



# NEWS & VIEWS

**Ontario Health Information Management Association**

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## President's Message

*By Charmaine Shaw, President,  
OHIMA*

President's Report to OHIMA  
Membership, October 2004

This glorious fall weather is almost worth having endured the summer that wasn't! This is my last official newsletter article in the capacity of President of OHIMA. I am pleased to announce that Lynne Hopper will serve as Board Chair, OHIMA, for the 2004 – 2006 term, effective at the OHA Convention in mid-November. My term of office as your President will be over in the blink of an eye.

What a great experience it has been to serve as your leader. I have attended meetings and participated in working groups that would otherwise have been closed doors. I've met some exciting people and learned some cool stuff. I've had the pleasure of working with a Board of dedicated individuals.

One thing I've learned this past year is that it is tough to participate in volunteer activities when you are a Consultant (as I've become since last March). The simple fact is that when you work for yourself you don't get paid for 'non-billable time'. No

pay equals no food and no mortgage payment, car payment, or horse board..... I recall the aversion I used to express when I would hear physicians remark that "I'm not getting paid for this, you know.....". Well, now that I'm in the same boat, I have developed an understanding for their plight. So if I fade to black it's not because I don't care, it's just because I can no longer afford to be out there.

And, for the first time in I don't know how many years, I'm not going to attend the OHA Convention this fall. I have an opportunity to go on a Mexican Riviera cruise that sails on November 13, and I just couldn't miss it. My report will be available at the Annual Meeting and this will give Lynne Hopper the opportunity to fulfil her first official duty as your new President.

Since I'm preparing an annual report of board activities, I will spare you that here. Suffice it to say that I think the Board has served you well this past year and I leave you in good hands.....

# Member Profile

Marikay Bailey, CCHRA (C)

In her 21 year Health Information Management career, Marikay Bailey has held positions in Information Collection & Analysis, Utilization & Decision Support, and Manager of Health Information Services & Registration. She was Operations Manager for a 3-site healthcare facility in the United States, a CIHI Data Quality Representative and Education Representative and most recently she was a member of the Ontario Case Costing Re- abstraction Study team for MOHLTC/CIHI/CHIMA. Presently, Marikay is Manager, Health Records Support Services for MedEKS Technologies Inc., a company that specializes in backlog and ongoing coding support, data quality audits, health information management operations improvement and education services.

Marikay is an AHIMA Certified Coding Specialist and an active member of OHIMA. In her spare time, she is an Education Consultant for the Health Information Services program for the Canadian Healthcare Association.

Marikay is married and has two children, Chris and Jenna.

**Your fellow Health Information Management professionals wish you congratulations Marikay, on your 21 years as a H.I.M. professional.**

## NEWS FLASH!!

A letter dated September 9, 2004 from Paul Barker Director (A), Finance and Information Management of the MOHLTC states in part....

Effective **October 1, 2005** admissions, the Ministry of Health and Long Term Care (MOHLTC) is mandating the use of the Ontario Mental Health Reporting System (OMHRS) for all patients in MOHLTC designated adult inpatient psychiatric beds. This mandate does not include facilities providing child/adolescent mental health services. Implementation of this system is expected to result in an increased ability to monitor and evaluate the effectiveness and efficiency of the inpatient portion of the mental health system.

The OMHRS established by the Canadian Institute for Health Information (CIHI) is based on the RAI-MH resident assessment instrument developed for adult inpatient psychiatry through a collaborative effort by the Ontario Joint Policy and Planning Committee (JPPC), the Ontario Hospital Association (OHA) and the Ontario MOHLTC.

Queries can be directed to:

Helen Whittome Team Lead,  
Information Management Unit  
Finance & Information Management  
Branch Tel. # (416) 326 – 3505 or  
[helen.whittome@moh.gov.on.ca](mailto:helen.whittome@moh.gov.on.ca)

Bill Ng  
Information Management Unit  
Finance & Information Management  
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[bill.ng@moh.gov.on.ca](mailto:bill.ng@moh.gov.on.ca)

## REGIONAL ELECTRONIC HEALTH RECORD PROJECT

*Submitted by: Jodi McKie, BSc., CCHRA(A)  
Director, Patient Support Services  
Nipigon District Memorial Hospital*

Seven rural health care facilities in Northwestern Ontario have committed to the Regional Electronic Health Record (Meditech), bridging the gap between themselves and the Thunder Bay Regional Health Sciences Centre and providing a link for regional health care.

In July five of the seven sites (Nipigon, Geraldton, Terrace Bay, Marathon and Manitouwadge) began building the framework for their systems with support from the Thunder Bay Regional Health Sciences Centre. Intense application training was provided in late September / early October and the sites now anxiously await their "go live" dates (early November). In the interim, staff need to be trained and further testing of the applications need to be undertaken.

Biweekly meetings between the Implementation Committee and Regional Project Application Teams have ensured the coordination of all activities necessary to design, build and test the applications.

The last 2 sites (Atikokan and Red Lake) will begin their dictionary build in mid-October, with an anticipated "go live" date of mid-February/05.

The first phase of the Regional Electronic Health Record project involves the implementation of Patient Registration, Transcribed Reports, Diagnostic Imaging,

and Billing and Accounts Receivable and has an expected cost of \$4.2 million. Approximately \$2 million has been received to support Phase 1 (FedNor and MOHLTC through the Northwest Health Network), and additional funding is being pursued.

**Professional Development Update**

*Submitted by Mary Lou Kennedy  
Director, Professional  
Development - OHIMA*

Well, it is almost that time of year again for OHIMA to hold its Annual General Meeting (AGM), and once again, it is scheduled in conjunction with the annual OHA convention. The OHIMA AGM will be held on Tuesday, November 16, from 1130 hours to 1300 hours in the Ontario Room at the OHA building, 200 Front St. W.

Immediately following the AGM, the Health Information Management Session will take place from 1330 hours to 1630 hours in room 104C in the Metro Toronto Convention Centre. The session promises to be a very interesting one this year, covering such timely topics as Balanced Scorecards, Accountability Agreements, and the Past, Present and Future of the Health Information Profession.

Please make every effort to represent OHIMA and attend both the AGM and the HIM Session.

Pencil in your calendars as well, the first Friday of May 2005 for the next OHIMA Spring Institute Education Day. I suggest pencil, as this date is not totally confirmed yet, but the association is most definitely targeting that date. This past year's session was a resounding success, and the planning committee is determined to ensure that next year's is just as exciting.

Hope to see many of you in November!

Mary Lou Kennedy  
Director, Professional  
Development  
OHIMA



**CHECK OUT OUR NEW  
WEBSITE!!! ohima.ca**

**FROM THE EDITOR'S DESK**

**DISCLAIMER**

The information contained in this newsletter does not necessarily reflect the views of the membership or executive but is for information only.

**GUIDELINES FOR CONTRIBUTIONS**

Submission to be made by email to [communications@ohima.ca](mailto:communications@ohima.ca)

Submission in MS-WORD is preferred

Use short descriptive headings to subdivide the contents and improve readability

Indicate your name, professional designation, title and place of employment with your submission

If article is a reprint from another publication, ensure you have obtained approval from the author or publication

**WEBSITE DESIGN**

As already mentioned the website is now live!! It was formally launched at the Spring conference. Please check it out. I would very much appreciate the membership feedback to further enhance it.

**NEWSLETTER IDEAS?**

Have an idea for a regular submission? Perhaps a coding quality corner or something else? I am interested in hearing from you...together we can improve the information and sources for this newsletter.

# Technology Corner

## Technology Corner-Understanding the Terminology

Submitted by: Navid Nabavi, BSc, MSc, CCHRA(C)

### Network

Although the "computer sciences" or its new title "Information Technology" is a very young field, it is among one of the fastest growing in the new era. Its journey started with showing off the strategic importance during WWII and made its way through history by taking advantage of transistors, Integrated Circuits and super conductors.

Personal Computers (PC) are probably the first thing that pops to mind when we hear of IT. These new magic boxes are capable of working on their own as a stand-alone device. They retrieve data, process it via logical decision making and display or save the result. In other words they work somewhat like a brain.

Although PC's are stand alone, today you hardly find a task that deals with only one PC. In many projects the output of one PC is considered input for another. This leads to the technology of communications between different computers; which is known as Networking. Sun Microsystems - a pioneer in Information Technology -

believes that "the Network is the computer"<sup>1</sup>.

A Network is "A system of computers interconnected by telephone wires or other means in order to share information"<sup>2</sup>. This is something that we all know; the question is What language they are using? How do these machines communicate via wires? And how can work so accurately? In order to answer these questions we are going to discuss the following:

- Components of a computer
  - Input and Output
  - Central Processing Unit
  - Memory
- Machine Language
- Data communication
- Network components
  - Ethernet
  - Token Ring
  - Firewalls
  - Gateway
  - Hub
  - Modems
  - Repeaters and routers

### Components of a computer

Each computer is consists of three main units

### Input and output I/O

This refers to the way the machine interacts; keyboard, mouse and monitor are some in/output devices.

### Central Processing Unit CPU

Central Processing Unit is the main brain and the CPU's main core is the processor such as Pentium and Celeron. It is the center of calculation and logical judgments of the machine.

### Memory

Memory is simply data storage for further use. Memory has different levels depending on the reason for the storage. The data that you store in the CD or the hard drive is the simplest form of storage. There are different levels of memory through its journey from CD to CPU, which is known as cache. We are not going to talk about these levels, however, bear in mind that as memory moves toward the CPU, the storage becomes more expensive and more complicated to handle.

### Machine Language

Users can easily communicate with the PC by means of a

<sup>1</sup><http://www.sun.com/smi/Press/sunflash/2002-09/sunflash.20020918.21.html>

<sup>2</sup> [www.Dictionary.com](http://www.Dictionary.com)

keyboard and mouse. S/he will punch in commands like "Save, Undo, Delete" and the computer understands the command pretty well.

These commands travel through the input/output devices and using the memory, tells the CPU what to do. But, what is the nature of the commands? CPU is a compact board with a number of logical circuits. These circuits work on two simple modes "existence and nonexistence of the signal". The mathematical language is a scientific language for electronics. Within this mathematical module, we are limited to 0 (nonexistence)

and 1 (existence), that is, we can show these two signals with only 2 numbers, which is a binary system.

Binary system is the language of the machine. We need to translate human language in to binary; there are many standards for this however, one of the common one is ASCII character set (American standard code for information interchange). For example the character set for letter "a" is "111101".

**Data communication**

The data for the PC is existence and nonexistence of the signal. The flow of this signal is the fundamental of

data communication. When there is a flow of more than one physical entity, there will be traffic. Many components of the network will be looking for information related to departure, destination, media and control. Effective communication ensures that information will get to the right destination with a minimum cost.

**Network Components**

The basic function of the network is to transfer data between two machines (e.g. PC). Email is a simple example of this. In the next issue we are going to discuss network components in detail.

<b>A) ASCII</b>	<b>1) A computer network that spans a relatively large area</b>
<b>B) LAN-Local Area Network</b>	<b>2) An emerging technology that uses wireless communication to exchange data between computing devices using short range radio communication</b>
<b>C) WAN-Wide Area Network</b>	<b>3) A WAN that is the result of connecting disparate networks</b>
<b>D) Enterprise Network</b>	<b>4) Standard for decoding human language into machine language</b>
<b>E) PAN-Personal Area Network</b>	<b>5) Responsible for performing all the computer operations</b>
<b>F) CPU</b>	<b>6) A computer network that spans a relatively small area</b>

Answers:

A-4 B-6 C-1 D-3 E-2 F-5

**Update from CIHI**  
Striving to meet your needs!

***A new edition to our newsletter!***



CIHI Education and Conferences  
By: *Kent Maclean, Manager*

The CIHI education program is responding to many challenges to better meet the needs of our clients. Data quality definitely tops the list but others--such as our diverse and dispersed client base and the increased reliance on technology--are also catalysts for us to explore new ways to provide training.

As you review our education schedule, you will appreciate how the CIHI education program is tailoring its offerings to address the growing complexities of its clients' information needs. Specifically, some workshops promote better data quality (e.g. *The Canadian Coding Standards and Diagnosis Typing for DAD, Obstetrical and Newborn Coding, What's New for DAD 2005/06 (Teleconference); NACRS: From Abstraction To CACS*

*Groupers*), others encourage a more optimal use of the data (e.g. *Integrating Financial and Clinical Data, Applying a Population Health Perspective to Health Planning and Decision-Making*) and other workshops introduce users to the varied reporting systems/programs supported by CIHI (e.g. *National Rehabilitation Reporting System, Continuing Care Reporting System, MIS Guidelines, and Privacy*). Visit the CIH website ([www.cihi.ca](http://www.cihi.ca)) for more information on any of these training programs.

Using of a mixture of mediums, e.g. face-to-face workshops, tele/web/video-conferences, and e-learning, we are always looking for new ways to deliver our education workshops in a format most convenient to our clients. The use of the Internet, computer labs and e-products help

ensure that the workshops are more dynamic and responsive to the needs of individual clients.

In its education efforts, CIHI strives to provide relevant and stimulating content to as large an audience as possible. Yet there is still much for us at CIHI to learn and appreciate about your needs. We invite your comments. If you would like to give us your insights into what works, preferred mediums and approaches as well as subjects and topics that should be addressed by CIHI, feel free to contact us at [education@cihi.ca](mailto:education@cihi.ca).

We welcome the opportunity provided by the OHIMA to communicate with you, and do hope that we will be able to provide regular CIHI updates in the future from various areas of CIHI. Together, we are taking health information further in Canada!

*The Board of Directors OHIMA would like to thank CIHI for supporting our membership by sharing information within our newsletters on a regular basis including articles and education session updates.*

# CIHI 2004 – 2005 EDUCATION

## SESSIONS FOR ONTARIO



### **Management Information Systems Guidelines**

• Introduction to the MIS Guidelines for Acute Care Facilities	e-learning	Apr./04 – Oct./04
• Introduction to the MIS Guidelines for Community Health Service Organizations (CHSO)	e-learning	Apr./04 – Oct./04
• Introduction to the MIS Guidelines	e-learning	Jan/05 – Mar/05*
• MIS Guidelines for Respiratory Services	e-learning	Apr./05 *
• MIS Guidelines for Diagnostic Imaging	e-learning	Apr./05 *
• MIS Guidelines for Electrodiagnostics, Non-Invasive Cardiology and Vascular Laboratories	e-learning	Apr./05 *
• Cost per Weighted Case Methodology for Rural Hospitals	Web-Conference	Oct. 19/04 from 1:00 – 3:00 PM (EDT)
• Conducting a Financial Data Quality Audit	Sudbury Kingston	Nov. 9/04 Mar. 10/05
• Conducting a Statistical Data Quality Audit for Therapeutic Services	Hamilton Guelph	Nov. 4/04 Jan. 13/05
• Integrating Financial and Clinical Data	Sudbury Toronto Hamilton Kingston	Nov. 10/04 Feb. 15/05 Feb. 16/05 Mar. 11/05
• Introduction to the MIS Guidelines for Community Health Service Organizations (CHSO)	Toronto	Dec. 1/04
• Nursing and the MIS Guidelines	Hamilton Guelph	Nov. 3/04 Jan. 12/05

### **Discharge Abstract Database**

• What's New for DAD 2004-05	Recording	May/04 – Mar./05
• What's New for DAD 2005/06	Teleconference	Q – 4

### **ICD-10-CA & CCI**

• Applied ICD-10-CA & CCI (Case Studies)	e-learning	Apr./04 – Mar./05
• Introduction to ICD-10-CA & CCI (SLP 2003)	PDF	Apr./04 – Mar./05
• Introduction to ICD-10-CA and CCI for Physicians	PowerPoint	Apr./04 – Mar./05
• ICD-10-CA & CCI Refresher (Video-conference) Northwestern ON	Q – 3 (TBC)	
• The Canadian Coding Standards and Diagnosis Typing for DAD (2-day)	Sudbury London Toronto Ottawa Toronto Thunder Bay	Oct. 26 & 27/04 Nov. 18 & 19/04 Nov. 24 & 25/04 Jan. 18 & 19/05 Jan. 26 & 27/05 Mar. 8 & 9/05
• Obstetrical and Newborn Coding	London Toronto	Nov. 17/04 Jan. 19/05

# CIHI 2004 – 2005 EDUCATION

## SESSIONS FOR ONTARIO (cont.)



### **National Rehabilitation Reporting System**

- National Rehabilitation Reporting System: Indicators & Report Interpretation Sudbury Nov. 17/04
- National Rehabilitation Reporting System Trainer Refresher Web-conference Feb. 8, 15, 22/05  
(3-part series)

### **National Ambulatory Care Reporting System**

- What's New for NACRS 2004-05 Recording May /04 – Mar. /05
- An Introduction to the CACS Grouper e-learning Apr./05 \*
- Coding in the NACRS Environment e-learning Apr./05 \*
- NACRS: From Abstraction To CACS Grouper Oshawa Jan. 20/05
- What's New for NACRS 2005/06 Teleconference Q – 4

### **CCRS – Workshops**

- Data Applications/CCRS: Accountability, Quality Improvement & Resource Planning Ottawa Feb. 10/05
- MDS 2.0© and RAPS Toronto Jan. 25 & 26/05

### **Health Indicators**

- Introduction to CIHI's Health Indicators Toronto Nov. 15/04

### **Canadian Population Health Initiative**

- Applying a Population Health Perspective to Health Planning and Decision-Making Toronto Nov. 16/04  
Toronto Nov. 17/04  
Thunder Bay Nov. 17/04

### **Privacy**

- Introduction to Privacy and Confidentiality of Personal Health Information Toronto Nov. 18/04
- Conducting a Privacy Impact Assessment Toronto Nov. 19/04  
Ottawa Feb. 16/05  
London Feb. 23/05

*\*Note: Dates are tentative for the launch of these e-learning programs.*

For more information or to register to any of these workshops, please visit our website at <http://ecomm.cihi.ca/ec/educat.asp> or contact [education@cihi.ca](mailto:education@cihi.ca)

## Learning about ..... Clostridium difficile infection

*Submitted by: Joanne Habib, MLT, CIC.  
Clinical Leader of Infection Prevention and Control at  
Lakeridge Health Corporation*

# Clinical Corner

**CLINICAL CORNER.....NEW SECTION to assist coders!**

### **Clostridium difficile (CD):**

- \* is an anaerobic, large, gram positive, spore-containing rod.
- \* forms part of the normal intestinal flora of humans and many animals.
- \* decomposes proteins and forms toxins
- \* CD produces two toxins, Toxin A (an enterotoxin) that can cause damage to the gastrointestinal wall, allowing the increase of fluid release causing diarrhea and toxin B that is a cytotoxin.
- \* is the most common nosocomial or hospital associated cause of diarrhea.
- \* has recently surfaced in virulent strains in Montreal, Alberta and North Eastern United States. CD infection can occur in acute care, long term care and in the community.

### **Signs & Symptoms:**

A person with CD may be asymptomatic, can develop mild illness or more severe disease such as pseudomembranous colitis. Symptoms include fever, leukocytosis, abdominal pain, cramping and diarrhea. Colonoscopy reveals inflammatory bowel disease. In more severe cases, colonoscopy reveals islands of tissue between red inflamed yellow/white plaques made up of fibrin, WBC and dead bacteria or pseudomembranes. This situation can cause bowel perforations and in 1-2% of the population may lead to death. Asymptomatic cases may go on to develop an ileus and abdominal distension due to the inflammation resulting in severe illness.

### **Risk factors for CD infection:**

1. Antibiotic use - most commonly cephalosporins, ampicillin and clindamycin
  - CD infection can occur with a single dose (ie. Surgical prophylaxis)
  - CD infection can occur during antibiotic treatment
  - CD infection can occur 4-6 weeks post antibiotic treatment.
2. Chemotherapy drugs have the same action on the gastrointestinal (GI) tract as antibiotics.
3. GI Surgery
4. Use of antacids such as in the treatment of ulcers such as Pantoloc, Ranitidine, Zantac

### **Diagnosis:**

CD is normally diagnosed by:

- Toxin production of toxin B detection (ie. C.difficile toxin [CDT] testing). The test may take 48-72 hours to complete. It is 100% specific but only 85-90% sensitive.
- Enzyme immunoassay testing for toxin A takes just a few hours to perform. It is 96-98% specific but only 80-90% sensitive.
- Under development is testing for both toxins A/B.

### **Specimen for Diagnostic Testing:**

- \* One non-formed stool specimen (stool takes the shape of the container) is required.
  - \* Once treatment has started there is no reason to send further specimens.
  - \* Subsequent specimen should be sent only if treatment is completed (at least 48 hours after the last dose of medication) AND signs/symptoms of infection have not resolved.
- Treatment (should begin based on symptoms - don't wait for specimen confirmation):

1. Flagyl 250mg qid or 500 mg bid po for 10-14 days. This treatment is less expensive and most tolerated. Flagyl IV is effective since it can be absorbed in the GI tract.  
(Reference CMAJ, July 6, 2004; Poutanen and Simor; 171(1) pg 55) OR
2. Vancomycin 125 mg po qid is given in the event of treatment failure or flagyl resistance. IV dosing is not effective because it cannot be absorbed in the GI tract  
(Reference CMAJ, Poutanen and Simor; July 6, 2004; 171(1) pg 55)
3. Relapse can occur in 10-20% of persons treated with either drug and may be due to a new strain/infection or re-infection with the same strain. Most relapses are thought to be re-infection because of the presence of the CD spores remaining in the gut or in the patients environment. At first relapse or re-infection re-treat with Flagyl. If relapse occurs a second time, then use Vancomycin. Oral consumption of live Lactobacillus species or Saccharomyces boulardii has resulted in healthier colonization of the gut.

**Prevention of CD:**

1. Environmental control through scrupulous cleaning of the environment. Persistent double cleaning is required to reduce the number of CD spores on inanimate objects (ie. scrubbing with hospital approved detergent disinfectant and leaving wet for 10 minutes). DO THIS TWICE. In outbreaks, follow the above cleaning by scrubbing with bleach. Rationale: CD produces spores which survive easily in the environment because they are very difficult to kill.
2. Hand washing, Hand washing, Hand washing! Soap and water and mechanical friction helps to remove spores from your hands. Alcohol hand rub may promote sporulation and is not recommended. Use soap & water. Rationale: Hand washing removes transient bacteria (the bacteria you pick up on your hands as you touch things) from your hands and therefore prevents the transfer of CD to other patients or yourself.
3. Additional/Expanded Transmission Based Precautions are indicated. Place any patient with diarrhea or who soils the environment on Contact Precautions in a single room, gown/gloves to enter and report the patient to Infection Control. Rationale: By placing the patient in a single room it limits the CD contamination of the environment to the symptomatic patients' room and thus prevents spread of infection and outbreaks.

Contact precautions include no sharing of items/equipment between patients (ie. commode chairs, baby baths and electronic thermometers). Any item being removed from the room must be properly disinfected first. Any item that cannot be disinfected must be discarded. Precautions should remain in place until patient is asymptomatic (formed stools) for at least 5 days.

4. Minimize the possibility of clinical illness by developing multidisciplinary interventions to optimize prescribing antimicrobials with the goal of selecting lower risk antibiotics as well as re-evaluating indications for perioperative antibiotic prophylaxis. Rationale: Careful risk analysis of specific antimicrobial use is likely to identify antimicrobials that can be controlled or restricted as part of a clostridium difficile associated diarrhea control effort and will continue to protect against gastrointestinal flora imbalance.

References:

Louie, TJ, Meddings, J. Clostridium difficile infection in hospitals: risk factors and responses. CMAJ July 6, 2004; 171 (1): 45-46.  
 Public Health. Clostridium difficile infection in hospitals: a brewing storm. CMAJ July 6, 2004; 171 (1): 27-29.  
 Loo, VG, Libman, MD, Miller, MA, et al. Clostridium difficile: a formidable foe. CMAJ July 6, 2004; 171 (1): 47-48.  
 Poutanen, SM, Simor, AE. Clostridium difficile-associated diarrhea in adults. CMAJ July 6, 2004; 171 (1): 51-58.  
 Editor. Synopsis-Hospitals battling outbreaks of C.difficile. CMAJ July 6, 2004; 171(1): 19-21.

## Exciting Volunteer Opportunity

The National Health Information Management Alliance is currently recruiting a new chairperson to commence June 1, 2005 for a two-year term. This role offers you the opportunity to use your strong leadership and facilitation skills within a nation-wide health information network.

You will encourage and support the goals of the Alliance, which are:

- Represent the health information management profession as a unified organization;
- Promote the expertise of health information management professionals;
- Champion continued professional learning;
- Strengthen the membership; and
- Support and mentor other Alliance members.

You are a current member of the Canadian Health Information Management Association (CHIMA), you have previous experience in a chair or facilitation role, and you have a minimum of five years experience in the health information management profession. Current members of provincial health information management association executive committees or boards are not eligible.

If you would like to be considered for this volunteer position, please contact your provincial Alliance representative for more information.

For a list of provincial Alliance representatives and their contact information, please visit the CHIMA website at [www.chima-cchra.ca](http://www.chima-cchra.ca), go to "About the Organization", choose "Professional Alliances" link at the bottom of the page, and then proceed to the map of Canada. There is a link available on the map for each provincial representative.

### Selection Criteria for the Alliance Chair

- Must have had previous experience as a chair, preferably at a provincial or national level or equivalent.
- Must be a current member of the Canadian Health Information Management Association (not necessarily active).
- Must have a minimum of five years experience in the health information management profession.
- Must be knowledgeable about current issues in the health information field.
- Must have good communication, facilitation, and organization skills.
- History of volunteerism in provincial and/or national association positions desirable.
- Shall not be a current member of executive committee or board of any health information management association.

*Acceptance by Presidents/Chairs of the Health Information Management Associations*

### Alliance Chair Position: Duties and Responsibilities

#### In-person meetings

Work with the designated conference office at the Canadian Health Information Managements Association to:

- Book meeting room
- Arrange for table set up, visitor chairs, and any equipment needed
- Arrange coffee breaks and luncheon
- Arrange for welcome reception for in-person meeting

- Set agenda with participation from Alliance members
- Gather and/or provide support materials
- Confirm participation of Alliance members
- Provide business report for completion/return at least two weeks prior to meeting
- Send agenda and other support materials to members no later than two weeks prior to meeting
- Arrange for minutes to be taken
- Chair meeting
- Keep meeting discussions on track according to agenda
- Keep meeting to timeframes specified
- Encourage participation from all representatives
- Complete and distribute draft minutes within two weeks of meeting with final set distributed within one month following meeting
- Complete and distribute Task List identifying meeting action items
- Follow-up on action items from meeting

**Teleconferences**

- Set dates with Alliance members in advance
- Book teleconference call
- Send out call for agenda items
- Complete and send agenda along with instructions for teleconference
- Ensure all Alliance members responsible for items of follow-up have completed their items for the meeting and provide support as needed
- Arrange for minutes to be taken
- Chair meeting
- Keep meeting on track according to agenda
- Keep meeting to timeframes specified
- Encourage participation of all members
- Complete and distribute draft minutes within two weeks of meeting with final set to be distributed within one month following meeting
- Follow-up action items from meeting

**Alliance Chair Nomination**

The Provincial Health Information Management Association of:

Puts forward the following nominee for the position of Chair, 2005-2007 Term:

Name:	Phone Number (day):	Email Address:
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Brief outline of nominee’s professional/volunteer history:

*Please return the completed Nomination to Shirley Groenen, Chair of the National Health Information Management Alliance, by email ([shirley.groenen@gov.ab.ca](mailto:shirley.groenen@gov.ab.ca)) or fax (780-422-1960) by March 1, 2005)*

**Ontario Health Information Management Association  
2003/2004 Executive**

<b>Region</b>	<b>Position</b>	<b>Name</b>	<b>Contact Information</b>
1A	Secretary	Marcia Gillies	Co-ordinator, Health Records & Admitting Thunder Bay Regional Health Sciences Centre 980 Oliver Road Thunder Bay, Ontario P7B 6V4 <a href="mailto:secretary@ohima.ca">secretary@ohima.ca</a> Phone - 807-684-7268 FAX - 807-684-5807
1B	Director, Professional Development	Mary Lou Kennedy	Manager, Office Support Group Health Centre 240 McNabb Street Sault Ste. Marie, Ontario P6B 2Y5 <a href="mailto:professional@ohima.ca">professional@ohima.ca</a> Phone - 705-541-2289
2	Director, Communications	Paula Weisflock	Manager, Health Information Services Lakeridge Health Oshawa/Whitby 1 Hospital Court Oshawa, Ontario L1G 2B9 <a href="mailto:communications@ohima.ca">communications@ohima.ca</a> Phone - 905-576-8711 Ext 4601 FAX - 905-721-7782
3	President	Charmaine Shaw	Consultant Shaw H.I.M. Services 19 Richter Street Brantford, Ontario N3T 6M2 <a href="mailto:president@ohima.ca">president@ohima.ca</a> Phone - 519-750-1473 FAX - 519-750-1785
4	Director, Advocacy	Kim Irvine	Corporate Manager Health Information Management William Osler Health Centre Etobicoke Hospital Campus 101 Humber College Blvd <a href="mailto:advocacy@ohima.ca">advocacy@ohima.ca</a> Phone - 416-747-3400 X 32020 FAX - 416-747-3387
5	Treasurer	Lynne Hopper	Clinical Information Analyst Listowel and Wingham Hospitals Alliance 270 Carling Terrace Wingham, Ontario NOG 2W0 <a href="mailto:treasurer@ohima.ca">treasurer@ohima.ca</a> Wingham Phone - 519-357-3210 X 202 FAX - 519-357-2931 Listowel Phone - 519-291-3120 X 220 Fax - 519-291-5440

**ONTARIO HEALTH INFORMATION MANAGEMENT ASSOCIATION**

4243C Dundas Street West Suite 500  
Etobicoke, Ontario M8X 1Y3 Phone 416-233-2606



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**2004/2005 MEMBERSHIP RENEWAL NOTICE**

Membership is from April 1, 2004 to March 31, 2005

Name: \_\_\_\_\_ Place of employment: \_\_\_\_\_

Home Email: \_\_\_\_\_ Email: \_\_\_\_\_

Street: \_\_\_\_\_ City/Town: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Preferred method of contact: \_\_\_\_\_ Position: \_\_\_\_\_

\_\_\_\_\_ Email \_\_\_\_\_ Mail

OHIMA Region: \_\_\_\_\_  
(please see website if you do not know...ohima.ca)

**MEMBERSHIP DUES** (Please check membership type and enclose the appropriate fee)

<b>Active</b>	<b>\$75.00</b>
<b>Student</b>	<b>\$20.00</b>
<b>Inactive</b>	<b>\$50.00</b>
<b>Associate</b>	<b>\$75.00</b>

INVOICE DATE: February 1, 2004

Payment Options: One cheque due June 1st for full amount. Two post-dated  
cheques for \$37.50, dated May 1<sup>st</sup>, and June 1<sup>st</sup>.

Make payable to **Ontario Health Information Management Association**

Please enclose copy of invoice with payment