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**Author:** Debi Primeau, RHIA, FAHIMA, President, [Primeau Consulting Group, Inc.](#)

**Title:** **Lessons Learned During a Coding Reorganization Project**

A large integrated delivery system recently went through a coding reorganization project. The initial reorganization had realigned the HIM organization, establishing regional and local medical center HIM operations and coding leadership structures. Each HIM operations leader had a dual reporting relationship, reporting both to their respective regional director as well as the CFO(s) of the local hospital(s) for which they were responsible for managing. The coding leaders were transitioned to a direct regional reporting.

### **New Coding Reorganization Project Launched**

During the years following the first reorganization, the regional leaders determined the need to have more hands-on, day-to-day coding and technical support and management of the coding operations. This determination prompted a new coding management reorganization project.

The project was broken into three phases:

1. *Management restructuring.* The first step was obtaining support from upper management. That process took several months and multiple iterations of the proposed structure before being approved by the appropriate regional and local medical center senior leaders.

The restructuring was based on function rather than geography. Coders were aligned by vertical coding function—inpatient (IP), outpatient (OP), and emergency department (ED)—and would code those types of records regardless of the location of the patient. Each vertical function was assigned managers who were responsible for supporting the day-to-day needs of the coders, including support for training, productivity, and quality.

2. *Job realignment.* The three levels of coder job titles and descriptions were clarified to reflect the main responsibilities for each coder in the job class. Each had different requirements, but it wasn't always clear where a coder might fit. With the new vertical

function alignment, each job description is specific in terms of required focus and experience for that particular role — ED coder, OP coder, and Inpatient coder.

All existing coders were assessed to determine how their current competency matched the level and skills required for the new role, including competency to code all cases from all medical centers. Some coders needed additional training to address specialty areas they were not previously required to code.

*Workflow redesign.* Ninety percent of the coding staff work remotely; hence, the work is assigned virtually. Workflows specific to work assignments and system work queues were changed to align the work with the functions (IP, OP, ED). The goal is to transition to common work queues by case type and allow configuration for auto-assignment of work. A team comprised of coding, support, and management staff will determine the best system configuration to accomplish this goal.

### **Change Management Process**

Implementing such a drastic change to workflow demands a strong change management process. One of the most critical milestones for the regional management team was for all key stakeholders, including the coders, to understand the rationale for restructuring.

The team decided to hold sessions to launch the new program to the coders-- one each for the IP, OP, and ED coders. All coders for each area came together for information, team-building exercises, and introduction of the new leadership.

### **Next Steps**

*Management restructuring.* With the new management in place, the team is focused on stabilizing the coding operations in the new structure.

*Work queues.* The team continues to work on leveraging the technology in determining how best to configure the system to accomplish the auto-assignment of work from the various work queues and case types.

*Coder training.* Ongoing training is one of the most important components of the transition. The organization is committed to ensuring each coder receives the training required to effectively perform their coding role. This is determined by the ability to meet or exceed productivity and accuracy standards.

## Words to the Wise

As with most projects of this scope and size, things don't always go as planned. Here are some lessons learned during this endeavor.

*Find the right people.* It can take a while to find the right people to fill management positions. However, reacting with a sense of urgency to hire someone—anyone—is not a good tactic. Take time to find people who can fit into the culture and carry out your vision. Ensuring the right staff members are in place will support the success of your project.

*Expect the unexpected.* Projects rarely go exactly as planned. Don't be so attached to your plan—and your Gantt chart with project milestones—that you ignore the warning signs of a potential derailment. Determine the best way to provide training without adversely affecting operations. Be willing to stop, breathe, and pivot. It is better to get everyone on board and adjust the plan accordingly—even if the project is delayed—than to push through without listening to their concerns and suggestions.

*Involve the appropriate staff early in the process.* Schedule regular meetings to obtain feedback on how best to proceed with the eventual changes. Since access to everything required for implementation may not be in place, ask staff to identify what they need to get the job done. Your goal is to have management and the staff understand and accept the changes. Everyone's buy-in is important in promoting and fostering collaboration between management and staff.

Bio for Debi Primeau, MA, RHIA, FAHIMA

As Primeau Consulting Group's Founder and President, Debi Primeau, MA, RHIA, FAHIMA collaborates with experienced and professional health information professionals to provide documentation and coding audits, health information and project management, information governance and privacy and security consulting services. She has a degree in business management, in addition to a graduate degree in organizational management.