



NEWS & VIEWS

Ontario Health Information Management Association

June 2006 Issue

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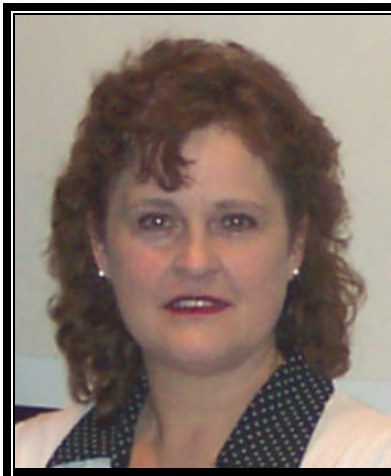
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The Funny Bone

Canada Health Infoway (CHI) progress

President's Message

By: Lynne Hopper



Here we are at the brink of another spring and summer season. This is my favorite season and I am glad to see winter has finally left.

We held our annual spring conference on May 5th at Toronto East General Hospital. Over 100 people attended including around 16 HIM students who had just graduated from their programs. The evaluations were very positive. I thank everyone who attended for their support. This was our first year to hold the conference at a hospital. We felt it was important to cut back on expenses. We were quite crowded and I apologize

to those who did not have a table to sit at.

Our theme again this year was data quality and the speakers were very informative on their chosen topics. Kerry Johnson spoke on what is going on at CHIMA –

Proposed name change for the college to Canadian College of Health Information Management. This will be voted on at the AGM in June.

Mandatory Continuing Professional Education Credits are coming very soon. The start date is September 2006, but will be retroactive to September 2005 so keep track of any educational functions that you attend.

The CCHRA (soon to be CCHIM) certification exam will be offered twice per year now – in July and October. You can challenge the exam as often as you wish.

Kerry also spoke on the proper way to describe your profession. The old wording of Health Record Technicians, or Health Record Administrators is no longer used. We are now recognized as Health Information Management (HIM)

Professionals, or simply HIM professionals.

CHIMA has been very proactive in marketing its members.

Sandra Cotton explained in detail several data quality initiatives developed by the Health Results Team for Information Management at the Ministry of Health and Long Term Care. These include:

Professional Practice Education and Assessment Tool (PpeAT)

Communities of Practice (CoP)

Data Issues and Management System (DIAMS)

Health Information Management Association Committee (HIMAC)

Five local data management co-ordinators have been hired to oversee data quality initiatives across the province.

Brenda Antliff spoke on Acute and Ambulatory Care Data Quality. The overall goal is to ensure quality clinical data, that all facilities are capturing data in the same consistent manner and improve communication between facilities and the Ministry. In the late winter, early spring several data blitzes were held across the province and issues with regards to data collection were presented.

Akeela Jamal spoke on the local data management

partnerships. The partnerships will be developed in four phases – health records and information management functions, financial data management functions, clinical data management functions and primary care data management functions. Phase 1 was launched in December, 2005 and phase 2 launch is planned for June 2006. There were over 200 attended the Health Information Management launch in December.

Dr. Ralph Kern talked about the physician documentation expert panel. This committee was developed on the premise that:

1. Better health information is needed, and
2. Physician documentation needs improvement.

This committee met three times. There was physician representation from each of the 14 LHINS, along with representation from OHA, OMA, OHIMA, CHIMA, CIHI.

He noted that 90% of hospitals have a chart completion process but only 60% believe it is effective. 89% of hospitals have policies to take remedial action for physicians with incomplete charts, but fewer than 25% enforce the policies all the time.

The committee developed a provincial physician documentation education package. The purpose of this package is to assist and educate

physicians in understanding some of the key areas of health record documentation that can facilitate information exchange with other physicians, simplify hospital chart completion, and also thereby improve data extraction by health record coders.

The final speaker of the day was Heather Richards from C.I.H.I. Heather talked about recent data quality initiatives at C.I.H.I., including re-abstraction studies.

I am certain that all those in attendance came away with a wealth of information regarding data quality. In addition we gave away many prizes throughout the day donated by various sponsors and vendors including HIM texts, a CHIMA dress shirt, restaurant gift certificates and even an MP3 player. Thank you to all of the vendors and sponsors who contributed to these give aways.

The executive will be holding a full day meeting sometime in the next couple of months to work on our strategic plan. We are hoping to develop a multi year plan. If anyone has any suggestions for future workshops please let one of the executive members know.

We had planned to hold a Privacy Workshop in Ottawa at the end of April. This had to be cancelled due to very few registrants. We are planning to have a Privacy Workshop in

the Barrie area, probably sometime in the fall.

We are gearing up for the upcoming Professional Practice and Education Assessment Tool that will be rolled out in August. Every coder in the Province of Ontario will be required to log on, read the modules and complete the assessments. Having been involved in the development of this tool, I have found that I have learned a lot of coding standards that I had missed and might never have learned had it been dependent on me reading the Coding Standards and absorbing it all. I am really excited about this tool. I hope everyone finds it beneficial whether you are new to coding or a seasoned coder.

The other exciting project that will be rolled out shortly is the Communities of Practice. This is an online communication tool for coders and other HIM Professionals. I urge everyone to sign up.

I attended a meeting at the MoHLTC Health Results Team for Information Management office to discuss long range planning for our profession.

Matt Norton of the MoHLTC explained what is involved in long term planning and the methodology being adapted for use in Ontario.

At the end of the meeting, both the members representing CHIMA and OHIMA agreed to go back to our

respective Board members to further discuss and determine what role our associations should have in this project. I believe it is critical for OHIMA to participate and continue our close relationship with the Ontario Ministry of Health and Long Term Care.

I participated on a panel to review submissions to the Practice Registry of the MoHLTC. There are a lot of exciting initiatives out there and it is great to see this registry developed so that all sites can have access to these ideas.

I am sure as you read through this newsletter you will read in more detail some of the exciting projects that are coming out of the Health Results Team for Information Management of the Ministry of Health and Long Term Care.

I hope everyone has a great summer. Be sure to take time to enjoy it. Life goes by very quickly and we don't always realize it or appreciate it is too late. So whatever stage of your life you are at, whether you are just starting out in the work force, have young family to raise, or are starting to think about retirement, be sure to focus on, and make the most of the positive aspects of this particular stage.

Sincerely,

Lynne Hopper

Lynne Hopper
President, O.H.I.M.A.

The Ontario Health Informatics Standards Council (OHISC)

An update from your sector representative.....Maria Muia
As a bit of a refresher, OHISC was established in January 2002. OHISC is the province's standards management leader. The membership is comprised of a cross-sectoral, multi-disciplinary representation of the healthcare system in Ontario. OHISC reports directly to the Ontario e-Health Council, which provides recommendations on e-Health strategy to the Ontario government.

OHISC is responsible for a responsive standards management program to facilitate the secure sharing of health information across Ontario's healthcare system, through the adoption and use of health informatics standards in all e-Health initiatives.

Health informatics standards are accepted rules governing content, policies, or procedures that enable systems and workflow to interoperate, thus allowing consistent sharing of information across healthcare systems.

Establishing standards in health informatics enhances data quality, reduces medical errors, and reduces customization of IT solutions across the health system.

OHISC's approach is to adopt or adapt existing standards, wherever possible, before

supporting the development of a new standard.

OHISC's mandate is to recommend, review, and approve standards that uphold the following principles:

- Facilitate the success of e-Health initiatives
- Maintain the integrity and quality of shareable information
- Achieve the desired technical environment that supports secure interoperability across information systems

A multi-tiered approval process was recently implemented in order to expedite and facilitate the selection and communication of relevant health informatics standards for identified business needs. The three tiers of approval are:

Tier 1 – Approval for Consideration

Tier 2 – Approval of Draft Standard(s) for Trial/Limited Use

Tier 3 – Approval for Use

Outlined below is a list of approved standards to date for implementation in Ontario:

- Canadian Classification of Health Interventions (CCI)
- Children in Need of Treatment (CINOT)

-Codes for the Representation of Languages (ISO 639 – 2)

-Codes for the Representation of Names of Countries (ISO 3166 – 1)

-Codes for the Representation of Names for Country Subdivisions (ISO 3166 – 2)

-Codes of Practice for Information Security Management (ISO 17799)

-Discharge Abstract Database (DAD)

-Domain Name System (DNS)

-Health Level Seven (HL7)

-Hypertext Markup Language (HTML)

-Immunization Record Information System (IRIS)

-International Statistical Classification of Disease and Health

-Related Problems, Tenth Revision, Canada (ICD-10-CA)

-Lightweight Directory Access Protocol (LDAP)

-National Ambulatory Care Reporting System (NACRS)

-National Electronic Claims Standard (NeCST)

-National Rehabilitation Reporting System (NRRS)

-Network Technical Standards (VPN, Firewall, IP Addressing)

-Network Time Protocol – Version 3 (NTP)

-Ontario Chronic Care Patient System/Continuing Care Reporting System (OCCPS/CCRS)

-Ontario Health Client Identification Data Dictionary Standard (OHCIDD)

-Ontario Long-Term Care Classification System (OLTCCS)

-Privacy & Security Conceptual Architecture (PSA) – Position Paper

-Reportable Diseases Information System (RDIS)

-Secure Sockets Layer (SSL)

-Simple Mail Transfer Protocol (SMTP)

-Systemized Nomenclature of Medicine Clinical Terms (SNOMED CT)

-Transmission Control Protocol/Internet Protocol (TCP/IP)

Once a standard has been approved for use, it is expected that healthcare organizations will implement that standard when considering new systems.

Additional information can be obtained from the following websites:
standards@ssha.on.ca and www.ehealthontario.ca

Maria Muia 416-756-6736

Update from CHIMA

By Gail Crook, CCHRA(C), CHE

What's new at CHIMA.: CHIMA's fiscal year ended February 2006 – and it was quite a year. We ended up planning for an office move to London Ontario in the last quarter of the year. Our lease was up at the Don Mills site, and we had been informed that the Don Mills Plaza where we were located was to be torn down and completely rebuilt as Condo's. This certainly caused quite a stir, and while the Tower where we were located was not being torn down, we were going to be moved by the landlord to another floor. This gave us the opportunity to look around at other space and other locations in Canada.

Being a National Association with 3 "virtual" staff – we knew that we did not have to have the large space that we were occupying, and that we could downsize, and begin to have more "virtual" type meetings. After much searching, we did relocate the office to London, Ontario. So, those members from London, please feel free to drop in and visit us from time to time.

At this same time our old (believe it or not – UNIX system) that housed the membership database and financial database was on it's very last legs, and some important decisions had to be made to move us from the 1980s to the 21st century. In the last three months, we did

make the move and convert the old systems to a new and modern system. While we almost have all the "kinks" out – the transition as most of you know was a bit painful.

We also have launched our new e-CHIMA website and will continue to improve on that. It is our hope to begin to offer a "Members only" website for registering for events and purchasing items on line. Look for this in the 2006/07 year. We will also start to advertise early this year for the HI and T week in November 2007. Updated material will be available to members in early September.

A lot of the Ontario members who attended the OHIMA Spring workshop will have had the benefit of some updates from CHIMA at this session. Some of the highlights was the news about properly filling out the census (those who received the long form), in order to establish a permanent and new HIM professional code.

For CHIMA members a ballot is out to members for bylaw changes, and consideration of changing the College name from CCHRA to the Canadian Health Information Management Association. The count for that ballot takes place May 31st, and the results will be announced at the AGM June 1st in Saint John, New Brunswick. The Annual conference; pre and post conference workshops will be well attended, with over 150

registrants for that 4 day event. The three CHIMA domains of practice will all be covered in either pre-conference workshops with Canada Health Infoway presenting; and the Data Quality and coding education modules for Ontario being discussed by the Assistant Deputy Minister of Health, Dr. Adelestine Brown, and our own Mrs. Helen Whittome.

The Council on Education and the Board of Directors has recommended that we introduce Mandatory Continuing Professional Education (CPE) credits, and information sessions are being held across the country to explain and discuss this initiative. The summer issue of the CHIMA SOURCE, will also have more information about this initiative.

Our first ever "on-line" examination will take place on July 14th, for new graduates of HIM programs, and for HIM professionals with the CCHRA (A) designation who would like to challenge the examination and upgrade to CCHRA (C). Information about the examination is now posted on the website.

There are many more initiatives on the go, and these will be listed in the Board Accountability Report that will be on the website at the end of July. Have a great summer everyone.

New CIHI Education Initiatives for 2006-2007

By Kent MacLean, Manager Education and Conferences

With the release of **Version 2006 of ICD-10-CA/CCI**, and, **The Canadian Coding Standards for ICD-10-CA and CCI, 2006**, all the current ICD-10-CA/CCI education deliverables are being updated this year to reflect these revisions. For many, this will be a perfect time to participate in one of these workshops as a refresher and/or to get more acquainted with the associated revisions.

Yet in addition to these core workshops, three new education programs will also be available.

Coding for Diabetes and Some Associated Interventions is one-day workshop that will provide an overview of the disease classification as it pertains to the block on Diabetes Mellitus drawing attention to the major changes seen in version 2006. This has been an area that has attracted much interest since the introduction of ICD-10-CA/CCI and is expected to be a real draw!

The second course is a follow-up to the basic OBS and Newborn program. *The Obstetrical Coding – Moving Beyond the Basics* will address some of the more complex and challenging areas of obstetrical coding using ICD-

10-CA and CCI. This is planned as a very engaging program as various case studies will be used to reinforce a sound understanding of obstetrical coding concepts.

Finally, a new on-line series of Case Studies will be available in the second half of the year. This e-Learning program contains a series of advanced, specialty case studies that assess experienced coders' understanding of the classifications, coding conventions and coding standards, emphasizing more complex and challenging coding scenarios.

These are just some of the many new education initiatives CIHI will be releasing in the coming months. Others e-learning programs to watch for include: Promoting Excellence in DAD Abstracting; CACS and DPG Report Transition; NACRS Basic Abstracting; and, NACRS Data Submission.

For a schedule of when they will be available or to obtain more information about CIHI's Education Program, visit our website at www.cihi.ca.

MOHLTC Resources

Hello, I would like to draw your attention to the Ministry of Health and Long Term Care Information Management website and two reports that have been added recently:

New Reports:

1) 2005 Data Quality Report: The State of Data Quality in Ontario

2) Acute Care Utilization Reports

In addition to the above reports, this site also includes information regarding:

Information Management Results

- Local Data Management Partnerships

Professional Resources

- The Health Analysts Toolkit
- Population Health Profiles
- Ontario Health Planning Survey Guide
- Ontario Health Planning Data Guide

More information regarding the Producing Better Data initiatives will be posted shortly. I encourage you to access this site on a regular basis to learn more about the Health Results Team for Information Management activities.

Best regards,

Helen Whittome

Helen Whittome
Lead, Producing Better Data
Health Results Team for
Information Management
Ministry of Health and Long
Term Care

http://www.health.gov.on.ca/transformation/providers/information/information_mn.html



Upcoming Education Sessions for Ontario

Management Information Systems Guidelines (MIS)

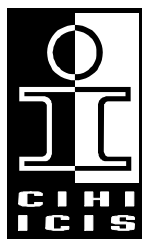
• Introduction to the MIS Standards	e-learning	Apr./06 – Mar./07
• Cost per Weighted Case Methodology	e-learning	Q-3
• Electrodiagnostic, Non-Invasive Cardiology and Vascular Laboratories and the MIS Standards	e-learning	Q-4
• Diagnostic Imaging and the MIS Standards	e-learning	Q-4
• Respiratory Services and the MIS Standards	e-learning	Q-4
• Improving the Quality of Reported Financial and Statistical Data	Toronto	Oct. 19/06
• Integrating Financial and Clinical Data	Toronto London	Oct. 20/06 Jan. 11/07
• Statistical Data Collection and Reporting Including Workload Measurement System	Toronto	Jan. 10/07

Discharge Abstract Database (DAD)

• Excellence in DAD Abstracting for Fiscal 2006-2007	e-learning	Jul./06 - Mar./07
• Basic DAD Abstracting FY 2006-07	Web conference	Jun. 26 & 27/07
• What's New for DAD/NACRS 2007-08	Teleconference	Q-4 (TBC)

ICD-10-CA & CCI

• Introduction to ICD-10-CA & CCI	PDF	Jun./06 – Mar./07
• Applied ICD-10-CA & CCI (Series1)	e-learning	Jul./06 – Mar./07
• Applied ICD-10-CA & CCI (Series2)	e-learning	Sept./06 – Mar./07
• Introduction to ICD-10-CA & CCI for Physicians	PDF	Jun./06 – Mar./07
• Coding for Diabetes, Part 1	PDF	Jun./06 – Mar./07
• Coding for Diabetes, Part 2 (Video conference)	Northwest Ontario Northern Ontario	Jan. 17/07 Jan. 18/07
• Coding for Diabetes, Part 2	Ottawa Toronto London Kingston Sudbury	Oct. 25/06 Nov. 14/06 Mar. 29/07 Mar. 30/07 Mar. 13/07
• Coding with ICD-10-CA and CCI (2-day)	Toronto	Jun. 28-29/06
• More Coding Standards and Diagnosis Typing for DAD	Toronto London	Sept. 12/06 Mar. 28/07
• Exploring ICD-10-CA and CCI for Non-Health Records Professionals	Toronto	Sept. 19/06
• The Canadian Coding Standards & Diagnosis Typing for DAD (2-day)	Toronto	Oct. 17-18/06
• Obstetrical Coding – Moving Beyond the Basics	Ottawa Toronto London	Oct. 12/06 Mar. 13/07 Mar. 27/07



More Education Sessions

Home Care Reporting System (HCRS)

- RAI-HC for Educators & Reflective Practice (3-days) Toronto Oct. 24-26/06 (TBC)

Health Indicators

- Introduction to CIHI's Health Indicators Toronto Q-4 (TBC)

Canadian Population Health Initiative (CPHI)

- Applying a Population Health Perspective to Health Planning and Decision-Making Toronto Hamilton Sept. 11/06
Feb. 15/07

National Rehabilitation Reporting System (NRS)

- NRS Recertification for Assessors e-learning Apr./06 – Mar./07
- NRS Recertification for Trainers e-learning Apr./06 – Mar./07
- NRS Data Submission Processes e-learning Apr./06 – Mar./07
- NRS Trainer Refresher e-learning Apr./06 – Mar./07
- What's New in the NRS for 2007-08 Web conference Q-4 (TBC)
- National Rehabilitation System for Trainers Sudbury Oct. 16-17/06
- NRS Indicators & Report Interpretation London Sept. 26/06

National Ambulatory Care Reporting System (NACRS)

- NACRS Basic Abstracting e-learning Q-2
- NACRS Data Submission e-learning Q-2
- What's New for DAD/NACRS 2006-07 Teleconference Q-4 (TBC)

Case Mix

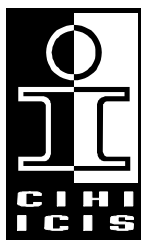
- CACS and DPG Report Transition e-learning Jun. /06 – Mar./07

Privacy

- Introduction to Health Information Privacy Ottawa Mar. 1/07

Ontario Mental Health Reporting System (OMHRS)

- OMHRS: MDS-MH for Site Experts Toronto Jun. 7-8/06
- Making the Most of Mental Health Assessment Protocol (MHAPs) Web conference Sept. 13/06
Web conference Oct. 4/06
- OMHRS: Decision Support Toronto Q-3 (TBC)
- Enhancing OMHRS Data Quality Through Improved Coding Practices: A Refresher Toronto Q-4 (TBC)



And still more Education Sessions

Continuing Care Reporting System (CCRS)

• CCRS Operational Processes for Data Submission	Web conference	Jun. 21/06
	Web conference	Sept. 19/06
• CCRS: Outputs for Decision Support (2 part Videoconference)	Northern ON	Feb. 1 & 2/07
	Northwest ON	Feb. 13 & 14/07
• CCRS: Outputs for Decision Support	Ottawa	Jun. 22/06
	Oshawa	Sept. 14/06
	London	Nov. 30/06
• RAI– MDS 2.0© and Introduction to RAPs (2-day)	Thunder Bay	Jun. 20-21/06
	Sudbury	Jul. 26-27/06
	Oshawa	Sept. 12-13/06
	Ottawa	Oct. 3-4/06
	Owen Sound	Oct. 31-Nov. 1/06
	Guelph	Nov. 21-22/06
	Windsor	Feb. 6-7/07
• RAI– MDS 2.0© for Educators (Day 1 & 2) & (day 3)	London	Nov. 28-29/06 & (TBC)
	Toronto	Jan. 17-18 Feb. 20/07
	Hamilton	Q-4 (TBC) & (TBC)
• RAI– MDS 2.0© Refresher	Toronto	Feb. 21-22/07
	London	Mar. 13/14/07
	Ottawa	Mar. 20-21/07

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

OHIMA Member Profile

Each issue we like to do a profile of a member of OHIMA. This article could be highlights of someone's career in healthcare/health information management or their experiences as a health information management professional in a non traditional role. Please send your submissions to communications@ohima.ca

**Ontario Health Information Management Association
2005/2006 Executive**

Position	Name	Contact Information
President	Lynne Hopper	Clinical Information Analyst/Manager Health Records Listowel and Wingham Hospitals Alliance 270 Carling Terrace Wingham, ON NOG 2W0 Wingham 519-357-3210 ext 231 519-357-2931 (Fax) Listowel 519-291-3120 ext. 220 519-291-5440 (Fax) president@ohima.ca
Director, Communications	Paula Weisflock	Paula Weisflock Coordinator, Health Information Management Program Sir Sandford Fleming College 599 Brealey Drive Peterborough, ON K9J 7B1 705-749-5530 ext 1718 705-749-5540 (Fax) communications@ohima.ca
Director, Professional Development	Janice Soltys	Manager, Registration & Records Services Sault Area Hospital 969 Queen Street East Sault Ste. Marie, ON P6A 2C4 705-759-3635 professional@ohima.ca
Membership database	Deb Tetreault	Data Quality Specialist Ministry of Health and Long Term Care Home Office: 374 Saulsbury Street Strathroy, ON N7G 2B4 519-245-7307 membership@ohima.ca
Secretary	Lorraine Good	Health Records Practitioner Emergency/Day Surgery Coder St. Joseph's Healthcare System 50 Charlton Ave Hamilton, Ontario L8N4A6 905-522-1155 ext 2365 905-521-6096 (Fax) secretary@ohima.ca
Treasurer	Niki McGuire	Chief Privacy Officer/Administrator, Records Management Program Ottawa Community Care Access Centre 100-4200 Labelle St. Ottawa, Ontario K1J 1J8 613-745-8124 ext. 5909 613-745-4147 (Fax) treasurer@ohima.ca

ONTARIO HEALTH INFORMATION MANAGEMENT ASSOCIATION

4243C Dundas Street West
Suite 500 Etobicoke, Ontario M8X 1Y3

Students

Students The Future of Health Information Management

To: Health Information Management Professionals, Coordinators, Managers, & Directors
From: Coordinators of CHIMA recognized Health Information Management Programs and the Canadian Health Information Management Association
Topic: An Educational Memo on the Return on Investment (ROI) opportunity in facilitating an HIM Practicum Experience

Why do Health Information Management (HIM) Programs Offer a Practicum?

The learning outcomes for HIM programs in Canada designed by CHIMA, the certifying college, requires that various outcomes are met related to skill development in a variety of settings, including classroom and work placements. These learning outcomes include skills related to problem solving, decision making, data quality, privacy, and electronic health information management. In addition, the experiential learning opportunities these practicum's provide is paramount to the students future success in applying classroom theory to practical application of skills and demonstrating these skills to potential employers.

There is a Shortage of Facilities Accepting HIM Practicum Students

Program coordinators communicate throughout the year, both in person at a Program Coordinator Forum and via teleconference. A recurring theme that continues to arise is the shortage of practicum sites willing and able to take HIM students. This shortage stems from lack of workspace, workload turn around expectations, staff shortages, union issues, etc.

Benefits to the Practicum Site and Practicum Supervisor

- The opportunity for professional growth by educating and mentoring a future HIM professional
- The potential for motivating site staff towards further personal and professional growth
- The professional requirement within our CHIMA code of ethics to mentor and precept
- A strategic relationship between recruitment and hosting a student practicum...the student is oriented to work processes, software and the environment
- A sense of recognition for the sites expertise in HIM
- The opportunity to market the profession and the work of HIM

Education is a joint responsibility and presents opportunities for both health care and continuing education

Benefits to the Student

- The opportunity to verify their career choice by working in and observing various health care environments
- The opportunity to build contacts for future employment
- The opportunity to build student confidence
- The opportunity to transfer theory to practical application
- The opportunity to use computer applications that are not available in the college & university setting, e.g. Admissions, chart tracking, correspondence modules
- The opportunity to perform practical applications not available in all college & university settings such as record management and health information processes

Our Shared Responsibility for the Future of HIM

The HIM practicum is a mandated formal part of the HIM academic program with documented criteria and standards required for practicum success. Theory is taught prior to practical application on practicum. The practicum experience the student in tying the two together...they see a bigger picture for their chosen career. During this time of high demand for qualified health information management professionals those of us involved in healthcare need to work together to support these students who represent the future of Health Information Management.

Review of the Coding Rules *Submitted by Kim Durofil, Faculty at George Brown College*

1. A multigravida post-term patient came into hospital being 3cm dilated and had ARM 3 hours after admission, and then the doctor inserted an IV for Pitocin drip induction. After 5 hours of pushing the doctor attempted to use low forceps. The doctor documented on the progress notes failure to progress and proceeded with a low transverse cesarean section under general anesthesia. Which procedure would be sequenced as the main intervention:
 - a) ARM
 - b) IV Pitocin drip
 - c) Low forceps
 - d) Low transverse cesarean section

2. Excessive blood loss immediate after the postpartum period for a caesarean section would consider to be:
 - a) < 500 cc
 - b) \geq 500 cc to 1000 cc
 - c) \leq 1000 cc
 - d) \geq 1000 cc

3. Neurological conditions such as dysphasia, urinary incontinence and aphasia, associated with an old stroke which affects the management and treatment during an acute visit would be coded as a:
 - a) Diagnosis type MRDX
 - b) Diagnosis type 1
 - c) Diagnosis type 2
 - d) Diagnosis type 3

4. When a patient has chronic renal failure with pre-existing hypertension-coding rule that applies is:
 - a) The coder assumes there is a causal relationship between CRF and hypertension
 - b) The coder does not assumes there is a causal relationship between CRF and hypertension
 - c) Hypertension is coded as the MRDX
 - d) Chronic renal failure is coded as a post-admit comorbidity

5. When a patient is admitted with angina and a PTCA or CABG are performed, the following diagnosis should be coded as MRDX:
 - a) Angina pectoris
 - b) Unstable angina
 - c) Myocardial infarction
 - d) ASHD

6. An old myocardial infarction is considered to be:
 - a) < 28 days
 - b) > 28 days
 - c) > 1 month
 - d) > 1 year

7. A patient came into hospital with a fracture of the 3rd metacarpal bone from a crushing injury of the hand from being jammed by his garage door. What would be sequenced as the MRDX?
 - a) fracture of metacarpal bone
 - b) crushing injury to hand
 - c) crushed between two objects
 - d) multiple injury to hand

8. An endoscopic approach implies:
 - a) an incision was made to gain access to the site
 - b) interventions are performed via a scope
 - c) interventions are performed with a scope through an orifice
 - d) interventions are performed through a needle or catheter

9. When coding neoplasms of the bone the following rule applies:
 - a) carcinoma of the bone is considered to be a primary site
 - b) adenocarcinoma of the bone is considered to be a primary site
 - c) intraosseous carcinoma of the bone is considered to be a metastatic site
 - d) intraosseous and odontogenic carcinoma of the bone is considered to be a primary site

10. An old injury is described as:
 - a) An injury for which the repair has just begun
 - b) An injury for which the repair is proceeding
 - c) An injury for which the repair has not yet been completed
 - d) An injury for which the repair has been completed, and treatment is required to address unexpected healing complications

11. A patient came into hospital and was transferred to an inpatient bed with multiple second and third degree burns to the arm from her sleeve catching on fire while cooking dinner on the stove. What would be sequenced as the MRDX?
 - a) second degree burn to the arm
 - b) third degree burn to the arm
 - c) multiple burns to the arm
 - d) burns involving less than 10% of the arm

12. A doctor has documented on the face sheet a condition of a fracture of the right femur due to a fall from a ladder and an ORIF was performed. After further examination of the record the x-ray results indicate a fracture of the proximal end of the femur, what should be coded as the MRDX?
 - a) Fracture right femur
 - b) Fracture due to fall from ladder
 - c) Fracture of the neck of the femur
 - d) Fracture right femur NOS

13. When coding sequelae of injuries the following rule applies:
 - a) Code the sequelae diagnosis as MRDX and the condition being treated as a diagnosis type 1
 - b) Code the sequelae diagnosis as a diagnosis type 1 and the condition being treated as MRDX
 - c) Code the sequelae diagnosis as a diagnosis type 3 and the condition being treated as MRDX
 - d) Code the sequelae diagnosis as MRDX and the condition being treated as a diagnosis type 3

14. An AIDS patient arrives in the emergency department with disseminated aspergillosis and there was a DNR order on the chart. Patient was transferred to an inpatient bed and two hours later the physician documented the patient had arrested at 13:34 and pronounced dead. Which of the following coding sequence is correct for the inpatient abstract?
 - a) Cardiac arrest (MRDX), AIDS (1), disseminated aspergillosis (1)
 - b) AIDS (MRDX), Cardiac arrest (2), disseminated aspergillosis (1)
 - c) Cardiac arrest (MRDX), AIDS (2), disseminated aspergillosis (1)
 - d) AIDS (MRDX), disseminated aspergillosis (1)

Answers to coding rules questions from previous pages

1. d 2. d 3. b 4. a 5. d 6. b 7. a 8. b 9. d 10. d 11. b 12. c 13. c 14. d

New Initiatives-Ministry of Health

Communities of Practice

Submitted by Sandra Cotton, MOHLTC Health Results Team

Imagine a place where you can communicate with your peers and share information, discuss issues, exchange ideas without the inconvenience of arranging conference calls, traveling to meetings, preparing minutes, scheduling yet another meeting in your day....

Welcome to the HIM Communities of Practice

The Health Results Team for Information Management is excited to announce a new initiative for HIM professionals – Communities of Practice (CoP). Facilitated by the MoHLTC Data Management Coordinators, CoP are intended to:

- Provide a forum for discussion on topics suggested by the members;
- Allow for sharing of materials;
- Facilitate members seeking the expertise and experience of peers in addressing HIM and related issues;
- Provide links to relevant websites; and
- Support efforts for a consistent provincial approach on health data management issues.

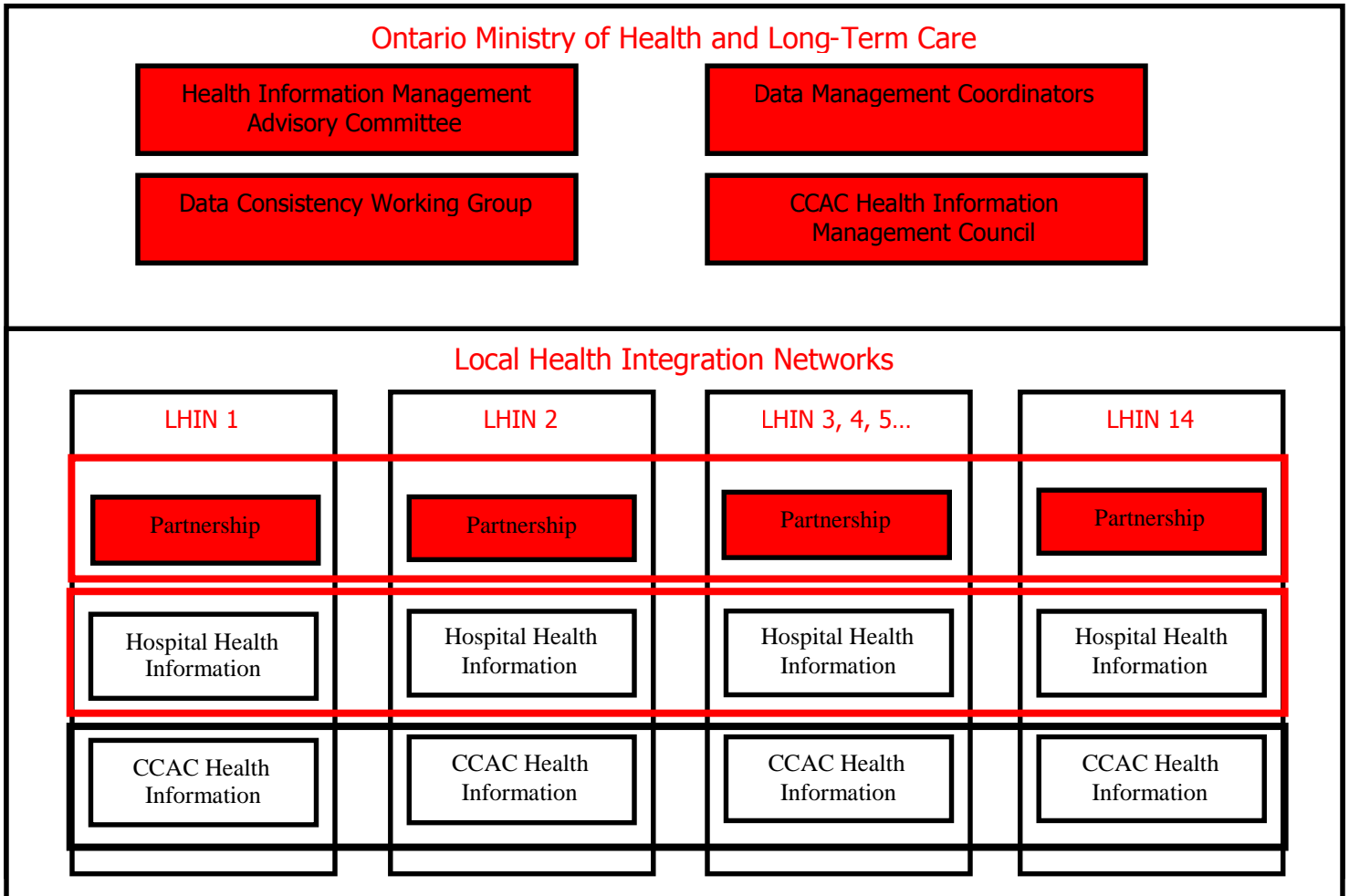
Participation in Communities of Practice is voluntary and based on your interest, and involvement in different provincial HIM activities. CoP will be of particular value to the Local Data Management Partnerships (LDMP), and members of the Health Information Management Advisory Committee (HIMAC), Data Consistency Working Group (DCWG) and the CCAC HIM Council. As users identify potential additional communities, these requests will be vetted by an Administrator.

All Health Information Professionals are encouraged to join at least one CoP to participate in this opportunity to stay current with all of the developments in information management within Ontario.

The CoP will be available online June 2006. As a web-based tool, CoP are accessible 24 hours a day, 365 days a year and at no additional cost to you. If you are interested in learning more about this initiative, please email hrtim@moh.gov.on.ca

HIM COMMUNITY OF PRACTICE STRUCTURE

Red = First phase Black = Second phase (CCAC)



Explaining the Community of Practice (CoP) schematic above

There is a main Ministry of Health and Long-Term Care CoP that all CoP members will be a part of. Within this 'main' community, will be the CoP that have been identified to date including (but not limited to) the Health Information Management Advisory Committee, the Data Consistency Working Group, and a CoP for each of the partnerships. Participation in these communities will be restricted to the members of those structures. Using LHIN 1 as an example, within the main MoHLTC community there will be:

LHIN 1 CoP

LHIN 1 Hospital Health Information Management CoP

LHIN 1 Partnership CoP

LHIN 1 CCAC HIM CoP (second phase)

In addition to these, all the Partnership CoPs across the 14 LHINs will also form a CoP, all the individual LHIN HIM CoP members will ALSO be in a province wide Hospital HIM CoP, and each LHIN CCAC HIM CoP will be united in one provincial CCAC HIM CoP.

Canada Health Infoway Resources

Canada Health Infoway establishes new standards coordination function-April 2006

http://www.infoway-inforoute.ca/en/News-Events/InTheNews_long.aspx?UID=201

Infoway releases new framework for Electronic Health Record-April 2006

http://www.infoway-inforoute.ca/en/News-Events/InTheNews_long.aspx?UID=197

The funny bone

Funny comments found in actual patient records, transcriptionists and coders should enjoy and relate to these

By the time he was admitted, his rapid heart had stopped, and he was feeling better.

Patient has chest pain if she lies on her left side for over a year.

On the second day the knee was better and on third day it had completely disappeared.

She has had no rigors or shaking chills, but her husband states she was very hot in bed last night.

The patient has been depressed ever since she began seeing me in 1983.

Since she can't get pregnant with her husband, I thought you would like to work her up.

Patient was released to outpatient department without dressing.

Discharge status: Alive but without permission.

The patient has no past history of suicides.

Between you and me, we ought to be able to get this lady pregnant.

While in the ER, she was examined, X-rated and sent home.

Patient was alert and unresponsive.

Source http://www.nursinghumor.com/terminology/funny_comments_found_in_medical_records.htm

Welcome and special thanks to Med2020 for sponsoring our OHIMA News & Views publication

