

5-22-2024

Evaluation of Health Information Exchange Policies in Hospitals When Using Electronic Health Records

Deltalyn West
Walden University

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Walden University

College of Health Sciences and Public Policy

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Deltalyn L. West

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Review Committee

Dr. Compreca Martin, Committee Chairperson, Health Services Faculty

Dr. Earla White, Committee Member, Health Services Faculty

Chief Academic Officer and Provost
Sue Subocz, Ph.D.

Walden University
2024

Abstract

Evaluation of Health Information Exchange Policies in Hospitals

When Using Electronic Health Records

by

Deltalyn L. West

MA, University of Cincinnati, 2016

BS, University of Cincinnati, 2014

Dissertation Submitted in Partial Fulfillment

of Requirements for the Degree

Doctor of Philosophy

Health Services

Specialization Healthcare Administration

Walden University

May 2024

Abstract

The U.S. Health Insurance Portability and Accountability Act (HIPAA) and Health Insurance Technology for Economic and Clinical Health (HITECH) policies have transformed how health information is currently exchanged. Health information is exchanged through health information exchange portals, which require technical and physical safeguards. Protected health information must be secure at all times in an acute or outpatient hospital setting. Registered Health Information Administrators (RHIAs) review updates provided by HIPAA and HITECH to ensure that patient data are not exchanged inappropriately. There is a research gap in the lack of evaluation for health information exchange (HIE) policies in hospitals, as well as an interoperability issue in the way patients' information is exchanged between health professionals who are providing care. The purpose for this qualitative exploratory study was to explore how RHIAs working in hospitals evaluated and updated their HIE policies. The research questions examined the RHIAs' perspectives about how the HIE policies are evaluated and updated. An Institutional Analysis and Development (IAD) framework was used as the theoretical foundation in understanding the topic of this study. The qualitative exploratory study was applied with the IAD model. The study participants consisted of 10 RHIAs from hospitals located in Atlanta, GA, and surrounding areas. Data were collected through semistructured interviews and analyzed by using methodological triangulation, coding, and content analysis. The positive social change implications may assist RHIAs in choosing the best literature when evaluating and updating hospital HIE policies and may improve privacy and security.

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Dedication

First, I would like to dedicate this study to Jehovah God, who is my provider and giver of life. Second, I would like to thank my husband (Corey), who has endured 21 years of end stage renal failure. On March 27, 2022, God provided him a kidney and renewed life. Lastly, I would like to thank my daughters (Courtney & Taylor), my grandchildren (London & Austin), and Mom for their love and support. This has been a long journey with many life trials, and I am profoundly grateful for the guidance and support I have received.

Acknowledgements

Thank you, Dr. Martin and Dr. White, for your support and guidance as my committee chair and committee member. You have challenged me to achieve and continue to pursue my goal. I genuinely appreciate your time and effort that has been put forth in helping me succeed. Also, thank you to the other faculty members who have contributed to my growth and improvement. Also, I would like to thank family and friends, who have provided me with support and love.

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Chapter 1: Introduction to the Study

The social problem explored in this study was the lack of evaluations of health information exchange (HIE) policies in hospitals that utilize electronic health records (EHRs). Assessing the HIE policy in hospitals will assist health information managers (HIMs) in understanding the effectiveness of policy interventions, implementation, and processes. Also, it will assist with improving the accountability, transparency, and integrity of health information (Carayon & Hoonakker, 2019).

The United States and other countries such as Canada face challenges when trying to exchange data using EHRs (Holmgren et al., 2023). The electronic medical record (EMR) and EHR were adopted within the U.S. hospitals internal system, and only a percentage of the hospitals are able to exchange health information with other providers using the system (Holmgren et al., 2023).

Chapter 1 addresses the purpose for the study, research questions (RQs), theoretical framework, nature of the study, definitions, assumptions, scope and delimitations, limitations, and significance for the study, concluding with a summary.

Background

The United States has been investing in the development of HIEs since 1990 (Carter et al., 2021). The purpose of HIE is to share data among providers and other allied health care team members who are stakeholders. For the healthcare delivery system to obtain these goals, EHRs were implemented under the Health Insurance Technology for Economic and Clinical Health (HITECH) Act to help healthcare professionals transfer and share data throughout an organization using one of the HIE networks. The Office of

the National Coordinator for Information Technology (ONC) recognizes three HIE network methods, which are query-based exchange, directed exchange, and consumer-mediated exchange (Carter et al., 2021).

Registered Health Information Administrators (RHIA) can use the HIE methods to further improve clinical staff interaction by implementing the query-based exchange when a third party or patient requests information. The directed exchange is initiated when the physician or healthcare provider sends information via email to the receiver. The consumer-mediated exchange is controlled by the patient who shares information among their providers. Table 1 provides a further explanation of the three exchange methods. Within the table, there are more details about use of the pull and push methods, as well as how the patient aggregates and controls the use of health information.

Table 1*Health Information Exchange Methods*

Type	Explanation
Query-based exchange	A pull method consists of requesting medical records within agreement parameters
Directed exchange	A push method consists of exchanging patient medical records over a secure email to receiver.
Consumer-mediated exchange	Consumer-mediated methods provide the patient power or control over how their medical record is aggregated.

Note. Health information exchange methods are from “Mapping the Landscape of Health Information Exchange (HIE) Networks in the United States,” by M. Carter, D. Compeau, and M. Carter, 2021, *Communications of the Association for Information Systems*, 49(1), p. 24. Copyright 2021 by Communications of the Association for Information Systems.

The progression of the HIE has been impacted by challenges that consist of the participation of RHIAs who are involved with the organization and infrastructure of a policy such as user access, technical and physical safeguards, and exchange methods (Carter et al., 2021). After the implementation of the EHR systems, it was important for RHIAs to ensure that HIE policies were created, evaluated, and updated. The Agency for Healthcare Research and Quality (AHRQ, 2018) identified issues such as standardization related to the HIE policy (e.g., ensuring that only authorized users can access protected information). Due to HIE policy issues, it is important for RHIAs to make sure that they are evaluating and updating their policy based on organization assessments, which consist of an overview of the processes, structure, and environment. The use of organizational assessments when evaluating and updating HIE policy in hospitals, as well as the way

patients' information is exchanged between health professionals providing care, is unknown (Carter et al., 2021).

Problem Statement

HIE policies are implemented to reduce errors in tests, encourage continuity of care, and limit clinical errors (HealthIt.gov, 2019). According to Office of the National Coordinator for Health Technology (ONC), federal incentives, new payment approaches, and meaningful use requirements have been implemented to assist with improvement (HealthIT.gov, 2019). There is a research gap in the literature about how HIE policies are updated based on organizational assessment when using EHRs. The U.S. healthcare delivery system strives to provide quality of care to everyone, which makes it important for RHIAs in hospitals to evaluate their HIE policy. To motivate RHIAs and providers to use EHRs, the Centers for Medicare & Medicaid Services (CMS) offer a financial incentive under their meaningful use program. The focus of the incentive is to promote interoperability for hospitals when sharing information (HealthIT.gov, n.d.).

Although health information exchange has been investigated, there was limited literature about the evaluation of HIE policy in hospitals for HIMs when using EHRs to exchange information, such as in relation to patient records, claims, lab reports, and clinical quality measures. Through this study, I aimed to address this gap in the literature.

Purpose of the Study

The qualitative exploratory study explored how RHIAs working in hospitals evaluated and updated their HIE policy. Understanding this phenomenon may guide

healthcare administrators and RHIAs in creating better HIE policies that may improve the transfer and exchange of patient data.

Research Questions

The research questions (RQs) were as follows:

RQ 1: How are the HIE policies evaluated and updated by RHIAs in hospitals?

RQ 2: What are hospital RHIAs' beliefs about relationships among HIE policy-oriented strategies, actions, and outcomes?

Theoretical Framework

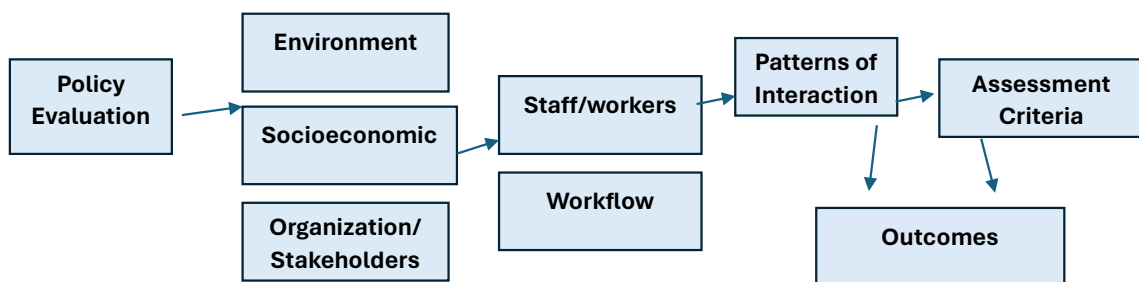
The purpose of this qualitative exploratory study was to examine how RHIAs evaluate and update HIE policies in hospitals utilizing an institutional analysis and development (IAD) framework. According to Schlager and Villamayor-Tomas (2023), the IAD framework consists of a varied range of ideas related to actors, institutions, rules, and their interactions in the shaping of social phenomena. The framework may assist as a guide to RHIAs when reviewing their HIE policies.

The IAD framework contains a common set of variables that can be utilized to complete an organizational assessment as well as identify and solve problems when using EHRs to exchange patient information (Horrocks et al., 2022). According to Ostrom (2019), an institution is defined by processes that govern the interactions between one or more people, which can be conceptualized by providers engaged in delivery of services within respective settings. The IAD framework uses systematic rules for solving complex social problems that involve a definition of the policy objective and approach, context, analysis of the action arena, analysis of pattern of interaction, evaluation, and analysis of

outcomes of the institutional analysis and development framework (see Figure 1). The policy objective and approach address what is happening in the policy and if the outcomes compare to the policy objectives. The context focuses on the service that is provided in the policy and the technology, staff, and processes that are required. The action arena involves observing the actions and decisions of the RHIA's. The pattern of interaction observed the behavior of the RHIA's by looking at their characteristics and conduct of the action arena. The evaluation and outcome analysis of the IAD model involve reviewing the criteria that could impact the HIE policy internally and externally within the hospital.

Figure 1

Institutional Analysis and Development (IAD) Model



Note. From “Understanding Decentralized Forest Governance: An Application,” by K. Andersson, 2006, *Sustainability: Science, Practice, & Policy*, 2(1), p. 27 (<https://doi.org/10.1080/15487733.2006.11907975>).

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The IAD framework applied to this study in comprehending complex social situations by breaking situations down into manageable practical activities that helped RHIA's assess an organization's actions when using EHRs to exchange patient information (Ostrom, 2019). The framework may be used to address the actions people

use to make decisions in a hospital outpatient setting. In addition, it helped put attention on individuals and the organization's structure, as well as the outcome that results from evaluating policies.

Nature of the Study

An exploratory design was used for this qualitative study. An exploratory study is an experiential examination that investigates a current phenomenon (the case) in depth and within its real-world context, particularly when the boundaries between the phenomenon and context may not be very apparent (Tomaszewski et al., 2020). There are three types of case study methods: exploratory, descriptive, and explanatory. The exploratory method was selected to determine how something occurs and what may influence a particular outcome or outcomes. The approach in this study consisted of structured interviews with RHIA's in a hospital setting. The structured interviews were transcribed using a content analysis. Analysis of primary and secondary data was used to gain a thorough understanding of how HIE policies are evaluated.

Definitions

Electronic health record (EHR) system: An electronic version of a patient's medical history that is maintained by the provider over time and may include all the key administrative clinical data relevant to that person's care under a particular provider, including demographics, progress notes, problems, medications, vital signs, past medical history, immunizations, laboratory data, and radiology reports (Department of Health and Human Services, 2020).

Health information exchange (HIE): Allows doctors, nurses, pharmacists, other health care providers, and patients to appropriately access and securely share a patient's vital medical information electronically, improving the speed, quality, safety, and cost of patient care (HealthIT.gov., 2019).

Registered Health Information Administrators (RHIA)s: Those who manage and secure patients' information as well as make sure the data are accurate, accessible, complete, secure, and high-quality (American Health Information Management Association, 2024).

Policy evaluation: The systematic collection and analysis of information to make judgments about contexts, activities, characteristics, or outcomes of one or more domain(s) of the policy process. Evaluation may inform and improve policy development, adoption, implementation, and effectiveness and build the evidence base for policy interventions (Centers for Disease Control and Prevention, 2015).

Policy: A principle or course of action that is adopted or implemented by the government, businesses, and organizations (Merriam-Webster, 2021).

Assumptions

The belief that the willingness of the participants to voluntarily participate in this study would not create any biases was one essential assumption underlying the study. Second, I assumed that there was a HIE policy already implemented in the hospital for exchanging data. The third assumption of the study was that the RHIA)s could provide an understanding of how their HIE policy is evaluated and updated.

Scope and Delimitations

The study's scope involved RHIAAs who evaluated and updated the HIE policy. The RHIAAs' perspective offered insight on the effectiveness of the policy and how it impacts other stakeholders within the hospital. The study was restricted to RHIAAs who worked in a hospital setting. A total of 10 RHIAAs from hospitals in Atlanta, GA, and surrounding areas were interviewed. Additionally, the study was in accordance with the IAD framework because the IAD framework provides detailed steps that hospital RHIAAs can use to improve their HIE policy by looking at context, action arena, pattern of interaction, evaluation criteria, and outcomes. The study was also delimited to evaluating HIE policy in hospitals.

Limitations

There were limitations facing the study. The first one was getting qualified hospital RHIAAs to complete face-to-face interviews during the COVID-19 pandemic. The second was time constraints for participants due to work and other commitments. Lastly, a potential limitation was ensuring clear separation of my role at the hospital from my role as researcher.

Significance

Mechanisms such as clinic culture, efficient workflow for staff, and support for information technology are continuous quality improvements that need to be further explored as part of HIE policies (Carman et al., 2019). Exploring the gaps in evaluation for HIE policy in hospitals for RHIAAs provided clinicians, hospitals, and other healthcare organizations with more guidance on how to effectively evaluate and update health

information policies and how to utilize existing frameworks to develop new initiatives (Peterson et al., 2019). The lack of evaluation for HIE policy in hospitals for RHIA's when using EHRs is impacting patient care (HealthIt.gov, 2019). The problem consists of a lack of organizational assessment, communication, and exchanging of health information when using EHRs, which negatively impacts patients' outcomes and results (Carayon & Hoonakker, 2019). The findings from the research provide current information that may help with improving HIE policies within hospitals.

Summary

Although there are challenges in HIE initiatives when using the EHR systems, it is important for RHIA's to make sure that their HIE policy is evaluated on a consistent basis. Exploring the lack of evaluation for HIE policy in hospitals provided an opportunity for understanding of how data are shared through secure HIE networks. Chapter 1 has provided background on the study. It has also provided other aspects of the research, including the theoretical framework, assumptions underlying the study, as well as the limitations and the scope. Chapter 2 contains a literature review related to the lack of evaluation for HIE policy in hospitals when using EHRs.

Chapter 2: Literature Review

The literature review in this chapter defines and analyzes HIE policy's objective and approach, physical and material conditions, community attributes, rules-in-use, actors, action situations, patterns of interaction, and outcomes, and it identifies gaps in prior research.

The purpose for this qualitative study was to explore how HIMs working in hospitals evaluated and updated their HIE policy. The problem identified a gap in the lack of evaluation for HIE policy in hospitals. Hospital leaders are trying to find new, innovative ways to communicate and exchange patients' information while providing quality of care and privacy. The HITECH Act was created to advocate for the adoption and meaningful use of health information technology while concentrating on the privacy and security concerns that are involved with the transmission of health information (Moore & Frye, 2019). Technology in the healthcare field has grown over the years, providing healthier patient care using EHR systems. "The ability of applications to communicate, interpret, and act intelligently upon complex healthcare information has assumed paramount importance" (Tsai et al., 2020, p. 10). HIE allows healthcare providers and professionals to access shared information that is secure (HealthIT.gov, 2020). Policy endeavors encompassing the advancement of HIE focus on the ability of providers to transmit information (Everson & Butler, 2020).

Health Information Exchange Policy

Policies are defined as principles that are adopted or implemented by the government, organizations, and businesses (Smallwood, 2019). Policies provide standard

guidelines and procedures for RHIA's and their staff to follow. HIE policy can be implemented in workflows to ensure that patients' information is protected while being exchanged within the EHR system. The policy helps to promote privacy, security, quality, and efficiency.

HIE policies are composed on the structure and workflows of the organization. When adopting or evaluating HIE policy, organizational leaders should consider the differences in diverse hospital settings (Guerrazzi & Feldman, 2020). Other factors that could be considered in evaluating HIE policy include interorganizational cooperation. Guerrazzi and Feldman's (2020) study aimed at comprehending how the use of HIE can be shaped by organization-specific factors, which consist of trust, power, organizational culture, and leadership.

Literature Search Strategy

The scholarly literature was reviewed on evaluating HIE policy in hospitals. The keywords used in the literature search process consisted of *health information exchange (HIE)*, *evaluation of health policy*, *Office of the National Coordinator for HIT (ONCHIT)*, *HIT for Clinical and Economic Health (HITECH) Act*, *Institutional Analysis and Development (IAD)*, and *qualitative*. For the literature search strategy, I used a variety of databases from Walden University. The databases used included Thoreau, ProQuest, Medical Literature Analysis and Retrieval System Online (MEDLINE), and Google Scholar. Peer-reviewed articles were selected for review and published between 2019 and 2024. Additionally, to expand the literature search, I consulted scholarly dissertations and other reputable publications.

Theoretical Foundation

The theoretical foundation used for this study was Elinor Ostrom's IAD framework. The IAD framework consists of a health policy analysis that involves guiding healthcare policies and outcomes on an operational level (Faridah et al., 2020). The IAD framework involves the action arena, its actors, and their actions (Cole & Epstein, 2019). The theory reveals the interaction between actors and the environment. The IAD framework centers on the decisions of the actors and how they are processed within the hospital setting and integrated into the organizational infrastructure, subsystems, and networks within an institutional environment for optimal benefit. The IAD framework outlined how the HIE policy was evaluated within the study by defining the HIE policy objective and approach by utilizing contextual variables, action area, patterns of interaction, and evaluative criteria and outcomes.

Policy Objective and Approach

The IAD has two approaches when defining policy analysis objectives. The first approach uses the framework as a diagnostic tool. The approach works backward through the flow diagram to reiterate or review policy objectives, evaluate policy outcomes, understand the information and incentive structure of a policy, or develop reform initiatives (Polski & Ostrom, 1999). The second approach specifies political-economic activity by working forward through the framework.

The first approach was most suitable to evaluate the RHIA's HIE policy objectives. RHIA could use the retrograde approach to review the department's workflow diagram to confirm the policy objectives. The way that this is completed is by

isolating the HIE policy issue and specifying the policy objectives. Resources they may use are current HIE policy, budget, and objectives. Next, policy activities and outcomes are examined to identify areas of improvement. When improving the policy, RHIA's must compare outcomes to the policy objectives and seek out patterns of interaction. An effective way to decipher this information is by determining when and where the outcomes are occurring and who is involved. The diagnostic, retrograde approach assisted with defining the contextual variables. The contextual variables consisted of the biophysical environments, socioeconomic conditions, and institutional arrangements.

Context

Biophysical environments are explained by the material and physical conditions. These conditions often influence the policy action situations and constrain the institutional arrangements (Polski & Ostrom, 1999). Material and physical conditions correlate to physical and human resources. Biophysical variables may contain factors such as mobility and flow of resources within an institution or action arena and/or characteristics of the physical environment within which the community acts (Dekker & Kuchar, 2021). Biophysical variables may include the RHIA, budget, technology, processes, and storage requirements. RHIA's focus on the service that is produced in the policy situation, and how the budget impacts the workflow activities that are performed. When defining the HIE policy situation, RHIA's were able to distinguish the characteristics that were impacting the socioeconomic conditions.

Socioeconomic conditions are described by the community elements, which are represented by characteristics of the community. The community attributes assist in

understanding the RHIA manager's morals, principles, and partialities about the HIE policy strategies and outcomes. Socioeconomic characteristics of the community could include features such as the homogeneity of its members or shared values. The characteristics helped with understanding the way actors communicate within and between clusters of other actors (Heikkila & Anderson, 2021). When a group of actors shares a mutual interaction, trust is developed in relationships that helps to facilitate solutions. By facilitating solutions, RHIAs will be able to communicate with employees while evaluating the HIE policy strategies, actions, and outcomes (Polski & Ostrom, 1999). Once the RHIAs have evaluated the interactions and outcomes of the HIE policy, they should be able to determine the institutional arrangements or rules-in-use.

Institutional arrangements are outlined by the rules-in-use. The rules-in-use help to determine the behavior of the employees. The elements in the rules-in-use are the policy-related actions, interactions, and outcomes (Polski & Ostrom, 1999). The types of rules relevant within the IAD framework consist of entry and exit, scope, aggregation, authority, and information rules (Dekker & Kuchar, 2021; McGinnis, 2011). The rules-in-use state the norms and rules valued by the individuals contributing to an action situation, and the incentives faced by each employee help in determining their behavior (Heikkila & Anderson, 2021). RHIAs were able to identify whether the rules-in-use were sufficient for evaluating HIE policy.

Action Arena

The action arena is defined by policy analysis and design. This is where the policy action occurs within the IAD framework. The IAD framework identifies key features of

the RHIA by focusing on the decisions and actions taken. In evaluating the actions taken by the HIE managers, critical variables are reviewed: (a) the assets that an RHIA brings to a situation; (b) the morals that RHIA assign to different actions; (c) the way in which RHIA acquire, process, retain, and use knowledge and information; and (d) the process used for selection of a particular course of action (Heikkila & Anderson, 2021). The variables within the action arena address fundamental factors that are associated with evaluating the HIE policy. The action situation will identify the role of the RHIA and employees who engage in the actions taken, and how the actions are linked to the outcomes (Ostrom & Polski, 1999). Also, the action situation will identify what cost and benefits are incurred when RHIA and employees share structural characteristics.

Patterns of Interaction

Patterns of interaction are defined by the physical characteristics of an action situation and the behavior of participants in the resulting structure (Polski & Ostrom Polski, 1999). By studying the patterns of the RHIA and the interaction of staff, one should be able to identify the institutional incentives for each RHIA and employee in the action situation (Heikkila & Anderson, 2021). Constrained policy action situations that are not defined with a clear action plan could limit the RHIA's ability to make informed decisions when there is a restricted range of strategies. Due to the restricted range of strategies, it is easy for RHIA to assume the employees' pattern of behavior (Polski & Ostrom, 1999). The motivational and perceptive structure that RHIA may acquire, retain, and use in the selection of specific courses of action are accomplished through patterns of interaction and individual evaluations (Heikkila & Anderson, 2021). Based on

social connectivity, RHIAAs could face different opportunities to gain experience from other individuals.

Evaluative Criteria and Outcome

Evaluative criteria are used to analyze the performance of a policy system (Polski & Ostrom, 1999). Policy outcomes can be assessed with criteria such as sustainability, equity, efficiency, and effectiveness. RHIAAs analyze evaluative criteria objective standards with patterns of interaction to understand outcomes, whether positive or negative. The evaluation process is reiterative, as outcomes impact the contextual variables as well as the action arena in future interactions (Heikkila & Anderson, 2021). Evaluative criteria could be impacted by both internal and external aspects of the organization. The criteria could include physical and human resources, community attributes, and rules-in-use. When RHIAAs evaluate HIE policy objectives and patterns of interaction, they could improve the efficiency and effectiveness of the HIE workflow process.

Literature Review Related to Key Variables and/or Concepts

The literature review is composed of peer-reviewed journals that focus on the HIE framework, organizational HIE policy decisions, privacy, and security. Understanding the HIE framework is important when RHIAAs are creating and evaluating policies.

Health Information Exchange Systems

HIEs will support RHIAAs with identifying key aspects when evaluating HIE policy and when using EHRs in hospitals. HIE supports building an efficient information governance structure, workflow processes, and technology that is required to transfer

patient data among disparate health information systems (Guerrazzi & Feldman, 2020). There are various HIE systems that are being used by healthcare organizations, such as EHRs, telemedicine, smartphones, and patient-centric systems. Some EHRs are recognized as HIE systems that are used for patient data across different information systems. The purpose of the EHR is to improve the patient's experience through care management and engagement, as well as provide real-time information to physicians. "Electronic health information exchange allows providers and other allied health care teams and patients secure access to vital health information" (Guerrazzi & Feldman, 2020, p.6).

The process component of the HIE is composed of a geographic area of healthcare stakeholders. The purpose of these stakeholders is to improve the health of a community by sharing health information using an HIE (Guerrazzi & Feldman, 2020). Due to the exchange of patient data, HIE policy has become a priority for healthcare organizations (Guerrazzi & Feldman, 2020). RHAs should consider the needs and settings of the organization when evaluating HIE policies.

Organizational Health Information Exchange Policy Decisions

Organizational HIE policy can affect internal and external information that is shared with providers. The literature identified automatic querying and limited consent requirements that were impacting the volume of exchange (Wagner et al., 2021). For providers to exchange information across multiple settings, collaboration needs to be established. Collaboration enables providers across different settings to provide effective quality of care and build trust. "Trust can be defined as the confidence in alignment

between expectation about another organization's behavior and the actual behavior”
(Feldman, & Guerrazzi, 2020, p.1.

Building trust is important for RHIA's; it helps them to process the needs of the hospital when evaluating the HIE policy. Collaboration helps hospital leaders to decide if their organization is going to participate in exchanging health information internally and externally. The purpose for hospitals, outpatient clinics, and physicians participating in sharing of health information is to improve efficiency, patient experience, patient safety, and quality of care (Feldman & Guerrazzi, 2020). Also, other external organizations are dependent on the information that is generated within hospitals (Feldman & Guerrazzi, 2020). Some organizations may not participate in exchanging health information because of technology or the expenses associated with incorporating modern technology such as EHRs.

Organizational decisions are often made at the healthcare administration level of the organization. The Healthcare Insurance Portability and Accountable Act (HIPAA) consist of five titles that provide privacy and security provisions for protecting patient information. These are federal laws that must be followed.

Privacy and Security

Privacy and security laws fall under HIPAA. Theodos and Sittig (2021) stated that HIPAA laws were written with comprehensive general restrictions for health information privacy and include privacy and security rules. Privacy laws were created to safeguard health information that is transferred through EHRs. RHIA's manage a heavy volume of data that needs to be stored and maintained. When evaluating HIE policy, RHIA's must

make sure that patient health information is safeguarded and disclose the risks and legal responsibilities related to transferring information under the privacy rule (Dash et al., 2019). Privacy policy and laws determine the security access that is provided to RHIA's and hospital staff. Privacy laws also determine how information is shared through the electronic health system and who can obtain access.

Securing data can be a complex process for RHIA's. Due to data breaches in healthcare, RHIA's should be reviewing the authentication, encryption, data masking, and access control for the EHRs when evaluating HIE policy. Authentication supports RHIA's with verifying or establishing secure access to the network, which is true and valid. This security measure makes sure end users' identity is protected and is consistent with who they stated themselves to be. Encryption protects RHIA's from data breaches that could occur in which sensitive data get into the wrong hands. Hackers are able to use data-mining methods and processes to find sensitive data (Dash et al., 2019). The HIE policy should have procedures for how patient health information should be protected and maintained throughout its life cycle (Dash et al., 2019). Data masking is a strategy that is used to deidentify health information. RHIA's are able to use this method because it is cost effective and diminishes the necessity for additional security measures. Lastly, RHIA's can add access control as another security measure to protect patient health information. According to Dash et al. (2019),

Once authenticated, the users can enter an information system, but their access will still be governed by an access control policy which is typically based on the

privilege and right of each practitioner authorized by patient or a trusted third party. (p.20)

Gaps in prior research helped guide this literature review to understanding how health information managers are evaluating HIE policy.

Gaps in Prior Research

The literature review identified gaps in the prior research. There continues to be a persistent challenge regarding sharing of patient data nationwide. National Health Information Exchange (NHIE) are having difficulties safeguarding global connectivity, interoperability, and security concerns (Dash et al., 2019). Autonomy proposes challenges for electronic health records and health information exchange because physicians value their autonomy (Winter & Davidson, 2019). Technology has changed the way physician function and utilize patient's data. Physicians input relevant patient data, use new workflows, and sift through the large amount of data the HIEs provide before making their decisions (Winter & Davidson, 2019).

Another gap that was identified in the literature review was organizational HIE policy decisions which are automatic querying and restricted consent requirements. These policy decisions need to be further evaluated in the research to fully support optimal care provided by providers (Wagner et al., 2021). Further research could improve the efficiency of health information exchange (HIE) and assist registered health information administrators (RHIA) when evaluating HIE policies. Privacy and security concerns still propose problems for RHIA. There are limitless opportunities that are provided for health information exchange and how to keep health information protected.

Summary and Conclusions

The literature review was a collection of articles and peer-reviewed journals that provided a background and examples of inconsistencies of the health information exchange policy, organizational HIE policy decisions, and privacy and security rules. The inconsistencies can consist of not being able to maximize the reliability and validity of the study (Ostrom and Polski, 1999). The theoretical foundation will use an IAD policy approach to evaluate the context, action arena, patterns of interaction, evaluative criteria, and outcome. Health Information Managers will be able to improve how they evaluate their HIE policy within a hospital setting while using electronic health records. The next chapter will focus on the methodology, research design, rationale, role of the researcher, and issues of trustworthiness.

Chapter 3: Research Method

The purpose for this qualitative study was to explore how RHIA's working in hospitals evaluate and update their HIE policy. Also, the study focused on the hospital RHIA's perspective about the connection among HIE policy-oriented strategies, actions, and outcomes. The RQs presented in the study provide an understanding of the phenomenon that could guide RHIA's in creating better HIE policies that could improve the transfer and exchange of patient data. A qualitative approach was used for data collection. Interviews with HIMs helped in obtaining a better perception of how they interpret and evaluate the HIE policy.

The methodology used is explained in Chapter 3. The methodology included a qualitative exploratory case study approach. The research design and rationale, role of the researcher, methodology, issues of trustworthiness, and a summary will be presented in this chapter.

Research Design and Rationale

A qualitative exploratory study was used to explore how RHIA's evaluate and update their HIE policy within hospitals. Also, the study focused on the hospital RHIA's perspective about the connection among HIE policy-oriented strategies, actions, and outcomes. Qualitative research designs include ethnography, narrative, case study, and phenomenology (Tomaszewski et al., 2020). A case study design improves researchers' understanding of actual cases that are based in part on the assumption that the perception of the case is likely to involve significant because of the relevant factors to the study (Tomaszewski et al., 2020).

An exploratory study uses in-depth, open-ended questions, which allow participants to explain the phenomenon under study (Guest & Chen, 2020). By using a case study design, I was able to describe my understanding of the hospital RHIAs' experience with evaluating and updating HIE policy. By examining HIMs' experience, I was able to provide their perspective on HIE policy-oriented strategies, actions, and outcomes. Studying another aspect of the phenomenon allowed for a more focused, limited, and in-depth study that facilitated an analytic generalization, which may be useful for a case study design (Tomaszewski et al., 2020). The method for examining the event from multiple data sources such as interviews and document reviews was provided by using the case study approach (Tomaszewski et al., 2020).

Interviewing the participants allowed for an in-depth assessment of the problem. Also, interviewing assisted me in reaching data saturation. Data saturation transpires when there are no additional data expected from the interview research questions. In addition, researchers must consider the depth of the data when triangulation provides depth in data saturation (Savin-Baden & Major, 2023).

Research Questions

The RQs used to guide this study were as follows:

RQ 1: How are the HIE policies evaluated and updated by RHIAs in hospitals?

RQ 2: What are hospital RHIAs' beliefs about relationships among HIE policy-oriented strategies, actions, and outcomes?

Open-ended questions were developed to obtain additional clarity in the study. The results may assist other RHIAs in choosing best practices when evaluating and updating hospital HIE policy.

Role of the Researcher

My primary role as a researcher was to interview RHIAs and collect qualitative responses. The primary function in qualitative research is to create procedural thoroughness to support data collection, data organization, data analysis, and presentation of findings (Savin-Baden & Major, 2023). The researcher must be able to manage thorough, unbiased interviews, as well as review documents and exercise advanced observation skills to capture accurate and reliable data (Flick, 2022). Researchers must apply active listening to deliberately engage with participants and improve the quality of the interaction during the interview (Lavee & Itzchakov, 2023).

Online video and telephone conferencing tools such as Zoom were used during the interview process due to the pandemic of COVID-19. The coronavirus limited the study participants from meeting in a building due to safety precautions. The interview was recorded and transcribed as an additional data source. The recording and transcripts did not convey intonations, gestures, or body language.

The participants for the exploratory study were selected based on inclusion criteria. Inclusion criteria for the study applied to RHIAs who were responsible for evaluating and updating HIE policy in hospital settings. There were no relationships with any of the participants. To ensure no additional bias, an informed consent was acquired

for the interview. The informed consent included a brief background, the procedures performed, and the confidentiality of the study.

Informed Consent

Walden University has guidelines to protect research participants. According to Widmer et al. (2020), a consent form protects the rights of participants. Once participants reviewed and understood the purpose of the study, they were expected to sign the informed consent form.

The consent included the nature of the study, participants' involvement, and the voluntary choice to partake in the study (Dankar et al., 2019). I made sure each participant fully understood the information given, as well as emphasized that participation was voluntary and that they could depart from the study at any time without consequences.

Confidentiality

Study participants were advised that their private information would be collected during the study and kept confidential. The information would not be disclosed to any additional party without the study participants' consent. Pseudonyms were used to take the place of their names and locality, for all the study participants. Alphanumeric format was used to recognize the study participants during the interview. Study participants were provided with my contact information after the interview was completed. Also, the participants were advised to contact me if they had additional questions related to the study. The data collected during the exploratory study will be in a secure, locked file

cabinet in my residence for 5 years; all data will then be destroyed using appropriate measures.

Methodology

Participant Selection Logic

Study participants consisted of 10 RHIA's from hospitals in Atlanta, GA, and surrounding areas who evaluated and updated HIE policy. Also, study participants were proficient and knowledgeable concerning the research study. The research study involved diverse participants from different organizations. A thematic experience is captured when there is a small sample size of participants. Criteria used for selecting the study participants included RHIA's who had the responsibility of reviewing and updating HIE policy.

Purposeful sampling is utilized by qualitative researchers when selecting participants. This type of sampling helps to provide relevant information concerning the research questions. Qualitative researchers can benefit from using purposive sampling when collecting a manageable amount of data (Alam, 2021). Also, selecting the appropriate sample size is vital, as it establishes the accuracy of a study's assessment and its influence to depict the conclusions (Alam, 2021). According to Taherdoost (2022), a purposive sampling method permits efficient use of time and assets in data collection and data saturation using experienced and available participants who will voluntarily share applicable experiences clearly and reflectively.

Study participants were selected after receiving Walden University Institutional Review Board (IRB) approval. The IRB approval number is 11-08-22-0739713.

Participants were advised of their privacy rights and autonomy to participate. The selection process started by emailing out letters of participation that contained a brief description of the purpose of the study and invitation for study participants to volunteer in the study.

Instrumentation

Researchers are the primary data collection instruments in qualitative case studies. The efficiency of the instruments is based on their credibility with the participants who will make available the necessary information (Tomaszewski et al., 2020). Valuable data collection involves using pertinent querying questions, being a keen listener, and being perceptive of the case study's problems (Tomaszewski et al., 2020). Interviewing was the instrument used for data collection for understanding the problems and trials that RHIAs face when evaluating and updating HIE policy. Interviewing consists of asking probing questions and attaining participants' responses, which can be achieved in many ways, such as individual face-to-face interviews, telephone interviews, or group interviewing.

The researcher is characteristically the primary tool for data collection and analysis (Wolff et al., 2019). As the primary tool, semistructured interviews were completed to acquire understanding about the perspectives of RHIAs regarding how the HIE policy is being evaluated and updated. Semistructured interviews engage the researcher's ability to explore the participants' perspectives with the benefit of revealing problems that may not have been expected by the researcher. The semistructured interviews contained 10 open-ended questions that were prepared by the researcher. The questions were constantly used by utilizing the interview protocol (Appendix A). The

protocol was followed by recording the interviews using Zoom audio, and the collected data were transcribed.

Pilot Study

To check the study's feasibility and the usability of the instrumentation, a pilot study was conducted. The pilot study helped identify variables that were not known and access to key variables strengthens the sample size when calculating. (Lowe, 2019). One benefit of using a pilot study was to avoid conducting a large-range study without appropriate knowledge of the methods proposed (Lowe, 2019). Also, the pilot study was designed to test the precision and understanding of the interview protocol and questions. Two RHIA participants were recruited from a hospital in the Atlanta area. The study participants were provided an informed consent, and the interview was conducted using online audio-conferencing recording via Zoom with 16 open-ended semistructured questions.

Procedures for Recruitment, Participation, and Data Collection

Participants' recruitment process included emailing the director of health information systems department to schedule interviews with RHIAs through an online audio Zoom session. Each RHIA was provided with an invitation letter with the informed consent. Before contributing to the interviews, participants were advised to focus their attention on the informed consent, which consisted of the purpose, goal, and participation of the study. My contact information was provided if participants were interested. Also, each study participant was given an interview protocol that contained the research questions.

The data collection method that was used for this exploratory study consisted of a protocol with 16 semistructured interview questions (see Appendix A). Semistructured interviewing is a flexible, organized technique that provides a valuable set of data for analysis (Peesker et al., 2019). The interviews were based upon the accessibility of the participants. I anticipated interviewing at least two to three participants a day, therefore taking 5 to 10 days to finalize the interviews. Each interview took at least 30 to 45 minutes. The instruments used to collect the data in the study consisted of Zoom audio conferencing recording, researcher's notes, and a transcript from the recording. The online audio-conferencing software, Zoom, has the capability to record and transfer the recording to the computer being utilized. The laptop computer password is safeguarded, and I only have access to the login credentials.

The interview consisted of 10 open-ended questions that explored the participants' experiences and knowledge about how HIE policies were evaluated and updated in their hospital. Interview questions are beneficial in instigating a discussion with an interviewee about the topic areas that are required to explore and provide a chance for the interviewer to probe into other lines of inquiry that will be presented by the interviewee (Taherdoost, 2022). The data collected from the interview questions were organized and coded to create a content analysis. Codes in qualitative inquiry are words, phrases, or sentences that represent facets of data or capture the core or types of data (Wolff et al., 2019). For each interview, I used different words for the information and themes.

There are a multitude of techniques (e.g., recording research logs, keeping journals, and creating category systems) for researchers to track their data from a study. I utilized a journal to track the details from the study. According to Woods and Sikes (2022), reflective journaling supports the researcher by stating what has happened regarding the examples and experiences that have gone well and the ones that could use improvement.

Data Analysis Plan

To avoid threats to trustworthiness, content analysis was used in this qualitative study. Content analysis was chosen for this study because the technique emphasizes language as a communication tool in interpreting the content or contextual meaning of the text (Cronn-Mills & Croucher, 2021). It provides a logical and unbiased method of constructing valid implications from verbal, visual, and written data to explain and measure precise phenomena (Pandey & Pandey, 2021). Also, content analysis is appropriate for qualitative studies because of the nature of the methodology, sampling, data collection, and research questions. The content analysis technique permitted me to observe the target problem from the perspectives of the participants. This increased the ability to distinguish similar words and phrases in the interview transcripts that held similar implications.

The data from the interviews were tested by examining words, phrases, sentences, and paragraphs. This provided meaning about participants' perspective and personal experience by allowing me to understand how information was utilized to compose events by the study participants. Furthermore, I was able to recognize relevant patterns

and themes from the study as well as additional academic literature. The data were organized utilizing NVivo qualitative data analysis software program. NVivo was useful in managing, analyzing, and forming for easy use (Taherdoost, 2022). NVivo broke down themes and patterns from each participant's response.

Table 2 consists of the research and interview questions that I used to explore how RHIAs were evaluating and updating HIE policy. There were two research questions that were aligned with 16 interview questions. The interview questions were created to provide a better understanding of the RHIAs' role and their perspective about the connection among HIE policy-oriented strategies, actions, and outcomes.

Table 2*Research and Interview Questions Alignment*

Research questions	Interview questions
1. How are the health information exchange policies evaluated and updated by registered health information administrators in hospitals?	1. How often is the HIE policy evaluated and updated? 2. How is the HIE policy evaluated? 3. What steps do you implement to update the HIE policy? 4. What procedures and processes must be performed before a change can be implemented in the HIE policy? Is approval required from other stakeholders? 5. Who are the stakeholders?
2. What are hospital registered health information administrators' beliefs about relationships among HIE policy-oriented strategies, actions, and outcomes?	1. What is your role in the department as a health information manager? 2. How many years in HIM? 3. How many years as a manager? 4. What credentials do you have? Are your credentials required for your role as HIM? 5. What is your level of education? 6. What is the bed occupancy of the hospital? 7. What steps are required in the strategic planning process? Who is involved? 8. What issues have you had with the structure and procedures of the HIE policy? 9. What are the outcomes of implementing the HIE policy? 10. How do HIPAA and HITECH regulations and guidelines impact the HIE policy? 11. Where is the HIE policy posted with in the hospital?

Issues of Trustworthiness

Trustworthiness begins with ensuring the RQs are communicated and sustained. The research process must be logical and precise. According to Taherdoost (2022), reliability and integrity are determined by the credibility, dependability, transferability, and confirmability of the research processes with representation of the outcomes. Researchers use various approaches to demonstrate the data analysis was performed in a detailed, reliable, and thorough approach.

Credibility

To improve the credibility of the exploratory study, triangulation, peer debriefing, and member checking were used. Triangulation will provide an explanation to the obstacle, data accuracy, and data saturation for specific limitations. Member checks is another way to achieve credibility in a qualitative study. Member check process will consist of the researchers emailing analyzed and interpreted data to the participants for an opportunity to deny or confirm the interpretation (Tracy, 2019). Credibility pertains to the level of confidence that a researcher has in the integrity and precision of their results. Credibility is often referred to as internal validity process that is created by the researcher (Taherdoost, 2022).

Dependability

Dependability creates that the research findings are reliable and reiterate, which is the reason for validating the consistency between the discovery and the raw data that will be collected from various sources (Savin-Baden & Major, 2023). Dependability was accomplished by confirming credibility in the approaches and data findings. Aspects of

research design, implementation, and data collection were used to ensure dependability in this study.

Transferability

Transferability represents a form of external validity. It is the scope to which the study findings can be duplicated in other contexts and accomplished by the presentation of a detailed explanation with the underlying assumptions that are relevant to the study. (Stahl & King, 2020). To attain transability in the study results, the researcher consistently provided detailed data and processes that can be utilized by other researchers in future literature.

Confirmability

A selection of methods was used to guarantee confirmability. Confirmability ensures the researchers' results are void of any bias and imagination. The exploratory study is an undertaking for the participants, and circumstances related to the study are not derived from preconceptions, motive, curiosity, or viewpoint (Peters, 2022). To guarantee confirmability, the researcher provided a detailed explanation of the methodology for the study to confirm the truthfulness of the outcome which can be followed and replicated.

Ethical Procedures

Under various circumstances, ethical challenges such as anonymity, confidentiality, and informed consent can occur during the research process. This is important for the researchers to consider ethical implications of what they are doing. Ethical considerations confirm the research process will not substantially or mentally cause any harm or abuse to the participants (Taquette & Borges da Matta Souza, 2022).

IRB approval 11-08-22-0739713 was obtained from Walden University Institutional Review Board, which permitted me to compile and examine data from the hospitals where the registered health administrators work. Walden University Institutional Review Board expects researcher students to acquire IRB approval prior to collecting and analyzing data. Once approval was granted from the Walden University Institutional Review Board, I sent the director of health information systems a letter of invitation to interview the RHIA's who are responsible for evaluating and updating HIE policy for their hospital.

Prior to the interview, the purpose and procedures for the study were reviewed with the study participants then the informed consent was emailed. Before the interviews were conducted, an informed consent letter was signed and received. The day of the interview, the study participants were informed online audio zoom conferencing or telephone will be recorded. Also, the purpose for the study was reaffirmed according to the interview protocol (see Appendix A). In a qualitative study, participants and their information must be protected and kept in a safe and confidential place. To confirm privacy and confidentiality, I excluded all identifiers and all personal information collected. I assigned alphanumeric code which contained a letter and a number to each participant for deidentification during data analysis. Study participants and their information were stored electronically on a computer hard drive in my home using password protected safeguards for the next five years. Once five years has conceded, all information will be destroyed that is associated with the study.

Summary

Chapter three consisted of the research design which included how the participants were selected, how the data was collected, and how the data was analyzed. It also provided how the participants' information was protected and stored. The methods and approaches helped the researcher to explore how RHIA's evaluate and update their HIE policy. Also, it provided the participants perspective concerning the policy.

Chapter four includes a summary of the study which includes the outcomes that were made during the interviews, discussion of data analysis, common themes, and presentation of the analyzed data. The next chapter provides a brief summary of the participants' perspective during the interview.

Chapter 4: Results

The purpose of this qualitative study was to explore how workers in hospitals evaluate and update their HIE policy. Interviews were conducted according to protocols for semistructured interview questions once the Walden University IRB provided approval. The interview questions were structured to provide in-depth analysis on how HIMs evaluate and update their HIE policy.

The research questions explored the RHIAs' perspectives and experiences about how the HIE policies are evaluated and updated. The research questions used for this study consisted of the following:

RQ 1: How are the HIE policies evaluated and updated by RHIAs in hospitals?

RQ 2: What are hospital RHIAs' beliefs about relationships among HIE policy-oriented strategies, actions, and outcomes?

The first research question was formulated based on literature gaps that involved individuals' privacy and autonomy for EHRs and HIE (Winter & Davidson, 2019). The second research question was formulated based on literature gaps that involved organizational HIE policy decisions.

Chapter 4 describes the participants' experience related to evaluating and updating HIE policies. Further, the chapter addresses the settings, data collection, analysis, and evidence of trustworthiness. To close out Chapter 4, a summary of the results will be provided, followed by a chapter summary.

Pilot Study

A pilot study was completed for validity and reliability of the interview questions. The pilot study provided an opportunity to identify the length of each question, test the recording functions, and practice transcribing the information. Two study participants were recruited through email invitation with the informed consent enclosed. Once the study participants emailed me back with their consent, a Zoom conference call was scheduled for 30 to 45 minutes. The conference call was scheduled on different days for the study participants. The interview protocols included a sequence of open-ended semistructured questions. The interview questions were created based on an in-depth literature review related to RHIA's experience with HIE policies.

A total of 16 questions were used for this pilot study. The first set of questions was aimed at screening the study participants to establish if they were eligible for participation. The second set of questions focused on understanding the background, followed by how the HIE policy was evaluated. The interviews were recorded using audio Zoom conferencing. Once the interviews were completed, the data were transcribed into an Excel spreadsheet. After the data were transcribed into Excel, the coding began by looking at common themes and patterns such as all study participants were required to have a RHIA and a 4-year degree. The pilot study did not result in any changes in instrumentation or data analysis.

Settings

The data for this study were collected using face-to-face semistructured interviews with 10 study participants who met the criteria of being a RHIA with a RHIA

certification and a 4-year degree. The study participants worked in hospitals or facilities that had access to HIE policies. The study participants shared experiences related to evaluating and updating HIE policies. Some of the study participants were recruited via LinkedIn, which is a professional platform, and some were recruited by referral. Follow-up contact was made using Outlook email.

In the recruitment process, each study participant was sent a letter of invitation with an informed consent. A scheduled Zoom conference or telephone call was scheduled after the study participant accepted the invitation to participate. Dates and times were scheduled with the study participants. All of the study participants were RHIAs involved in evaluating and updating the hospital's HIE policy. To prevent distractions and avoid interruptions, the Zoom conferencing calls were performed in private settings such as offices (e.g., home, hospital). Each study participant was advised that the interview would be recorded and transcribed for analysis. The interviews were managed using Zoom audio conferencing or a telephone, depending on the study participant's preference. During each interview, an interview protocol was used to confirm that the study participant stayed on topic and consistent.

Demographics

Ten participants were interviewed for the study. Each interview was recorded using Zoom conferencing. Also, an Apple iPhone was used as a backup recording device. The study participants were obtained from LinkedIn and by referrals from other RHIAs in the field. All the study participants met the criteria of having a RHIA certification and a 4-year degree. Some had more than one certification. Each study participant had

experience with evaluating and updating their organization's HIE policy. The degree level included bachelor's and master's degrees with a variety of certifications related to the health information management field. Experience ranged from 1 to 15 years, with 5 to 25 years in the health information management field.

A pseudonym was assigned to each participant to protect their privacy. The assigned pseudonyms are depicted in an alphanumeric format. For example, in the pseudonym H1, the letter H represents the RHIA, and the 1 is the identifier number assigned to the study participant. Table 3 displays the study participants' demographics, years of experience, credential(s), and degree level. Obtaining this information provided an understanding of how many years the study participants had been in the HIM field and whether the participant had the required credential and degree level for a RHIA. Also, the information identified if the study participants were able to participate in the study based on the criteria.

Table 3

Participant Demographics

	Years in health information management	Years as health information manager	Credential	Degree level
H1	20	3	RHIA	Master's
H2	12	2	RHIA	Bachelor's
H3	20	5	RHIA	Master's
H4	15	6	RHIA	Master's
H5	18	8	RHIA	Bachelor's
H6	10	2	RHIA	Bachelor's
H7	15	7	RHIA	Master's
H8	20	10	RHIA	Master's
H9	5	1	RHIA	Bachelor's

Data Collection

Data collection started once IRB approval 11-08-22-0739713 was attained from the Walden University IRB in November 2022 and was completed in August 2023. Study participants were recruited using LinkedIn, which is a professional platform, and by referrals from other RHIAs in the field. Each participant was emailed a letter of invitation with the informed consent included. Once the study participants emailed their informed consent to agree, a Zoom conferencing call was scheduled for the candidates who met the inclusion criteria. The Zoom conference call was scheduled for 30 to 45 minutes at the convenience of the study participants. Each study participant obtained a copy of the interview protocol.

The interviews were managed in my private home office via Zoom conferencing over a 10-month period due to scheduling difficulties and cancellations. There were 16 in-depth, semistructured questions that were used to understand how RHIAs evaluate and update their HIE policy. The interviews were audio recorded using Zoom, with an Apple iPhone recorder as a backup. The results from the audio recording were transcribed into an Excel spreadsheet. The data were manually entered into the Excel spreadsheet. This was a variation from the plan presented in Chapter 3, but it did not impact data collection.

There were some infrequent circumstances that occurred throughout data collection. One was participants agreeing to participate and then canceling their scheduled Zoom interview. This occurred multiple times. Another unusual circumstance

that occurred was participants not being able to connect through Zoom conferencing due to connectivity issues, which resulted in rescheduled meetings.

Data Analysis

Coding Process

Each study participant was provided 16 semistructured questions that aligned with two research questions for this study. Each interview was scheduled for 30 to 45 minutes, but the actual interview took 20 to 30 minutes. The interview questions were structured to focus on the lived experiences of the RHIA and how they evaluated and updated their HIE policy for their hospital.

During the coding process, I listened to each study participant's audio recording. The audio recording was reviewed and transcribed into an Excel spreadsheet. The Excel spreadsheet contained the unique identifier for each participant, their responses to the questions, categories, and themes. Once this was completed, I listened to the audio recording again to confirm that no information was missing.

Before assigning themes to coded abstracts, the audio recording and Excel transcript were reviewed multiple times. During this process, no issues were identified. Similar data were grouped into categories and further broken down into smaller categories. The abstracted data revealed how often the HIE policy was updated, how the policy was evaluated, the steps taken to evaluate the HIE policy, whether a change request was needed, and where the policy was stored. In the next section, a more in-depth explanation will be provided related to the coding, categories, and themes.

Coding, Categories, and Themes

Once I had received the needed responses to answer the research questions, data saturations was achieved with 10 study participants who provided similar experiences. Five themes were identified from the 16 interview questions based on the common experiences among the study participants:

- HIE policy evaluated/updated once a year or as needed
- regulations/standards
- implementation process
- change request
- hospital shared driver

The first theme was based on Interview Question 7 (How often is the HIE policy evaluated and updated?). All of the study participants stated that their HIE policy was evaluated and updated once a year. According to one of the study participants, “The policy is reviewed and updated once a year unless there is a need for it to be updated sooner.” Another study participant stated, “It's updated once a year or as needed according to regulation and standard changes.” Another study participant stated, “Our HIE policy is updated once a year or as needed.” The responses from the study participants provided key words such as “evaluated/updated, once a year, or as needed,” which explained the theme HIE policy evaluated/updated once a year or as needed. The second theme, regulation and standards, was based on Interview Question 8.

For Question 8 (How is the HIE policy evaluated?), the study participants' answers varied, but the most common responses were based on HIPAA and HITECH

regulations and standards. Six study participants stated that their HIE policy was evaluated based on updates from HIPAA and HITECH. The regulations and standards provide privacy and security of health data that are exchanged through EHRs. One study participant stated, “The policy is evaluated by making sure we are following HIPAA regulations and standards.”

Another study participant stated, “The policy is evaluated based on the HIPAA/HITECH standards and guidelines regarding the exchanging of patient information. We also utilize Georgia Health Information Exchange at our facility.” Lastly, one study participant stated,

Our HIE policy is evaluated based on the regulations and standards governed by HIPAA. Also, we utilize HITECH regulations because of the usage of data exchanged through the electronic health record. We participate with Georgia Health Information Exchanges Care Everywhere.

The regulations and standards for HIPAA and HITECH provided the study participants with the foundation for evaluating the policy.

The third theme, implementation process, was identified based on Question 9 (What steps do you implement to update the HIE policy?). The third common theme identified was the implementation process. The implementation process defines the steps the study participants used to update their HIE policy. A study participant stated one example of the implementation process:

Review any updated changes that have occurred or are being implemented by HIPAA. Implement any modern technology. Our organization is a corporation

that utilizes paper health records instead of electronic. Some hospitals have transitioned to EHRs but there are still some organizations that use paper health records. Also, some HIM departments outsource their release of information.

Procedural: We are implementing updated regulations and standards. Example: XYZ procedures used to release health information.

Another study participant stated,

We review the current policy in place, recent updates from HIPAA, system changes that may impact the security of patient information. We are looking for gaps in the policy and overlapping workflows. Our records are sent electronically unless a paper record is requested.

Another example of the study participants' responses was the following:

Review previous policies compared to the recent updates. Add recent updates according to the required standards. Recent updates can consist of HIPAA releasing a new standard that must be implemented. We participate with GHIE and Care Everywhere. The Policy needs to take in account all parties involved.

One common process among the participants was reviewing previous HIE policy to identify any gaps.

The fourth theme, change request, was identified based on Question 10 (What procedures and processes must be done before a change can be implemented in the HIE policy? Is approval required from other stakeholders?). Change requests were identified because the study participants emphasized that before updates could be implemented, a

change request must be provided, and approval must be received from leadership. For example, one participant stated,

I am linked to a sister facility, and we have to discuss any changes that may be implemented due to the impact it may have on the workflow. Also, the Quality Director is included, and the Quality Council Committee requires approval.

Another example was the following: “Before a change can be implemented, it must be discussed among other directors and stakeholders who participate in the change process. Yes, approval is required.” Another study participant stated, “All of the stakeholders whose workflow is impacted by the HIE policy will be involved in the reviewing and updating. Once the policy has been updated, it is sent for approval by the VP and Executive Director.” Lastly, another study participant stated, “Before we implement a change, we must 1st have a meeting with all stakeholders. Discuss the changes that need to be added and removed. If there are outside third party, then we have to involve compliance.”

The last common theme identified was facility share drive, which was based on Question 16 (Where is the HIE policy posted within the hospital?). The fifth theme provides where the HIE policy is stored within the hospital. The majority of the participants stated that their HIE policy was stored on the hospital’s shared drive. For example, one study participant stated, “The HIE policy is stored in the medical records file on a shared drive.” Another study participant stated, “HIM shared file.” Yet another study participant stated, “Share Point drive.”

The five themes were recognized based on the questions and responses that were common among the study participants. Figure 2 provides a display of the five common themes and how they interrelate to the HIE policy. The HIE policies are updated once a year. The data governance for the regulations and standards are HIPAA and HITECH. Implementation process consist of a rigor review of workflow processes, EHR system updates, and collaboration with other stakeholders. A change request occurs when there is a change in the policies and workflow processes. Once the changes have been approved by upper leadership (i.e., Directors, Vice-President) then the HIE policies are saved on the hospitals shared drive. Analyzing and categorizing of the codes was used to outline the theme results of sorted data that were similar in content A category was used to sort the codes that were similar in context which resulted in the themes from analyzing the codes and categories. Figure 2 below is a description of how the HIE policies are evaluated. It provides the common categories and themes used to evaluate RHIA's. The themes that emerged were updated once a year, regulations and standards, implementation process, change request, and hospital shared drive.

Figure 2*Five Common Themes***Discrepant Cases**

One discrepancy that was identified was study participant H1 hospital still utilized paper health records. They have not transitioned into the electronic health record system as of yet. Study H1 stated, “Our organization is a corporation that utilizes paper health records instead of electronic. Some hospitals have transitioned to EHRs but there are still some organizations that use paper health records.” Another discrepancy was identified in the role of the health information manager. Some of the study participants roles varied as stated by participant H1 “Director of HIM for Behavioral Health Hospital. Role is to lead the direction of the department. Also, a Privacy Officer for the facility. Answers all HIPAA related questions regarding release of information and facilitate accordingly. “Another study participant H3 stated, “Health Information Operational Manager. Role to

monitor the operations of the Health Information Management Department.” Also, study participant H8 stated, “HIM & Coding Manager. I foresee the processes of releasing patient information and ensuring efficient, accurate information is being exchanged appropriately through the workflow processes.”

Table 4

Discrepant Cases

Discrepant cases	Study participant	Results
Utilized paper health records	H1	“Our organization is a corporation that utilizes paper health records instead of electronic. Some hospitals have transitioned to EHRs but there are still some organizations that use paper health records.”
Role of the health information manager	H1	“Director of HIM for Behavioral Health Hospital. Role is to lead the direction of the department. Also, a Privacy Officer for the facility. Answers all HIPAA related questions regarding release of information and facilitate accordingly.
	H3	“Health Information Operational Manager. Role to monitor the operations of the Health Information Management Department.”
	H8	“HIM & Coding Manager. I foresee the processes of releasing patient information and ensuring efficient, accurate information is being exchanged appropriately through the workflow processes.”

Evidence of Trustworthiness

Credibility

Credibility is the first evidence of trustworthiness. Credibility is often referred to as internal validity process that is created by the researcher (Taherdoost, 2022).

Credibility pertains to the level of assurance that a researcher has in the honesty and precision of their findings.. It provided the opportunity to establish trust and dependability with the participants by reviewing the interview protocol and responding to any questions the study participants had prior to starting the interview. To improve the credibility of the exploratory study, data and method triangulation, peer debriefing, and member checking were used. Triangulation and data saturation were accomplished with ten study participants. Member checking was utilized to confirm the truthfulness of the transcribed statements. Each study participant was sent an email of the transcribed data and to provide any additional information that would be relevant to the study.

Dependability

Dependability creates that the research findings are reliable and reiterate, which is the reason for validating the consistency between the discovery and the raw data that will be collected from various sources (Savin-Baden & Major,2023). Dependability was accomplished by confirming credibility in the approaches and data findings. Aspects of research design, implementation, and data collection were used to ensure dependability in this study. Also, dependability was recognized through a rigorous process of transcribing raw data into an excel spreadsheet demonstrated the final analysis was accurate based on the collected data.

Transferability

Transferability represents a form of external validity. It is the scope to which the study findings can be duplicated in other contexts and accomplished by the presentation of a detailed explanation with the underlying assumptions that are relevant to the study. (Stahl & King, 2020). To attain transability in the study results, the researcher consistently provided detailed data and processes that can be utilized by other researchers in future literature. A substantial description of the participants was provided with the research process to enable the person reading the study to distinguish whether the findings from the study are transferable to their setting.

Confirmability

A selection of methods was used to guarantee confirmability. Confirmability ensures the researchers' results are void of any bias and imagination. The exploratory study is an undertaking for the participants, and circumstances related to the study are not derived from preconceptions, motive, curiosity, or viewpoint (Peters, 2022). To guarantee confirmability, the researcher provided a detailed explanation of the methodology for the study to confirm the truthfulness of the outcome which can be followed and replicated. Also, reflexivity was used to establish confirmability by engaging in critical self-reflection regarding potential bias. To ensure confirmability, I reviewed the data and removed any bias that could impact the study.

Results

The results are five themes that have emerged from coding of the transcripts which consisted of updated once a year, regulations and standards, implementation

process, change request, and hospital shared driver. These themes were based on the questions that had the most common experiences among each study participant who was in charge of updating and evaluating the HIE policy within their hospital. The research questions will examine the RHIA's perspective about how the HIE policy is evaluated and updated. The research questions that address these common themes are:

RQ 1: How are the HIE policies evaluated and updated by RHIAs in hospitals?

RQ 2: What is hospital RHIAs beliefs about relationships among HIE policy-oriented strategies, actions, and outcomes?

Theme 1: Updated Once a Year

Interview question 1: "How often is the HIE policy evaluated and updated? Each study participant had similar responses on how often their HIE policy is evaluated and updated. All ten study participants stated their HIE policy is updated once a year or as needed. This question explains how often the HIE policy is evaluated and updated. For example, study participant H1 stated, "The policy is reviewed and updated once a year unless there is a need for it to be updated sooner. Standard updates are required once a year. There are 2 policies that are updated. 1) Information Management Policy - how a patient's protected health information is handled. 2) Release of Information." Participant H2 stated, "once a year or as needed.", Study participant H3 stated, "It's updated once a year or as needed according to regulation and standard changes."

Study participant H4 stated, "Our HIE policy is updated once a year or as needed." Study participant H5 stated, "The policy at our hospital is updated once a year." Study participant H6 stated, "Our HIE policy is updated once a year or as needed

according to the changes in regulations and standards.” Study participant H7 stated, “We update our HIE policy once a year.” Study participant H8 stated, “We update and evaluate our HIE policy once a year or when needed according to changes in the regulations and standards or EHR system updates.” Study participant H9, stated, “Our policy is updated and evaluated once a year.” Lastly, study participant H10 stated, “We evaluate our policy once a year. It is only updated if there are any changes in the regulations and standards, and within the organization.”

Theme 2: Regulations and Standards

Interview question 8: How is the HIE policy evaluated? This question is based on the type of governing bodies that must be reviewed before the HIE policy can be evaluated and updated. The theme that emerged from question 8 is regulations and standards. The study participants stated that they review HIPAA and HITECH updates before they begin evaluating and updating their HIE policy. HIPAA provides updates regarding how patient information is protected related to privacy and security. HITECH provides standards that protect patient health information as it is exchanged through the EHR system. Study participant H1 stated, “The policy is evaluated by making sure we are following HIPAA regulations and standards.”

Study participant H4 stated, “Our HIE policy is evaluated based on the regulations and standards governed by HIPAA. Also, we follow HITECH because use an electronic health record. We participate with Georgia Health Information Exchanges, Care Everywhere.”

Study participant H5 stated, “We review HIPAA rules and regulations for any updates that could impact our current HIE policy that is in place. Also, we review HITECH standards because we utilize an EHR system that requires certain privacy and security standards. There are other requirements that entail reviewing the organization's system updates and workflows among other departments.”

Study participant H8 stated, “The HIE policy is evaluated based on new updates for regulations related to privacy and security, new standards regarding electronic health records and the transmission of health data, and any updates within the hospital system.”

Theme 3: Implementation Process

Interview question 9: What steps do you implement to update the HIE policy?

Theme 3 emerged from question 9. Each study participant response varied based on the size and requirements of their hospital. The question explored the steps each study participant used to update the HIE policy. Study participant H1 stated, “Review any updated changes that have occurred or are being implemented by HIPAA. Implement any modern technology. Our organization is a corporation that utilizes paper health records instead of electronic. Some hospitals have transitioned to EHRs but there are still some organizations that use paper health records. Also, some HIM departments outsource their release of information. Procedural: we are implementing updated regulations and standards. Example: XYZ procedures used to release health information.” Study participant H3 stated, “We have 4 policies that are updated regarding our HIE. Notice of Privacy Practice, Legal, Privacy & Security, and Privacy Policy. All policies are

reviewed and updated based on changes with the regulations and standards for HIPAA, HITECH, and State/Federal.”

Study participant H4 stated, “Review previous policies compared to the recent updates. Add recent updates according to the required standards. Recent updates can consist of HIPAA releasing a new standard that must be implemented. We participate with GHIE and Care Everywhere. The Policy needs to take in account all parties involved.”

Study participant H5 stated, “Before we update the policy, we must review the current policy. Review recent updates from HIPAA/HITECH, system updates for our EHR, and compliance. Once the updates have been reviewed, each department leader is notified if their department and workflow is impacted. After the updates have been approved by upper leadership and other stakeholders involved then the Updates are implemented in the new HIE policy where it is stored on the hospital shared drive.”

Study participant H7 stated, “The steps we use to update our HIE policy is by looking at all recent updates for exchanging patient health data, privacy and security rules and regulations. We review any implementation changes to our system. Processes and procedures that are impacted by the recent updates.”

Study participant H10 stated, “Due to the advancement of technology, we have had to make so many adjustments to our policy. We are definitely making sure we review it every year. Our HIE policy reviews the privacy and security updates from HIPAA, the electronic health record standards from HITECH, system implementation within our organization, workflow processes and procedures. The changes are reviewed by the

leadership for approval. Once approved, the HIE policy is updated and saved on the HIM shared file.”

Theme 4: Change Request

Interview question 10: What procedures and processes must be done before a change can be implemented in the HIE policy? Is approval required from other stakeholders? The theme change request emerged from question 10. Question 10 explore what must be done before the HIE policy can be updated and implemented. Study participant H1 stated, “I am linked to a sister facility. We have to discuss any changes that may be implemented due to the impact they may have on the workflow. Also, the Quality Director is included, and the Quality Council Committee requires approval.” Study participant H3 stated, “All of the stakeholders whose workflow are impacted by the HIE policy will be involved in the reviewing and updating. Once the policy has been updated, it is sent for approval by the VP and Executive Director.”

Study participant H6 stated, “All changes must be submitted to our upper leadership which consists of our directors, executives, and VP. Once approved, then store on the hospital shared drive.”

Study participant H7 stated, “Yes, approval must be obtained from our leadership and approval from other departments that would be impacted by the changes.”

Study participant H8 stated, “Our organization put in a change request for updates to be reviewed and updated. Once all parties involved in the updates have reviewed the updates, the request is submitted to the executive Director and VP for Approval.”

Theme 5: Hospital Shared Drive

Interview question 16: Where is the HIE policy posted within the hospital? The final theme hospital shared driver emerged from question 16. The question was based on the location of where their HIE policy is stored within the hospital. Study participant H1 stated, "The HIE policy is stored in the Medical Records file on a shared drive." Study participant H3 stated, " Share Point Drive."

Study participant H6 stated, "Hospital Shared Drive."

Study participant H7 stated, " HIM File."

Study participant H9 stated, " Shared Drive."

Study participant H10 stated, " HIM Shared Drive."

Discrepant Cases

Discrepancy identified was some of the Study participants hospital used external stakeholders when exchanging health data or patients' health information. Study participant H3 stated, "We also utilize Georgia Health Information Exchange at our facility."

Another Study participants H4 stated, "We participate with Georgia Health Information Exchanges, Care Everywhere." The responses to this question could have used more explanation on what purpose each one of the external stakeholders related to exchanging health information. Table 5 provides a display of the discrepancy that occurred during data collection and analysis.

Table 5*Discrepant Cases*

Discrepant cases	Study participants	Results
External stakeholders (Georgia Health Information Exchanges and Care Everywhere)	H3	“We also utilize Georgia Health Information Exchange at our facility.”
	H4	“We participate with Georgia Health Information Exchanges, Care Everywhere.”

Summary

Chapter four reviewed the pilot study, setting, demographics, data collection, data analysis, evidence of trustworthiness, themes, and discrepancies. The results were based on the research questions for this study which are:

RQ 1: How are the HIE policy evaluated and updated by RHIAs in hospitals?

RQ 2: What is hospital RHIAs beliefs about relationships among HIE policy-oriented strategies, actions, and outcomes?

Ten study participants were obtained to complete the 16 open-ended semistructured questions. Based on the responses, 5 themes emerged which are updated once a year, regulations and standards, implementation process, change request, and hospital shared drive. The five themes explained how the HIE policy is evaluated and updated within a hospital. Also, the study participants provided steps used for how their HIE policy was evaluated and updated. The next chapter will include the discussion,

conclusions, recommendations, and implications for future research for RHIA and HIE policy.

Chapter 5: Discussion, Conclusions, and Recommendations

Introduction

The purpose for this qualitative exploratory study was to explore the lived experiences and perspectives of RHIA's about how they evaluate and update their HIE policy. Ten study participants were recruited until data saturation was accomplished by analyzing data and observing common codes and themes. The study participants met the criteria for having experience as a RHIA and with evaluating and updating HIE policy within their hospital. An exploratory study approach was used to manage an individual semistructured interview to address the research questions for this study.

RQ 1: How are the HIE policies evaluated and updated by RHIA's in hospitals?

RQ 2: What are hospital RHIA's' beliefs about relationships among HIE policy-oriented strategies, actions, and outcomes?

The research questions were answered through analyzing the study participants' responses. In summary, five themes emerged from interviewing 10 participants over 16 semistructured questions that allowed them to provide their perspective on how the HIE policy is updated and evaluated. The five themes that developed were the following:

- Theme 1: Evaluated and updated once a year
- Theme 2: Regulations and standards
- Theme 3: Implementation process
- Theme 4: Change request
- Theme 5: Hospital shared drive

The HIE policies are updated once a year. The data governance for the regulations and standards is provided by HIPAA and HITECH. The implementation process consists of a rigor review of workflow processes, EHR system updates, and collaboration with other stakeholders. A change request occurs when there is a change in the policies and workflow processes. Once the changes have been approved by upper leadership (e.g., directors, vice president), then the HIE policies are saved on the hospital's shared drive. The data analysis from the themes provides a more in-depth interpretation of the findings in Chapter 5, as well as the limitations of the study, recommendations for future research, implications, and a conclusion.

Interpretation of the Findings

The findings from the study displayed RHIAs' experience and knowledge of the regulations and standards surrounding evaluating and updating the HIE policy. The qualitative exploratory case study examined how RHIAs evaluated and updated their HIE policy in hospitals aligned with utilizing the IAD framework developed by Ostrom. Therefore, this study adds to the previous literature related to HIE policies.

As reviewed in the previous literature, advancement of technology and the need to provide quality of care at a reduced cost created avenues to advance the privacy and security standards and regulations governing patient health information by creating regulations and standards such as HIPAA and HITECH to ensure that patient health information is protected from external forces such as hackers and other untrustworthy people. The IAD framework outlined how the HIE policies was evaluated within the

study by defining the HIE policy's objective and approach by utilizing contextual variables, action area, patterns of interaction, and evaluative criteria and outcomes.

The objective was identified through the IAD approach, which works backward through the flow diagram to reiterate or review policy objectives, evaluate policy outcomes, understand the information and incentive structure of a policy, or develop reform initiatives (Ostrom & Polski, 1999). This approach was provided in the study by interviewing ten study participants who worked as a registered health information administrators in a hospital setting within the Georgia region. The RHIA's answered 16 open semistructured questions that reviewed their process for evaluating and updating their HIE policy. The 10 study participants evaluated and updated their HIE policies once a year or as needed, which emerged from Theme 1: Evaluated and Updated Once a Year. For example, study participant H1 stated, "The policy is reviewed and updated once a year unless there is a need for it to be updated sooner. Standard updates are required once a year." Each study participant explained how their policy was evaluated and updated through reviewing regulations and standards updates provided by HIPAA and HITECH. Study participant H3 stated, "The policy is evaluated based on the HIPAA/HITECH standards and guidelines regarding the exchanging of patient information."

The IAD context was identified by Theme 3: Implementation Process and Theme 4: Change Request. Biophysical environments are defined by physical and material conditions. These conditions often change the policy action situations and constrain the institutional arrangements (Ostrom & Polski, 1999). Theme 3 emerged from Interview Question 9: What steps do you implement to update the HIE policy? Study participants'

answers varied based on the size and structure of their hospital. Some of the hospitals were large in size, whereas others were small in size. For example, study participant H10, whose hospital had a bed count of 382, stated,

Due to the advancement of technology, we have had to make so many adjustments to our policy. We are definitely making sure we review it every year. Our HIE policy reviews the privacy and security updates from HIPAA, the electronic health record standards from HITECH, system implementation within our organization, workflow processes and procedures. The changes are reviewed by the leadership for approval. Once approved, the HIE policy is updated and saved on the HIM shared file.

Another study participant, H5, whose hospital bed count was 853, stated,

Before we update the policy, we must review recent updates from HIPAA/HITECH, system updates for our EHR, and compliance. Some key factors to look for in HIPAA and HITECH are the privacy and security rules governing the protection of patient health information being exchanged through EHRs systems. Once the updates have been reviewed, each department leader is notified if their department and workflow is impacted. After the updates have been approved by upper leadership and other stakeholders involved then the updates are implemented in the new HIE policy where it is stored on the hospital shared drive. After reviewing the transcripts based on the responses, the RHAs have an implementation process for reviewing their HIE policy which consist of reviewing previous HIE policy and new regulations and standard updates from

HIPAA and HITECH, system updates, workflow process that relate to the exchanging of health data, stakeholders, communication, and approval.

Another common theme among the participants was Theme 4: Change Request, which emerged from Interview Question 10: What procedures and processes must be done before a change can be implemented in the HIE policy? Is approval required from other stakeholders? The change request explains the approval process used to implement recent updates within the participant's hospital. Study participant H8 stated,

Our organization put in a change request for updates to be reviewed and updated. We have to put in a change request for updates to be approved because the changes may impact another department. Once all parties involved in the updates have reviewed the updates, the request is submitted to the executive Director and VP for Approval.

Also, study participant H6 stated, "Yes, approval must be obtained from our leadership and approval from other departments that would be impacted by the changes." In order for updates to be implemented, there must be a change request placed for the recent updates and approval from upper leadership such directors, executive directors, and the vice president.

The IAD action arena was identified in the study from Themes 1, 2, 3, 4, and 5. The action arena is defined by the policy's analysis and design. The five themes that emerged were as follows:

- Theme 1: Evaluated and updated once a year
- Theme 2: Regulations and standards

- Theme 3: Implementation process
- Theme 4: Change request
- Theme 5: Hospital shared drive

The HIE policies are updated once a year. The data regulations and standards are governed by HIPAA and HITECH. The implementation process consists of a rigor review of workflow processes, EHR system updates, and collaboration with other stakeholders. A change request occurs when there is a change in the policies and workflow processes. Once the changes have been approved by upper leadership (i.e., directors, vice president, etc.), then the HIE policies are saved on the hospital's shared drive. The themes provided how the 10 study participants evaluated and updated their HIE policy in their hospital. Each study participant provided detailed explanations on how often the policy is updated, what regulations and standards are reviewed, if any other stakeholders are involved, and if approval is needed. Workflows that involve the exchanging of patient health information are included in the policy analysis, as well as hospital system updates. Different departments may use the same workflow in the EHR system, which would require other stakeholders to be involved in the policy analysis.

The next IAD identified in the study was patterns of interaction. By studying the patterns of the RHIAs and the interaction of staff, one should be able to identify the institutional incentives for each RHIA and employee in the action situation (Heikkila & Anderson, 2021). I was able to review the patterns of each study participant by reviewing the transcripts that were obtained from using Zoom audio conferencing. The results from the transcripts described the steps used to evaluate and update their HIE policies, which

have been described in the five themes. The motivational and cognitive structure that RHIAAs may acquire, retain, and use in the selection of specific courses of action are accomplished through patterns of interaction and individual evaluations (Heikkila & Anderson, 2021). The criteria used were based on the years of experience as HIM and if they had a RHIA certification. Based on the social connectivity, HIE managers faced different opportunities to gain experience from other individuals. Based on the implementation process, each study participant is required to interact with other departments to make sure that changes will not impact their workflow.

Lastly, the study identified IAD evaluative criteria and outcome. Evaluative criteria analyze the performance of a policy system (Polski & Ostrom, 1999). Policy outcomes can be assessed with criteria such as sustainability, equity, efficiency, and effectiveness. RHIAAs analyze evaluative criteria objective standards with the patterns of interaction to understand the outcomes, whether positive or negative. The outcome could be impacted by both internal and external aspects of the organization. The outcome of updating the HIE policies is to improve the efficiency and effectiveness of the HIE workflow process.

Limitations of the Study

The study had some limitations. One limitation was only including one demographic area for the study. Initially, I was going to recruit study participants from hospitals in Atlanta, Georgia, but due to low recruitment, I had to expand the geographic area to other hospitals in Georgia. Also, I reached out to Georgia chapter organizations that provide continuing education for RHIAAs with active membership. Another limitation

of the study was that some of the interviews were conducted by telephone due to connectivity issues with Zoom audio conferencing. The last limitation identified was researcher bias. During data collection and analysis, interviews were transcribed, coded, and analyzed, and no bias was identified. Although I work in the healthcare field, I was conscious of the possibility of bias but remained neutral to remove all bias in the study.

Another limitation was organizational assessments, which involve an overview of the processes, structure, and environment. Due to HIE policy issues, it is important for RHIAs to make sure that they are evaluating and updating their policy based on organizational assessments. The use of organizational assessments when evaluating and updating HIE policies in hospitals, as well as the way patients' information is exchanged between health professionals providing care, is unknown (Carter et al., 2021).

Recommendations for Future Research

The findings from the study may add to existing and future research about evaluation of HIE policies in hospitals when using EHRs. The study criteria focused on RHIAs who had experience evaluating and updating HIE policies in Georgia. One consideration for further research is to enlarge the geography to other states to understand how RHIAs evaluate their HIE policy. Exploring other states could provide generalized data that could be used as a benchmark for RHIAs. Another recommendation is to explore the role and purpose of external stakeholders such as Georgia Health Information Exchange and Care Everywhere. These external stakeholders have consent and authorization to exchange patient information. The RHIAs did not provide any additional information, which left a gap for further research. Another recommendation for future

research is to not limit the study to only RHIA's. Limiting the study to just RHIA's prevented other types of study participants from being recruited such as healthcare administrators. There were people who met some of the criteria, but due to their role and credentials, they did not qualify for the study.

Implications

The findings from this study can be used as a model for hospitals or facilities that evaluate and update HIE policies. This phenomenon could guide healthcare administrators and RHIA's in creating better HIE policies that may improve the transfer and exchange of patient data. The exploratory study may add to social change by providing best practices for evaluating and updating HIE policies for RHIA's and healthcare providers. The responses from the study participants underlined social change through their implementation processes of how their HIE policies are updated. One study participant, H9, stated, "The steps that are used to update the HIE policy consist of reviewing previous policy, any new updates that will be implemented by HIPAA, standards from HITECH, EHR changes, workflow processes and procedures that affect exchanging of patient data." Further research can investigate in depth the implementation processes when using the EHR and organizational assessments used by RHIA's and give further insight into evaluating and updating the HIE policy.

Conclusion

This qualitative exploratory study explored how RHIA's evaluated and updated HIE policies when using EHR's. Although previous research has addressed HIE policies, this policy explored experiences of how RHIA's evaluated and updated the HIE policies

within their hospital. Interviewing the RHIAs identified the similarities and differences between how the HIE policy was evaluated and updated. The criteria used for this study consisted of being a HIM with a RHIA certification and a 4-year degree. The study participants worked in hospitals or facilities that used EHRs across the State of Georgia.

The study findings revealed the basic implementation processes used by RHIAs. Five themes emerged, which were evaluated and updated once a year, regulations and standards, implementation processes, change request, and hospital shared file. These themes were identified by using the IAD framework. The themes provided an understanding of how RHIAs review their HIE policy when using EHRs. Study participants' responses fulfilled the research questions for this study.

RQ 1: How are the HIE policies evaluated and updated by RHIAs in hospitals?

RQ 2: What are hospital RHIAs' beliefs about relationships among HIE policy-oriented strategies, actions, and outcomes?

The research questions examined the RHIAs' perspective about the HIE policy. The IAD framework was used as the model for comprehension of the topic for this exploratory study. RHIAs have an intricate role in the health information department. HIE policies are updated on a yearly basis. The evaluation consists of reviewing updated regulations and standards for HIPAA and HITECH. During the implementation process, RHIAs review workflow processes and EHR system updates and processes, and they communicate with other departments that will be affected by the updated HIE policies and procedures. The change request is implemented for approval from upper leadership (e.g., directors, vice president) and saved on the hospital's shared drive. I hope this

exploratory study assists RHAs in creating better HIE policies that may improve the transfer and exchange of patient data in hospitals.

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Appendix A: Interview Protocol and Questions

Interview Protocol

Date: _____

Interviewee: (Identifying Number _____)

Years of Experience as a Health Information Manager: _____

Are you a registered health information administrator (RHIA)?

Researcher to Participants Prologue:

Thank you for consenting to participate in this exploratory study. I will be asking you several questions related to your experience in your professional role as a HIM. These open-ended questions are designed to produce in-depth responses on how health information managers evaluate and update their hospital HIE policy, and their beliefs about the relationship among HIE policy-oriented strategies, actions, and outcomes. You are inspired to provide more information where you feel secure. Also, if you need clarification regarding any of the stated questions, feel free to stop me at any point in the interview.. Are you ready to get started?

1. What is your role in the department as a health information manager?
2. How many years in HIM?
3. How many years as a manager?
4. What credentials do you have? Are your credentials required for your role as HIM?
5. What is your level of education?
6. What is the bed occupancy of the hospital?

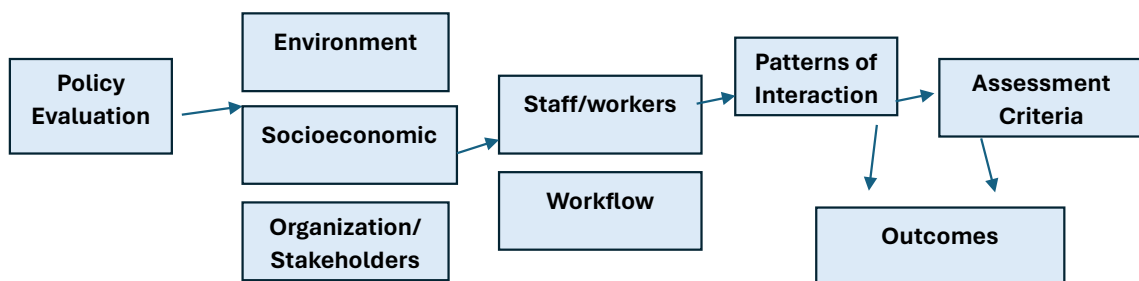
7. How often is the HIE policy evaluated and updated?
8. How is the HIE policy evaluated?
9. What steps do you implement to update the HIE policy?
10. What procedures and processes must be done before a change can be implemented in the HIE policy? Is approval required from other stakeholders?
11. Who are those stakeholders?
12. What issues have you had with the structure and procedures of the HIE policy?
13. What are the outcomes of implementing the HIE policy?
14. How do HIPAA and HITECH regulations and guidelines impact the HIE policy?
15. What steps are required in the strategic planning process? Who is involved?
16. Where is the HIE policy posted within the hospital?

Appendix B: Statement of Permission

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Figure 3

Institutional Analysis and Development (IAD) Model



Note. From “Understanding Decentralized Forest Governance: An Application,” by K. Andersson, 2006, *Sustainability: Science, Practice, & Policy*, 2(1), p. 27 (<https://doi.org/10.1080/15487733.2006.11907975>).

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