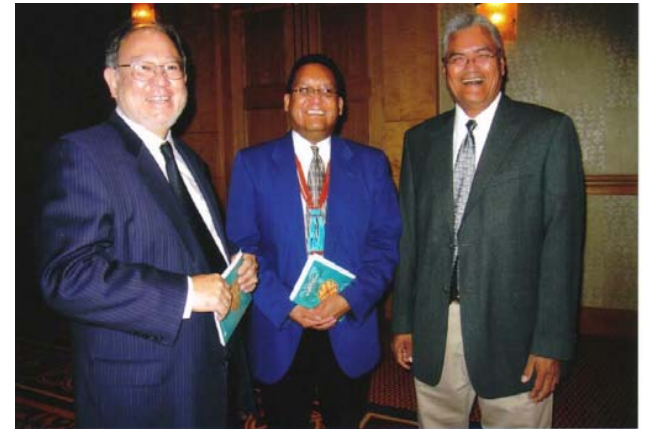
- **What is your personality style?**
 - Cheerful, always complaining, whiner, laid-back, “*who cares,*” “*rules rules rules !!!*” “*Boss is working us to death*”
Don't let them ruin your day!
- **What is your mood when you come to work? (58 employees)**
- **Turn negativity to something positive.**
 - Example: refiling charts
- **Feel good about what you do.**
- **“I” in IHS stands for “*Indian.*”**



Attitude of Service



- Be respectful
- Be a good listener
- Give your full attention to others
- Be polite
- Welcome new colleagues to the department
- Encourage and teach others
- ***SMILE!***



Be Professional



- Dress appropriately for work.
- Have a clean workstation.
- Be courteous and professional.
- Remember, you represent your department, facility, and profession.
- Your actions and behavior also reflect on your parents' and grandparents' teachings.



Be the “Model Employee”



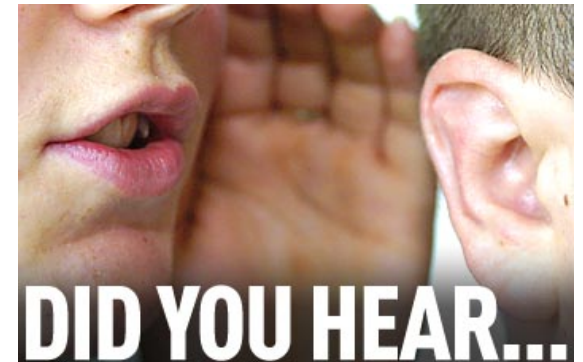
- Follow the Government “code of ethics” and all rules and regulations.
- Put forth a full days’ work for a full days’ pay.
- Concentrate on work while on duty. Don’t be distracted by personal calls, visitors, cell phones, etc.
- ***REMEMBER – you are here to work!***



Higher Standards–Privacy



- HIM staff are held to a higher standard for privacy and confidentiality.
- Do not gossip!
- Don't share any information with your family or friends about the patients or employees you see at work.
- **FACT:** HIM staff are always the first to blame for privacy breaches of a family or by friends, because they know you work with their sensitive and private information.



Higher Standards–HIM



- ***Image*** is just as important, as our patients and colleagues watch our behavior and conduct, both on-duty and off-duty.
- **Be aware of your actions.**



AP





MAR 28 2007

TO: All Employees
FROM: Director
SUBJECT: Annual Reminder of the Principles of the Standards of Ethical Conduct



Everyone who enters public service has a duty to maintain the highest standards of integrity in Government. As Indian Health Service (IHS) employees, we must ensure that we demonstrate a high standard of professionalism and ethical conduct. Each of you should be aware of all applicable ethics laws and regulations, including the following general principles of the "Standards of Ethical Conduct for Employees of the Executive Branch:"

1. Public service is a public trust, requiring employees to place loyalty to the Constitution, the laws and ethical principles above private gain.
2. Employees shall not hold financial interests that conflict with the conscientious performance of duty.
3. Employees shall not engage in financial transactions using nonpublic Government information or allow the improper use of such information to further any private interest.
4. Employees shall not, except as permitted by subpart B of this part, solicit or accept any gift or other item of monetary value from any person or entity seeking official action from, doing business with, or conducting activities regulated by the employee's agency, or whose interests may be substantially affected by the performance or nonperformance of the employee's duties.
5. Employees shall put forth an honest effort in the performance of their duties.
6. Employees shall not knowingly make unauthorized commitments or promises of any kind purporting to bind the Government.
7. Employees shall not use public office for private gain.
8. Employees shall act impartially and not give preferential treatment to any private organization or individual.
9. Employees shall protect and conserve Federal property and shall not use it for other than authorized activities.

Workforce Generations



- **Why do people seem so different in what they value, how they live, and how they behave at work?**
- **The worlds your coworkers grew up in may have been very different.**



Generation Gap



- In no other time in our history have so many different generations with so much diversity worked together. There are four generations interacting in the work world today:



Generation Gap



- **Traditionalist: Born 1900 to 1945**
- **Baby Boomers: Born 1946 to 1964**
“Live to work”
- **Generation X: Born 1965 to 1980**
“Work to live”
- **Generation Y: Born 1981 to 1999**
“Work to have fun”

MANAGING A MULTIGENERATIONAL WORKFORCE

Four Primary Generations in the Workforce Today

Common experiences of each generation frequently define their assumptions and perspectives about work. Understanding these experiences, both your own as well as employees, is essential for developing the requisite skills needed to manage today's multigenerational workforce.



Generation	General Characteristics*
Traditionalists/ Veterans	<ul style="list-style-type: none"> • Born between 1900 and 1945. • Make up approximately 75 million of the nation's employees. • Loyal -- often found to have worked for only one employer. • Many of the men have military background and are comfortable with a top-down management style. • May be motivated by recognition in doing a job well done. <p><i>These employees often exhibit a strong work ethic that was shaped by the Great Depression with an "onward and upward" attitude.</i></p>
Baby Boomers	<ul style="list-style-type: none"> • Born between 1946 and 1964. • Comprise about 80 million of the nation's employees. • Typically respond to symbols of recognition: enhanced titles, more money, special perks such as parking spaces, and other status symbols or symbols of peer recognition. • Optimistic and idealistic. • As a result of their large numbers, tend to be extremely competitive (because they had to be). <p><i>As this group ages, many are reflecting on their lives and are realizing that they have spent too much of their time working. They now may want to add more balance to their lives and may feel that the subsequent generations need to put "their time in."</i></p>
Generation X	<ul style="list-style-type: none"> • Born between 1965 and 1980. • Comprise about 46 million of the nation's employees. • Typically have little trust in the system. • Freedom is often perceived as the ultimate corporate reward – they often want training that enhances their skills, and portability of benefits like 401Ks that can be taken elsewhere. • Can be characterized by skepticism. <p><i>This generation has seen scandal effect every institution from the stock market to the presidency. During their childhood, the divorce rate tripled and many of them were left to fend for themselves, while their parents worked (i.e., latchkey children). Many filled their time alone time with computers and televisions. Although they became techno literate, they were not often involved in group activities. "People skills" may not generally be a characteristic. They seem to be drawn to informality and fun, and are not impressed by titles and hierarchies. Their approach to work is one of balance: they see work as a means to an end and not an end in and of itself.</i></p>
Millennials/Nexters/ Generation Y/ Netsters	<ul style="list-style-type: none"> • Born between 1981 and 1999 • Are now at around 75 million entering the workforce • Perceived as wanting to make a difference and knowing that their work has value • If they question authority, it's usually for the right reasons • Characteristics include sociability, civic duty, and morality. <p><i>This generation was born with technology and is adept at multitasking. Most had more solid upbringing than their predecessors and engaged in athletics and team sports. (Lancaster & Stillman, 2002; Dennis, 2002)</i></p>

* These are generalizations and not applicable to all people in a generation.

TEAM

- **Together everyone achieves more.**
- **There is no “i” in team.**
- **Employees who participated in a group sport activity can relate.**
- **Cheer each other on as a group.**



TEAMBUILDING EXERCISE



The Three Ls



- ***LOOK*** for work to be done, or for opportunities to improve.
- ***LISTEN*** to what you are being told in regards to work.
- ***LEARN*** everything you can.
Knowledge is power.



Look, Listen, and Learn



- Training opportunities
- Cross-training/on-the-job training
- Use your Individual Development Plan (IDP) as a tool to reach your educational goals.
- Read policies and procedures
- Review references listed on your position description
- Annual evaluation
- Know your JOB! (for JCAHO)
- www.ahima.org Web site



IDP

INDIVIDUAL DEVELOPMENT PLAN - 2009



1. Employee Gary M. Russell-King	2. Current Position & Grade Medical Records Administrator GS-669-12	3. Organization DHHS, USPHS, IHS, NAIHS, Shiprock Service Unit, NNMC, Medical Records	
4. Career Goals (Include Positions and Grades)			
5. Short Range 1. Learn about Acquisition Requirements 2. E.H.R. CAC Proficiency in HIM 3. Learn Microsoft Excel		6. Long Range - Become a Management Analyst for Privacy, Administration or Clinical - Become an independent Trainer/Consultant for Indian Country (after retirement)	
7. Developmental Objectives	8. Developmental Assignments*	9. Formal Trainings	10. Other Activities
1. Improve present performance in job 2. Update skills & ability 3. Familiarize self with new work assignments & SU mission	CY – 2009 CY – 2009 CY – 2009	- Formal HIPAA/Privacy/FIOA Seminars/Training - Electronic Medical Records systems (EHR). - Union/Personnel Relations - Records Management - 3 rd Party Reimbursement - Acquisition Trainings on ICE, SOW, Fed Biz, etc. - Excel Training.	- Teambuilding trainings - Performance Improvement - MR/BO Partnership Mtgs - IHS Partnership Conf. - Reimbursement/Billing - Joint Commission inservices
11. Developmental experience needed for: a. <input checked="" type="checkbox"/> Overall career (individual development) b. <input checked="" type="checkbox"/> More effective performance in present condition 12. () No further career development desired/needed at present time.			13. Remarks
14. Employee Signature Gary M. Russell-King	15. Date	16. Supervisor Signature Health Systems Administrator	17. Date

Employee Evaluation



DEPARTMENT OF HEALTH AND HUMAN SERVICES

HHS EMPLOYEE PERFORMANCE APPRAISAL PLAN

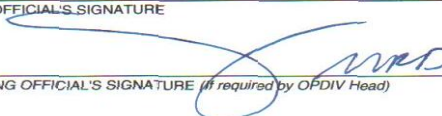

(See HHS-704A, "Performance Management Appraisal Program", for additional information.)

EMPLOYEE'S NAME (Last, First, MI) CARLSTON, Joann		APPRAISAL PERIOD From: January 01, 2007 To: December 31, 2007	
ORGANIZATION DHHS/IHS/NAIHS/NNMC/Health Information	POSITION TITLE, SERIES, AND GRADE Supervisory Medical Records Technician GS-0675-07		



I. PERFORMANCE PLAN DEVELOPMENT, MONITORING AND APPRAISAL

A. Performance Plan Development - Establishes Annual Performance Expectations

[NOTE: The employee's signature does not indicate agreement; only that the plan has been communicated.]

RATING OFFICIAL'S SIGNATURE 	DATE 3/19/07
REVIEWING OFFICIAL'S SIGNATURE (If required by OPDIV Head)	DATE
EMPLOYEE'S SIGNATURE 	DATE 3/19/07

B. Progress Review - Written narrative required if performance on any element is less than Fully Successful.

RATING OFFICIAL'S SIGNATURE 	DATE 10/01/07
EMPLOYEE'S SIGNATURE 	DATE 10/01/07

C. Summary Rating - Section II, Critical Elements, must be completed in order to generate this Summary Rating.

[NOTE: The employee's signature does not indicate agreement; only that the rating has been communicated.]

Exceptional
 Fully Successful
 Minimally Successful
 Unacceptable

RATING OFFICIAL'S SIGNATURE	DATE
REVIEWING OFFICIAL'S SIGNATURE (If required by OPDIV Head) (Required if rating is Unacceptable)	DATE
EMPLOYEE'S SIGNATURE	DATE



Service Unit Strategic Plan

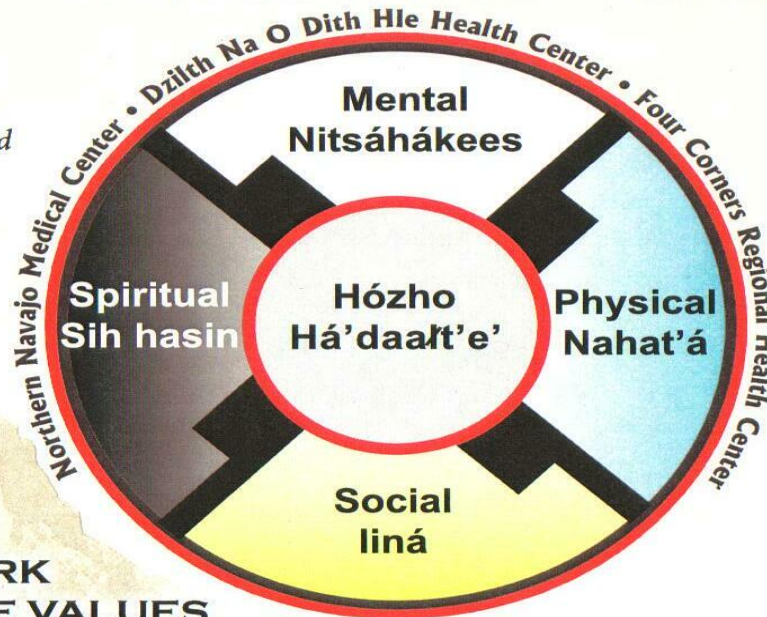
SHIPROCK SERVICE UNIT STRATEGIC PLAN

MISSION

SSU promotes progressive approaches to individual and community wellness.

VISION

Individuals, Families, and Communities embracing a healthy circle of life



STRATEGIES

- Recruit, retain, recognize and respect people through education, encouragement, and empowerment
- Provide efficient access to quality health care by a caring and motivated staff
- Cultivate partnerships that nurture a culture of health and wellness
- Improve systems to support individual, family, and community wellness

OUR WORK AFFIRMS THESE VALUES

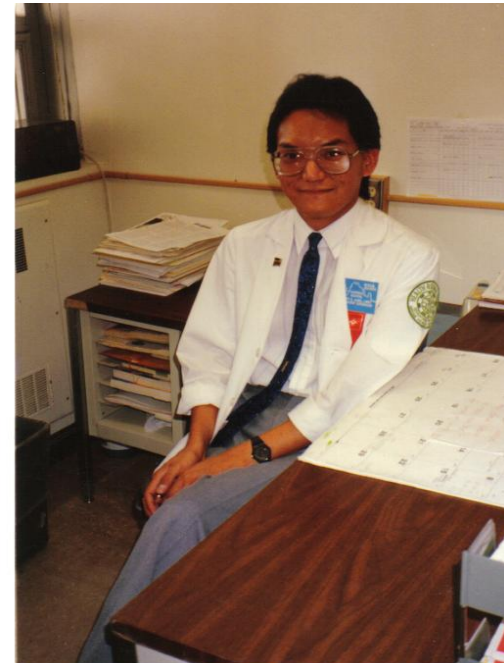
*Quality
Accountability
Respect
Commitment*

Got Goals?

**Remember that we all had to
start somewhere, even the
*boss!***



Medical Records Clerk 1987



Lead MRT 1988

Develop Personal Goals



- **Establish SMART goals:**
 - **Specific**
 - **Measurable**
 - **Attainable**
 - **Realistic**
 - **Time-defined**



Most important thing to ensure your goals are met is to *write them down!*

My Heroes



**Do you
have a
person
who
inspired
you?**

Al Toya, RHIT

**Irene H. Edmonds,
RHIA**



Be All You Can Be



Challenge yourself to learn more in your job by enhancing your competency level.

Definition of Competency:

Competency is the knowledge, skill, or attitude that enables one to effectively perform the activities of a given occupation or function to the standards expected in employment.

Educate, Educate, Educate



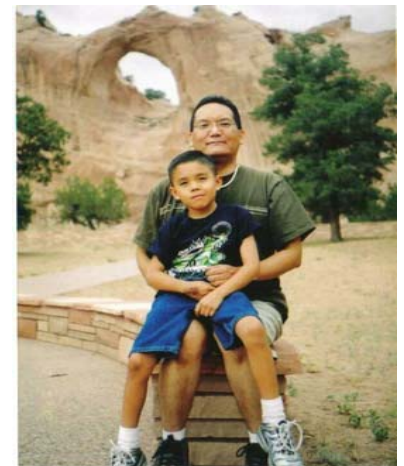
- **Know your job.**
- **Know your organization/facility.**
- **Use that knowledge to educate your family and friends about IHS.**
- **Ask questions—that is how you learn.**



Healthcare is Demanding



- **Healthcare changes each year; we must be able to “embrace change”**
- **Physical demands on your body.**
- **Personal life may be affected due to work commitments.**
- **Have a balance between your work and personal life.**
- **Disaster relief—do you have a plan for your family?**
- **Have a *Plan B, Plan C, and Plan D.***



Be Prepared



- Government Shutdown 1995**
 - Many employees did not get paid.
 - Hospital and business operations continued.
 - Many employees learned to get financially secure.



Penny De Los Santos/The Daily Times
Gary Russell-King, Medical Records Administrator, loads food for workers at Northern Navajo Medical Center in this file photo taken Jan. 5. The hospital lost its funding last week when President Clinton vetoed a bill appropriating funds for the Department of Interior.

IHS uncertain about services

Are You Cut out to Work in Health Information?



- **Is this job really for you?**
- **“Never a dull moment”**
- **Not just a “desk or sitting” job.**
- **Are you the type of person who genuinely cares about helping people?**
- **There are a lot of regulatory requirements.**
- **The grass is not always greener on the other side in any department or facility.**



Management's View



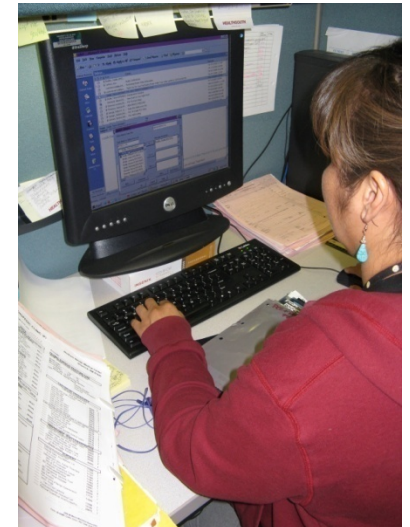
- **Managing at times seems like “sheep-herding”**
- **Management’s expectations of employees:**
 - **Be creditable and show mutual respect**
 - **Excel in job performance**
 - **Be honesty**
 - **Be loyalty**
 - **Be happy in your job**
- **Future job reference for you**



Accountability is Critical



- **Be accountable performing your job.**
- **Know that accountability impacts patient care and the overall mission of the HIM dept.**
- ***Be reliable!***
- **HIM plays a key role in healthcare, so it is very important that we do our best.**



Working for the Government

- This is not Burger King...you can't have it "*Your Way*"!



HAVE IT YOUR WAY®

- We all have *rules and regulations* to follow and we all have a *boss* to answer to.
- Remember—You applied for the job and said you could do it!

Life Before Medical Records



- Use to ride for 8 seconds...



Now can pull charts in 8 seconds!

Rewards and Recognition



- Sometimes a thankless job.
- Give your supervisor a good reason to recognize you: *above and beyond vs. your job.*
- Write up a HIM colleague.
- Be happy for your coworker or team!
- Appreciation is the #1 form of recognition employees desire.
- HIM is a stepping stone to other career opportunities.



Your Biweekly Reward



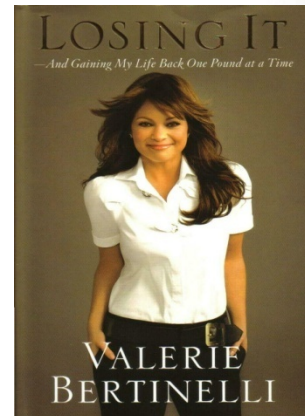
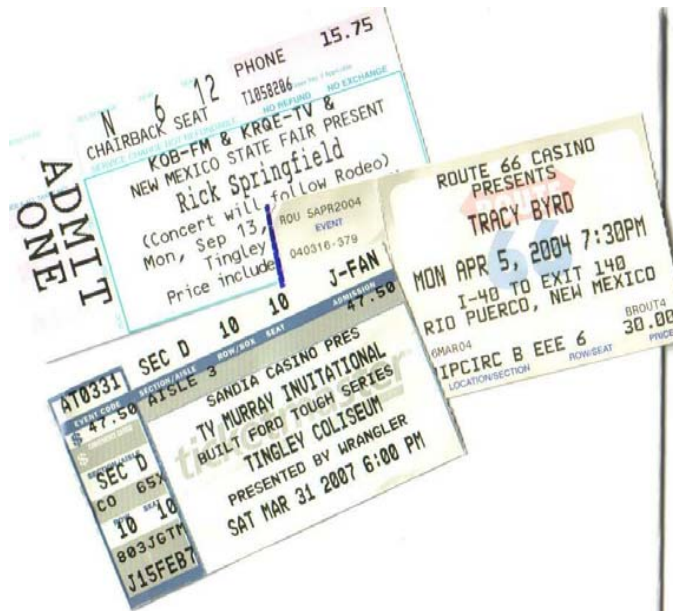
- Your paycheck.
- Your benefits.
- Helping your Dine' People.



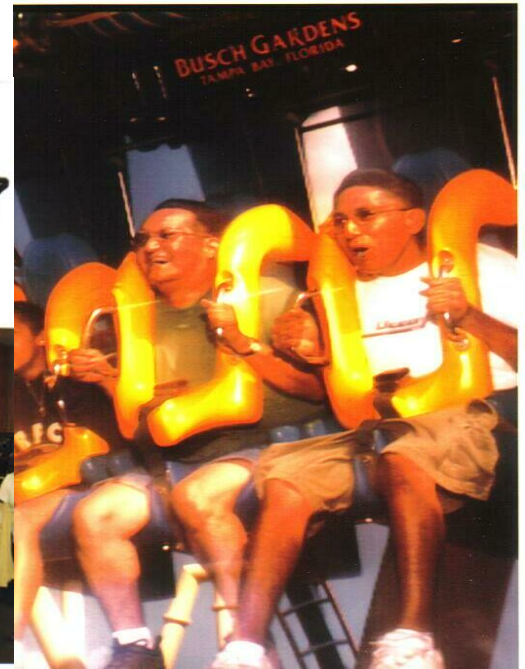
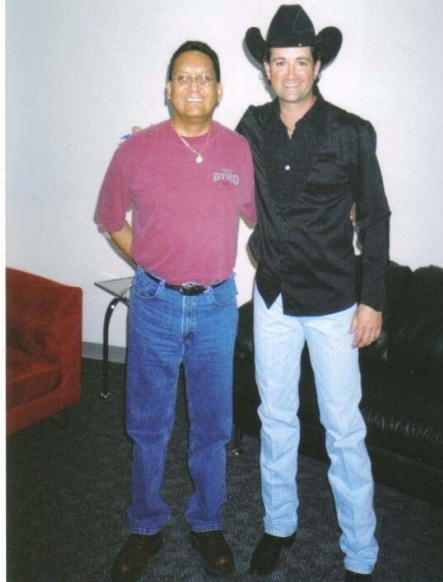
Reward Yourself!



Buy yourself
something each
payday...you
deserve it!



You Work Hard...So Play Hard Plan some fun into your life...



National HIM Week



- Yearly in early November.
- Time to celebrate our HIM profession
- Educate our profession to other healthcare staff and community
- Plan fun activities for staff



What is in our future?



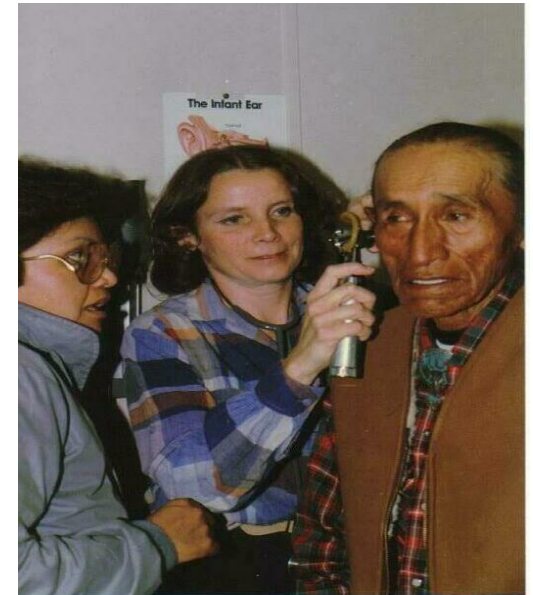
- **Medical Records is now HIM.**
- **Electronic Health Record (EHR) is here.**
- **Future HIM positions: Coding Auditor, Scanning Technician, Clinical Documentation Specialist, Data Quality Specialist, Health Information Preservationist**
- **Will there be a need for medical records staff in the future???? YES!!!!!!**



Everything You Do Is Very Important for Patient Care



- **There is a reason for your position/job.**
- **Take pride in your work.**
- **Everything you do touches a patient's life .**
- ***Be proud to work for IHS!***



HEALTH INFORMATION



- **Medical Records is the heart and soul of the facility.**
- **A patient cannot be treated without a medical record.**
- **You provide a vital service for the patient.**



You are a very important member of the IHS Team!



Be Proud to Wear the Patch



Helpful Web Sites



- http://www.ihs.gov/PublicInfo/Publications/IHSManual/Parts_index.cfm#Part3
- <http://www.ihs.gov/AdminMngrResources/PrivacyAct/>
- <http://www.ihs.gov/AdminMngrResources/FIOA/index.cfm>
- <http://www.ihs.gov/nonmedicalprograms/planningevaluation/rrm-index.asp>
- www.whatstheplan.com
- www.ahima.org
- www.cms.hhs.gov
- <http://www.hhs.gov/ocr/hipaa/finalmaster.html>

Thank you for attending!

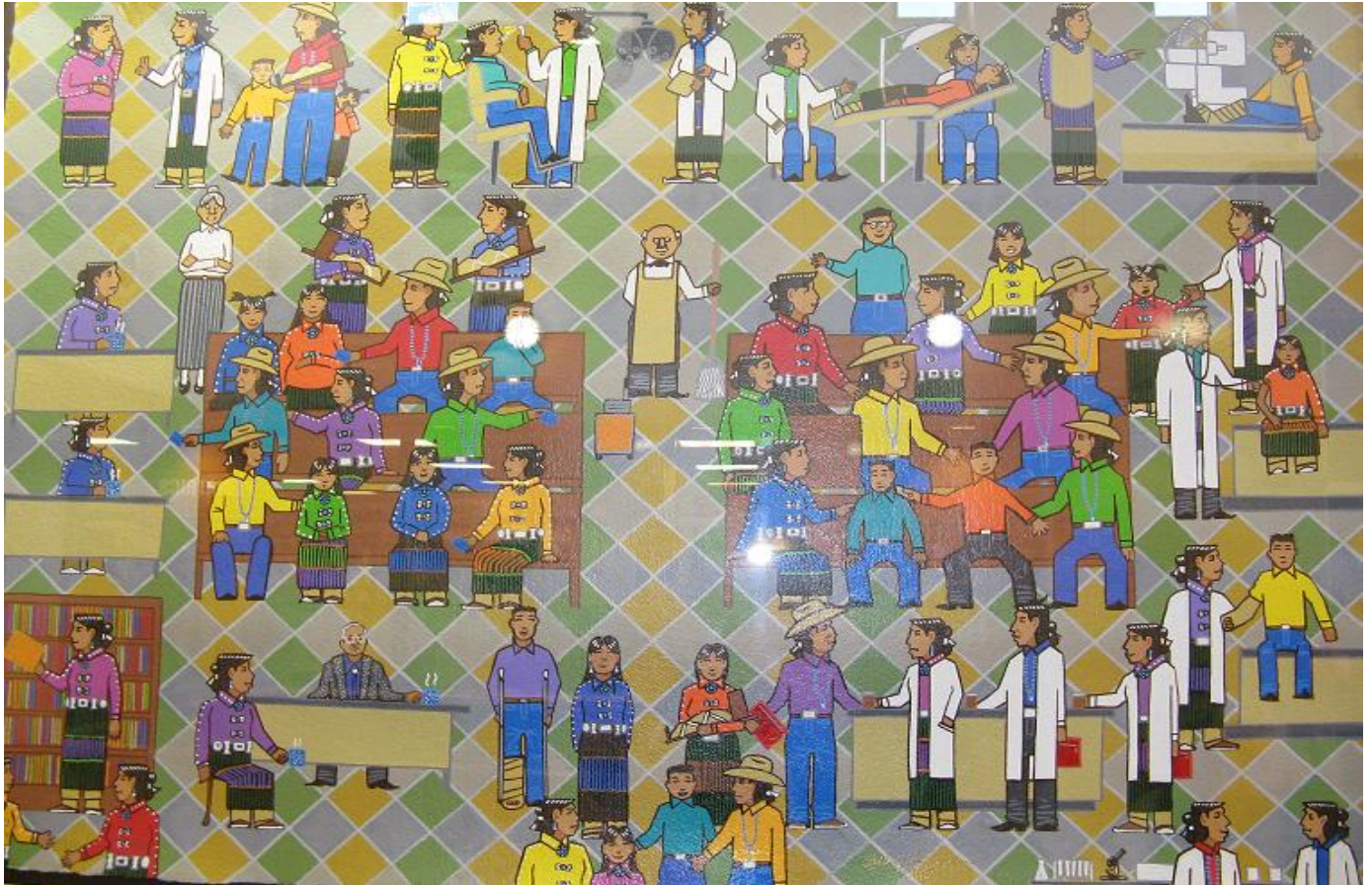


Photo Credits:

Courtesy of the Indian Health Service/U.S. Dept. of Health & Human Service and the personal photo library of Gary M. Russell-King.