



NEWS & VIEWS

Ontario Health Information Management Association

President's Message

*By Charmaine Shaw, President,
OHIMA*

I hope this newsletter finds all of you well and looking forward to pending vacation. Although I've been around for many springtime's, I continue to be amazed at the budding, blossoming, and blooming! I think we could use those three adjectives to explain the Board activities over the past few months, too.

You may have heard that our name change to the Ontario Health Information Management Association is now official (as of late April). So, you can proudly announce that you are a member of OHIMA! In our last newsletter we announced the new logo. We now have a new identity. Many thanks to Kim Irvine, OHIMA Board member, for her efforts to help make this happen.

In early May we launched our new website. When you get a chance, sign on and have a look. Paula Weisflock, OHIMA Board member, invested an inordinate amount of time (and I'll bet some sweat and tears) into this project. Other associations have teams for this sort of thing. We are lucky to have volunteers

who give so willingly of themselves for us.

Our membership drive is starting to pay off, as membership steadily rises. Many thanks to Lynne Hopper for processing all those forms.

Our very first OHIMA Spring Institute was held on May 7/04. Mary Lou Kennedy, OHIMA Board member, led that effort and is to be congratulated for a well-received day.

The OHIMA Board revised our Strategic Plan and identified criterion for evaluation (a sort of Board report card). Marcia Gillies helped pull this together.

Maria Muia, Corporate Director of Health Information Management at Lakeridge Health, is our new representative at the Ontario Health Informatics Standards Council (OHISC) of Smart Systems for Health Agency (SSHA), for which we are grateful.

I continue to represent OHIMA at the SSHA OHISC HL7 Working Group and Lynne Hopper has

Inside this Issue

- 1 President's Message
- 2 OHISC Update
- 3 OHIMA Spring Education Day Highlights
- 4 Proposed Privacy Legislation-Bill 31
- 5 Treasurer's Report
Alliance of Health Record Associations of Canada
- 6 Data Quality in Region 5
- 7 5 More Ways to Enhance your career
- 8 CIHI Partnership Meeting
- 9 HL7 Work group report
- 11 2003-2004 Executive
- 12 High-tech highway with Stoplights
- 14 Updating the OHIMA membership
- 16 Membership Renewal Form

agreed to be the back-up for this role.

This newsletter contains articles about all of the above – and more. I hope you find it interesting. Please remember to provide us with your feedback and don't hesitate to submit your articles of inclusion.

Have a great summer!!

Sincerely,

Charmaine Shaw, CCHRA(C), BA, MA

Ontario Health Informatics Standards Council (OHISC)

Submitted by Maria Muia, MHSc, BHA, CHE, CCHRA(A)

It is my pleasure to represent you on the OHISC council since April 2004. In this first article I will provide you with some background information about OHISC, outline some of the projects currently on the table and give you some information about how you can participate in and influence the decisions at OHISC.

About OHISC

The Ontario Health Informatics Standards Council was established in January 2002. It reports to the Smart System for Health Agency (SSHA) of the Ministry of Health. OHISC is the authority for recommending health informatics standards to the Ministry of Health for the

development of the provincial electronic health record.

The council is comprised of 17 organizations representing the various sectors in Ontario's Health Care System. The Ontario Health Information Management Association is privileged to be one of those sectors at the OHISC table. The idea behind having the various sectors at the table is to ensure broad consultation and input into the process of recommending standards. All decisions are made through consensus after extensive sector input.

Approved Standards

The Minister of Health and Long Term Care approved an inaugural set of health informatics standards in August 2003:

- 7 technology standards
- 2 data standards: ICD10-CA, CCI
- HL7 as the primary message infrastructure

For more information please see the SSHA website at www.ssha.on.ca

**Standards Pending Approval
Country Code – ISO 3166**

This standard is to represent names of countries using a three-letter code. The standard is widely used across the international community and is now being formally implemented within the health care system. The idea is to have a common international method for coding countries. The need for such a standard is motivated by the fact

that there is a greater need to exchange health service related data to improve health outcomes.

National e-Claims Standard (NeCTS)

This is a pan-Canadian standard for claims re-imburement. It utilizes the electronic commerce world for sharing claims information between providers and payers. The goal is to reduce the cost associated with the current process for claims re-imburements. NeCST has been designed to authorize, compile, submit, adjudicate and pay health care invoices submitted by any provider to any payer in Canada. The benefit to the health care system is that NeCST will contribute to the development of the electronic health record in the province and link with other electronic health records across the country. For the consumer, NeCST will speed up the process for claims processing and payment.

Client Registry Identity Management (CRIM) – ISO 18308

This proposal entails development of an international standard for Identification of patients, clients, subjects of health care. The standard will promote uniformity in identifying individuals and recording identifying data so as to ensure that each individual's health records will be associated with that individual and no other. The Standard will also provide the basis for linkage of data as authorized by law and as

appropriate for the purposes of clinical management of patients and statistical research.

Code of Practice for Information Security Management – ISO 17799

This standard provides a comprehensive framework for managing privacy in health care organizations. It addresses areas such as security policy, organizational, personnel, physical and environmental security, access controls, asset classification and control, system development and maintenance, business continuity and management and compliance.

How You Can Influence Decisions on Standards

Because OHIMA is one of the sectors at the OHISC table, you as OHIMA members will have an opportunity to provide your feedback and input into proposed standards before they are recommended for approval.

From time to time you will receive e-mail messages from myself requesting your input into certain projects or proposals. Because this will be time consuming we will be using the support of Smart Systems for Health to collate responses and return to myself as your representative. As such, when you respond please bear in mind that the responses will not be going directly to myself. Please be assured the OHIMA mailing list will not be disclosed to SSHA and that all messages will be transmitted by the OHIMA secretary.

It is important that we as a sector provide input into proposed standards, which will impact our profession and the electronic health record. Therefore, I urge you to take the time to review the requests and respond as appropriate. You can reach me at anytime if you require further clarification or have questions about the request; by e-mail: mmuia@lakeridgehealth.on.ca or by phone at 905-576-8711 x 4308.

OHIMA's Spring Education Day

*Submitted by Mary Lou Kennedy
Director, Professional Development*

OHIMA held its first education day on May 7th, 2004, downtown Toronto and it was a success! This was the first education session held by OHIMA in several years. The OHIMA Board of Directors felt that it was time to re-introduce this forum of education for its members. A small planning committee was assembled which included Charmaine Shaw, Kim Irvine, Paula Weisflock, Lynne Hopper, Marci MacDonald, Kerri Johnson and myself. It was determined almost immediately that the focus for the day would be of a 'grass roots' nature. The committee wanted to provide education and information for the front line workers, as well as the managers of the Health Information Departments. We wanted the topics to be of interest to the crowd, to be useful to the audience and to be timely! With that in mind, the committee zeroed in on ensuring

data quality in an environment of increasing data collection requirements and impending provincial privacy legislation. The speakers included Gail Crook of CHIMA, Charmaine Shaw, Dr. Ann Cavoukian, Marci MacDonald, Bill Gilliam (Smart Systems for Health), Donna Thompson, Virginia Guthrie and David Walker.

The key messages emerging from the day were to keep the processes simple. Implement data quality initiatives such as inter-rater audits at a level that is reasonable and achievable within a department, while striving to meet submission deadlines. Use tools such as the data quality toolkit developed by CHIMA to ensure data quality is maintained. Maximize your hospital's use of technology through integrated information systems to obtain as much information as possible to reduce additional workload in the collection of data for NACRS. Dr. Cavoukian's message was similar in nature. Keep your processes simple for implementing the new provincial privacy legislation. There were approximately 125 registrants in attendance for the day and the feedback received from them was overwhelmingly positive. The majority enjoyed the day, found it very informative, appreciated the focus at the front line level and seemed very interested in doing it again by providing suggestions for topics to consider for future education sessions. Will we do it again? My recommendation is that in response to the success of this year's educational day, we will most definitely repeat it next year!

**Proposed Privacy
Legislation: Bill 31
Conference Summary
May 5-6, 2004, Toronto**

*Submitted by: Sara McRae,
Information Privacy Officer at
Lakeridge Health*

The conference, which was co-sponsored by the OHA, HIROC and Borden, Ladner, Gervais, was a wide-ranging overview of Bill 31 as it stood at the end of Second Reading. The primary focus was the Personal Health Information Protection Act (PHIPA) although there were two sessions covering the Quality of Care Information Protection Act (QCIPA). The sessions were focused on particular aspects of the bill and provided legal interpretation of the relevant sections. In addition to the legal interpretation, a hospital based perspective was offered through questions and answers as well as speakers.

The sessions focused on the following:

- General overview
- Consent to the Collection, Use or Disclosure
- Capacity to Consent and Substitute Decision Making
- Permitted Disclosures and Uses
- Permitted Disclosures & Impact on other Statutory Obligations
- Fundraising
- Research
- Accountability
- Compliance
- The Role of the Privacy Commissioner

- Minors Health Information
- Psychiatric Facility Records
- Communication with the Police
- Quality of Care Protection Act & Risk Management

The Act is proposed to come into force November 1, 2004 however the lockbox provision will not come into force until November 1, 2005 allowing one year to work on compliance with those provisions. The regulations, which are essential in planning organizational compliance, will likely be released in draft form for a mandatory 60 day public consultation period in June. This consultation period, which the sector wanted, will also be a hindrance for initial implementation since the regulations will only be made available sometime in August. This is a very short turnaround time for a November 1, 2004 implementation date.

One of the key concerns of many organizations is the lockbox provision which allow a patient to revoke consent for the use or disclosure of personal health information. This provision will have a significant impact on how health information custodians (HICs) manage health information. Since most hospital information systems are not able to restrict access to individual users for particular data elements, the provisions may need to be managed in other ways including through policy as opposed to technical security. The one year extension of the lockbox provision coming into

force will allow HIC's to collaborate with IT vendors and each other to begin to accommodate the requirements, although that is not a lot of time if major changes are required.

In addition to the lockbox, concern was expressed on how organizations would handle the issue of capacity to provide consent, in particular, the requirement to determine the "foreseeable consequences" of either providing or not providing consent.

The Bill has laid out several circumstances where organizations must provide the patient an opportunity to revoke or not provide consent which will be major challenges to implement. An example of this is permitting disclosure of the fact that the patient is in the facility, their location and a general description of their condition. In addition to the situations where we must provide patients an opportunity to opt out, HICs must also ensure that there are mechanisms in place to accommodate other patient requests to opt out of certain practices including fundraising, or invoking the lockbox provision.

In order to assist organizations in moving toward compliance, the OHA, OMA and Information and Privacy Commissioners office have banded together with the OHA's Privacy Working Group to develop a Privacy Toolkit. The Toolkit will be made available to hospitals and other Health Information Custodians (HICs) to

assist in implementing the new Act once it is passed into law.

The content will include interpretations, guidelines, templates and samples of notices, consent forms, policies and much more. The toolkit, which will be developed in collaboration with a consulting group, is focused on providing enough information so that it may be used for most issues within an organization without the need to refer to the legislation. Due to the scheduled implementation date, the toolkit will be developed and released in two phases so that some useful tools can be made available prior to the finalization of the regulations at the end of the summer. The content will be supplemented by the OHA Guidelines for Managing Privacy, Data Protection and Security previously published and available from the OHA.

Generally the concerns raised by the attendees centered on the scope of change required and the very short timeline we are dealing with. Many participants were struggling with the sheer complexity of the Act and the significant question marks that remain due to the fact that the regulations have not yet been made available. The materials and quality of speakers was excellent and certainly worth attending.

Questions???
Email Sara at;
smcrae@lakeridgehealth.on.ca



CHECK OUT OUR NEW WEBSITE!!!

ohima.ca

Editor's note
Paula Weisflock
OHIMA Communications

Please note the call for interested members to become involved with OHIMA 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.

**Treasurer's Report
June 24, 2004**

Have you paid your membership dues for this year yet? Just a reminder that memberships fees are due June 1st. Our fiscal year runs April 1 to March 31.

If you haven't already submitted your dues please copy and complete the Registration Form on the back of this newsletter and mail it together with your

cheque or money order. Some of the regions have changed. Please check the website at ohima.ca if you are unsure of your region.

To date I have received 196 memberships for the new fiscal year.

Currently we have \$25,275.07 in our GIC and \$12,332.84 in our general account. The Spring Conference was a huge success and we realized a profit of \$7279.20. We will definitely make this an annual event.

Respectfully submitted
Lynne Hopper
Treasurer
OHIMA

**Alliance of Health Record
Associations of Canada**

*Submitted by Lynne Hopper,
Treasurer-OHIMA*

I had the opportunity to participate in the teleconference of the Alliance of Health Record Associations of Canada on March 18, 2004.

There was much discussion regarding the Provincial/National Association, specifically the request from Ontario to have one national association with provincial chapters. Gail reported that the Board is not planning to do a feasibility study on this. It was decided that each province will put the question to a vote, since Ontario members have already voted and the result was in favor of one National Association and Provincial Chapters. The results of the

provincial votes will be reported at the October meeting.

Gail Crook noted that CHIMA is looking into Corporate Associate Membership.

Gail also noted that she met with CIHI and the Ministries regarding attendance at education sessions. This is not an issue in all provinces. CIHI agreed to go back to the provinces to negotiate for all acute care coders to be able to attend education sessions.

Motion was passed to rename the alliance to National Health Information Management Alliance. NHIMA.

Board Meeting Update – Gail Crook reported that on February 1st the Board of CHIMA held an all day session to develop a strategic plan. CHIMA is working with universities and colleges on the degree programs. A Guide Book and Tool Kit for Privacy are being developed.

Hospitals hiring nonprofessionals to perform Release of Information, etc is a concern. The Board is working with HRDC Canada to change the labour code for the profession, to legitimize the profession. A sector study will be done.

Saskatchewan has voted on the two year program. Gail Crook asked everyone to lobby their provincial government to provide education.

A letter from IFHRO has been received, requesting world wide practical placement assistance

for students. This letter will be forwarded to the Council on Education.

The E.H.R. Symposium and Partnership – will be held in Alberta in April. Canada Health Infoway will be there. Gail Crook would like to see at least one or two HIM professionals present from each province to provide input and fair representation. CHIMA is sponsoring a session the day prior to the symposium from 1 to 4 which will be free to anyone who can attend.

Summary of Southwestern Ontario Data Quality Kick Off Day-Region 5

Submitted by Lynne Hopper, Treasurer-OHIMA

A Southwestern Ontario Data Quality Kickoff Day was held on April 28th/04 at Parkwood Hospital, London. There were over 100 registrants.

Judy Moran-Fuke of CHIMA spoke on the Provincial Reabstracting Project which was completed last fall.

Alison Bidie of CIHI gave a demonstration on using the On-line Coding Query Database. Helen Whittome of the MoHLTC spoke on Ministry initiatives with regards to Data Quality.

Sandra Norton of Leamington District Memorial Hospital reported on the many uses of Health Records Data.

Lynne Hopper spoke on OHIMA and the benefits of membership.

Alison Temple of Tillsonburg District Memorial Hospital described the Data Quality Task Force and the outline for future workshops.

Deb Tetreault of THiiNC iMi gave closing remarks on how important the coder is and how important their job is in proper code selection to the International Database. Deb also thanked everyone for attending the Conference.

The first Workshop is scheduled for October, 2004.

Many thanks to THiiNC iMi for sponsoring the morning refreshments.

The Organizational Committee consists of Deb Tetreault – THiiNC iMi, d.tetreault@rogers.com

Alison Temple – Tillsonburg District Memorial Hospital Alison.temple@tillsonburghospital.on.ca

Sandra Norton – Leamington Hospital SNorton@ldmh.org

Angela Empey – Woodstock General Hospital angela.empey@wgh.ca

Darlene Cambridge – St. Joseph’s Health Centre, London Darlene.cambridge@sjhc.london.on.ca

Diane Greer – Bluewater Healthcare dgreer@bluewaterhealth.ca

Nancy Seers- St. Thomas Elgin Hospital NSeers@stegh.on.ca

Lynne Hopper – South Huron Hospital.

lynne.hopper@shha.on.ca

The committee has reviewed the evaluation forms from the KickOff Day and the topic for the fall workshop will be Diabetes Mellitus. A chart will be chosen, copied and sent out to interested participants in late August.

If you are interested in learning more about the 'Coding Quality Task Force', please contact any of the Organizational Committee members.

RYERSON UPDATE

The Health Information Management Degree Program offered through Ryerson continues to grow with 6 core courses being offered this Fall. This is a part time degree completion program so you can continue to work while progressing with your education. Congratulations to Dr. Winston Isaac on becoming Director of the school of Health Services Management as of July 1, 2004.

The core courses being offered this Fall are; CHSM315 Canada's Health System I, CHSM326 Law for Health Managers, CHSM437 Human Resource Management, CHIM300 Managing Health Information Services, CHSM408 Program Planning and Evaluation

If you are interested in knowing more about these courses or the program itself, please contact Barbara Tunney at Ryerson, 416-979-5000 ext 6409 or email btunney@ryerson.ca.

FROM THE EDITOR'S DESK

Paula Weisflock

OHIMA Communications

DISCLAIMER

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

GUIDELINES FOR CONTRIBUTIONS

Submission to be made by email to pweisflock@lakeridgehealth.on.ca

Submission in MS-WORD is preferred

Use short descriptive headings to subdivide the contents and improve readability

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

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

WEBSITE DESIGN

As already mentioned the website is now live!! It was formally launched at the Spring conference. Please check it out and provide feedback to me on what you would like to see added. I would very much appreciate the membership feedback to further enhance it.

NEWSLETTER IDEAS?

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

5 More Ways to Enhance Your Career

- 1. Learn to deal with difficult people.**
Relationship building skills are extremely valuable in any industry and demonstrate your maturity, intelligence, and ability to solve problems.
- 2. Exude energy and confidence.**
Success comes to those who are energetic, open to change, and willing to volunteer. A confident person is beneficial to any organization or profession. These people will strive to gain the knowledge necessary to do the job and because they are self confident, others will develop confidence in them. Let the people you work with know how much you care about your organization and the people you work with. Demonstrate that caring in everything you do.
- 3. Get your goals on paper.**
Write down a list of one, three, and five year goals. They should be progressive; one year goals should assist in meeting the three and five year goals. Evaluate your list on an annual basis as things change. Share them with your boss, family and others who can support you in attaining your goals.
- 4. Be punctual.**
Although people vary how much they care about whether you're on time or not, no one will ever complain that you're always prompt.
- 5. Choose a mentor wisely.**
A mentor can be a person in your particular profession who has attained a position to which you might aspire. This person could help you understand the areas in which you need to focus in order to reach a desired professional goal. Or a mentor can also be a person who has a certain business outlook and professional savvy that you admire.

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CIHI PARTNERSHIP MEETING April 19 & 20, 2004 Calgary, Alberta

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

During the CIHI Partnership meeting held in Calgary in April, the Canadian Health Information Management Association hosted focus groups to help us define and prepare for the future role of the Health Information Management professional in Canada. Gail Crook, CHIMA President, also presented at the conference. As you know, Canada Health Infoway is forging ahead with the blueprint for electronic health records and each of the provinces has a related initiative underway. CHIMA recognises that it is 'now or never' for us to carve out our future, and implored the provincial association presidents to attend this Partnership Meeting and lend support for the future of HIM.

During the CHIMA focus group sessions, the following questions were posed:

1. How are current and emerging technologies affecting how and what functions are performed in the field of Health Information Management?
2. How will these technologies impact the Health Information Management role?
3. How can the Canadian Health Information Management Association and HIM professionals implement a future vision?

I don't want to steal the CHIMA thunder, so I'll let you read about participant responses in the CHIMA newsletter. I will tell you, though, that some of the participants didn't think there is a role for us in the future. Some participants think we will become obsolete with implementation of electronic health records. CHIMA urges us to 'toot our own horns', learn as much as we can, stay abreast of developments and focus on our three domains of practise: the electronic health record, data quality and privacy.

Here are some highlights and tidbits from the conference:

THE CANADIAN HEALTHCARE SCENE

- ❖ \$121 billion is spent annually on healthcare
- ❖ 824,600 people are employed in healthcare today
- ❖ 101 regions
- ❖ 244 hospitals in Ontario alone
- ❖ \$10,000 per physician for office information technology implementation

Across the board there is a shortage of healthcare professionals and it is projected that the year 2010 will constitute the worst year for shortages of healthcare resources. The glut of information technology professionals is clustered around the Golden Horseshoe in Ontario, in Vancouver, Montreal and Calgary. Outside these areas, there is a dearth of I.T. people. Having said that, it is recognised that it is Change Management folks, not I.T. programmers, that we so desperately need in order to implement electronic health records. Where do we get these Change Managers?

Two presenters took opposing sides on this question. One proposed that we need to increase the number of I.T. folks and then train them in health sciences. The other suggested that we need to take our clinical folks and train them in I.T. One felt that we need to can the consultants because we can't afford them any more, given that healthcare costs are going up by 8% per year. The other recommended that we use consultants liberally to fill in the knowledge gaps. Much controversy was sparked during this presentation and our own Gail Crook was quick to assert that Health Information Management Professionals are the change agents we need, except that we have shortages, too, and we need money for research into future roles.....

HL7 WORK GROUP REPORT

May 2004

By Charmaine Shaw, CCHRA(C), BA, MA

As your HL7 Working Group of Ontario Health Informatics Standards Council, Smart Systems for Health Agency representative (what a mouthful that is), I've been reporting to you on HL7 activities. Rather than reporting on meeting attendance, I'd like to impart two things: a sample of what an HL7 message looks like, and some of the items that appeared on the recent HL7 EHR ballot.

HL7 MESSAGE SAMPLING

The below is taken from an HL7 tutorial that was shared with HL7 Working Group representatives as a courtesy from Smart Systems for Health Agency.

Here is a sample HL7 message to identify a patient:

```
PID///212345^5^M11//PATIENT^JOSEPH^m^IV/MAIDEN/19610605/m//C/1492 OCEAN
STREET^DURHAM^NC^27705/OUR/(919)684-6421<cr>
```

Here is what all of that means:

212345	The patient's identification number
5	a check digit
JOSEPH	The patient's name
MAIDEN	The patient's mother's maiden name
19610605	The patient's date of birth (where date order is four-digit-year/month/day)
M	The patient's gender
1492 OCEAN ST	The patient's address
DURHAM	The patient's city
NC	The patient's state or province
27705	ZIP code or postal code
OUR	The patient's country
(919)684-6421	The patient's phone number

The above is all the information (and in this order) that is required to positively identify a patient. Imagine transmitting a message for an order! That message would include information about the message, information about the patient (as per the above) and information about the order!

HL7 EHR BALLOT

It fell upon the international HL7 community to provide a list of functions that would be necessary for the electronic health record. These were broken into categories: Care Management; Clinical Decision Support; Clinical Support; Measurement, Analysis, Research and Reports; Administrative and Financial; Security; Health Record information and management; Unique Identity, registry and directory services; Health Informatics and Terminology Standards; Interoperability Standards. This ballot is moving forward and I cannot overemphasise the impact it will have on us. AHIMA, our neighbours, were highly involved in this process. The ballot document is 51 pages long, so I can't do it justice in a short article. Here are a few highlights, however:

Function Statement

- ❖ Create and maintain patient-specific summary lists
- ❖ Create and maintain patient-specific problem lists
- ❖ Create and maintain patient-specific medication lists
- ❖ Create and maintain patient-specific allergies and reactions
- ❖ Capture, review, and manage medical, procedural, social, and family history including the capture of pertinent negative histories, patient-reported or externally available patient clinical history
- ❖ Present a chronological, filterable, comprehensive review of the patient’s entire clinical history, subject to confidentiality constraints
- ❖ Create, addend, and authenticate transcribed or directly-entered clinical documentation and notes
- ❖ Incorporate clinical documents and notes from external sources
- ❖ Capture patient-provided and patient-entered clinical data
- ❖ Present organisational guidelines for patient care as appropriate to support order entry and clinical documentation
- ❖ Create prescriptions or other medication orders with detail adequate for correct filling and administration by pharmacy and clinical staff
- ❖ Provide information regarding compliance of medication orders with formularies
- ❖ Capture and track orders based on input from specific care providers
- ❖ Submit diagnostic test orders based on input from specific care providers
- ❖ Provide order sets based on provider input or system prompt
- ❖ Route, manage and present current and historical test results to appropriate clinical personnel for review, filtering and comparisons
- ❖ offer knowledge-based prompts to support the adherence to care plans, guidelines, and protocols at the point of information capture
- ❖ enable system user to define the records and/or reports that are considered the formal health record for disclosure purposes, and provide a mechanism for both chronological and specified record element output
- ❖ manage and document the health care needed and delivered during an episode of care
- ❖ enable the use of cost management information required to guide users and workflows
- ❖ retain, ensure availability, and destroy health record information according to organisational standards

There are many others of interest to us, but I whet your appetite by sharing the above. I’m sure you can readily conclude that HL7’s role in the electronic health record is huge and HL7 will have a tremendous impact on the daily lives of Health Information Management Professionals around the world. What an exciting time for us!

Ontario Health Information Management Association 2003/2004 Executive

Region	Position	Name	Contact Information
1	Professional Development	Mary Lou Kennedy	Manager, Office Support Group Health Centre 240 McNabb St Saulte Ste Marie, Ontario P6B 1Y5 kennedy_m@ghc.on.ca Phone – 705-541-2289
2	Communications	Paula Weisflock	Team Leader, Health Information Lakeridge Health Oshawa/Whitby 1-850 Champlain Oshawa, Ontario L1G 2B9 pweisflock@lakeridgehealth.on.ca Phone – 905-576-8711 ext 4601 FAX - 905-905-721-7782
3	Secretary	Marcia Gillies	Inpatient Coder/Data Analyst, Health Records Thunder Bay Regional Health Sciences Centre 980 Oliver Rd, Thunder Bay, Ontario P7B 6V4 gilliesm@tbh.net Phone – 807-684-6647
4	President	Charmaine Shaw	Shaw H.I.M. Services 19 Richter Street Brantford, Ontario N3T 6M2 Phone – 519-750-1473 Fax 519-750-1785
5	Treasurer	Lynne Hopper	Clinical Information Analyst Wingham and District Hospital Alliance 270 Carling Terrace Wingham, ON NOG 2W0 lynne.hopper@lwaha.ca Phone – 519-357-3210 Wingham 519-291-3125 Listowel
6	Advocacy	Kim Irvine	Corporate Manager H.I.M. William Osler Health Centre Etobicoke Hospital Campus 101 Humber College Blvd kim_irvine@oslerhc.org Phone – 416-747-3400 X 32020 FAX – 416-747-3387

ONTARIO HEALTH INFORMATION MANAGEMENT ASSOCIATION

4243C Dundas Street West, Suite 500

Etobicoke, Ontario M8X 1Y3 Phone 416-233-2606 FAX 807-887-3350

Hi Tech highway, with stoplights!

Submitted By:

Navid Nabavi, M.Sc., B.Sc., CCHRA (C)

Coding Specialist-Lakeridge Health

I'm sure we all agree that technology advances have made quite an impact on today's healthcare work environment. It is fair to say that search indexes and book keeping procedures are now fully automated and paper documentation is going to gradually dissolve into electronic format.

Although having state of the art technology is a great asset, businesses need to be aware of the negative side of rushing into adopting new software and technologies as soon as they are available, without seriously considering the infrastructure of the systems. Perhaps this new technology will not be compatible with their current system, it could create bottlenecks and unnecessary workload. This can dampen the enthusiasm of staff and management with regards to implementing new software and technology.

Everyday we have thousands of new pieces of data added to our databases that we will potentially need to retrieve in the future. Without a well established infrastructure and a system that is flexible enough to shape according to each health care workers needs, we won't be able to fulfill the maximum level of satisfaction in regards to information storage and retrieval. This in turn can cause the health care system millions of dollars and affect productivity negatively.

The basic process of organizing data into a database in order to eliminate repeated data and to improve the data dependencies is known as normalization. Here is a simple example that we as health information management professionals live with; a patient Admissions, Discharge, Transfer (ADT) database that interfaces to an abstracting system. Think of the number of redundant bits of information that pop into your mind, a considerable number! In our case we have to make sure that there is no redundant information, for each patient in the corporate database. Wouldn't it be nice if you made a change to your abstracting system and it automatically fed back to your ADT system?

Information retrieval is the other important aspect in information systems. With the current models/technologies you can search and locate a piece of information within billions of words in a few seconds. Just log in to www.google.ca or your favorite search engine and search the contents that you are looking for. Now the question is do we have the same feature in health care databases? Can we easily retrieve the information that we are looking for?

These data storage and retrieval processes need an interface between the user and the system, which is known as the Graphical User Interface (GUI). Effective communication is paramount in all interactions. GUI is probably the most important communication tool between the user and the computer/system. Sometimes you know that the information is somewhere in the database but the tools are in-sufficient, to retrieve it. Do you need a different set of information to be displayed on your monitor? If you answered yes to this question, then you might want to improve the Graphical User Interface.

It is important to mention that improving the database, GUI and unifying the system does not mean getting rid of old applications, it is about making them work as a team and in a user friendly way and is about creating transplant layers to make them more intelligent, so they become an assistant instead of a tool. It is to eliminate the redundancy in order to save time and money. The ultimate goal is making them customized to meet the different needs of different professions and to improve the productivity, accuracy and security of the system. We have great players, we just need a good coach!

Figure 1 is an example of a multi system for data storage and retrieval. As you can see there are two database systems with some information redundancy. The user interfaces are totally separate and in order to access each database the user has to use different applications. This model not only complicates the process but also increases operation costs and maintenance.

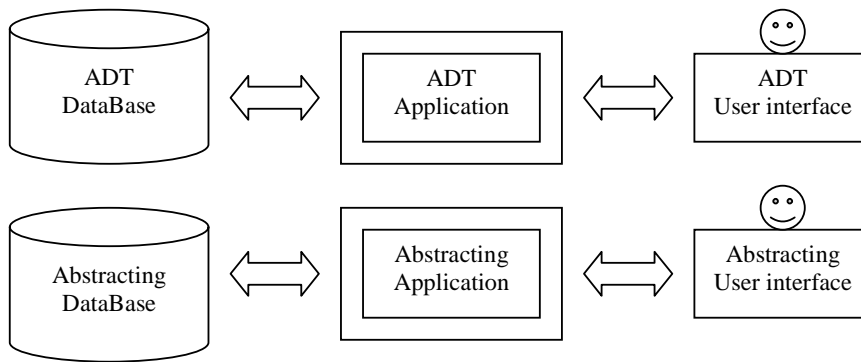


Figure 1: System without normalization and proper interface

Figure 2 accomplishes the same tasks. The user is dealing with one application and the database does not contain any redundancy. In this module the vendor has a responsibility to develop the plug-in for the compatibility of the application in the system. GUI is customized with an eye on individual needs and is not restricted to the application features and design.

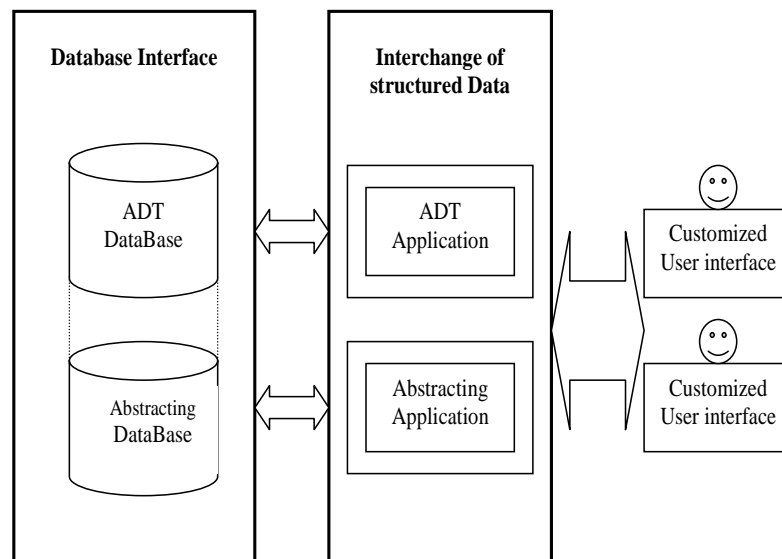


Figure 2: System after using proper interfaces and normalization.

Special thanks are extended to Paula Weisflock who has encouraged me to provide an information technology update within each issue of News and Views.

Updating the OHIMA membership

June 22, 2004

Respectfully Submitted by Marci MacDonald

I would like to take this opportunity to update you on a few initiatives I have had the pleasure of being involved with.

Unique Patient Identifier:

OHIMA 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.

OHIMA brings to light the concerns of security, privacy, and protecting the confidentiality rights of individuals, as well as hi-lighting the need for a trusted registration process.

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

Client Registry and Identification Management Project (CRIM)

This is a MoH group, formed in May 2004, which includes the UPI, OHA group, with basically the same mandate, but at the MoH level, and directly linked to the work being done by Canada Health Infoway. The mandate of this group is to deliver a provincial Client Registry and Identification Management infrastructure for Ontario's health system.

Canada Health Infoway is an independent corporation with a mission to foster and accelerate the development and adoption of compatible EHR solutions in Canada.

At the end of the day, CRIM wants to be able to deliver a provincial system for the identification of people receiving health services – regardless of entitlement for provincial health insurance – and create a link electronically to access and distribute personal health information for use by authorized health care providers at the point of care.

With the OHA involvement in Unique Patient Identifiers, I was asked to sit on this group, to give a voice to the hospital perspective. I have also asked to be listed as representing OHIMA.

Provincial Coding Quality Task Force

I've written a great deal about this group in the past, and the work and recommendations are very much in line with other undertakings, such as the recent Ontario audit conducted.

The MoH has been very appreciative of the work conducted by this group, and we are hopeful that once all the collective concerns are pulled together, we will all see even more of a commitment towards our goal of clean, accurate, reliable and useable data within our province.

Meeting with the MoH re: CIHI Data Submission Deadlines

I had the pleasure of representing OHIMA at an April 30, 2004 meeting, to discuss the quarterly submission deadlines, having had much feedback from various hospitals, as well as my own personal concerns. A summarization of these discussions was e-mailed to the executive of OHIMA on May 10th.

Though many barriers and concerns were raised, the MoH has yet to alter their original submission deadlines. We await their feedback with bated breath!!

Marci MacDonald
Clinical Information Services
Halton Healthcare Services

905-338-4634

mmacdonald@haltonhealthcare.on.ca

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. Although we do not have a member to profile this month, we are very interested in keeping this section of the newsletter going, so don't be shy, highlight those accomplishments and send in your profile to the editor.

Website

Although the website is live, it is still under development and your input and assistance would help us to create a fabulous site that is valuable to all the members of OHIMA. Please take a few moments and review the site and let us know what else, you the members would like to see on our site. In addition, if you know of certain educational sessions in your area, please let us know so that we can put information in the newsletters and the website.



ONTARIO HEALTH INFORMATION MANAGEMENT ASSOCIATION

4243c Dundas St. W., Suite 500
Etobicoke, ON M8X 1Y3
Phone: (416) 233-2606

2004/2005 MEMBERSHIP RENEWAL NOTICE

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

Name: _____ Place of employment: _____

Home Email: _____ Email: _____

Street: _____ City/Town: _____

Postal Code: _____

Preferred method of contact: _____ Position: _____

_____ Email _____ Mail OHIMA Region: _____
(please see website if you do not know...ohima.ca)

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

- | | | |
|--------------------------|------------------|----------------|
| <input type="checkbox"/> | Active | \$75.00 |
| <input type="checkbox"/> | Student | \$20.00 |
| <input type="checkbox"/> | Inactive | \$50.00 |
| <input type="checkbox"/> | Associate | \$75.00 |

INVOICE DATE: February 1, 2004

Payment Options: One cheque due June 1st for full amount. Two post-dated cheques for \$37.50, dated May 1st, and June 1st.
Make payable to **Ontario Health Information Management Association**

Please enclose copy of invoice with payment