



April 2003

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# NEWS & VIEWS

## President's Message

*By Charmaine Shaw*

Welcome to the first edition of the OHRA newsletter for 2003! It would be really nice to be able to say something positive about the lovely spring weather, but I'm afraid truth is stranger than fiction in the weather department. Let's not go there! I wonder if global warming preceded the Ice Age?

Included in this first edition is your membership application form and request for payment. No, time isn't flying faster than you ever imagined! In fact, the last membership fee deadline was last August. The OHRA operates on a fiscal year such that, no matter when the payment is made within the year, membership still runs from the beginning to the end of that fiscal year. So, today's payment is much more timely. To help ease the bite of our earlier payment request, we are offering a deferred payment option. We hope this helps.

Please complete all pertinent information on the membership form – especially your e-mail address. As Information

Management professionals, it behooves us to engage in the most efficient information exchange medium available: E-MAIL! If you have an e-mail address, this will be your last hard-copy version of the newsletter. Switching from paper-based communication to e-mail will benefit us all. You will receive more newsletters and on a more timely basis. We will be able to divert some of the energy and cost associated with production of hard copy into higher quality and more frequent newsletters. Function over form! Imagine the thrill of receiving a newsletter that refers to the same season you are in when you actually receive it!

I hope all CHRA members cast their vote on the proposed name change to the Canadian Health Information Management Association (CHIMA.). I'll bet you're wondering when we plan to do the same? Ponder it no more – we will put forward a motion to become the Ontario Health Information Management Association (OHIMA.) at our next annual meeting.

Your OHRA executive members have been hard at it, nose to the grindstone,

since the fall. I don't want to steal anyone's thunder, so I will leave it to each of the executive team to share her efforts and accomplishment's with you, further in this newsletter. Kudos to Marci MacDonald, past OHRA President, who continues to carry the lion's share of the burden of OHRA leadership. You really can't imagine how much time and effort she, and the other members of your executive, continues to devote to OHRA. Why do they do it? They believe in us and they have faith in you. They are warriors for the cause of health information management professionals.

Many thanks to those of you who stepped forward and have volunteered to participate in one of the many Task Forces I referenced in my letter of appeal to Health Records Directors. I received a number of positive responses from non-OHRA members. "I want to join one of the Task Forces. Do I have to pay my OHRA membership fees in order to do so?" 'Yes' is the resounding answer. Why? I'm so glad you asked.

Ontario is, as you know, the most populous province in this great land of ours – about one-third of the total population of Canada lives right here in Ontario. It follows that we have about one-third representation of most work forces and professional groups. Given

that there are over 3,000 health record professionals in the country, it follows that about one thousand of them are in Ontario. Guess how many OHRA members there are? Fewer than 200! So what's the big deal? I'm glad you wondered.

The Ontario Ministry of Health and Long Term Care wants OHRA participation in, and endorsement on, the unique identifier project. Smart Systems for Health wants the same of OHRA, relating to standards for the province. There are other similar initiatives underway. How can we few executives continue to participate in all these seminars and meetings without your membership dollars? More importantly, how can we profess to speak for the health information management professionals in this province when only 1/5 even belongs to our organization? How can we continue to represent you, continue to speak for you, continue to cast votes on your behalf, when we don't even know who you are (much less how to reach you or what you really think about these issues)? (Just a slight nudge towards membership recruitment and renewal).

On a lighter note, and stepping down from my soapbox, plans for the joint CHRA/OHRA annual conference are well underway. Details are

available further in the newsletter and were published in the CHRA SOURCE. Contributions for our OHRA newsletter are welcomed! With all the activity going on out there in the health information management arena, you've all got something to share. Contact the editor for further details.

Hope to see you at the conference!

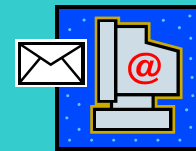
Sincerely,

Charmaine Shaw CCHRA(c),BA,MA  
(Health Information Mgmt), VP e-Health  
Lanier Healthcare Canada  
cshaw@lhcc.ca

## REMINDER!!

### 2003/2004 MEMBERSHIP RENEWAL NOTICES ARE DUE...

The Fee is due on June 1, 2003 and may be remitted by 2 post dated cheques or a money order as per the enclosed instructions. Please make payable to the Ontario Health Record Association.



Our goal is to be able to email you your news and views so please enclose your email address when filling out your membership application.

## Data Quality through collaboration: The Network in the North Experience

By: *Shelagh Maloney*

Health Records Professionals have always understood that the accuracy and completeness of the information in a patient chart and the quality of its coding into the discharge abstract is important for patient care and is critical for management, policy, and planning decision support. Data quality, particularly in Ontario, has gained significant attention in the last several months as the number of studies and tools in use today (e.g., funding formula, performance score cards, utilization management studies, etc.) relying on the quality of the discharge abstract data continues to increase. As such, hospitals are reviewing their data and putting in place policies and procedures to ensure that their discharge abstract data is of the highest quality possible.

The integrated population based funding formula currently used in Ontario relies on the MIS (financial and statistical) data and the clinical discharge abstract data (DAD) reported by hospitals to the Ministry of Health and Long Term Care (MoHLTC). A hospital's funding formula performance is influenced by the quality of

these data sets. In the spring of 2002 the Networking in the North (NiN) group of hospitals engaged THiNC iMi to review the funding methodologies currently used to fund hospitals in Ontario with respect to issues specific to the north. By collaborating in this fashion hospitals in the network, many of which are small, rural sites, were able to reap the benefits associated with pooling resources and gained valuable outcomes that they may not have been able to achieve on their own.

For example, a large component of the project entailed a review of MIS and DAD data in recognition of the vital role that the quality and completeness of these data play. A number of recommendations were made that are broadly applicable to health records departments looking to develop or enhance data quality programs. Strategies include:

- Creation of an ongoing data quality edit process in which samples of charts are selected based on specific risk criteria and reviewed on a monthly basis. This is to ensure that systemic issues are identified and rectified before they accumulate and become difficult to manage.
- Participation in workshops and other education programs aimed at improving the skills of coders and the consistency and accuracy of coded data.
- Development and implementation of a chart

completion program aimed at helping the medical staff complete their charts accurately and on time. The program should include a physician education component aimed at increasing awareness on the importance of the discharge data. The program should also involve the development and implementation of strategies aimed at facilitating the process used by physicians to complete patient charts, and to eliminate any barriers or disincentives.

The above is an example of a project where a number of small facilities benefited from a collaboration. The networking in the North facilities include;

Englehart & District Hospital  
Manitoulin Health Centre  
MICs Group of Health Services  
(Anson General, Bingham Memorial, Lady Minto Hospital)  
North Bay General Hospital  
Sault Area Hospitals  
Sensenbrenner Hospital  
Smooth Rock Falls Hospital  
Temiskaming Hospital  
West Nipissing General Hospital

Submitted by: Shelagh Maloney  
VP, Clinical Information Services and  
Chief Privacy Officer  
[shelagh.maloney@thiincimi.com](mailto:shelagh.maloney@thiincimi.com)

Check these out...

[www.ahima.org](http://www.ahima.org) A.H.I.M.A. website  
[www.aamt.org](http://www.aamt.org) American Medical  
Transcriptionists site  
[www.chra.ca](http://www.chra.ca) C.H.R.A. website  
<http://content.nejm.org>  
Site of the New England Journal of  
Medicine

## Member Update

By: *Marci MacDonald*

It has been a busy few months, and as you can see by this newsletter, your executive has been very productive! We thank you all for your support.

Even though I have turned the presidential role over to the ever capable, lovely and talented Ms. Charmaine Shaw, I am still an active Executive Member for one more term, completing commitments to some projects, and assisting with some new ones.

I would like to take this opportunity to update you on those initiatives:

### Unique Patient Identifier:

OHRA is sitting at the table with this OHA, Ontario Hospital eHealth Council Working Group, known as the "UPI Working Group".

It is well recognized that in order to integrate the health care system, to improve patient care and lower costs, there is a need to exchange health information. In order to meet this objective, there is a requirement of a unique personal identifier for the population of Ontario, as a means to ensure accurate identification of individuals.

OHRA brings to light the concerns of security, privacy, and protecting the confidentiality rights of individuals, as well as highlighting the need for a trusted registration process.

Since the formation of this group in August of 2002, we have recommended to the Minister of Health, Mr. Tony Clement, that the existing OHIP Number be utilized as the Unique Patient Identifier for Ontario.

Is our work complete – far from it! We now have to develop a registration process, being mindful of creating a system whereby each person receiving health care receives a UPI, including those not eligible for OHIP (eg. Visitors, new immigrants, inmates in penitentiaries, etc.).

The group meets at least monthly, and is currently discussing the framework for information exchange requirements.

### **Smart Systems for Health – Ontario Health Informatics Standards Committee**

Do you see a common theme here?

OHRA is very pleased to be a member of OHISC, which is a high profile Committee, working on developing the standards for the entire

provincial electronic health information infrastructure.

I have inherited this seat from Charmaine Shaw, (who was our original representative), once she assumed the duties of President of OHRA.

The Mission of the Smart Systems for Health is:

"Smart Systems will provide a secure, integrated, province-wide information infrastructure to allow electronic communication among Ontario's health service providers."

The Mandate is:

"SSH has the mandate to recommend data and technology standards to the Minister of Health and Long-Term Care that support the Smart Systems Infrastructure and the provider communities it supports.

The Ontario Health Informatics Standards Committee was established to develop the standards recommendations that SSH will take to the Minister of Health and Long-Term Care."

This is the bigger picture, of which the UPI feeds into.

OHISC initially looked at de facto (commonly accepted and utilized throughout the industry) standards, and developed a listing – termed

the “Inaugural Standards”. This list of inaugural standards were then distributed by the sector representatives, to the sector, for input and discussion, prior to being brought back to the OHISC table. Currently, 6 individuals have agreed to serve as OHRA’s “in the field” reps., giving us feedback on standards. It is this type of situation that prompted the recent letter you received from OHRA, asking to consider volunteering as an advisory representative.

Standards that were on the listing of 200, nearest and dearest to us, would be ICD-10 CA, and CCI.

This group continues to forge ahead, and it is very exciting to be part of this historical project.

**SSH – Standards Management Process Working Group**

After two meetings at SSH, a new work group was struck, and yours truly was asked to act as the chair (I still don’t know what I did to deserve that). Anyway, keeping with OHRA’s philosophy to get involved, I agreed. This Work Group is a subset of OHISC, and is looking at the entire process of submission by sectors of standards to be considered on a provincial level, the monitoring and compliance of standards, and the entire processes

around ensuring the latter. A large undertaking! This smaller group is made up of 4 dynamic members of OHISC, a SSH rep., OHA rep., CIHI rep., and moi! We have a great deal of work to do!

**Pilot Clinical Data Quality Audit Project**

OHRA has partnered with the Canadian Health Record Association and CIHI, to undertake an audit, as requested by the Ministry of Health, in order for the MoH to understand the concerns expressed around the entire complexity coding issue, and to grasp a clearer understanding of the issues facing hospitals and health care providers, that translates into the coded data submitted.

10 Ontario hospitals were selected, coders from the field hired (thanks to you all who allowed your personnel the opportunity to participate), and the coding is wrapping up right now!

It is hoped that this model created in Ontario can be utilized by other provinces.

**Provincial Coding Quality Task Force**

Two years ago, OHRA gathered together a group of concerned data users, to address issues we saw as being detrimental to the data quality, in large part, the same as those recently recognized

by the Ministry of Health, that prompted the above audit. Members on this group include representatives from:

- Central East Health Information Partnership
- OHA
- U of T
- MoH
- ICES
- CCAC
- GTA Coding Quality Network
- CIHI

We conducted research, conducted audits, surveys, held focus groups, and in the Fall of 2002, presented the MoH with our report and recommendations. The five recommendations are:

- 1) Align clinical data collection practices in Ontario with current practices in Canada and the US.
- 2) Identify and develop key technology enablers for improved clinical data quality.
- 3) Identify and share best practices in data collection across Ontario Hospitals, and support communication among stakeholders.
- 4) Develop and support a research plan to improve clinical data quality.
- 5) Strengthen the capabilities of government and stakeholders to respond to data quality problems. MOHLTC to establish and fund a Data Quality

Collaborative to monitor and support ongoing data quality improvement.

We have met once with the MoH since delivering the report, and were met with a great deal of interest and enthusiasm. The Ministry is very much in agreement with our recommendations, and very supportive. Will they be implemented? Well, another meeting has been promised in the Spring, possibly after analysis of the 10 hospital audit, and we shall keep you posted!

**Ryerson University – Part Time Health Information Management Degree Program**

This is a very exciting program, which has OHRA representation on the educational advisory committee, involved in the planning and creation of this program, aimed at assisting those of us in full time employment, wishing to continue our education.

Presently, the program has been approved academically, and is going to the university planning council within the next two months. If it is approved, we are hoping it will be offered in September.

Marci MacDonald  
Director, Clinical Info. Services  
Halton Healthcare Services  
mmacdonald@haltonhealthcare.on.ca

**Exciting Volunteer Opportunity!**

*Submitted by Sonia Stasiuk*

The Alliance of Health Record Associations in Canada is currently recruiting a new chairperson to commence June 1, 2003 for a two-year term. This role offers you the opportunity to use your strong leadership and facilitation skills within a nation wide network.

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

- Provide united leadership and singular voice of representation for the health information profession
- Plan strategically and collectively for collaborative deliverables
- Promote the expertise of health information professionals
- Support continued professional learning
- Strengthen the membership through the delivery of relevant and timely services
- Utilize resources effectively in support of Alliance initiatives

You are a current member of the CHRA, you have previous experience in a chair or facilitation role, and you have a minimum of five years experience in the health

information profession. (Current Alliance representatives are not eligible).

If you would like to be considered for this volunteer position, please contact your provincial or national Alliance member for more information prior to April 22, 2003.

For a list of the current Alliance members please visit the CHRA website at [www.chra.ca](http://www.chra.ca), go to About the Organization, choose Professional Alliances link at the bottom of the page, and then proceed to the map of Canada. Please contact Charmaine Shaw, OHRA President, for further details at [cshaw@lhcc.ca](mailto:cshaw@lhcc.ca)

**We need your help!!  
Call for submissions!!**

Do you want to get more involved with your provincial association? Would you be interested in submitting an article to the newsletter? If so, please contact the Communications Director.

**VOLUNTEER!  
VOLUNTEER!  
VOLUNTEER!**

Together  
Everyone  
Achieves  
More





Submitted by: Charmaine Shaw

March 17, 2003

## **EU TELEHEALTH CONFERENCE**

It was my pleasure to attend the European Union/Canada Telehealth Conference in Ottawa on March 6 & 7/03. The two days were packed with presentations of 15 or 20 minutes duration – 44 speakers in all. Information sharing and partnering are the underlying motivations. Below I share some of the highlights with you.

## **HOME CARE**

Quite a number of developments have occurred in the Home Care arena. In Finland, some Home Care providers utilize a software program that transmits home health data to a server from which all care providers are able to immediately access ongoing care reports. Another Finnish company has developed a software program that facilitates transfer of home diagnostics from the patient to the healthcare facility. The patient is provided with a blood pressure cuff or glucose-monitoring device and tests himself/herself. Data from the testing devices is transmitted back to health care providers

who are able to identify when intervention is required. In this model, the number of home care visits is diminished. The same company provides software for on-line family counseling. This service is very much like a secure chat-line wherein the patient is 'chatting' with the healthcare professional. These e-mails are archived for subsequent access by the therapist. At any time, the patient may request an appointment. Once granted, the patient schedules and books his/her own 'virtual' appointment.

On the home front, one project underway involves remote ophthalmology imaging. A digital fundus camera is utilized and results may be sent via Internet, phone or satellite. The University of Alberta and the Canada Space Agency are co-sponsors of this venture. This remote testing was devised in response to an initiative to prevent diabetic blindness in remote communities. Patients would only need to travel to a major center for follow-up if results were unfavorable. One positive outcome from this project is that patients are able to see their own retinal images and, as a result, become empowered.

One project used the television as access device. The patient would put his/her TV on the designated

channel, then converse with his/her healthcare provider. Each user would have a webcam connected, such that the patient could see the provider and vice versa. In this way, the healthcare provider could evaluate the patient's appearance. The patient would keep track of various health indicators (blood pressure monitoring, glucose testing, etc.) and transmit results to the provider.

The recent remote surgery performed at St. Joseph's Healthcare Hamilton was highlighted on a number of occasions during the conference. Most of you probably read the newspaper articles referencing robotic surgery performed at St. Joseph's Healthcare Hamilton on a patient in North Bay. The surgeon in North Bay inserted the instruments into the patient's body but Dr. M. Anvari in Hamilton performed the actual surgery.

## **THE THIRD WAVE OF WWW**

In spite of the facts that broadband is expensive, not universally available and underutilized, it is the underpinning of the next wave of the www. Since electronic health records include digital images, ultrasonographic images, audio and video, broadband is an essential component to widespread electronic health records.

The Internet third wave will be based on applications that are housed on the web, from which customers/clients will access. Essentially, IT will reside on the network as opposed to on the local PC as is now the case.

I was imagining a sort of global data repository of information. A patient's health record would reside on the Net and every healthcare facility and provider would access and add to this record. Presumably, the patient would also have access to the record and might even become its gatekeeper!

**MICROSOFT'S VISION**

At the outset of Microsoft's presentation there was a quick video in which a patient became ill while traveling to a foreign country. The patient's cell phone was used to call for help, provide consent for access to the e-Health record, identify the patient, consult with the physician, order a prescription and get an ambulance to take the patient to the nearest hospital! Microsoft envisions this e-Health record within the next few years, and aspires to be among the key players in making the dream a reality. According to Microsoft, the following is what is required to make the e-Health record happen:

- Authentication
- Audit trails
- Alerts
- Authorization
- A locator system
- Consent
- Registry
- Identity management
- Document management
- Integration
- A portal

Microsoft has a version of each of the above right now! The only thing missing is sufficient trial!

**MEMBER NEEDS SURVEY RESULTS**

Unfortunately, only 15 members responded to our member needs survey. 13/15 respondents acknowledged that OHRA is a visible partner with allied health groups and Ministries. However, 9/15 respondents did not feel the Executive was communicating in a timely manner with its membership and efforts are being made to revamp the web page and keep it current, as well as to publish "News & Views" on a semi-annual basis. Greater efforts will also be made to communicate with our members electronically. With regards to educational opportunities there was a 50/50 split in responses. Most educational opportunities are initiated by the regional working group and that requires active participation by

its members. OHRA is working collaboratively with CHRA to bring the CHRA Annual Conference to Toronto in June.

Your OHRA Executive acknowledges that its members are its most valuable resource and efforts are being made to increase membership, improve communication, and increase member involvement.

**SALARY SURVEY RESULTS**

In response to a request from its members, the OHRA Executive conducted a Salary Survey in the fall of 2002. There were 49 respondents – 16 Directors, 2 Supervisors, 3 Analysts, 3 HRA's, 24 HRT's and 1 Medical Transcriptionist. However, it is extremely difficult to interpret the data because for each position within individual facilities there are a variety of duties and responsibilities.

Hourly Wage	Position	# Responses
<\$15.00	HRT	1
\$15.00 – 17.50	Transcriptionist	1
	HRT	1
\$17.51 – 20.00	HRT	5
	HRA	1
\$20.01 – 22.50	HRT	1
	HRA	1
	Analyst	1
	Director	1
\$22.51 – 25.00	HRA	1
	Supervisor	1
\$25.01 – 27.50	Director	2
	HRT	16
\$27.51 – 30.00	Supervisor	1
	Director	4
	Analyst	1
\$30.01 – 32.50	Director	3
	Analyst	1
>\$35.00	Director	2
	Director	4

Provincial information was also reviewed and, like Ontario, varies greatly.

	HRT	HRA
NS	16.20–20.87	19.62–21.55
NB	14.77–19.01	17.34–22.40
Man.	14.82–16.41	
Sask.	14.76–16.20	16.18–19.51
BC		21.18–24.15

## MEMBERSHIP COMMUNICATIONS

*Submitted by Paula Weisflock*

Our goal is to keep you the membership in the know on what's happening with OHRA. We do this through a series of newsletters, information mailings and communications via our website. Although this website is currently not available, we are in the process of negotiating with a webmaster to revive it. If there are any members who have an interest in working on this project, please contact Paula Weisflock.

[pweisflock@lakeridgehealth.on.ca](mailto:pweisflock@lakeridgehealth.on.ca)

### Advertising Rates for display advertising

(Artwork must be supplied)

1 page.....	200.00
½ page.....	150.00
¼ page.....	75.00

Congratulations to 4 new staff in my department. They were all clerks who successfully completed the 2 year Canadian Healthcare Association's, Health Record Practitioner program and then further successfully challenged the Canadian exam. Recently they were all hired as coding specialists to assist with ER and future NACRS coding. Kudos to Irene Rorabeck, Jill Hess, Helen Campbell and Shelley Shreve at Lakeridge Health-Oshawa for their recognized accomplishments! Paula Weisflock

## Did you know?

-You can post a career or business advertisement related to Health Information Management (H.I.M.) in News & Views?

-Would you like to share a personal accomplishment with the membership?

-Do you have an interesting website that you have found related to H.I.M. and feel the membership would be interested in it? Let us know!!

## Becoming a Health Information Professional

*Submitted by Mary Lou Kennedy*

Educational programs for students interested in pursuing a career as a Health Information Professional are currently offered at The City College George Brown and also through a correspondence course offered by the Canadian Healthcare Association. Algonquin College, located in Ottawa, is currently investigating the feasibility of beginning a course to Health Information Professionals as well. There is an extreme shortage of Health Information Professionals in the province and once Algonquin College assesses the need for the program, it will make its decision to proceed with the implementation.

The program, formerly known as the Health Record Technician program, is called

the Health Information Management Program at The City College George Brown. The program provides high quality education to prepare well-qualified graduates to support and manage the industry's health information needs. The program is a two-year full time course. For more information about the program, you can contact Heather Donovan at George Brown College, at 10800-265-2002, ext. 2134.

The Canadian Healthcare Association offers a similar program, called the Health Information Services. The course is offered through correspondence, and spans over a two-year period. Students in this course, must be employed in a Health Record Department of a health organization, or must be employed in a health organization for a minimum of 20 hours/week and is performing health record functions. More information about this program can be accessed at [www.cha.ca](http://www.cha.ca), or by calling 1-613-241-8005.

Health Information Professionals can expect to find employment in Primary Care Agencies, Hospitals, Clinical Research, Pharmaceutical Industry, Insurance, Nursing Homes, Ambulatory Care Clinics, Home Care Agencies, and Consulting firms.

Mary Lou Kennedy  
Manager, Registration & Record Services, Sault Area Hospitals

Ontario Health Record Association 2003/2004 Executive

Region	Position	Name	Contact Information
1	Director, Professional Development	Mary Lou Kennedy	Manager, Registration and Record Services, Sault Area Hospitals 969 Queen Street East Sault Ste. Marie, Ontario P6A 2C4 kennedym@sah.on.ca Phone – 705-759-3635 FAX - 705-759-3703
2	Director, Communications	Paula Weisflock	Team Leader, Health Information Lakeridge Health 1 Hospital Court Oshawa, Ontario L1G 2B9 pweisflock@lakeridgehealth.on.ca Phone – 905-576-8711 X 4565 FAX - 905-721-4753
3	No Portfolio	Marci MacDonald	Director, Clinical Info. Services Halton Healthcare Services 327 Reynolds Street Oakville, Ontario L6J 3L7 mmacdonald@haltonhealthcare.on.ca Phone – 905-338-4634 X 6 FAX - 905-338-4639
4	President	Charmaine Shaw	VP E-Health, Lanier Healthcare Canada 14 Wellington Street North Dundas, Ontario L9H 3A2 cshaw@lhcc.ca Phone – 905-628-0271 FAX - 905-628-2458 Cell Phone – 289-260-1992
5	Secretary/Treasurer	Lynne Hopper	Clinical Information Analyst South Huron Hospital Association 24 Huron Street Exeter, Ontario NOM 1S2 lynne.hopper@hphp.org Phone – 519-235-4002 X 262 FAX - 519-235-3405
6	Director, Advocacy	Jody McKie	Director, Patient Support Services Nipigon District Memorial Hospital PO Box 37 Nipigon, Ontario POT 2J0 jmckie@bridge-net.net Phone – 807-887-3026 X 230 FAX - 807-887-3350

# *Mark your Calendar!*

**June 5, 2003**

*the* Canadian Health Record Association

will present

Professional Development Workshops

**Hilton Toronto • Toronto, Ontario**

Visit our Website for Regular Updates:

[www.chra.ca/news-content/conference.html](http://www.chra.ca/news-content/conference.html)



**June 6 & 7, 2003**



*the* Canadian Health Record Association

&

*the* Ontario Health Record Association

present their

Joint Annual Professional Development Conference  
& General Meetings

**Hilton Toronto • Toronto, Ontario**

**Proposed Topics to be Explored and Examined at this Conference include:**

- Electronic Health Record
- Data Quality / Data Uses
- Speech Recognition
- Patient Safety
- Privacy / Confidentiality
- Telehealth
- Supply and Demand

Visit our Website for Regular Updates:

[www.chra.ca/news-content/conference.html](http://www.chra.ca/news-content/conference.html)

Conference Office c/o CHRA

50-1090 Don Mills Road, Don Mills, Ontario, M3C 3R6

Tel: 416-447-4900 ● Fax: 416-447-4598

E-mail: [info@chra.ca](mailto:info@chra.ca) ● Website: [www.chra.ca](http://www.chra.ca)



# Coding Quality Improvement Workshop

Submitted by Elizabeth Chiu

**Monday May 5<sup>th</sup>, 2003**  
**Banting Lecture Theatre**  
Toronto General Division  
University Health Network  
200 Elizabeth St  
NUG113

## *Data Quality: Diagnosis Typing Re-defined?*

**Lecture Theatre seating capacity: 285**

Registrations are **not** necessary and coffee/refreshments **will not** be provided. Please **RSVP** the number of participants from your facility to Donna Thompson at The Centre for Addiction and Mental Health 416-535-8501 x 6579 or email Donna\_Thompson@camh.net

### **Agenda**

09:00 – 11:00

#### **Welcome and Introduction**

MC: Heather Donovan,  
Director of Business Faculty, George Brown College

#### **Presentations from Panel Speakers**

- Tom Closson, UHN CEO and Chairman of CIHI National Steering Committee on the Database Data Quality and Grouper Redevelopment
- Helen Whittome, MOHLTC Team Leader, Information Management Unit, Finance and Information Management
- CIHI Representative
- Gail Crook, President of CHRA
- Marci McDonald, OHRA Executive and Regional Chair on Coding Quality

#### ***Updates from the Ontario Data Quality Committee***

11:00 – 11:15

#### **Questions**

11:16 – 12:00

#### **Presentations from Hospitals**