Health Information Management Plan

Health INFORMATION MANAGEMENT Plan:

1. Purpose

Ensure accurate, secure, accessible, and high-quality health information that supports patient care, clinical decision making, hospital operations, legal compliance, and data driven performance.

2. Scope: This plan applies to:

- All departments that create, access, or manage patient health information.
- All workforce members: clinical staff, administrative staff, contractors, and volunteers.
- All information formats: electronic health records (EHR), paper records, digital images, audio/video files, clinical documentation systems, and health information exchanged with external partners

3. HIM Governance Structure

3.1 Health Information Management (HIM) Department Responsibilities

- Manage and maintain the accuracy, completeness, and availability of patient health records.
- Oversee documentation standards, record retention, privacy, data governance, and release of information (ROI).
- Monitor compliance with laws and regulations.
- Provide staff training on documentation and privacy practices.

3.2 Committees Involved

- **Health Information Governance Committee** – Oversight of policies, interoperability, data quality.
- **Privacy & Security Committee** – Ensures compliance with HIPAA (or local regulatory equivalents).
- **Clinical Documentation Improvement (CDI) Committee** – Ensures clinical accuracy and coding quality.
- **Quality Improvement (QI) Committee** – Uses data for performance improvement.

4. Health Record Management

4.1 Record Creation

- Every patient encounter must result in an accurate, timely, and complete health record.
- Clinicians must document within established timeframes (e.g., within 24 hours of service).

4.2 Record Maintenance

- Electronic systems follow standardized templates and terminologies.
- Version control is enabled to prevent data overwriting.
- Audit trails are maintained for all edits, access, and deletions.

4.3 Record Completion & Deficiency Tracking

- Providers must complete documentation before signing.
- HIM monitors deficiencies and sends reminders.
- Persistent non-compliance escalates through department heads.

4.4 Physician & Clinical Documentation Improvement (CDI)

- CDI specialists review documentation for clarity, completeness, and specificity.
- Query processes follow approved, compliant query templates.

5. Data Quality Management

5.1 Data Quality Elements

The hospital ensures accuracy, timeliness, completeness, relevancy, consistency, and reliability of all health information.

5.2 Data Validation Processes

- Routine audits (random, targeted, and automated EHR quality checks).
- Periodic coding accuracy audits (ICD, CPT, SNOMED CT).
- Duplicate record prevention and merging protocols.

6. Privacy, Security & Confidentiality

6.1 Privacy Practices

- Compliance with HIPAA or applicable local laws.
- Minimum necessary rule applied to all PHI use.
- Annual privacy training required for all staff.

6.2 Security Measures

- Role-based access to systems.
- Multi-factor authentication.
- Regular password renewals and automatic session timeouts.
- Encryption for data at rest and in transit.
- Physical safeguards: secure storage, badge-controlled access, CCTV.

6.3 Breach Management

- Immediate reporting of suspected breaches.
- Investigation within defined timelines.
- Notification to affected individuals per legal requirements.

7. Release of Information (ROI)

7.1 Authorization Requirements

- Valid patient or legal representative authorization required unless otherwise legally permissible (continuity of care, court order, mandatory reporting).

7.2 Fees and Processing Time

- Fees follow regulatory guidelines.
- ROI requests must be processed within legal timelines.

7.3 Verification

- Requesters' identity must be verified before release of information.

8. Coding & Revenue Cycle Integration

8.1 Coding Standards

- Use ICD-10, CPT/HCPCS, SNOMED CT, and local coding regulations.
- Coders must ensure accurate reflection of clinical documentation.

8.2 Billing & Claims Support

- HIM staff collaborate with billing for claims accuracy.
- Denial management and audit response processes established.

9. Interoperability & Health Information Exchange (HIE)

9.1 Data Sharing Standards

- HL7, FHIR, DICOM, and other interoperability standards used.
- Agreements established with external partners to ensure secure exchange.

9.2 Patient Access

- Patients may access electronic records via patient portals.
- Identity verification ensures secure portal enrollment.

10. Record Retention & Destruction

10.1 Retention Schedule

- Records kept in accordance with national, state, and accreditation requirements.
- Legal-hold processes in place for litigation-related records.

10.2 Destruction Methods

- Paper: shredding or secure destruction vendors.
- Electronic: secure file deletion, degaussing, or device destruction.
- Certificates of destruction maintained.

11. Business Continuity & Disaster Recovery

11.1 System Downtime Procedures

- Use downtime forms for critical documentation.
- Manual reconciliation when systems are restored.

11.2 Disaster Recovery

- Off-site backups and redundant data centers.
- Recovery Time Objective (RTO) and Recovery Point Objective (RPO) defined.

12. Training & Competency

12.1 Orientation

- Training on documentation standards, EHR use, privacy/security, and HIM workflows.

12.2 Ongoing Education

- Annual refreshers and targeted training for regulatory changes.

13. Performance Monitoring & Improvement

13.1 Key Performance Indicators (KPIs)

- Record completion rates
- Coding accuracy
- ROI turnaround times
- Duplicate record rate
- Documentation quality metrics
- Audit findings and compliance scores

13.2 Continuous Improvement

- Use KPI data to develop action plans.
- Performance reports shared with department leaders.

14. POLICY REVIEW

- HIM Plan reviewed annually or when regulations or processes change.
- Updates approved by HIM Leadership and the Compliance/Privacy committees.

UTMC has adopted thirteen (13) basic principles of information management. These principles describe the core functions of an effective health information management plan. Regardless of changes of the health information management initiatives, these principles remain constant. The following is a list of these principles:

1. *Accuracy* – the extent to which data are free of errors
2. *Confidentiality* – restriction of access to data and information to individuals who have a need, reason, and permission for such access
3. *Timely* – the extent to which data is ready and available to meet the needs of the users
4. *Interpretable/useable* –- data format is such that is understandable and meets the needs of the users
5. *Integrity/consistency* – accuracy, completeness of data
6. *Accessible/dissemination* – availability of data such that data or information can be sent from one location to another location
7. *Ability to correlate/integrate* – data from disparate systems can be combined/transformed into information
8. *Ability to aggregate* – to combine standardized data and information
9. *Statistical analysis* – the use of measurement/mathematical tools to transform data into relevant information for decision making
10. *Relevant* – meaningful to intended users
11. *Measurable* – data in a quantitative form which will facilitate internal and external comparisons over time
12. *Authority/source of truth* – the acquisition or capture of data (material, facts, or critical observation) from the primary, most reliable origin of that data
13. *Portability* – the reuse of data elements across multiple clinical systems for patient care

INFORMATION MANAGEMENT GOVERNANCE

The HIM Plan is considered a "living document" that continually changes and adapts to new information needs of the organization.

The Health Information Management Committee is a multi-disciplinary team designed to oversee UTMC's compliance with the Information Management chapter of the Joint Commission Accreditation Manual for Hospitals, the CMS Conditions of Participations, and other regulatory bodies. The purpose, functions and responsibilities of the Health Information Management Committee are detailed in Policy Number 3364-87-17, which is attached and made a part of this Plan.

Other Committees

Compliance Committee Meeting – The focus of this committee is to review policies and procedures to ensure appropriate confidentiality measures are being adhered to within UTMC and establish proactive efforts to monitor the hospital's compliance with such policies and procedures.

NEEDS ASSESSMENT

UTMC's internal and external needs assessment process considers factors related to both present and future information management requirements. For each of the various internal and external stakeholder groups, UTMC determines each group's information needs. The information needs are gathered and assessed using a variety of methods – both formal and informal:

- Analysis of requests made from internal and external sources
- Operations request
- Departmental and employee surveys
- Formal stakeholder request
- Research
- Anecdotal reports
- Customer Satisfaction
- Regularly scheduled meetings where information needs are also gathered and analyzed (e.g., OLT meetings)

The needs assessment process at UTMC is based on a continuous improvement model. This ensures that the evaluation of stakeholders' needs for information is an ongoing process. In addition, a performance improvement plan is developed and assessed following each implementation phase of an information management initiative. This procedure provides assurances that the outcomes of each information management initiative have measurable results – and that needs are being met. If goals are not achieved, a reassessment of the process takes place to explore reasons and potential alternative improvement strategies.

Reviewed by: /s/ _____ Daniel Barbee Chief Executive Officer 2/23/2026 _____ Date /s/ _____ Puneet Sindhwani, MD Chief of Staff 3/17/2026 _____ Date /s/ _____ Michael Ellis, MD Chief Medical Officer 3/2/2026 _____ Date /s/ _____ Ryan Sadeghian, MD Chief Medical Information Officer 3/2/2026 _____ Date *Review/Revision Completed by:* *Administrative Director, Outcome Management,* *Chief Medical Information Officer*	Initial effective date: 8/1996 Review/Revision Date: 05/1999 08/1999 08/2000 08/2001 08/2002 08/2003 12/2004 08/2005 09/2006 01/2008 12/2008 02/2010 02/2011 04/2013 02/2014 03/2015 04/2016 06/2017 06/2018 06/2019 09/2020 3/2026 Next review date: 3/2029