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# Impact Information Governance has on Healthcare Organizations

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Impact Information Governance has on Healthcare Organizations

Nadine N. Ellington

University of Tennessee Health Science Center

December 2018

# IMPACT INFORMATION GOVERNANCE HAS ON HEALTHCARE ORGANIZATIONS

## Abstract

The purpose of this study evaluated the impact of information governance (IG) on healthcare organizations. Objectives and limitations were derived from literature reviews, case studies, and surveys. A methodology of evaluation research with a focus on summative evaluations was conducted. The population study consisted of health information management (HIM) professionals, consultants, data analyst, and other healthcare professionals. The findings from the research provided significant evidence supporting the value IG programs possess along with the benefits healthcare organizations gained with the adoption of the IG initiative.

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## List of Abbreviations

| <u>Term</u>                                       | <u>Abbreviation</u> |
|---|---------------------|
| Information Governance                            | IG                  |
| Health Information Management                     | HIM                 |
| American Health Information Association           | AHIMA               |
| Registered Health Information Administrator       | RHIA                |
| Electronic Health Record                          | EHR                 |
| Enterprise Information Management                 | EIM                 |
| Information Asset Management                      | IAM                 |
| Georgia Health Information Management Association | GHIMA               |
| Body of Knowledge                                 | BOK                 |
| Information Governance Adoption Model             | IGAM™               |
| Utah Health Information Network                   | UHIN                |
| Health Information Exchange                       | HIE                 |
| Regional Health Information Organization          | RHIO                |

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# IMPACT INFORMATION GOVERNANCE HAS ON HEALTHCARE ORGANIZATIONS

## Chapter 1- Introduction

### **Impact Information Governance has on Healthcare Organizations.**

**Introduction** – The awareness of IG has grown exponentially since 2013.

However, the absence of IG programs is concerning. The purpose of this study is to evaluate the impact IG has on healthcare organizations. Once the impact is identified, HIM professionals will be able to determine if there is a correlation between the impact and the absence of IG programs in healthcare. Several objectives were developed to determine whether impact influences the current state of the IG initiative. Terms significant in understanding the full domain of IG are identified in this chapter along with limitations encountered during this research.

**Background of the Problem** – Information governance has become a pressing issue in the HIM field. Accrediting bodies such as the American Health Information Management Association (AHIMA), also the leader of the IG initiative, now requires accredited HIM programs to incorporate IG into their current curricula. IG represents approximately 22% of the Registered Health Information Administrator (RHIA) exam accredited through AHIMA. Furthermore, AHIMA has developed a domain for IG which allows HIM professionals to become subject matter experts.

Over the past five years symposiums, conventions, and conferences hosted by various HIM associations have been used as platforms to bring awareness to the IG initiative. Several pilot studies have been conducted producing results which further support the adoption and implementation of IG programs.



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Annual IG benchmarking surveys have also been conducted to track the progress and outcomes of the initiative. With evidence-based benefits and an abundance of platforms, the IG initiative has raised awareness throughout healthcare. Although IG is widely recognized, studies continue to show lower than expected adoption rates for its programs within the healthcare industry.

**Purpose of Study** – The purpose of this study is to evaluate the impact information governance has on healthcare organizations.

**Significance of Study** – Analysis of benchmarking surveys, case studies, literature reviews, and professional experiences used in this research allows HIM professionals to identify current levels of progress, barriers, outcomes, and best practices organizations have encountered on their IG journey. Results gathered in this research will aid in bringing awareness to the IG initiative along with attesting the value of IG programs.

**Research Objectives** – The objectives used to evaluate the impact information governance has on healthcare organizations are:

- Do HIM professionals have an understanding of what IG is?
- Does the facility type influence the initiative?
- Does executive leadership support influence the initiative?
- Does an IG committee influence the adoption of IG?
- Do barriers significantly affect the decision to adopt the IG initiative?
- Do outcomes outweigh the risks of implementing IG?

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**Definition of Terms** – AHIMA defines *Information Governance* as “an organization-wide framework for managing the information throughout its lifecycle, and for supporting the organization’s strategy, operations, regulatory, legal, risk, and environmental requirements” (AHIMA, 2018).

*Enterprise Information Management* is defined as “an integrative discipline for structuring, describing, and governing information assets across organizational and technological boundaries to improve the efficiency, promote transparency, and enable business insight” (as cited in Warner, 2013a).

*Information Asset Management* as defined by Warner (2013b) “involves the identification and tracking of the most valuable information assets of an organization.”

**Limitations** – Population sample, the data collection procedure, and timeframe associated with the Georgia Health Information Management Association (GHIMA) web-based survey were identified as limitations during this study. The population sample was limited to active GHIMA members possessing various roles in healthcare. The sample size was approximately 2,000 active members. The procedure for collecting the data was web-based through SurveyMonkey®. Distribution of the survey was through GHIMA eBlast method or group email. Each eBlast contained an informed consent along with a link to access the survey through SurveyMonkey.

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## Chapter 2- Review of Literatures

**Review of Literatures** - A literature review of numerous electronic journal articles, white papers, and case studies were analyzed. Electronic sources were found using databases including PubMed, Scopus, and Body of Knowledge (BOK) provided by AHIMA. When searching PubMed, Scopus, and BOK, advanced search builders were created using words such as health information governance, information governance, and IG. The articles used in this review were published within five years ranging from 2013 through 2018.

This chapter will be broken down into four segments representing four case studies. The four case studies were all pilot studies conducted through AHIMA. Of the four case studies two were children's hospitals, one was a health information network, and the final was a regional health information organization.

**IG Case Study: Rady's Children's Hospital of San Diego** – Rady is one of AHIMA's IG pilot studies. It is the largest children's hospital in the state of California based on admissions. It is ranked as the sixth largest children's hospital in the country. Rady realized the need for an IG program but did not know how or where to start. First, the organization utilized AHIMA's IG PulseRate® tool to assess their current IG program level. The assessment recognized their program was in the early stages, scoring a 2 out of 5. The organization's HIM director worked with AHIMA to prioritize ongoing IG projects. As a result, the team was able to concentrate on two essential IG competencies involving legal/regulatory and enterprise information management (EIM).

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**Legal and Regulatory Competency** – With a focus on storage management the HIM department was able to centralize all patient records to one off-site storage vendor. Centralizing patient records allowed for a more efficient process for patient information requests. Not only did Rady achieve efficiency in their patient information request process, but customer satisfaction was improved along with annual financial savings. With the additional cost savings, Rady was able to implement the new storage management policies and procedures in their ambulatory care sites.

**Enterprise Information Management** – Rady's second IG project focused on creating one repository for all information. Inventory was taken from all the organization's applications, servers, and databases. Some outcomes achieved were improved data and information integrity along with change management processes.

**Case Study Summary** – Rady found implementing an IG program to be a challenge. To overcome the challenge the HIM director started with assessing the organizations current IG level. Once the level of their program was identified, Rady's HIM director worked with AHIMA to prioritize ongoing projects within the organization. Once projects were prioritized, the HIM director selected two she knew would be successful. With the adoption of IG Rady was able to achieve significant outcomes such as more reliable and accessible data and information, cost savings, change management processes, and improved customer satisfaction.

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**IG Case Study: Children's Health System of Texas** – Children’s Health System of Texas (Children’s Health) is located in Dallas, Texas. It is one of the top pediatric hospitals in the country and the fifth largest healthcare provider in the nation. Children’s Health is a 616 licensed bed hospital, employs 6,997 employees, and receives more than 360,000 patients a year. Children’s Health’s IG program includes a committee comprised of clinicians, information technology, privacy and security, regulatory, legal, HIM, finance, and population health experts. This case study focuses on the IG competency of regulatory and legal.

**Regulatory and Legal Competency** – With a successful IG program implemented Children’s Health utilized AHIMA’s *IGAdvisors*® and IGAM™ to identify which competencies needed improvement in order to reach a level 5 maturity rating. As a result, “Regulatory Audit Response” was the IG competency Children’s Health needed to improve.

Children’s Health IG committee developed a standardized auditing process utilized organization-wide. While conducting audits, whether they are internal or external, a standardized set of audit questions were applied. Standardizing the audit process allowed for guidance, accountability, and the identification of gaps in Children’s Health’s IG program.

**Case Study Summary** – With an IG program well established, Children’s Health’s mission was to achieve a level 5 maturity rating. In order to accomplish their goal, the IG committee called on AHIMA’s *IGAdvisors*®.

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With the use of IGAM™, an area needing focus was the maturity marker related to “Regulatory Audit Response.” Identification of a maturity marker, Children’s Health IG committee was able to standardize the auditing process organization-wide. Standardization of their audit process produced dependable and timely information allowing for a more consistent process.

**IG Case Study: Utah Health Information Network**– Utah Health Information Network (UHIN) is comprised of healthcare providers, insurers, state government, and other stakeholders. UHIN is a clearinghouse and a health information exchange (HIE). UHIN is responsible for the electronic exchange of medical, hospital, dental claims and reports along with operating Utah’s designated HIE, known as the cHIE (2017, Fahy). UHIN became a part of AHIMA’s pilot program to formalize their existing IG program. With the help of AHIMA’s *IGAdvisors*®, UHIN selected the IG competency of EIM.

**Enterprise Information Management** – Selecting to focus on EIM, UHIN worked to improve retention and disposition management, current information asset inventory, along with enterprise storage management protocols. The project resulted in creating an information asset inventory. With the development of an information asset inventory UHIN was able to identify data owners, determine whether assets were secured, and verify if records complied with retention periods.

**Case Study Summary** – UHIN is a health information exchange and clearinghouse. With its significant responsibility of exchanging multiple entities information, it was crucial for UHIN to create an information asset inventory.

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However, the task presented a challenge for the organization. UHIN's current IG program was not formalized, with the assistance of AHIMA's *IGAdvisors*® UHIN was able to formalize their program by establishing an IG committee. With an IG committee in place and support from senior leadership, UHIN was able to identify a valuable IGAM™ competency.

**IG Case Study: Suncoast RHIO** - Suncoast is a regional health information organization (RHIO). Suncoast offers an array of services ranging from HIE to EHR support, to quality assurance reporting and forecasting. Suncoast RHIO identified mergers and acquisitions as the key IG driver to further mature its IG program.

**IG Competencies** - Suncoast focused on the IGAM™ competencies of EIM, IT governance, data governance, and analytics to achieve successful mergers and acquisitions with partnering companies. Suncoast encountered the challenges of merging with other entities who either did not have an IG program implemented or one that was partially implemented. Suncoast realized IG alignment during mergers and acquisitions was critical in order for a merger to be successful.

**Case Study Summary** – Suncoast RHIO has been a strong supporter of IG. Utilization of AHIMA's IGAM™ along with AHIMA's *IGHealthRate*™ allowed Suncoast to identify IG competencies significant to the organization's mission.

With the services Suncoast offers throughout the healthcare industry, mergers and acquisitions were the primary drivers to achieving a successful and mature IG program.

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Creating IG alignment among merging entities allowed for Suncoast's clients to manage its security, communications, quality reporting, and training.

**Support of Research** – Review of the four case studies disclosed several impacts IG has on healthcare organizations. The impacts resulted in significant benefits for the organizations, attesting the value of IG programs. Research objectives addressed during this review identified executive leadership support and the implementation of IG committees were vital for the success of the initiative. Challenges were encountered throughout each case study, however, with the use of AHIMA's resources and tools such as the IGAM™, IGHealthRate™, and IGAdvisors® the challenges were overcome. The findings also suggested that the outcomes achieved outweighed the risks of implementing an IG program.

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## Chapter 3- Methodology

**Methodology** – This chapter will first address the research design, population and sample size, data collection procedures, the data collection instrument, and the response rate. Data analysis will conclude this chapter.

**Research Design** - The research design selected for this project was the evaluation research method, with a focus on summative evaluations. Performing a summative evaluation helped to determine the outcome and impact of current IG programs. This study consisted of a semi-structured qualitative survey with secondary data. The research design consisted of a retrospective and cross-sectional period; the population study involved GHIMA members. Data collection consisted of an electronic-based survey composed of one unstructured question and fourteen structured questions.

**Populations and Sample Design** - The population independently surveyed was GHIMA. GHIMA's sample size was approximately 2,000 active members. GHIMA members represented HIM and healthcare professionals from various organizations with varying roles. GHIMA was selected as the population of study grounded on the principal investigator's membership with the component state association.

**Data Collection Procedures** - Data collection consisted of an electronic-based survey composed of one unstructured question and fourteen structured questions. The survey was eBlasted approximately five times during the period of 8/22/18 – 9/14/18.

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**Data Collection Instrument** – A web-based survey was created through the SurveyMonkey® Platform. SurveyMonkey is an online survey cloud-based software. SurveyMonkey is backed by the Better Business Bureau (BBB), holds a TRUSTe Privacy Certificate, and is secured through McAfee® Secure. All respondents received an informed consent with a link to access the survey. Respondents were kept anonymous. The survey was created so respondents were allowed one attempt and were required to answer all questions. A logic was created for question eight ending the survey when the response was “no need for an IG program.”

**Data Analysis** – Data was analyzed through the SurveyMonkey® software providing descriptive statistics in the form of percentages.

### **Chapter Summary**

Chapter three addressed the research methodology used to conduct this study. The research design consisted of evaluation research, with a focus on summative evaluations. The timeframe of the study was retrospective and cross-sectional. The population study was active members from GHIMA. GHIMA members represented HIM and healthcare professionals from various organizations with varying roles. Data collection used for the study was a semi-structured qualitative web-based survey with secondary content analysis. The instrument used to collect and analyze the data was the SurveyMonkey® Platform and content analysis. Data analysis was conducted using descriptive statistics.

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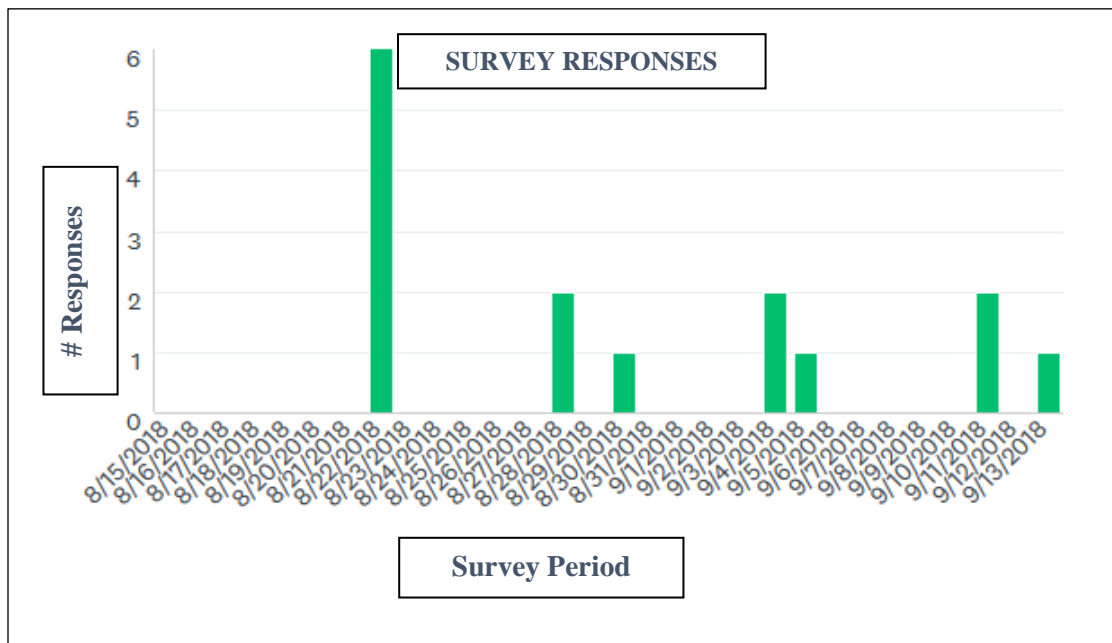
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## Chapter 4- Results

**Results** – A review of the web-based survey was conducted throughout this chapter. The population study, sample size, and response rate were identified in various tables and graphs. The objectives of the study were also addressed and analyzed using representation from charts.

**Response Rate of Population** – The population study included approximately 2,000 active GHIMA members. The survey was conducted during an approximate three week period of 8/22/18– 9/14/18. During the designated period, the survey was distributed on five separate occasions. Of the 2,000 active members, the survey received a total of 15 responses, resulting in a response rate of .75%.

Table 1: Survey Responses



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**Research Questions** - The following tables depict the survey questionnaire along with the results.

*Table 2: Define IG*

### Q1 What is your definition of information governance? (<http://www.ahima.org/topics/infogovernance/igbasics?tabid=overview>)

Answered: 15 Skipped: 0

| #  | RESPONSES   | DATE               |
|----|---|--------------------|
| 1  | Managing information and security in a healthcare facility.   | 9/13/2018 1:54 PM  |
| 2  | an organization wide framework for managing information throughout its lifecycle and for supporting the organization's strategy, operations, regulatory, legal, risk, and environmental requirements    | 9/11/2018 11:49 PM |
| 3  | "an organization wide framework for managing information throughout its lifecycle and for supporting the organization's strategy, operations, regulatory, legal, risk, and environmental requirements." | 9/11/2018 12:39 PM |
| 4  | Manage information throughout the information's lifecycle for the entire organization   | 9/5/2018 11:48 AM  |
| 5  | The management of and rules surrounding an entities information and data.   | 9/4/2018 12:23 PM  |
| 6  | Management of how information is created, stored and utilized within an organization and disseminated to outside entities.  | 9/4/2018 9:06 AM   |
| 7  | Effective control, management, and dissemination of health information.   | 8/30/2018 1:46 AM  |
| 8  | oversight and control if all outgoing data from an organization and use within it   | 8/28/2018 5:31 PM  |
| 9  | Governing the information related to PHI and documentation generated related to patient care, including risk and compliance.  | 8/28/2018 12:49 PM |
| 10 | The attempt to manage Health Information by putting in place processes and roles to help protect valuable information .   | 8/22/2018 11:45 AM |
| 11 | a process for managing information within an organization   | 8/22/2018 10:32 AM |
| 12 | management of information   | 8/22/2018 10:11 AM |
| 13 | The control and accountability of electronic information within an organization.  | 8/22/2018 9:25 AM  |
| 14 | Having understanding of all rules and regulations surrounding HIPPA and able to guide staff and company with how to follow these rules.   | 8/22/2018 9:23 AM  |
| 15 | I for an organization is how exactly it handles information throughout information ' s life cycle.  | 8/22/2018 9:03 AM  |

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Table 3: Healthcare Entity

Q2 What type of healthcare entity is your organization?

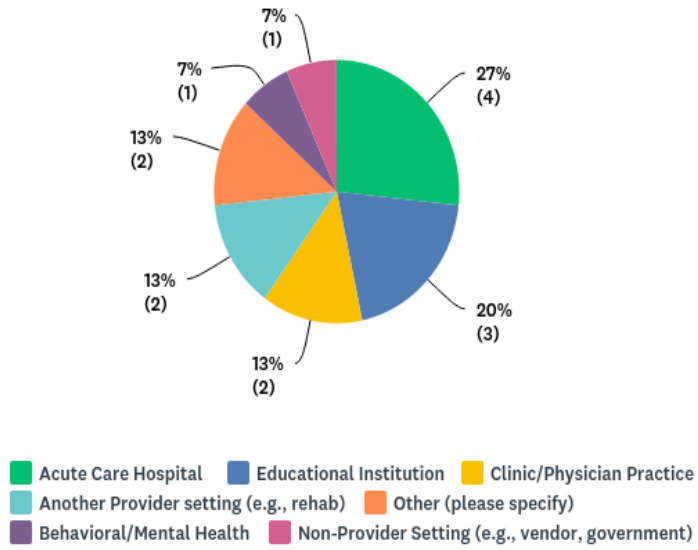
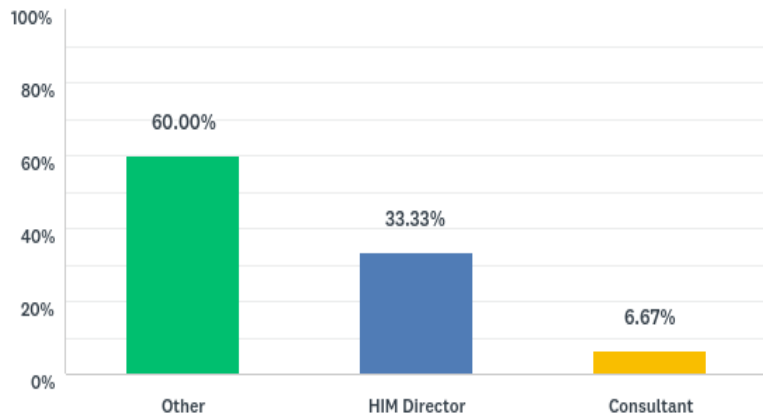


Table 4: Primary Job Role

Q3 What is your primary job role?



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Table 5: Format of EHR Records

Q4 What format of health records does your organization use?

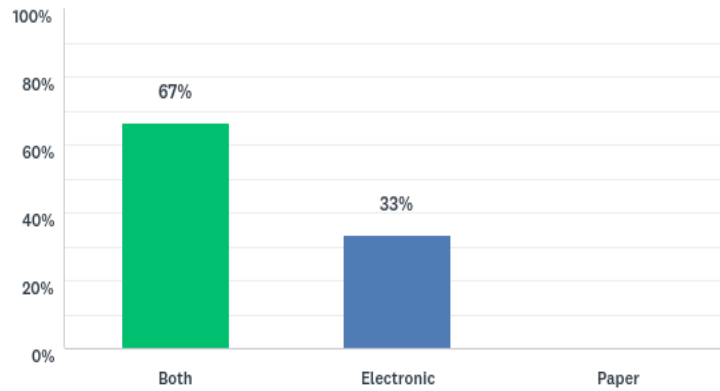
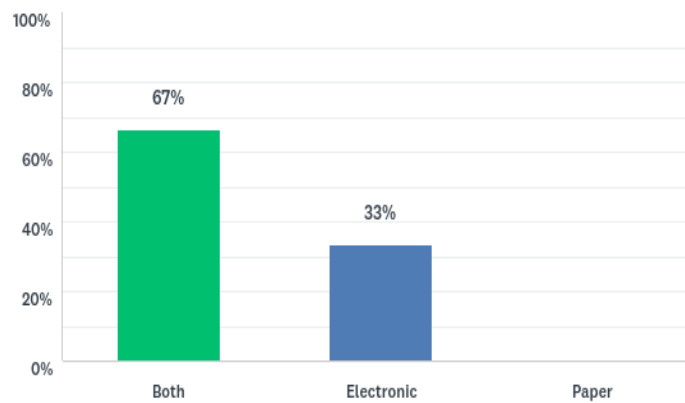


Table 6: Format of Administrative Records

Q5 What format of administrative records does your organization use?



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Table 7: Format of Financial Records

Q6 What format of financial records does your organization use?

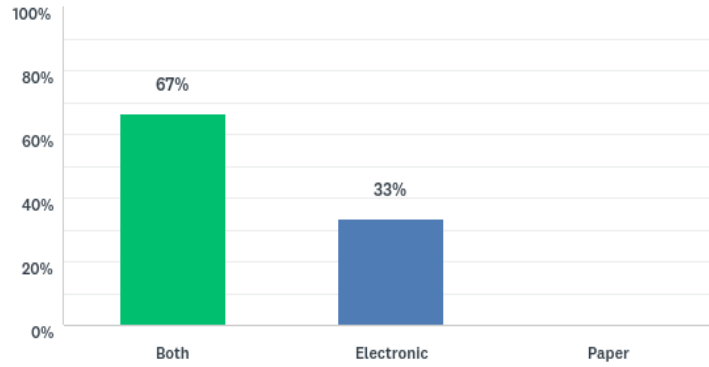
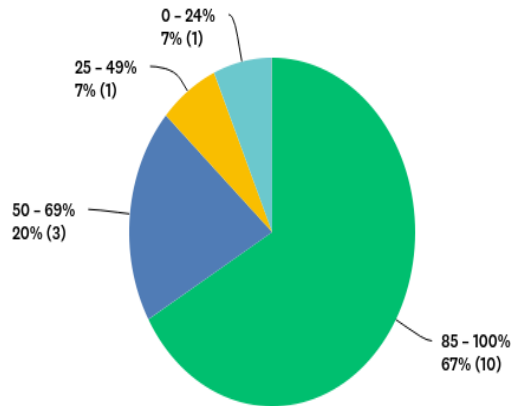


Table 8: EHR/Information Systems Implementation Progress

Q7 Rate your organization's EHR and/or Information System implementation progress.



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Table 9: IG Implementation Program

Q8 Has your organization implemented an information governance program?

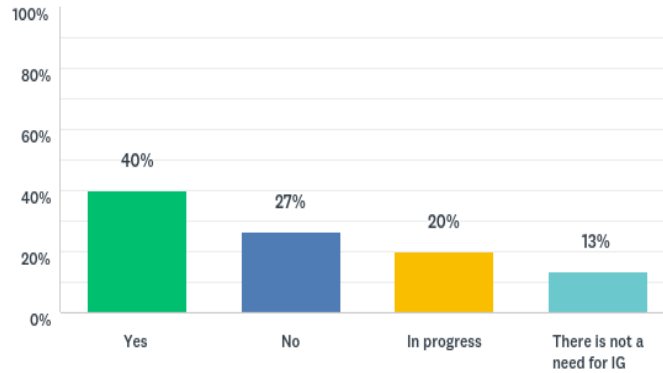
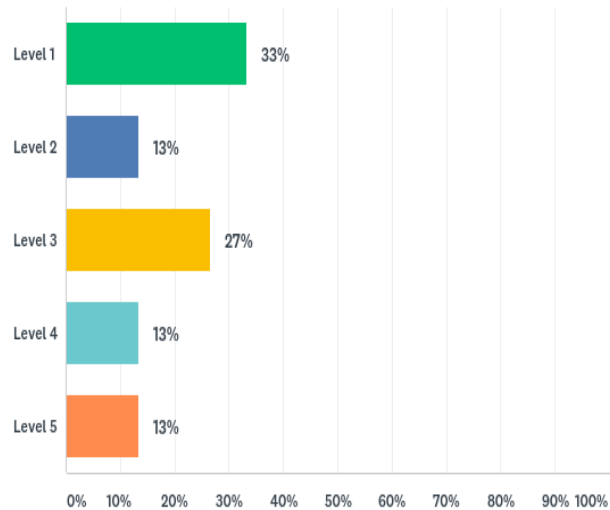


Table 10: IG Maturity Level

Q9 According to AHIMA's IG adoption model, what level of maturity is your organization at in the implementation process? (Free IG maturity check available at <http://www.igiq.org/>)

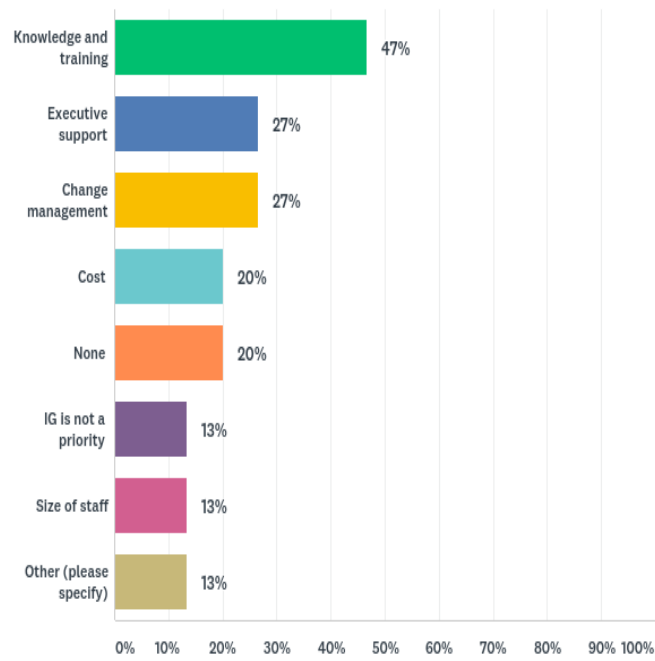




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Table 11: Barriers Encountered

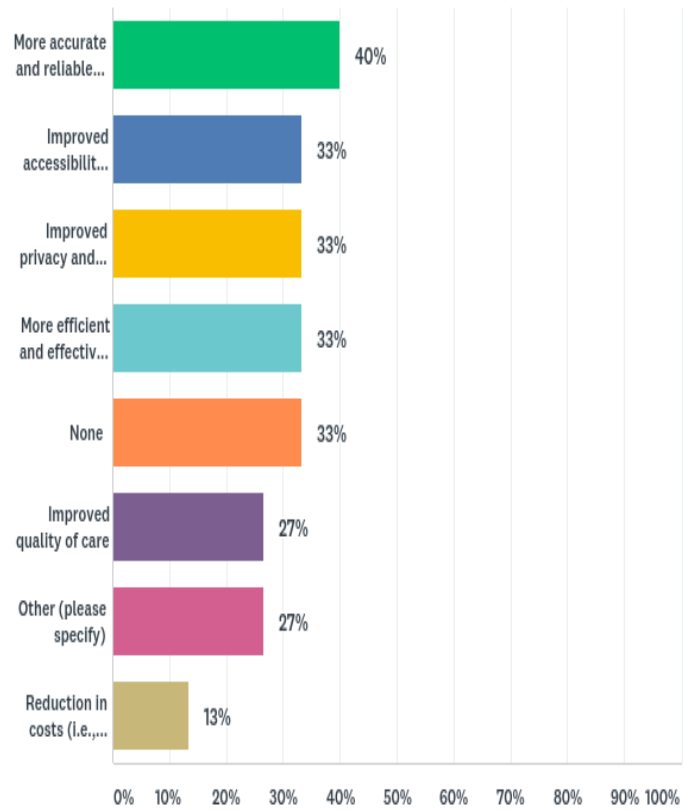
Q10 What barriers have presented with the implementation of IG in your organization? (Select all that apply.)



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Table 12: Results Achieved

Q11 What results have been achieved with the adoption of IG? (Select all that apply.)



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Table 13: Satisfaction of IG Progress

Q12 How satisfied are you with the progress of IG in your organization?

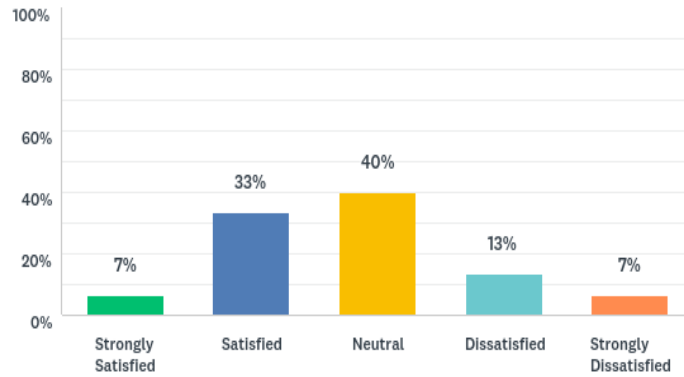
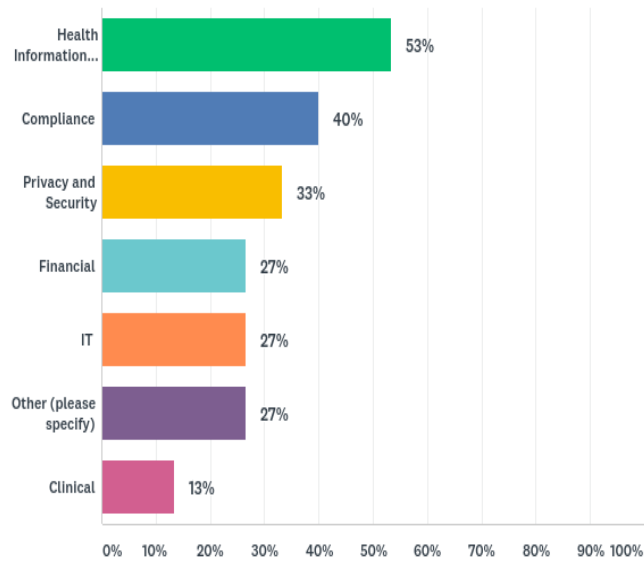


Table 14: Ownership of IG Program

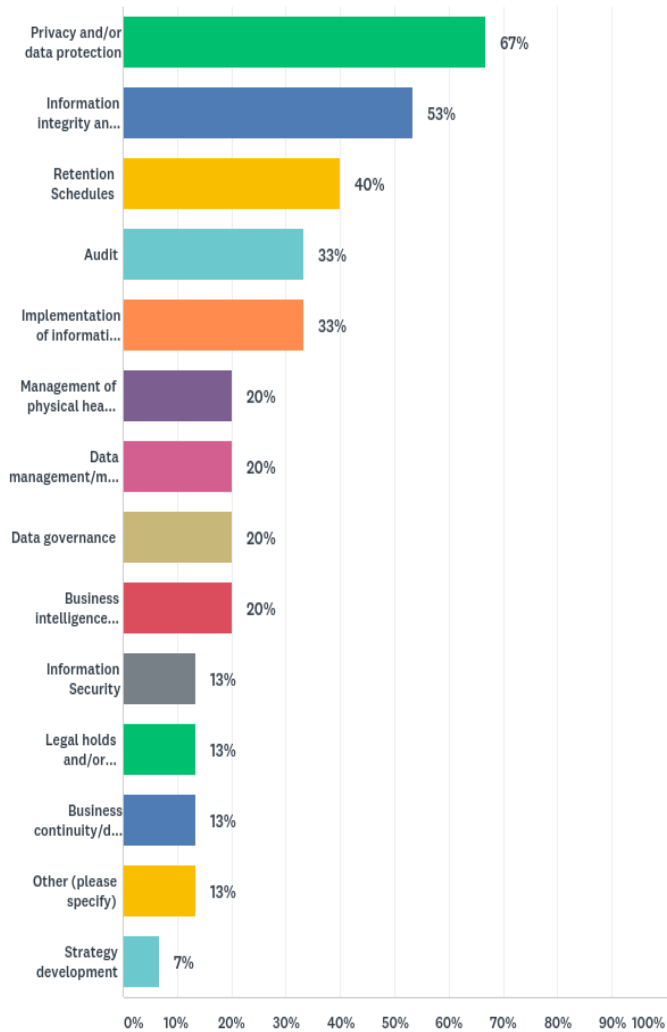
Q13 Who owns the responsibility for the implementation of your organization's IG? (Select all that apply.)



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Table 15: Level of Involvement

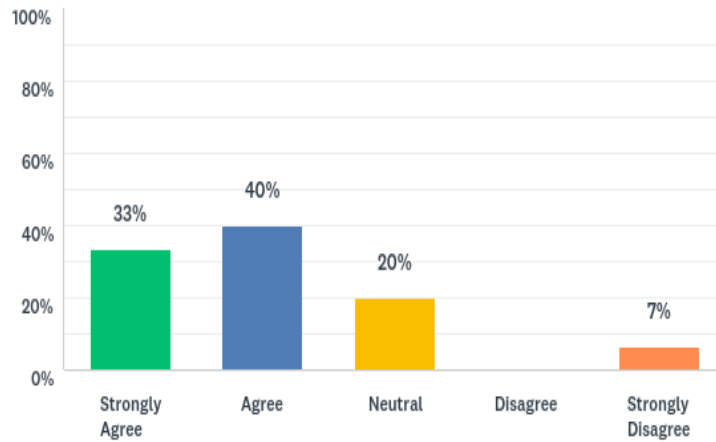
Q14 What is your level of involvement with information governance in your organization?  
(Select all that apply.)



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Table 16: Designated IG Position

Q15 Should an organization create a position exclusively for IG?



## Chapter Summary

Chapter four was comprised of an evaluation of the GHIMA survey results. Response rate, population study, and population profile were observed. Survey questions were displayed in various charts allowing the assessment of statistical data to determine the impact IG has on healthcare organizations.

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## Chapter 5- Conclusions and Recommendations

**Summary, Conclusions, and Recommendations** - In conclusion, a summary of findings from the GHIMA survey along with the annual benchmarking surveys and case studies were released. This study was conducted to investigate the impact IG has on healthcare organizations. The study was conducted using a combination of surveys given to HIM professionals and case studies of how organizations are adopting IG. This chapter concludes with implications IG has had on healthcare organizations with recommendations for the IG initiative.

**Summary of Findings** – Results from the GHIMA survey showed all respondents had a similar understanding when asked their definition of IG.

The majority of professionals that completed the survey worked in an acute care hospital, accounting for 27% of the responses. 20% of professionals worked in an educational institute, followed by 13% working in clinical/physician practices, and other provider settings such as rehab facilities and post-acute healthcare settings.

The primary job roles presented in the survey included with 60.00% of GHIMA members classified to the category of “Other.” While 33.33% identified as HIM Directors, and 6.67% as Consultant. The category identified as “Other” was comprised of a Data Analyst, RN with CCDS, Trauma Registrar, VP of HIM, two Coders, a Billing Specialist, a HIM Educator, and a VP of Quality and Risk Management.

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According to the survey, record formats for health, administrative, and financial information showed a majority of 67% of organizations utilizing both electronic and paper records. 33% of organizations reported utilizing only electronic records.

EHR/information system implementation results showed 67% reporting their organization's EHR/information systems were 85-100% complete followed by 20% of the responses reported a completion rate of 50-69%, while 7% reported 25-49% complete, and another 7% reported 0-24% completed.

Addressing IG adoption progress results revealed 40% of the participating professionals had implemented an IG program in their organization. 27% responded with no IG implementation in their organization. 20% of the responses reported that an IG program was in progress, while the remaining 13% reported there was not a need for IG in their organization.

The survey then followed-up by asking participants what level of maturity their IG program currently ranked according to AHIMA's IG Adoption Model™. AHIMA's model uses a scale of level 1 – 5, with level 1 representing the beginning phase. Participants reported a majority of IG programs were in the beginning phase, level 1 at 33% of responses. Level 3 weighed in with the next highest percentage of 27, while 13 % of the responses accounted for level 2, 4, and 5 respectively.

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Barriers were the next subject observed in the survey. The most common barrier encountered during the IG initiative was a lack of knowledge and training, receiving 47% of responses, followed by executive support and change management with 27% of the responses each. Cost was identified as a barrier containing 20% of responses, followed by another 20% not encountering any barriers. A barrier of IG not being a priority received a response of 13% along with the size of staff and the category of “Other.” The category identified as “Other” contained two responses one of which specified that IG was in place for the practice offices affiliated with the hospital, while the other was unaware of the specifics pertaining to this question due to the primary job role.

Outcomes achieved with the implementation of an IG program were identified. 40% of participants achieved more accurate and reliable data, 33% reported improved access to information, 33% reported improved privacy and security measures, with another 33% reporting more efficient and effective operational practices. 33% of responses also reported no outcomes were achieved. An improvement in the quality of care was reported, accounting for 27% of the outcomes achieved. The category “Other” also represented 27% of the outcomes achieved. This category contained outcomes such as no adoption and too early in the implementation phase. A reduction in costs made up the remaining 13% of the responses for outcomes achieved.

The next category the survey addressed was the participants’ satisfaction with their organizations IG progress. A majority of the participants responded with a neutral rating accounting for 40% of responses.



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33% reported they were satisfied, 13% were dissatisfied, while 7% represented strongly satisfied and strongly dissatisfied respectively with their organization's progress.

Ownership of the IG initiative within the various healthcare entities ranged from the HIM department to the clinical department. Participants reported multiple departments shared ownership of the initiative.

Respondents also reported that they were involved in multiple areas of IG. The top five tasks reported were privacy and data protection, information integrity and data quality, retention schedules, audits, and implementation of information management technologies and tools.

The last question addressed in the survey asked if organizations should create a position exclusively for IG. Responses included 40% of participants agreed, 33% strongly agreed, 20% were neutral, with 7% strongly disagreeing.

**Conclusions** – The surveys utilized in this research demonstrate IG has gained significant momentum since the start of the initiative in 2013. However, the survey conducted by AHIMA in 2017 recognized a lack of implementation of IG programs. According to the 2017 IG white paper, “the current level of IG adoption at above 30 percent is not where it should be, given the importance of information in the industry,” (as cited in Butler, 2018).

The study further observed the type of facility does influence the initiative; results show larger organizations have adopted IG programs than smaller healthcare organizations.

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The IG case studies that were utilized in the literature review were all vast health systems including Children's Health System of Texas, Rady Children's Hospital-San Diego, Utah's Health Information Network, and Suncoast RHIO. All of whom had executive leadership support and IG committees.

Several barriers found in the GHIMA survey along with the benchmarking surveys may suggest as to why more larger facilities have adopted IG programs than smaller facilities. Common barriers were cost, executive support, change management, knowledge and training, and size of staff.

The study found significant outcomes achieved by the pilot studies and other organizations that have implemented IG. Rady's Children's Hospital focused on regulatory management and enterprise information management resulting in an improvement of their processes involving patient information requests and information inventory management. Children's Health System of Texas developed a standardized auditing system which resulted in more reliable and accurate accessibility of information. With the development of an information asset inventory UHIN was able to identify data owners, determine whether assets were secured, and verify if records complied with retention periods. Creating IG alignment among merging entities allowed for Suncoast RHIO's clients to manage its security, communications, quality reporting, and training.

**Implications** - With the move to electronic systems IG is vital for ensuring data integrity, transparency, interoperability, and compliance. HIM professionals already possess the knowledge and skills needed to implement IG throughout their organizations.

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According to Meehan (2017), “ IG basically takes HIM practices and expands it across all types of information, across all business units of the organization.” Today is the time for HIM professionals to make their organization aware.

**Recommendations** – When conducting future studies survey platforms will be researched more in depth. Use of a platform with exportation to an excel document or SPSS Statistics would be ideal. Use of a platform with exports to an excel document would allow for manipulation of data through pivot charts. In addition to researching alternative survey platforms, the timeframe for future surveys would be extended. Allowing an extended timeframe for future surveys would potentially increase the response rate.

AHIMA provides an array of resources and tools to help organizations start their IG programs. Several recommendations regarding the start-up of an IG program may be found in the AHIMA’s IG Toolkit 3.0. IGAM™ is AHIMA’s adoption model which assesses an organization’s current level of information governance. The model is comprised of five levels, level one indicating a lack of IG in the organization and level five indicating the highest maturity of IG.

*IGHealthRate*™ is designed to allow organizations to assess their current state of IG maturity through 75+ maturity markers that are within the 10 IGAM™ competencies. Once the initial or baseline assessment is completed, the system will give an overall IG score, individual IG competency scores, and the individual IG marker scores (2017, AHIMA).

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The 10 IG competencies are IG Structure, Strategic Alignment, Privacy and Security, Legal and Regulatory, Data Governance, IT Governance, Analytics, EIM, IG Performance, and Awareness and Adherence.

AHIMA has also created *IGAdvisors*<sup>TM</sup>, AHIMA's advisors provide consulting services to organizations looking to adopt the IG initiative. Other resources found beneficial when undergoing the adoption of IG was AHIMA's blog explicitly created for IG.

HIM professionals who have already adopted the initiative have recommended starting small, for example on current projects or within the HIM department. Current projects could include MPI cleanup, coding audit processes, or records maintenance. After reviewing the case studies, IG teams found starting with projects already initiated and proved to be a guaranteed success was the way to go.

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