**Meeting Summary AHIMA Standards Task Force (TF)**

Information Governance (IG) Standards Project: HIT Standards for HIM Practices

Time: Monday, June 27, 2016

1:00 EST, 12:00 CST, 11:00 MST, 10:00 PST

Call-in information

[Join WebEx meeting](https://ahima.webex.com/ahima/j.php?MTID=m9078924aee04e011e9bb04dad77be333)

Meeting number: 926 075 291

1-650-479-3208 Call-in toll number (US/Canada)

Call Materials: <http://wiki.ihe.net/index.php/Standards_TF_Call_06/27/16>

2016 Project Wiki: <http://wiki.ihe.net/index.php?title=HIT_Standards_for_HIM_Practices-2016>

**Tentative Agenda**

12:00-12:10 Welcome and Reminders, *Harry Rhodes*

1. Welcome new Task Force members
   1. Christine Watts
   2. Sally Bikos
   3. Pamela Cale
2. Sign-up/ Completing Conflict of Interest Form *Link****:***

<https://secure.ahima.org/COI/ConflictOfInterest.aspx>

1. AHIMA IG Business Requirements Specification: Update on Public Comment Process

12:10-12:20 Project Presentations, *Harry Rhodes*

1. AHIMA House of Delegate Forum Webinar, Wednesday, August, 24 at 3:00pm ET
2. 2016 AHIMA Convention, Educational Session – AHIMA Standards Strategy: IG Project

Wednesday, October 19 at 11:00am-12:00pm ET

12:20-12:30 Content Standardization Project Update, *Diana Warner*

1. Supporting CDI Programs in Building Case Definition Templates - Semantic Content Tools Demonstrations (CAP eCC, Open EHR, Trifolia, CAM, SHARE, ART DÉCOR, VSAC, CDC PHIN-VADs)

12:30-1:55 AHIMA HIM Checklist/Use Case Specification Review, *Harry Rhodes*

1. Patient Registration Use Case

*Materials for Discussion:*

AHIMA HIM Checklist and Use Cases Specification

1:55-2:00 Other

**Meeting Summary**

Attendees:

Aaron Haskett

Alane Combs

Beth Horn

Bill Reisbick

Harry Rhodes

Darice Grzybowski

Diana Warner

Marcia Matthias

Michael Nusbaum

Nicole Miller

Robin Keeney

Sharon Meyer

Sandra Huyck

Valerie Wilson

12:00-12:10 Welcome and Reminders, *Harry Rhodes*

1. Welcome new Task Force members
   1. Christine Watts
   2. Sally Bikos
   3. Pamela Cale

***Meeting*** ***Notes***

***Christine Watts was the only new Task Force member to attend. Introduction provided. Conflict of Interest from signed.***

1. Sign-up/ Completing Conflict of Interest Form *Link****:***

<https://secure.ahima.org/COI/ConflictOfInterest.aspx>

1. AHIMA IG Business Requirements Specification: Update on Public Comment Process

***Meeting Notes***

***Progress toward preparation for Public Comment Process was reported. The AHIMA Business Requirements Specification and Public Comment Policy and Procedure are currently under review by AHIMA Legal Counsel and Leadership team. Plan to begin Public Comment Period after July 1st.***

12:10-12:20 Project Presentations, *Harry Rhodes*

1. AHIMA House of Delegate Forum Webinar, Wednesday, August, 24 at 3:00pm ET

***Meeting Notes***

***Harry announced plans to present the AHIMA House of Delegate Forum Webinar. Linda Bailey-Woods, Sandra Huyck, and Lee Wise to present.***

1. 2016 AHIMA Convention, Educational Session – AHIMA Standards Strategy: IG Project

Wednesday, October 19 at 11:00am-12:00pm ET

***Meeting Notes***

***Reviewed the Standards Team plans to present at the AHIMA16 National Convention. Announced Call for Faculty for AHIMA Standards Strategy: IG Project -Wednesday, October 19 at 11:00am-12:00pm ET***

12:20-12:30 Content Standardization Project Update, *Diana Warner*

Supporting CDI Programs in Building Case Definition Templates - Semantic Content Tools Demonstrations (CAP eCC, Open EHR, Trifolia, CAM, SHARE, ART DÉCOR, VSAC, CDC PHIN-VADs).

***Meeting Notes***

***Diana provided an update on Semantic Content Tools. And, the stakeholders from outside of AHIMA membership***

12:30-1:55 AHIMA HIM Checklist/Use Case Specification Review, *Harry Rhodes*

1. Patient Registration Use Case

*Materials for Discussion:*

AHIMA HIM Checklist and Use Cases Specification

***Meeting Notes:***

***Harry Reviewed AHIMA HIM Checklist and Use Case Specification document. The notes from the last meeting was cleaned up, refining definitions, and use case model.***

***Discussion: Reviewed the updated Development Process with the new approach being to work from the “bottom up” addressing the Use Case workflow steps first and then take the Use Case steps and use those steps along the Business Requirements to develop the HIM Practice Checklist items from the literature review.***

***Reviewed Document Structure with the Task Force, reviewing each element of the Use Case model and UML Workflow Diagram.***

***Reviewed Patient Registration Workflow and Problem.***

***Reviewed new Use Case Scenarios which have been organized into 3 sections:***

1. ***Acute care visit to the Emergency Department.***
2. ***Inpatient setting visit (hospital, clinic, and other)***
3. ***Outpatient setting visit***

***Comments:***

***Lori – what is being proposed is very comprehensive.***

***Sharon - How should we handle the trauma unknown patient? Should we add this category of patient as a unique category. Harry – this is actually addressed in one of the first steps in the Use Case where the patient is identified.***

***Sharon and Bill - Discussion moved to the best method for identifying unknown patients? John and Jane Doe does not work for large number for unknown admissions. Need to investigate new guidelines for mass causality identification. Robin - Search American Trauma Society website.***

***Patient Registration Use Case in the Episode of Care: Review and Discussion:***

***Darice does not agree with how this diagram is organized, it is too high level. Is not representative at all the different phases the patient moves through. Darice doesn’t believe that we should be following this model. ‘the Use Cases are where we should work out the details of the registration process.” The blue arrows across the top of the diagram do not accurately reflect the episode of care process.***

***List of deficiencies in the Patient Registration Use Case in the Episode of Care diagram noted by Darice Grzybowski:***

1. ***Diagram too high level.***
2. ***Is not representative of all the different phases the patient moves through.***

***Blue arrows across the top of the diagram do not accurately reflect the episode of care process.***

1. ***Does not reflect the flow of information***
2. ***Prescription has nothing to do with registration, neither does testing or diagnosis, diagnostic testing***
3. ***Would like for the Task Force to follow and refer to the documents that were provided. (Source e-mail of May 31, 2016).***

* ***The Pre Registration through Admissions/Registration/Episode of Care/Visit Phase (note this is what we worked on 2 meetings ago)***
* ***The Active Patient Care Phase (outlined on the attached)***
* ***The Post Discharge HIM Phase (outlined on the attached)***
* ***The Billing/Collections Phase (outlined on the attached)***



1. ***The steps in the Episode of Care process are not the right terms for registration or for representing the patient care process. These are just random word in no particular order. It should be re-written. An accurate representation would start with patient registration and then put patient care, patient care, and discharge***

**Review of Table 2. Use Case A1: Business and Technical Actors and Their Roles*:***

***Sharon Meyer asked if the information captured in registration is what is being shown in diagram. Only one registration is performed once in “registration” and then it is carried forward. The steps in the episode of care all reuse the information captured during registration. Sharon noted that the diagram could use more definition in the description under the diagram. Patient registration information needs to carry forward.***

***Christine Watts – As the information carries forward it need to remain contextual consistent, across the entire episode of care flow. The name, context, and definition element need to remain consistent.***

***Bill Reisbick – Recommended that “Caregiver” be replaced with: Substitute design maker, significant other, guardian, legal representative, or representative. Sharon Meyer – noted that this individual could be a neighbor. Sharon Meyer – suggested guardian. Bill Reisbick – mention power of attorney. In patient portals – this would be the authorized patient representative.***

***In the Use Case document, Bill Reisbick noted that in Step 1, the Patient “walks” into the ED, should be changed to the Patient “enters” the ED.***

***Bill Reisbick – Noted that in Step 7. Change insurance verifier “collects” to “request” co-payment.***

***Darice Grzybowski – Suggested “Insurance verification and patient arrangements discussed” be the wording.***

***Sharon Meyer – Suggested that “patient triage” step be put back into Use Case. Or “patient care performs screening exam”.***

***Review of Use Case A1: Registration of Walk in/Patient Presentation in ED. – Workflow and Data Flow Diagram:***

***Harry reviewed workflow and data flow diagram:***

***Darice Grzybowski – Referring back to earlier points made regarding the Episode of Care Diagram. The Work Flow and Data Flow Diagram still does not capture all of the activities taking place and does not flow properly.***

***Additionally, Work Flow and Data Flow Diagram includes details that do not apply for this work flow.***

***Finally, if we use this diagram, while is very good, we need to properly use the symbols on the diagram. For example the diamonds indicate Yes or No decisions. Need to investigate proper use of the symbols and provide a “legend” to define symbols.***

***Bill Reisbick – Need to include “screening examination” on the diagram.***

***Sharon Meyer – Put an activity between in front of the first diamond under the Patient or Caregiver swim-lane for the capture of “screening examination”. We need to consider the variation in process rural versus urban. Also, noted that mHealth solutions are not widely in use.***

***Bill Reisbick: Suggested adding to the diamond following step 5 “Patient Screening” would now read “Validates Patient Info, Patient Screening”***

***Christine Watts – Suggested making the swim lanes horizontal, allowing the diagram to be read left to right.***

***Reviewed Mapping of Use Case’s Workflow Steps to Business Requirements and Checklist Items:***

***Harry reviewed table of Checklist Items and Use Case Steps. With the steps being captured as steps in the Use Case. Checklist than is completed for each of the steps in the Use Case, finding documents in the .***

***Christine Watts: This looks very much like a “Traceability Matrix” a tool in organizations using Toyota Lean or Six Sigma. Tracing the requirements and validating Use Case. This table would also help to determine if there are any requirements that need to be identified. It would allow for gaps and omissions to be identified. This would support a multifaceted review of requirement and steps.***

***Task Force members stated that they believe that what we have created is an improvement.***

***The meeting adjourned at 2:00 PM***