



February 2004

Ontario Health Record Association

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NEWS & VIEWS

President's Message

By Charmaine Shaw, President, OHRA

Can you believe it's really 2004? From my perspective, it sure is true that time goes by faster as we age. It seems like just a few weeks ago I was putting together an intro for the early 2003 newsletter! We begin the year with a number of projects coming to fruition. In no particular order (other than the order in which they pop up in my head):

You voted in favour of changing our name from O.H.R.A. to O.H.I.M.A., following suit with the C.H.R.A. now C.H.I.M.A. Kim Irvine has been doing the background work on the logistics of our name change. Just a few more details to be worked out and the transition will be complete. We are even putting the finishing touches on a new logo! Congratulations – you are now officially members of the Ontario Health Information Management Association.

Paula Weisflock has been working tirelessly to meet deadlines for newsletter publication and to exceed expectations for quality content! In her not-so-spare time, Paula has taken charge of our web site re-design. This was a tremendous undertaking and we are thrilled with the new site's

development which is in the works with a web designer's assistance.

In December we were presented with a fat cheque from C.H.I.M.A. for our role in the recent CHIMA/OHRA/CIHI partnered re-abstraction project. This money is so appreciated! We've used some of it for our new web site and have invested a good chunk for future stability. Marci MacDonald spent countless hours working on this project on our behalf and we are truly indebted to her for this cash infusion!

The Spring Institute has been resurrected! Mary Lou Kennedy is steering that endeavour. We are targeting an audience of grass roots health information management practitioners and data quality is our theme. I'm sure Mary Lou wouldn't turn down any volunteers for assistance.

I would be remiss if I didn't acknowledge the efforts and accomplishments of Lynne Hopper, our Secretary/Treasurer. Her duties have included

- Arranging meeting times and places
- Taking and distributing minutes
- Sending out membership renewal notifications

- Depositing and receipting for membership dues paid
- Corresponding with the bookkeeper and auditor
- Organizing and arranging hand-outs and prizes for the O.H.A. booth

This is just a sample of the many activities we count on her for.

Please join me in welcoming our newest board member – Marcia Gillies. Marcia hails from the 'far North' and what she lacks in experience she makes up for in dedication and willingness to serve. Marcia is a 'grass roots' coder and we appreciate the perspective she brings. We have given her the secretarial duties to lighten Lynne's load.

In terms of future plans, we are having a strategic planning meeting in January and here are some of the things the plan will include:

- Complete and roll out our new web site
- Establish chat rooms on the web site
- Plan and deliver educational sessions
- Re-align regional groups to be in keeping with the O.H.A. regions
- Help to unleash the data quality revolution
- Continue to provide a minimum of three informative newsletters

Of course, you are our *raison d'être*. Our predominant strategy is to provide you with the kinds of service and deliverables you expect and deserve from your Provincial association (within resource

limitations). Please feel free to offer input into our strategic planning process by e-mailing me at charmaineshaw@yahoo.com.

We are always looking to spotlight you and your successes! Let us know if you are a member performing a non-traditional role and would be willing to provide content for an upcoming article. We'll interview you and even write the article for you, if you like! The same holds true for your projects and initiatives. Just give us a call or e-mail us indicating your willingness to contribute. We'll take care of the rest. Let us know, too, if you have a suggestion for a benchmarking survey. I don't want to make any promises I might not be able to keep, but we would like to support benchmarking activities. Let us know if you have some ideas in that regard. Of course, some of our best lessons are learned from failures, so don't hesitate to come forward with those as well. Paula Weisflock would love to hear from you.

We hope you enjoy this first publication of the year.

Sincerely,
Charmaine Shaw,
President, O.H.I.M.A.

UMNO News

Submitted by Keary Fulton-Wallace

The next educational day for Utilization Managers Network of Ontario is on Feb 27, 2004 at

the Yorkdale Holiday Inn. The theme for the educational day is "How hospitals are using the OHA Hospital Report to improve patient care". We have a great selection of speakers for February including Dr. Adalsteinn Brown. The educational days also provide a good networking opportunity not mention a fabulous lunch. For more information, please visit our website at www.umnoonline.com.

DID YOU KNOW?

New Chair for Ontario Hospital Association

Tony Dagnone has been named the Chair of OHA for 2003-04. Tony is the CEO of London Health Sciences Center.

"He is a fellow of both the American and Canadian College of Health Service Executives. An Order of Canada was granted to Mr. Dagnone in 1992 for his work in the community and his leadership in health care. He regularly presides over the Citizenship Court I London and in 2003, was awarded the Queen's Jubilee Medal."

Source: Hospital Quarterly, Vol 7, No 1. 2003, pg 18

Congratulations to Michelle Scott! Michelle's name was drawn at the Ontario Hospital convention (OHA) in October and won a lovely black computer bag complete with wheels. OHRA purchased the bag and entered all paid members names in the draw.

Organizations work to improve coding of clinical data

By Andy Shaw

One of the presentations at a recent Ontario Hospital Association conference in Toronto could have been extremely alarming to an outsider not familiar with the complexities of coding clinical data. Summing up the diagnostic discrepancies found in a data re-abstractation study done by the Ontario Ministry of Health on 10 randomly selected hospitals (four teaching, six community), one statistical slide in the presentation indicated there was a “% Error” among the coded clinical data of 65 percent!

If this sampling were true for Canadian hospitals in general, one might hastily and erroneously conclude that a major foundation of our healthcare system – the gleaning of reliable data that guides how we practice, fund, and manage care – was dangerously cracked and flawed.

For those in the know, however, what was revealed by the Pilot Clinical Data Quality Audit, as the study was called, was not nearly so alarming. First, they point out, the choice of the word “Error” in the study summary was an unfortunate one. In the medical context the word error has a fatal ring to it, as in “medical error”. These were not medical errors that were being studied by Ontario but rather differences in the way hospital coders interpret the written records of what

caregivers and clinicians did to whom when.

“What the study was really dealing with are what some call discrepancies but what we prefer to call variations in the way events are coded,” says Caroline Heick, head of data quality and classification for the Canadian Institute of Health Information (CIHI) in Ottawa. “And we know from our own CIHI studies that the discrepancy or variation rate in coding nationally is much, much lower.”

To be fair to the Ontario researchers and presenters, it should be made clear that the Ontario study was never meant to reveal any sort of statistical average for the province. Rather, it targeted coding connected with the charting of a limited number of complex clinical practices – instances where it was suspected that the discrepancy rate might be highest. The purpose, in part, was to see where remedial action was needed most.

What can be safely concluded from the Ontario study findings is that coding is less a science and far more of a craft.

Yet the study still does raise some serious questions about discrepancies. Among them: Why do they occur? What kind of discrepancies are most prevalent? And what must be done to avoid them in future?

For Heather Berry, the reason coding variations occur are largely human. Berry is health records manager for the South Bruce Grey Health Centre, a

four-campus hospital centred in Walkerton, Ont.. She attended the Toronto conference and was an active participant in the audience give-and-take following the study’s presentation.

“The information the coders are working with is extremely complex, and yet, for it to be of high enough quality to be useful it has to meet some very demanding criteria,” says Berry, who then ticks off those criteria. “It has to be specific, complete, accurate, timely, relevant, current, comprehensive, and appropriate all at once.”

And that takes training. The preferred coders being hired today, Berry points out, are graduates of a two-year professional health records management program. They codify information according to the World Health Organization (WHO) classifications of disease and morbid conditions. But the complexities come when patients bring with them, as so many do, more than one disease or condition. Getting the coding right for that individual is not only a personal challenge to the coder, but also crucial to the tasks of hospital bean counters, who must re-coup the costs from government of diagnosing and treating that patient.

“You could have a patient come in with the simple condition of a fractured hip,” says Berry, “But what if that patient is also a severe diabetic, a paraplegic, and morbidly obese? The treatment becomes very much different than for a simple hip fracture.”

Such complexities create what Berry calls "grey areas" in coding practices, where the basic standards are not quite specific enough to guide the coders in their interpretation of what was written down as done to the patient.

Consequently, Berry applauds the efforts of the CIHI, in particular, in conducting workshops for coders, providing them with online interpretation assistance through the CIHI website, and other initiatives the organization has taken to help standardize coding practices nationally.

There's another source of coding inaccuracies, however, says Berry, that can only be addressed down at the hospital level.

"You've got to work with the doctors to ensure that what they are entering on the records is specific, complete, accurate, and meets all the other criteria I mentioned earlier in order to produce quality data," says Berry. "They have to be educated to the importance of all this, and that's challenging. What we have found that works here is to explain it to doctors in terms of money. We say to them that just as they must have their information complete on what they do with patients in order to be paid, so does the hospital, as well."

A long-term solution, suggests Berry, is to make an introduction to coding practices part of a physician's education while at medical school – showing them how to document their work

accurately and thus conveniently for coders. "It's something that will help them run their own offices once they graduate," adds Berry.

Doctors alone of course are not the only challenge to discrepancy-free coding. Other caregivers must also be brought up to speed on the techniques for accurate record keeping.

Berry says she would also like to see more rigour on the part of hospital management in applying the standards of coding, perhaps adopting an ISO 9000 approach to data quality that other organizations, in other industries, voluntarily qualify for and adhere to. Also, as privacy regulations take hold in healthcare, there will be even more pressure on hospitals and coders to keep more and better records, she says, and hopes that government funding of coding work will be boosted appropriately.

Most of all, she adds, she's looking forward to what will come of a data quality workshop and gathering next month in Toronto involving major players from the CIHI, the Ontario Hospital Association, the Ontario Ministry of Health and the Canadian Health Records Association among others.

"There's a very good spirit of cooperation among these groups and a strong, shared desire to improve the quality of our data and coding," says Berry. "It will be a very good meeting, and we will learn a lot about where we should go from here."

Treasurer's Report

Submitted by Lynne Hopper

The 2003/2004 membership is at 205 with the breakdown as follows:

Active:	158
Associate	4
Inactive:	20
Student:	23

The breakdown for Regions is as follows:

Region 1:	17
Region 2:	54
Region 3:	61
Region 4:	11
Region 5:	48
Region 6:	14

At the last executive meeting a motion was made to realign the regions to match the OHA regions.

A list of the revised regions is included with the 2004/2005 membership registration form.

MEMBER SPOTLIGHT

By Judy Ruest, CCHRA(C) Market Research Analyst, MED2020 Health Care Software Inc.

One Health Information Management Professionals experience working in a 'non-traditional' role.

When first asked to write this article, I thought 'Oh wow, what would I write?' Yet, reflecting over 24 years in this industry, the various roles held, I see how my 'traditional' health records experience has allowed me to

take on new challenges and opportunities.

The first 12 years helped me understand the 'traditional' environment, where the role of the HRA was viewed as 'the keeper of records'. Yet from that onset, I could see our roles changing, and rapidly they did, as decision-makers demanded more information. Accurate and timely information was (and remains) of great concern!

This evolution influenced our day-to-day operations, internal processes and highlighted the call for office systems re-engineering; but above all else, was the necessity to explore and manage the wealth of information entrusted to us.

Over a decade ago, I migrated into a 'non-traditional' role, with MED2020 Health Care Software Inc., which for me was a real leap of faith. The market was just opening up to electronic health record service providers. So making this transition offered me the opportunity to share my experience and also influence various areas of automation.

I have participated in such tasks as identifying user needs; assisting with product development; testing, demonstrations etc. I identify how products work, how they integrate with current/alternate systems and how they can be adapted to the user's environment. Using transferable skills such as 'negotiating skills' has allowed me to more effectively deal with client issues, turnaround time expectations,

peoples wants versus needs etc. 'Training skills' have allowed me to effectively share my knowledge with internal/external users. 'Listening skills' and direct hands-on experience have provided me with the knowledge and the empathy to provide direct client support, put forward logical enhancement requests and more recently mediate focus groups to examine potential and existing products.

What it boils down to is - one needs to examine the direction the health industry is moving towards, such as the EHR. Examine what this change means for traditional health records roles? As practitioners, we need to reflect on our past experience(s), our skill sets, even our likes and dislikes.... Then weigh out the available options and be NOT afraid to look to non-traditional roles for our next challenge. If there is anything I can share with you, it is that the one thing we can depend on these days - is that "change is the one constant!"


Editor's note
Paula Weisflock, CCHRA(A)
OHRA Director, Communications

Please note the call for interested members to become involved with OHRA as a committee or Executive member. This could be your year to enhance the organization with your experience and commitment to personal and professional development.

OHRA's Spring Education Institute

Submitted by Mary Lou Kennedy

It has been several years since OHRA (soon to be called OHIMA) last hosted a spring institute and the executive is looking forward to the one planned for this spring. The education day has been scheduled for Friday, May 7th and will be held at the Radisson Admiral Hotel on Toronto's waterfront. The general themes for the day will be of a 'grass roots' nature, with the primary focus of the day being Data Quality. This educational opportunity will be THE event for anyone who wants to implement a data quality program and seeks practical guidance and step-by-step instructions on how to do it. We know that everyone concerned with data quality in their organization will participate in this event and take advantage of this exceptional opportunity offered by OHRA.



REMINDER!! 2004-2005
Membership fees are coming up soon. We trust you are finding good membership value in the newsletters and the future web site. Please make your cheque payable to the Ontario Health Record Association and mail to the address on the executive listing on page 10. Please enclose your email address so that future newsletters can be emailed.

Kim's Comedy Corner...

Submitted by Kim Irvine

A Day in the Life of a Single Parenting, Multi-site Manager Kim's comedy corner. For all those struggling to survive.....

4:48 AM – Hit snooze (thankful for the next 9 minutes of serenity).

4:57 AM – Hit snooze, hit snooze.....

5 AM – Fly out of bed like a shot.

5:30 AM – Gently awaken your sleeping little angels

5:45 AM – Grab kids by ankles and "yank" them out of bed!

5:47 AM - Had the usual family debate over what constitutes "breakfast foods".

The 8-year-old asked me if I cursed while throwing them in the van. I said "No of course not sweetie, but I really, really wanted to". One in the van, one out of the van, all three in the van, 1 crying outside of the van. Threaten the first born, buckle them all in (so Mommy can't throw them out the window), blast the DVD player (jumps starts their little day). Pull in by school.....come to a complete stop.....lovingly unbuckle children, smile starts to appear (almost there Kim, hang on, almost there). Big hug for the 6-year-old, an attempt for the 8-year-old as it is prohibited to hug or kiss him in front of the school but ensure that the "attempt" is ALWAYS made). Load them up with backpacks, waive goodbye

to my turtle like children and jump back in van. Destination? Daycare!

The little one is sitting in the back of the van as apparently there is an age-related hierarchy that has been developed by her siblings. Her pigtailed are bobbing up and down, I give her the "I'm almost there, God I'm almost there" look and continue on my mission. She eagerly and cheerfully smiles back unbeknownst to her what I'm really thinking.....he, he, he, he.....

Jump out of van, (after a complete stop) carry the pigtailed toddler like a football into daycare..... coat, hats, mitts....off, off, off. Hug and kiss this little angel goodbye, pry her off my body, embrace the day care staff with tears of joy and jaunt down the hall with a smile on my face and bounce in my step.

And now!!.....My day begins

Arrive at work with a run in my stalking and Cheerios stuck in my hair but I don't care as I'm early for my meeting and eager to make a difference in this organization. The sun is shining and the air smells sweet until.....the horror starts to set in. The administrative assistant is paging me as apparently the meeting place was changed from Site #2 to Site #3. Apparently it was email number 537 in which I missed! Grab the dependable hand held device only to discover that this trusty little gadget was dead. Agghhhhhhhhhh

Go screaming to the parking lot, drive like a woman possessed and arrive late at the meeting (again). Beads of sweat have formed and people are asking "are you okay?" I'm like, I'm fine.....really, it's nothing really. In an attempt to lighten the moment I jokingly say That a Swedish body builder for an assistant would make a lovely Christmas gift".....No one laughs!

I'm now becoming very aware of my sky rocketing pulse rate and shortness of breath. The chair of the committee "coughs" loudly and gives the polite "shut up and sit down" look. Now my common sense screamsjust do what the man asks, don't say another word! Do I listen to that little voice? Noooooo

I think if I appeal his warm fuzzy side that this will make it all better.....Right?

I'm learning NOT everyone is a people person. Geesh!

Now I'm calm, sitting and relaxed. The next problem presents itself. It is that darn extra large tea I consumed on my frantic drive in! At this point, if my urinary system wants to completely shut down with potential kidney damage? I'm thinking, yup I can live with it. You betcha!

Now the good ole budget meeting begins. I feel the VP peering down at me and inquires about some of the "creative" variances reported in last months "corporate" budget. As luck would have it, this "fun loving" VP had just received his rejection letter as he was passed over for

the CEO position that he's been striving for. Although many might view the "multi-site" accounting skills to be impressive in today's healthcare world? Apparently HE does not. Preying for a small stroke to strike or perhaps a minor myocardial infarction (with little cardiac damage of course), even a small act of God would work right about now. Yes, Virginia there IS a Santa Claus, the VP's pager goes off and he has to run. Meeting adjourned! I'm thinking the next meeting called, I will be prepared as it can't get any worse.....can it?

What does HL7 have to do with me?

Submitted by Charmaine Shaw, CCHRA(C), BA, MA (HIM)

It is my pleasure to represent you on the HL7 workgroup of Smart Systems for Health Agency (S.S.H.A.). The inaugural meeting took place on Dec. 10/03. I'll be providing regular updates in our newsletters. Of course, just because I'm the one representing you at the meetings doesn't mean I'm the uncontested official expert on HL7. So if you've got some information you think your peers would benefit from, please pass it along. I'd be happy to include it in future columns. In case you're wondering why you should bother reading further, let me inform you that the U.S. National Committee on Vital and Health Statistics (NCVHS) has endorsed HL7 for the exchange of EHR information. Smart Systems for Health Agency is poised to do the same for

Ontario. This feeds nicely into the Canada Health Infoway vision for a pan-Canadian electronic health record.

What is HL7?

HL7 stands for 'Health Level Seven' and it derives it's name from the fact that there are actually seven layers in the communications model for Open Systems Interconnection, the seventh layer of which is the application layer. HL7 has been accredited by the American National Standards Institute (ANSI) and is the standards development organization responsible for creating standards to facilitate electronic communication of healthcare information. Think of a Meditech (or Cerner) system trying to pass information across to an HBO (or Per Se) system. As long as each of the systems uses the same methodology, structure, data definitions, timing of data interchange and error identification communication, health record information could freely flow between and among them – and that's the goal.

Why do we need it?

In a word – interoperability! Above, I named a few of the more common hospital HIS systems; there are lots of other wonderful HIS systems in use today (and my apologies to them for not including a reference to them). Imagine what mayhem and pandemonium would ensue if the Ministry had to mandate use of only one vendor system because that's the only way information could free-flow between institutions!

Healthcare facilities have to continue to be able to select whichever HIS system best suits their needs. So the only way to effect interoperability is to create a standard that will facilitate exchange of information. HL7 ensures that data is transmitted and received in a structured format. For a simplistic example, the following standard might apply to date of birth: YYYYMMDD. This will eliminate 04/01 from being misinterpreted as January 4 when it really is April 1.

What does this mean for Health Information Management Professionals?

Although some personal health information will be governed by standards other than HL7 (DICOM for x-rays, LOINC for labs), HL7 will be the standard for exchange of

- Order entry
- Scheduling
- Clinical care documentation
- A.D.T.
- Accounting

The HL7 developers are planning to determine the structure and data definitions for the EHR!!!

References

Tracy, Wayne R, and Michelle Dougherty. "HL7 Standard Shapes Content, Exchange of Patient Information." Journal of AHIMA 73, no.8 (2002): 49-51
 The Health Level Seven Website www.hl7.org

Watch for our new website
Planning currently underway
Live date-April 1, 2004.

A delay has occurred primarily due to the name change voted in in November. All OHRA information including terms of reference, job descriptions, etc. must be changed with the new name and legal work must be completed prior to launching the new web site. It is under development though and we are looking forward to a fresh new look and a modern new design. We thank you for your patience.



www.ohima.ca

Our new logo.....

There were 21 submissions in all and the Executive wishes to thank all of those who entered. Once the formal legal processes have been completed you will begin to see the new logo on the newsletter, web page and letterhead. The full color version is shown on the back cover of this newsletter.

Congratulations to Joan Raey...who created this new logo for O.H.I.M.A.



Joan Raey has worked in health records in Owen Sound and Walkerton and the hospital in Durham for about 25 years. Five years ago Durham Memorial Hospital amalgamated with Walkerton, Kincardine and Chesley to become South Bruce Grey Health Centre. Joan is the supervisor of Health Records at the Durham Site. During her many years she has witnessed a tremendous number of changes, the most being within the last few years with the implementation of ICD-10, Hospital amalgamations as well as the ever changing technology we are experiencing. When she saw that the OHRA membership had voted in a new name change to OHIMA and was looking for a new logo to go with this new name, she thought she would enter the competition. Joan was trying to incorporate as many letters of the name as she could but wanted the logo to still have a modern, light feel. Her creation is what you see here. She would like to thank the committee for choosing her design and wishes OHIMA the best in the future. Within this logo you will see an "O" for Ontario, and "h" for health, a stylized "i" for information, an "m" for management, and an "a" for association. The color green was saved, for this has been the historical color of OHRA....but the logo is modern and futuristic in style.....Joan was awarded a complimentary membership for 2003-2004 to OHIMA as well as a 50.00 cheque for her efforts.

5 more ways to Enhance Your Career

Continued from the Fall issue

6. Know yourself Pay attention to the aspects of your job that inspire you the most. Consider volunteering for projects related to your interest, taking a class to learn more about it, or finding a job that allows you to do it to a greater degree.

7. Specialize "Drill down" on a portion of your job and become the resident expert in your organization on it. This is a chance to educate and influence others as well as an opportunity for external speaking engagements and writing opportunities. This added visibility could lead to an internal promotion or a new job opportunity.

8. Keep an eye on the Government When new initiatives and regulations like privacy come into effect, do all the quick homework you can and send information to key administrative representatives and your boss. Give them a summary of the important points, as well as the source material itself in case they wish to read all the details.

9. Be proud of yourself and your profession Your self confidence and enthusiasm about your profession will earn the respect of peers and make you an employee who stands out.

10. Proofread Take a minute to reread any memo, e-mail message, letter, or report. Putting your professional foot forward in print says you are smart and thorough.

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State of Union Address by President Bush includes Electronic Health Record as a Priority

Submitted by: Charmaine Shaw

Hearing President Bush's call for advancement to the computerization of health records, AHIMA CEO Linda Kloss, RHIA, CAE, forwarded congratulations on his support as part of his recent State of the Union address. Kloss' letter also detailed for the president AHIMA's vision for what is necessary in order to have the uniform computerization of health records and the infrastructure necessary to see this goal come to fruition. Kloss noted what AHIMA is doing to see this goal achieved and offered the Association's willingness to work with the president and his administration to ensure that a standard electronic health record (EHR) and infrastructure contain the standard medical language and classifications needed to support such a record, the security and privacy necessary to ensure consumer trust, and the funding to allow all parties in the industry to implement these standards.

In her letter Kloss also noted that EHR and infrastructure could not exist without the professionals necessary to maintain such a system and asked the president to support the Association's efforts to pass an allied health reinvestment act that would both support the profession as well as meet some of the president's goals for training and jobs also outlined in his address. A copy of the full letter to President Bush can be found on the AHIMA Web Site in the "recent testimony and comments section" at: <http://www.ahima.org/dc>.

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H.I.M. Balanced Scorecard

Submitted by: Mary Lou Kennedy

The Sault Area Hospital implemented a corporate performance improvement plan (PIP) in March 1999. Consistent with the OHA, the Sault Area Hospital adopted the balanced scorecard approach for the corporation as well as for each department PIP. The Sault Area Hospital measures overall performance in the following four quadrants:

1. Quality/risk management
2. Clinical efficiency/outcome (utilization) for clinical areas, System Integration, and Change for support areas.
3. Learning, growth and work life
4. Financial performance

The Health Records Department developed its PIP in alignment with the corporate indicators developed for the hospital. Some of the indicators developed were ones easily monitored through electronic means, for example, transcription and coding productivity and turnaround times. Additional indicators selected included turnaround time for release of information, and chart completion time, which naturally took more resources to measure as the information was collected manually. The department also monitors financial performance to ensure that the costs of operating the department do not exceed the budget.

The PIP is to be completed semi-annually and assists the department in analyzing variations in its operations. This information can be used to determine where changes in process need to be implemented in the department, to ensure that the targets for the established indicators are achieved. The implementation of the performance improvement program is part of the hospital's CQI program and has become an invaluable tool for each of the managers in the organization.



The Ontario Health Record Association (O.H.R.A.) is pleased to announce that Helen Whittome is the winner of the 2002-2003 O.H.R.A. recognition award. Helen emerged as the single member who most embodied the O.H.R.A. professional recognition criteria, including advancing the ideals of the O.H.R.A. and actively promoting the profession and the Association. Helen was presented with her award at the Annual General Meeting held during the OHA conference in early November.

Helen started her varied and extensive health information management career as a transcriptionist and coder at the Dufferin Area Hospital in Orangeville from 1977 - 1980. This was followed soon after by Data Analyst positions at the Royal Alexander Hospital in Edmonton, Alberta and the Victoria Hospital in Winnipeg, Manitoba. In 1985, Helen assumed her first managerial role as Supervisor of Coding, Audit and Research at the Health Sciences Center. This was followed by Manager, Health Records at the Seven Oaks Hospital in Winnipeg and Health Records Consultant at the Manitoba Health Services Commission. Helen then went on to spend a total of nine years at the Royal Victoria Hospital in Barrie in three different roles: Director, Health Records, Director, Health Information and Medical Administrative Services and Chief Information Officer. In 1998, Helen became the Director of Utilization Management and Health Records at the Toronto East General Hospital in Toronto. Following this, she assumed the role of Manager of Classifications at CIHI and is now the Team Lead in the MOHLTC Information Management Unit, Finance and Information Management Branch.

Ontario Health Record Association 2003/2004 Executive

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Canada's military starts work on large-scale, electronic patient record system

By Andy Shaw

If ultimate I.T. challenges are your cup of tea, here's one to ponder:

Please provide us with an electronic health record (EHR) system that:

- * maintains comprehensive health records for 50,000 to 60,000 of our people, including their drug and dental care, no matter where they move (and they move frequently);
- * is available to our care-givers and patients alike, 24x7 in our one hospital and 27 out-patient clinics across the country, as well as our constantly changing missions abroad and even aboard our ships at sea;
- * uses commercially available software and decision-support tools that have been proven reliable from trustworthy suppliers;
- * is bilingual;
- * most importantly, is so secure that not even the most skilled hackers of any potential enemy of ours can crack it;
- * and finally, integrates all this into one easy-to-use, readily maintained, future proofed, and bug-free EHR that works without fail from the first day it is rolled out.

Such was the formidable nature of the criteria set forth by the Department of National Defence (DND) in a Request For Proposal (RFP) for an EHR that will underpin the healthcare of all of Canada's fighting men and women in both the regular and reserve arms of the Canadian Forces.

Like the business of the Forces themselves, this massive undertaking is not a job for the faint of heart. Yet, nine prime bidders all responded to the RFP. In the end, the nod went in February this year to Lockheed-Martin Canada to deliver a state-of-the-art EHR, dubbed the Canadian Forces Health Information System (CFHIS).

But why Lockheed-Martin? The builder of fighter jets, smart bombs, cruise missiles, and naval frigates, among other major weapons systems? And a company with little experience in healthcare?

"That's true about our healthcare experience per se, but obviously the DND selectors agreed with us that it was a secondary consideration. Rather, it is our strengths that are most needed by this project -- specifically our general familiarity with the military and most importantly of all, our expertise at large-scale systems integration," said Alan Steele, now Lockheed Martin Canada's project manager for the CFHIS in Ottawa. Steele's qualifications include just the right amount of grey hair, he says, grown from facing the challenges of 18 years of project management for DND, including the highly successful Canadian Frigate Program that produced Canada's widely envied fleet of modern warships. This time, Steele will oversee a multi-year contract worth at least \$56 million that calls for a test-as-you-go, phased implementation of the CFHIS. The first three phases of design, testing, and roll-out will stretch over five years. Steele and a project team of both military and civilian personnel are co-ordinating the work of the initial five subcontractors: DINMAR Consulting, Purkinje Inc., SCC Soft Computer Consultants, Calculus Informatique, and ADSTRA Systems Inc.

"This is a rather unusual set-up. It's a very, very large systems integration project for one thing," says Richard Johnstone, senior functional analyst on the project for Dinmar. "Also what's unusual is that this is an EHR to be used in widespread clinics and deployed abroad. The third distinguishing feature is how much energy and thoroughness is going to go into protecting privacy and security. Of course, the military has a special concern about that. It can't ever let an enemy know the state of health of its troops." Johnstone was part of an earlier team that developed the multi-server, Citrix-based enterprise architecture plan for the CFHIS, an initiative that stretches back to 1998 when DND first committed funds to develop a Forces-wide EHR. This time around, he will lead the contribution of Dinmar, which brings much healthcare experience to the project. Dinmar claims it is the largest independent provider in Canada of IT consulting services in the healthcare sector.

Purkinje, based in Montreal, will bring the software nuts and bolts of the actual electronic health record. Its bilingual Dossier clinical notes/EHR product enables both physicians and clinical assistants to make keyboard entries into a single on-screen document. On "civvy street", Purkinje already has a user base of 1,100 clinics. Curiously, Dinmar will help Lockheed-Martin integrate the Purkinje record even though Dinmar itself markets the well-known OACIS health record. "It's an acquisition Dinmar has made only fairly recently," explains Johnstone, who further points out that Dinmar was included by Lockheed-Martin not for its products but for its general experience and expertise with healthcare IT systems.

"We are pleased to be working on a project of such prominence and scale," noted Mark Groper, DINMAR's CEO. "Our history of focusing solely on the provision of healthcare technology solutions is well-suited to the complexity of the CFHIS project."

SCC Soft Computer Consultants will provide an ancillary suite of laboratory, radiology, and pharmacy systems, with partner Calculus Informatique of Montreal ensuring that they are all bilingual.

Adstra Systems of Toronto will contribute its dental charting and dental imaging management systems.

Lockheed-Martin will orchestrate the contributions of these players to the CFHIS, first on a rigorous, proof-of-concept test-bed located at the National Defence Medical Centre (NDMC) in Ottawa -- all under the watchful eye of the "customer", represented by Lieutenant Colonel Jim Kirkland, DND's senior staff officer for health services informatics. He will be aided by DND's own project manager, Bill Brittain. For those systems and contributors who pass the test, there will be yet another proving ground when the CFHIS will be placed in two pilot sites, likely at Canadian Forces clinics in Esquimalt, B.C. and Edmonton. "We began work on this in 2002 even before we formally picked Lockheed-Martin. So now we're six months down range and have about 30 contractors already in NDMC. We have been consulting DND healthcare providers all along to make sure we're going to provide what they need and can use. The test-bed, all the hardware, and all the out-of-the box applications installed. And we are configuring the security solution," says Lt. Col. Kirkland, who is a former pharmacist turned manager with 24 years of health services work in the Canadian Forces logged so far. "For security, we will be using PKI (public key infrastructure) to support our EHR, which I think will be a first in government. And the EHR will run over our defence wide area network, our virtual private network," says Kirkland. "All the applications will be PKI-enabled using Entrust products, and I don't think there is much of that going on yet anywhere else. To integrate all the applications together we are using E*Gate software. That will give us HL7 interfaces for messaging and a common look and feel to the applications." The test-bed experience and the subsequent pilot projects will end Phase I, proving to Kirkland that both the CFHIS applications work and that DND can work with the vendors they have chosen. Kirkland expects the next two phases of CFHIS's implementation to take about two years each. Phase II will include a roll-out to DND's Canadian-based clinics plus a new configuration of CFHIS for mobile use outside of the country and on the Navy's ships. Phase III will include issuing full medical information system guidelines and the addition of a clinical notes capability. When complete, Kirkland, Steele, and Johnstone agree that benefits of the CFHIS will be numerous and literally widespread including:

- * health records that will follow Forces members as they move to a new home base (not the months or so behind like the paper-based ones often do now) or go on assignment -- without getting lost;
- * encrypted, centrally stored, controlled access to CFHIS records that are more private and secure than their paper predecessors;
- * tools for Forces healthcare providers and senior managers to provide better healthcare, both through speeded-up orders and other elements of care, as well as an unprecedented overview of health and disease trends throughout the Forces;
- * quickly accessible electronic links for the Department of Veteran's Affairs to adjudicate pensions after Forces members retire.

And a benefit all involved with the CFHIS project hope is needed rarely, if at all:

- * rapid access for care providers to a combatant's critical health data, including past history, vaccine injections, and a current summary of injuries suffered on the battlefield.

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Defence department set to establish first 'national' electronic patient record system

By Jerry Zeidenberg

MONTREAL - The Department of National Defence is poised to install the first pan-Canadian system of electronic health records with the launch of a network that connects military medical facilities across the country and others abroad. The newly announced system will use Purkinje's software as the core charting solution.

"Our software is the cornerstone," commented Dr. Fernand Taras, president and CEO of Purkinje, Inc. He noted that several other solutions will tie into the electronic patient record, including laboratory, pharmacy, and diagnostic imaging software. Dental record software will also be connected to Purkinje's electronic charting solution, called Purkinje Dossier.

Purkinje Dossier product suite integrates:

- * patient registration;
- * appointment scheduling;
- * electronic prescribing;
- * clinical note writing;
- * lab and diagnostic imaging orders and results;
- * and the scanning, viewing and management of electronic documents.

Moreover, the system will automatically code information using ICD-10CA terms, producing a data warehouse that can be used for data mining and analysis. "Purkinje Dossier contains a knowledge base with 150,000 terms that are coded for ICD-9, ICD-10CA and other systems," said Dr. Taras.

He observed that most electronic health record systems don't convert information into structured data of this sort: "99 percent of them are strictly text based." The advantage of the DND system is that it can be used for day-to-day clinical work and for research and trend analysis. As well, Purkinje Dossier works in both English and French - a great advantage in a national system.

The data warehouse will enable managers at the Department of National Defence to manipulate anonymous data. It will allow them to analyze the impact of various procedures on outcomes, to manage diseases, and to measure compliance with drugs and other therapies.

"The electronic charting system will use the HL7 standard to connect with related systems, such as lab and diagnostic imaging software from SCC (Soft Computer Consultants)," commented Lucian Jeglinschi, vice president of research and development at Purkinje.

He noted that physicians and other healthcare professionals will be able to quickly input data into the electronic charts, using point-and-click lists to select symptoms, tests, treatments, results and other options.

Templates will be used, as well, so that physicians and nurses only view what is of immediate interest. Additional components and information can be accessed through other templates or parts of the system.

Dr. Taras said the modular nature of Purkinje Dossier means that it can be used in small physician practices, which might need only a few components. It can be scaled up to work in larger clinics, hospitals and health regions. As in the case of the DND implementation, it can be used in national systems, as well.

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Saying goodbye to two very special people who served on the Executive for many years.....

Charmaine Shaw is seen here presenting Jodie and Marci with a special award for their contribution to OHRA over the many years they both served.



Jodie McKie joined the OHRA Executive in 1992 wanting to bring the Northwestern Ontario perspective to the table. She started out as Secretary-Treasurer for a number of terms before taking on the role of President for a two year term. Upon completion of that she assumed the role of Advocacy for two terms before deciding it was time for new faces and fresh ideas. Jodie currently works at the Nipigon District Memorial Hospital as Director of Patient Support Services which encompasses, Health Records, Admitting, Physio, OT Lab and Xray.



Marci MacDonald joined OHRA after moving from Alberta to Ontario in 1983. She was on the executive in 1992, as the President Elect, resigning at that time as she was to give birth a month before she took over as President. Marci was then the Regional Chair for Region 3 for she can't count how many years...but off and on since 1993. Over the years, she has assisted on many committees such as the MoH, OHA, CIHI, OHRA and CHRA. Around 1998 Marci came back to the executive holding various portfolios and was president in 2000-2002.

Who's new on your Executive.....



Marcia Gillies, CCHRA(C) is at Thunder Bay Regional Hospital working as an Inpatient Coder/Data Analyst. She is one of the newest members on the OHIMA Board of Directors, representing Regional group 1A and our newly appointed Secretary.



Kim (Irvine) Callahan, CCHRA(C) is the Corporate Manager of Health Information at William Osler Health Centre. She has been in HIM for approximately 14 years and started working as a student at Peel Memorial Hospital. She has managed HIM at several facilities over the years. Kim is currently enrolled at Ryerson in the HIM degree program. Kim is passionate about HIM and joined OHRA because she thought that she could offer some positive and proactive support to the Board of Directors.

Your 2003-2004 Executive....

Left back: Paula Weisflock, Lynne Hopper, Kim (Irvine) Callahan, Mary Lou Kennedy
Left front: Charmaine Shaw, Marcia Gillies

For contact information, please see page 11



A new logo to go with our new name...the Ontario Health Information Management Association
(See article on page 8 for further details).