



NEWS & VIEWS



Ontario Health Information Management Association

Fall 2006 Issue

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President's Message



I can't believe summer is over! Time seems to continually go faster and faster. The last days of July were very busy with final review/updates etc on the PPeAT modules to be ready to roll out to the profession on August 1st. More than once that week I wondered if we would ever be finished and able to open up to the profession. I must confess that I left my fellow colleagues to finalize everything over the last few days as I was out of town helping my daughter move. I sure felt guilty not helping them to the very end.

I hope that by now every coder has started the modules. **Remember you only have until the end of October to complete them.**

I also want to stress to the directors how important it is that all coders in Ontario complete these modules. The information gained from the results will help the Ministry, as well as OHIMA and CHIMA to determine any areas where additional education would be beneficial. I also see it as a way of proving to the Ministry that the coders of Ontario are competent and compliant with the CIHI and Ministry. So I do hope that you will provide support and encouragement to your coders as they complete these modules.

I am a manager of two health information departments and am well aware of the added burden that this assessment, added to the Ministry deadlines has put on our departments and staff. However I do ask you to show your professionalism by supporting and encouraging your coders to complete the

modules. We should not always force the Ministry to impose financial penalties before we will comply with their orders.

I hope everyone has registered for the Communities of Practice. What a great resource this is. I can find most of the information I need on this website.

Please note that the Ministry of Health has renamed their Community of Practice to OHIM – Ontario Health Information Management. I am sure this will cause some confusion with OHIMA members.

At the end of the Ministry contract the Communities of Practice will be turned over to CHIMA and OHIMA jointly. At that time OHIMA will have its own community on the website.

We have had some difficulty with our website manager, getting updates added. The Executive is currently looking at other options for maintaining the website. We are very disappointed that the current system has not worked well and apologize to our members for the lack of current information on the website.

In June I attended the NHIMA meeting in St. John, New Brunswick. I presented a proposal for all the provincial associations to become chapters of CHIMA. There was a good deal of discussion

however in the end the provinces voted to not move forward with the proposal at this time. It was further requested that this issue not come back to the table for six years. So we will lay this plan to rest at this time. Sometime in the future we may decide to look at it again but it won't be during my time as President.

We had our OHA / OHIMA HIM conference last week. There were approximately 80 in attendance. Donna Messer of Connects International Inc. began our day with a networking exercise. She is a very dynamic speaker. Check out her website www.connectuscanada.com for some excellent resources on networking.

We had a panel discussion on e-HIM: A Cross Sector Survey and Update with Shelagh Maloney of the Canada Health Infoway, Pat Campbell of Ontario E-Health Council, Fraser Ratchford of the Ontario Health Informatics Standards Council and Sarah Kramer Provincial Vice-President and Chief Information Officer of Cancer Care Ontario. Our next speaker for the morning was Matthew Anderson, Vice-President and Chief Information Officer, University Health Network who spoke on Effectively Managing the e-Health Record: Challenges and Changing Role of Health Information Professional.

The final speaker for the morning was Kathy Gilmore, Data management co-ordinator. Kathy gave us a quick overview of the online Communities of Practice.

The afternoon of our conference was devoted to Privacy with Jeff Curtis and Judy Farrell presenting two different approaches to implementing the lockbox. The day ended with an illustration of making a complaint to the Office of the Privacy Commission. Our players were Ira Parghi of Borden Ladner Gervais, and Lonny Rosen Gardiner Roberts LLP, representing the intake officer and adjudicator of the CPO; Charmaine Shaw acted as complainant and Marci MacDonald representing the Hospital. It was a very lively way to end the day.

I think I have covered everything. Once again, I wish you all the best as your sites complete the PPeAT modules. This is a project that is well worth the effort and I do appreciate the significant amount of work and time involved in the completion of this.

Regards,
Lynne Hopper
President of OHIMA

Note from the editor (Paula):
I would like to sincerely thank Bojay Hansen, a year II student in the Fleming HIM Program for assisting significantly with this publication during an exceptionally busy time for me. He has done a wonderful job in formatting the newsletter and has even updated our look.

Doctors Discuss Documentation

By Akeela Jamal, MOHLTC

Physicians play a major role in ensuring that information in a patient's hospital health record is accurate and complete. Good documentation facilitates appropriate medical care, reduces negative outcomes and supports continuity of care. Studies have found that these records are often incomplete or inaccurate, or not passed on to subsequent health care providers in a timely manner. There are various issues that contribute to poor physician documentation, including the lack of education on documentation in medical schools, the requirement for physicians to complete multiple documents with similar content and the move toward computerized documentation systems.

While hospitals have tried to 'educate' physicians on documentation requirements, their focus has been on the benefits to coding staff, rather than to patients or physicians themselves. A number of stakeholders have developed tools to address physician documentation, such as the College of Physicians and Surgeons of Ontario's Medical Records Policy, the Ontario Medical Association's inpatient discharge form and the Canadian Institute for Health Information's presentation to physicians on the ICD-10-CA

classification system. Despite these attempts, studies have shown that the quality of Ontario's clinical data has not improved over the years.

Concern over the state of physician documentation in Ontario led to the creation of the Health Results Team for Information Management's *Physician Documentation Expert Panel*, which included over 20 physicians from a variety of disciplines and organizations, including the profession's regulator and association. The panel's objectives were two-fold: firstly, to raise awareness of the state of physician documentation and secondly, to promote accurate, clear, complete and timely documentation of the patient's diagnosis, problems, treatment and progress in the health record.

The panel acknowledged that the health and care of their patients is their greatest concern, and that inadequate documentation impacts on both patient care and outcomes. A family doctor treating a patient without the benefit of a discharge summary from an acute care physician is working at a disadvantage in a potentially life-threatening situation. As well, quality physician documentation shared in a timely manner can help avoid negative consequences, such as adverse medication events. These were some of the concerns that brought the physicians together to develop

strategies and tools to improve physician documentation.

These strategies and tools are highlighted in the 'Guide to Better physician documentation' that will be published shortly. This guide includes details on the impact of good documentation, information about reporting requirements, and a checklist for completing a discharge summary. The panel also developed a chart completion policy template for hospitals, which describes minimum health record content requirements and the processes, and timelines for chart completion. This guide will be distributed to all hospitals and key stakeholders, as well as to all medical schools. A one-page brochure highlighting the salient points of the guide has been developed specifically for physicians and will be mailed directly to all hospital-based physicians in Ontario.

It is evident that complete and accurate clinical documentation enhances the quality of patient care and facilitates the reporting of information that is critical for optimal health care system management. While attempts have been made by various stakeholders to improve physician documentation, Ontario has been the first to bring together physicians themselves together to educate their peers about documentation. A major feat has been accomplished; physicians have worked

together to improve documentation. This will improve the quality of care for all patients and ensure that better information is available to health care providers, as well as to health care planners, researchers and decision-makers.

Will Ontario Coders Meet the Challenge and Receive CHIMAC PE Credits Compliments of the Ontario MoH<C?

The Ontario Ministry of Health and Long Term Care has invested in clinical coding quality and consistency by providing, free of charge to Ontario's acute care coders, an e-Learning Tool with nine (9) Coding Assessment Modules. The Ministry's Producing Better Data Health Results Team for Information Management committed to this progressive strategy to ensure all coders in Ontario have equal access to an online education tool. The "Professional Practice e learning and Assessment Tool", commonly known as PPeAT, is available to all of Ontario's ICD-10CA/CCI hospital coders until October 31st, 2006.

Over the last 5 yrs, OHIMA and CHIMA members in Ontario coordinated a Data Quality (DQ) Task Force and produced a discussion document that included a request for more education and support from the Ontario Hospital Association. They

then strongly lobbied MOH Information Management leadership to develop a DQ strategy and support the Ontario Health Information Management profession. The MOH listened and responded and PPeAT is part of that strategy. If the field does not heartily respond to this opportunity, HIM's will likely lose their voice in future provincial initiatives in Ontario. You must each rise to the occasion and make the effort to participate in this tremendous educational opportunity.

The MOHLTC has mandated that all coders in ON complete the PPeAT coding modules and 50% of the coders have complied to-date. The free education and assessment modules are geared toward the development of future education for this specialized group of professionals. Hospital executives responsible for Health Records or Health Information Management services has been asked to support their staff to tap into this time-limited, free education offering. Participating coders will receive 9 hours of online education plus nine (9) continuing professional education (CPE) credits – at NO CHARGE. But, the deadline will not be extended beyond October 31st.

The Canadian Health Information Management and the Ontario Health Information Management Associations (CHIMA & OHIMA) are proud to support this important

initiative. They too have invested significant volunteer time and resources for the success of the PPeAT initiative. Once the Ontario MOHLTC project is complete, these modules will be offered, for a fee, to certified Health Information Management professionals across Canada. The Canadian Health Information Management Association (CHIMA) was founded in 1942 to provide a national forum for health information management professionals to share their expertise. Its federal charter was obtained in 1949 and serves 3500 members practicing in Canada today. For information about the health information management profession and the Association, go to www.echima.ca

WHY SHOULD I BE A MEMBER OF A PROFESSIONAL ASSOCIATION?

***By Gary B Arnold, CCHRA(C)
President, BC Provincial HIM***

With comments and input from Health Information Management professionals From BC and across Canada At a recent going away function for a staff member, I was conversing with a couple of Health Information Management (HIM) professionals and because of my position as President of our provincial association, the topic of membership came up. Neither of these HIM's are

members of either the provincial or national associations nor when I asked them why, they rebutted with, "Why should I? What's in it for me?"

Fortunately another member of the dinner party had the good sense to change the topic about that point realizing that I was about to skyrocket with my list of 100 reasons. However, as I thought afterward about the event, this did seem like an appropriate question and one, which warranted exploring.

I set about to make a list of reasons for myself but quickly realized that other perspectives would be useful so I sent a survey to some of the members of the HRABC and also to the current Presidents of the other provincial associations. I had met many of these Presidents from across Canada at the CHIMA conference in Saint John...so I considered them as a resource could we also consider this a benefit of belonging?

Most of us are introduced to our professional associations as students in an HIM program and we are usually in a position of feeling "on the outside looking in" because we are never correctly introduced to the professional bodies and are often left viewing membership as an expense, or obligation, rather than an asset.

So what's in it for me? Realistically, with that attitude

probably very little, when viewed as a bank you can withdraw from, the system does not work. However, when member contributes on a committee, as a helper for a project, as a Committee Chair or as an Executive member, you suddenly realize that there is a huge pot of resources and assets that can be draw from for the balance of your career... How and why?

One of the first benefits of belonging is the networking opportunity available when you connect with other HIM's from different areas. You develop close, lifelong friendships – and the evidence of that is always clearly visible at annual conferences with all the connecting that is done between peers and friends who have not been together for a year or two. Networking opportunities – whether by e-mail, telephone or face to face experiences allows you to share the benefits of peer experience and knowledge that others have gained... You can also have a storehouse for keeping up to date in our industry best practices and knowledge development.

Our profession is unique in that although many of us work in the acute care sector, there are others who have followed a different path. Networking allows for a connecting with health care professionals that have a shared educational experience, but have a completely diverse work experience... and may have developed applications or

methods to make your work easier.

The "association" also provides benefits, which allow all members to expand their educational experiences. Our publication, The Printout appears six times a year and offers a communication format which updates members about new ideas and programs, while keeping us informed on association events and opportunities. Promotion of continuing education for HIM's is a recurring theme in our publication and through conferences.

For many members the annual conference is a high point educationally and socially as speakers inform and instruct the delegates about topics of interest. It is an opportunity to stay current with trends in the industry while exploring personal /professional growth and development. Socially, the interaction with other HIM's allows for members to create many lifetime long professional and personal friendships.

The conference, along with the interpersonal exchanges has a serious note as well, as we feature keynote speakers with topical and informative subjects, peer speakers who discuss innovations and trends in the workplace and other seminars and workshops. With the location of the conference rotating between Vancouver Island, the Interior and the lower mainland, members also

have the ability and opportunity to have travel opportunities through the province – and with CHIMA, across the country!

As a prime on-going benefit, Professional interaction between HIM's is important, since many will serve on committees with both the provincial and national associations. In the past, the two associations have worked to promote the profile and professional credibility of HIM's as evidenced this past year by the success CHIMA had in getting HIM's into a different National Occupation Code and possibly one of its own.

The Health Record Association of BC was instrumental when the Health Sciences Association was formed and getting Health Record Administrators accepted with founding member status.

At the opposite end of the scale what if 56 years ago a group of practicing Medical Record Librarians did not get together in Vancouver and with a desire to promote the profession, the training, the practice process and standards and what if they'd just stayed "in their jobs" focused only on their own concerns because there wasn't anything in it for them? What if? How could we collaborate nationally or internationally as professionals to meet the demands four business and industry? How would we move ahead and grow reflecting on the

examples of innovation shown by generations of forward thinkers? Where would we look for standards on professional practice? Who would establish a professional code of ethics or best practices for our profession? Or would it matter?

So, what about how expensive membership is, since cost seems to be a stumbling block to many who don't belong? Active membership in the HRABC and CHIMA totals about \$300 per year – and is about the same as Laboratory and Medical Imaging Technicians pay. But considering the associations have contributed to the status of our profession – and the resulting higher pay levels – this is a very modest amount - \$25 per month – less than most would spend on coffee – which has no lasting benefit!

One member I consulted wrote about the fees we charge, "...the membership fees are a small amount of money for what I get out of belonging to an association. It is not about the almighty dollar and the cost of belonging to an association; it is what we all bring as members to the association that makes us grow and our association viable and vibrant."

Kristy Mabon, President of the Manitoba Health Record Association recently wrote in their journal, "... make it known that you do consider yourself a professional by

becoming a member of your provincial and national associations. Dust off your diplomas and CCHRA certification certificates and bring them to work to display. It is time for HIM professionals to "step out of the basement" and into the forefront!"

For myself and hundreds of others, belonging is an overt statement of professionalism – it offers a statement of commitment to the profession as a whole, to my employer and to my willingness to belong even if just financially to the betterment of the group as a whole. My survey produced another quote, which I feel "says it", for many of us; "I cannot imagine myself not being a member of HRABC/ CHIMA. It is second nature and I consider it a natural extension of my job in the HIM field."

From the personal experiences I have enjoyed with my membership (which dates from being a first year student) I have never regretted belonging for a moment. One member stated it best, "I appreciate being part of an organization where each member is valued, appreciated and encouraged to be part of a team yet respected for showing individuality.

"I have saved my own personal "benefit" for the last, because it is the most obvious and the most succinct. People make our profession and people make our associations.

But the caring, the sharing and the enjoyment that can be derived from them cannot be measured. And it is from these same people that we all learn, grow and develop into the evolving professionals we are.

The association is only a vehicle, which transports us making the professional journey a more special experience. We develop and learn in different areas, in different ways and in different roles the association brings us together removing the "different" and bonding us.

So, never mind what you will get from the association... With this attitude, you will be disappointed, because you will probably get nothing. Your return comes from what you put in.... The more you give, the more you seem to draw from the experience.

Did you ever wonder why people who get involved tend to stay involved?

They know the benefits of membership.

Special Thanks to the September / October 2006 HRABC (Health Records Association of British Columbia) Print Out.

The funny bone

The following are actual notes written in medical records! It should be a great laugh for all.

- The patient refused autopsy.
- She stated that she had been constipated for most of her life, until she got a divorce.
- Healthy-appearing decrepit 69-year-old male, mentally alert but forgetful.
- Patient's medical history has been remarkably insignificant, with only a 40-pound weight gain in the past three days.
- Rectal examination revealed a normal-sized thyroid.
- The patient is tearful and crying constantly. She also appears to be depressed.
- Patient has left his white blood cells at another hospital.
- The patient left the hospital feeling much better except for her original complaints.
- She is numb from her toes down

- Patient was released to outpatient department without dressing. I have suggested that he loosen his pants before standing, and then, when he stands with the help of his wife, they should fall to the floor.
- Patient was becoming more demented with urinary frequency.
- She has had no rigors or shaking chills, but her husband states she was very hot in bed last night.

Sources:

<http://tcastle.com/fun/jokes30.html>

http://www.findarticles.com/p/article_s/mi_m1189/is_5_273/ai_77356397

Special thanks to Med2020 who sponsors the OHIMA newsletter.

MED2020 
Health Care Software Inc.

We invite you to visit their website at www.med2020.ca to see the products and services they have to offer.

Test Your Coding Knowledge

By Kim Durofil

For each of the following:

1. Identify all diagnoses and procedure(s) codes
2. Assign the diagnosis type for each inpatient and the "Main/Other" problem for ambulatory patients.
3. Identify the rule(s) that applies for each case scenario.

#1 A 48-year-old woman was admitted to hospital for an elective total cholecystectomy. The patient has a history of Type 1 diabetes managed with medication. The nurses monitored blood sugars during the hospital visit. Dr. H. performed the cholecystectomy the next day under general anesthesia without incident. Pathology report stated acute cholecystitis with chronic cholelithiasis. The nurses documented on the third day that the patient's blood sugars were elevated to 26. Dr. E., the endocrinologist, was requested to see the patient in consultation regarding her diabetes status and he suggested after reviewing her lab results to increase her insulin and to monitor her blood sugars more closely. Patient was discharged home on the fifth day with a normal blood sugar level and to return to Dr. H. for follow up in four weeks.

Most Responsible Diagnosis –

Diagnosis types for other conditions–

Procedure(s) –

Rule(s) –

#2 A 57-year-old male patient arrives in the Oncology clinic for a session of Radiation therapy to be given by Dr. C. using external beam with cobalt 60. The patient has small cell carcinoma of the left lower lobe of the lung. Patient tolerated therapy and was discharge home to return tomorrow for another treatment.

Main Problem –

Other Problems –

Procedure(s) –

Rule(s) –

Answers

#1 **MRDX** – K80.00 (M)

Diagnosis types for other conditions– E10.9 (1)

Procedure(s) – 1.OD.89.LA

Rule(s) – combination code exists in ICD 10 CA for acute cholecystitis with chronic cholelithiasis (see include note), therefore only one code is required. And rule for Type 1 DM as a type 1 pre-admit comorbidity diagnosis because it required a consultants opinion and an amended course of treatment combination code in ICD 10 (CIHI coding standards page 9)

#2 **Main Problem** – Z51.0

Other Problems (for Ambulatory) – C34.31, 8041/3

Procedure(s) – 1.GT.27.JA

Rule(s) - Mandatory to code the reason for the patient receiving chemotherapy solely for the purpose of chemotherapy or radiation, (CIHI coding standards page 8)

****Please feel free to use this space to make notes****

Health Information Management Communities of Practice (HIM CoP) A New Initiative of Ontario Ministry of Health and Long-Term Care

Submitted by Teresa Adair on behalf of the Ontario Data Management Coordinators Health Results Team for Information Management (HRT-IM)

Imagine a place where you can:

- Find “one-stop-shopping” for most of your Health Information Management (HIM) resources.
- Exchange ideas and discuss issues.
- Share practices and solutions to common problems.
- Access documents and websites on the latest industry news.
- Be advised of upcoming events.
- Learn about topics relevant to your profession and workplace.
- Communicate with your peers without the inconvenience of arranging conference calls, traveling to meetings, preparing minutes, scheduling yet another meeting in your day.

Welcome to the Ontario Health Information Management Communities of Practice. The Ministry of Health and Long-Term Care’s Health Results Team for Information Management (HRT-IM) is excited to share information about the new resource for Ontario HIM professionals—the Health Information Management Communities of Practice (HIM CoP). Supported by the Ministry of Health and Long-Term Care (MoHLTC) Data Management Coordinators, HIM CoPs are intended to support provincial data quality improvement efforts as part of the Information Management Strategy.

Background

The HRT-IM conducted a survey in 2005 of all Ontario hospital health records departments in order to understand data management challenges and identify possible solutions to address issues. Results and recommendations from the *Report on the State of Health Records Departments in Ontario Hospitals*, (published in 2005 by MoHLTC, HRT-IM) are guiding the work of Local Data Management Partnerships (LDMP) which were established subsequent to the report. The report identified a need for equitable, accessible and consistent support tools for HIM professionals. Enter Communities of Practice.

The HIM CoP site provides an Internet based community for professionals in Ontario and offers members the opportunity to stay current with provincial developments in information management. As a web-based tool, HIM CoPs are accessible 24 hours a day, 365 days a year at no cost to the user. Participation in HIM CoP is voluntary and based on Ontario HIM professionals’ interest and involvement in different provincial HIM activities. All Ontario HIM Professionals are encouraged to participate in this opportunity to stay current with all of the developments in information management.

The HIM CoP for Ontario HIM professionals was launched on June 1, 2006. The launch was considered quite successful; as indicated by the following statistics after the first month:

- 938 registered users
- 106 members who joined a community.

Currently there are several private and public HIM CoPs for the HIM professionals of Ontario. Each community offers the following:

- Discussions – member driven on topics of interest
- News – latest industry
- Resources – publications and reference materials
- Links – relevant websites
- Frequently Asked Questions
- Photos – views of events
- Events – calendar of upcoming events
- Poll – quick survey of HIM CoP members on questions
- Chat – members can discuss topics of interest in real time (facilitators can then post chat logs to a HIM CoPs news or resources for viewing by members who were unable to attend the chat session)
- Related Communities – suggested list of other communities you might be interested in

The HIM “CoP Home” offers a member the ability to personalize their HIM CoP experience. Members can use the site to organize their time with a personal calendar and enter their own events. Users can add favorite links to this page as well. The CoP Home additionally provides site-wide announcements; a featured community (selected by facilitators for topical activity); and a quick reference to communities that have recently been updated.

Communities of Practice are facilitated by the Data Management Coordinators (DMCs) of Ontario:

- Teresa Adair, North West & North East LHINs (teresa.adair@lhins.on.ca)
- Kathy Gilmore, Central, Central East & North Simcoe Muskoka LHINs (kathy.gilmore@lhins.on.ca)
- Sandra Lariviere, Erie St. Clair, South West & Waterloo Wellington LHINs (sandra.lariviere@lhins.on.ca)
- Deb Tetreault, Hamilton Niagara Haldimand Brant, Mississauga Halton, Toronto Central & Central West LHINs (deb.tetreault@lhins.on.ca)
- Kyra Wager, Champlain & South East LHINs (kyra.wager@lhins.on.ca)

A lead facilitator is assigned to each HIM CoP and is responsible to ensure that activity within the HIM CoP is monitored, member participation is encouraged, and items are entered as HIM CoP events (calendar). Some of the facilitator duties include: managing discussions; polling community members on questions; ensuring up-to-date content; providing resources for member questions; coordinating member communications; scheduling and hosting chat sessions, and managing community resources.

To ensure that the HIM CoPs are meaningful to the members, members can identify additional communities for specific needs or interests. The HIM CoP administrators will vet each request for a new community.

Here is a brief overview of some of the existing HIM CoPs:

Ontario Health Information Management CoP

Type of Community: Public; any HIM from Ontario can join.

Description of Members: This is the “Main Community” of the HIM CoP site. All approved members are members of this community. This community is intended for discussion of provincial issues, and posting of materials relevant to all HIM professionals and stakeholders. Members may then join other public HIM CoPs.

Sample Resources:

- Ministry of Health and Long-Term Care updates on clinical data issues

- Data quality findings
- Links to data management tools, resources and stakeholder organizations

Local Health Integration Networks: By Specific LHIN

Type of Community: Public; any HIM from Ontario can join.

Description of Members: Any HIM professional from the specific LHIN—directors, coders, decision support, etc. This is for networking within a LHIN and sharing solutions to address local needs and issues.

Sample Resources

- Specific reports for your area
- Geographic Profile

Local Data Management Partnership (LDMP): Provincial

Type of Community: Private; no one else can join.

Description of Members: All directors/managers of Health Information Management departments in the province. One representative from every hospital and Community Care Access Centre (CCAC) *in Ontario*. This community is for networking among management staff across the province.

Sample Resources

- Communications intended for directors only
- Description of Local Data Management Partnerships structure

Local Data Management Partnership (LDMP): LHIN Specific

Type of Community: Private; no one else can join.

Description of Members: All directors/managers of HIM within a specific LHIN. One representative from every hospital and CCAC *in each LHIN*. These communities are intended for discussion and networking amongst management staff in relation to local issues.

Sample Resources

- Minutes of Partnership meetings
- Schedule of events within a Partnership
- Polls within a Partnership

Hospital Health Information Management (Hospital HIM)

Type of Community: Public; any HIM professional from Ontario can join.

Description of Members: All coders in Ontario. Members can discuss issues and share documents related to data quality, standardizing practices, or areas of interest in relation to coding practices.

Sample Resources

- Key reference tools
- Links to popular sites that assist with day-to-day coding activities

Health Information Management Advisory Committee (HIMAC) Data Consistency Working Group (DCWG)

Community Care Access Centre Health Information Management Council (CCAC HIM Council)

Type of Community: Private; no one else can join.

Description of Members: Committee or Council members only. Separate HIM CoP for each of these groups used for committee communications.

Sample Resources

- Resources for meetings
- Minutes of meetings
- Dates and locations of meetings

The HIM CoP experience to date has been positive—each HIM CoP is active and evolving. Discussion topics across the HIM CoPs so far have included:

- Policies and procedures for health record departments
- Death review
- Algorithms for assigning patients to LHINs
- Cancer Care Ontario surgical wait times
- Consulting with physicians
- Discussion on Ontario specific abstracting projects

The HIM CoP is currently an Ontario initiative that is only open to Ontario HIM professionals. However, opportunity for the rest of the country is not lost! CHIMA plans to adopt the HIM CoP tool for national use in 2007. Any comments or suggestions related to a national HIM CoP can be forwarded to karanne.lambton@echima.ca. Opportunity awaits!

If you are interested in learning more about this HRT-IM initiative, please email hrtim@moh.gov.on.ca.

Submitted by:

Teresa Adair, CCHRA (A)

Data Management Coordinator

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Management Information Systems Guidelines (MIS)

• Introduction to the MIS Standards	e-learning	Apr./06–Mar./07
• Diagnostic Imaging 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)

• What's New for DAD/NACRS 2007–08	Teleconference	Q-4 (TBC)
• Excellence in DAD Abstracting for Fiscal 2006-2007	PDF	Jul./06–Mar./07
• Improving the Quality of Admitting and Registration Data	e-learning	Nov./06–Mar./07

ICD-10-CA and CCI

• Introduction to ICD-10-CA & CCI	PDF	Apr./06–Mar./07
• Coding for Diabetes, Part 1	PDF	Jun./06–Mar./07
• Introduction to ICD-10-CA & CCI for Physicians	PDF	Aug./06–Mar./07
• Applied ICD-10-CA & CCI (Series1)	PDF	Dec./06–Mar./07
• Applied ICD-10-CA & CCI (Series2)	PDF	Feb./07–Mar./07
• Coding for Diabetes, Part 2	e-Learning	Mar. /07 (TBC)
• Coding for Diabetes, Part 2 (Video conference)	Northern ON Northwest ON	Jan. 17/07 Jan. 18/07

Note: Video conference attendance exclusive to the clients of North Central and North Western Ontario

• More Coding Standards and Diagnosis Typing for DAD	London	Mar. 28/07
• Obstetrical Coding—Moving Beyond the Basics	Ottawa Toronto London	Oct. 12/06 Mar. 13/07 Mar. 27/07
• The Canadian Coding Standards & Diagnosis Typing for DAD (2-day)	Toronto	Oct. 17–18/06
• Coding for Diabetes, Part 2	Ottawa Ottawa Toronto Hamilton Toronto Toronto Sudbury London Kingston	Nov. 7/06 Nov. 8/06 Nov. 14/06 Nov. 21/06 Nov. 21/06 Dec. 5/06 Mar. 13/07 Mar. 29/07 Mar. 30/07

National Ambulatory Care Reporting System (NACRS)

• NACRS Basic Abstracting	e-learning	Oct./06–Mar./07
• NACRS Data Submission	e-learning	Oct./06–Mar./07
• What's New for DAD/NACRS 2006-07	Teleconference	Q-4 (TBC)



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 | Jul./06–Mar./07 |
| • NRS Trainer Refresher (3-part)
&12/06(TBC) | Web-conference | Nov.28, Dec.5 |
| • NRS Follow-up Assessment | Web conference | Feb. 26/07 (TBC) |
| • National Rehabilitation Reporting System: Indicators and Report Interpretation | London | Sept. 26/06 |
| • National Rehabilitation System for Trainers | Sudbury | Oct. 16–17/06 |

Continuing Care Reporting System (CCRS)

- | | | |
|---|------------------------------------|---|
| • CCRS Operational Processes for Data Submission | e-learning | Q-4 (TBC) |
| • CCRS: Outputs for Decision Support (3-part videoconference) | Northwest ON*
North Central ON* | Jan. 30, Feb. 1 & 2/07
Feb. 13, 14 & 15/07 |

Note: Video conference attendance exclusive to the clients of North Central and North Western Ontario

- | | | |
|--|---|---|
| • CCRS: Outputs for Decision Support | London | Dec. 1/06 |
| • RAI-MDS 2.0© and Introduction to RAPs (2-day) | Ottawa
Owen Sound
Guelph
Windsor | Oct. 3–4/06
Oct. 31-Nov.1/06
Nov. 21-22/06
Feb. 6-7/07 |
| • RAI-MDS 2.0© Refresher | Ottawa | Mar. 20/07 |
| • RAI-MDS 2.0© for Educators (day 1 & 2) and Reflective Practice (day 3) | London
Toronto | Nov. 28/29/30/06
Jan. 17–18/06 &
Feb. 20/07 |

Canadian Population Health Initiative (CPHI)

- | | | |
|--|------------|-----------------|
| • An Introduction to Population Health | e-learning | Nov./06–Mar./07 |
| • Applying a Population Health Perspective to Health Planning
and Decision-Making | Hamilton | Feb. 15/07 |
| • Introduction to CIHI Health Indicators | Toronto | Q-4 (TBC) |

Privacy

- | | | |
|---|---------|-----------|
| • An Approach to Conducting a Privacy Impact Assessment | Toronto | Oct. 6/06 |
| • Introduction to Health Information Privacy | Ottawa | Mar. 1/07 |

Ontario Mental Health Reporting System (OMHRS)

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|---|--|--|
| • OMHRS Administrative Elements | e-learning | Apr./06–Mar./07 |
| • OMHRS: Data Submission | e-learning | Apr./06–Mar./07 |
| • MDS-MH Coding Essentials | e-learning | Sept./06–Mar./07 |
| • Making the Most of Mental Health Assessment Protocol (MHAPs) | Web conference | Oct. 4/06 |
| • Ontario Mental Health Reporting System: Decision Support | Web conference
Web conference
Web conference | Sept. 27/06 (P.M.)
Oct. 10/06 (A.M.)
Oct. 26/06 (P.M.) |
| • Enhancing OMHRS Data Quality through Improved Coding
Practices: A Refresher. | Toronto | Feb. 21/07 |

An update-By Lynne Hopper

Last summer I was invited to represent OHIMA on a committee set up by the Health Information Results Team – Information Management (HRT-IM) to develop and approve phase 1 of the Local Data Management Partnerships: The objective of this partnership was to:

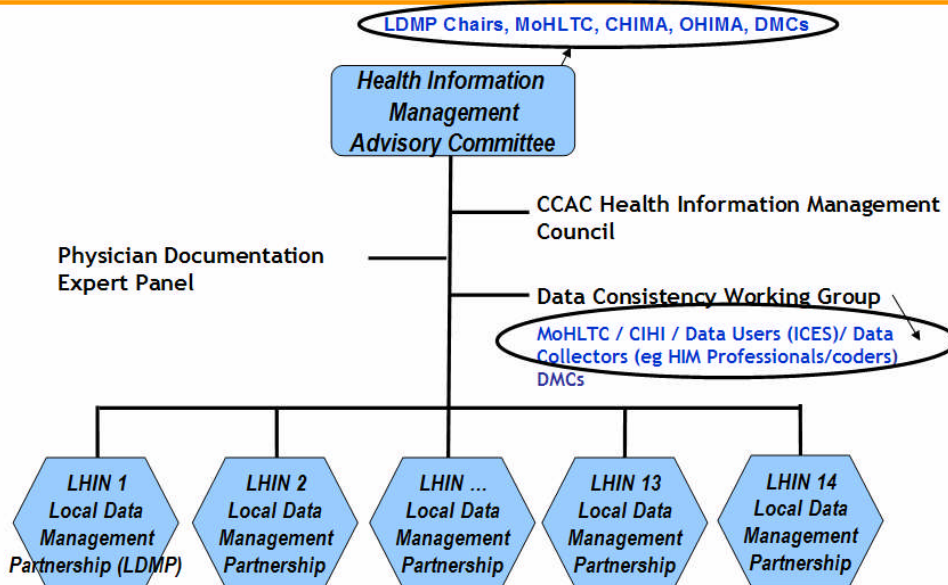
- Increase the effectiveness and efficiency of local data management functions
- Achieve better quality data and more timely data submissions
- Better utilize scarce health information management resources
- Facilitate the adoption of best practices.

Below is the final organization chart for this structure.

(Developed by the HRT-IM and has been reproduced here with their permission.)

Structure for Phase 1 of the Local Data Management Partnerships: Health Information Management

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To support the above committees, five Data Management Coordinators have been identified to facilitate coordination and implementation of the partnerships' objectives.

As you may or may not be aware the HRT-IM has been very busy in the past year and a half and I am pleased that OHIMA was asked to be a part of many of the projects. Now fast forward to almost a year later and OHIMA is still involved in many of the subcommittees.

HIMAC Health Information Management Advisory Committee
Physician Documentation Expert Panel
Canadian Expert Task Group for Standardized Clinical Terminology
Development of PPeAT
Development of Communities of Practice

I am proud of all the work that OHIMA members have done and the relationship we have formed with this section of the Ministry. Stay informed, stay motivated. If you haven't signed up for the Communities of Practice why not check it out now - www.himcop.ca