

PRINTOUT

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JANUARY/FEBRUARY 2005

A Word From the President

Hi everyone! I hope that you enjoyed a well deserved break over the Christmas season. Now, with our resolutions made, we start another year.

I'd like to bring you up to date on the activities of your Executive committee. We have had one meeting to date, with another scheduled for January 22nd. We are actively working on the following initiatives:

Council of Presidents – we have approved the concept of a Council of Presidents. This is an adhoc group of HRABC past presidents who have agreed to act as an "advisory body" for various HRABC issues. They will have no "official" capacity within the HRABC. There are twelve former presidents who have agreed to sit on this group. We feel that this is a great way to involve those members with a lot of history and knowledge of the industry and of the HRABC itself.

The first question we posed to the Council of Presidents was about the HRABC membership. We need to know what our members want from their association and we need to determine how we can meet those needs. If you have any comments about this issue, please send me your feedback to www.hrabc.net or directly to myself at sharon.baigent@vch.ca. As always, we appreciate any comments or feedback that you would like to provide.

Association Name Change – we are currently gathering the necessary information to do the detailed planning on changing our Association's name to the British Columbia Health Information Management Association (BCHIMA). We are aiming to "unveil" the new name at the September conference in Kelowna. Until then, we do not have the

legal right to use the BCHIMA name. We are also discussing the possibility of holding a contest for the development of a new logo.

Conference 2005 – planning continues for the 2005 Conference. We have a great Committee who are actively putting together plans for another successful conference with a lot of useful information and a terrific opportunity to network with your peers. The Coast Capri in Kelowna has been chosen as this year's site. We have endeavoured to keep room rates down this year and hope that this will make it easier for members to attend. Mark your calendars for September 15 – 17. We hope to see you all there.

Electronic Printout – we are working on putting the Printout in electronic form. We are having the website redesigned to include a members only section that will be accessible with a password. We anticipate that any cost savings associated with this change (decrease in mailing fees, etc.) will be redirected to cover such costs as changing our letterhead to the new name, website changes, etc..

Policy and Procedure Updates – it has been determined that the policies and procedures of the Association need further review and revision. There is a lot of information that is historically known by some Members, but it is not in writing. We are planning to tighten up these procedures so that new incoming members find them easier to follow.

We will keep you up to date on our activities throughout the year. If you have any comments, questions, or concerns for myself or any of the Executive members, please do let us know.



Sharon Baigent
HRABC President 2005-2006

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PRINTOUT

DISCLAIMER

The information contained in this newsletter does not necessarily reflect the views of the Membership or the Editor, but is offered as a source of information only.

DATE FOR NEXT SUBMISSION IN 2005

March 9th ... March/April edition

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Missing In Action.....

We have had mail returned from the following members. If you have moved please contact us at www.hrabc.net.

Kelly Abrams

Cindy McLean

Beth Adashynski

Lorna Merrick

Nancy Besta

Bonnie Meston

acquie Cliffe

Marianne Misera

Marion Eklof

Kirsty Nicol

Ruby Elliott

Sandra Petittlerc

Aung Han

Carol Rother

Gina Im

Yasmeen Sayeed

Sharon Kasic

Xinhong Shangguan

Catherine Kennedy

Brenda Tymchuk

Credwyn Knauf

Deborah Young

Denise Laing

Carleen YU

Margaret Lohnes

Jane Allen

Joanne Lokun

Editor's Note

Well, here we are in a new year!

I sincerely hope that 2005 is a positive one for your both professionally and personally.

It seems this is always the time of year when we try to put our plans and/or resolutions we made for ourselves into action. If any of you "*Resolution Makers*" out there have decided to focus on professional writing skills in 2005, you can look no further. I am always looking for innovative articles for this publication.

If you have any ideas for articles and would like to share them with me or if you have an article you would like to submit for the next issue please send me an email. Your thoughts and stories are all valuable to us in the profession.

Seana-Lee.Hamilton@fraserhealth.ca.

Seana-Lee

EXECUTIVE REPORT

THE COUNCIL OF PRESIDENTS

By **Gary B Arnold, CCHRA(C)**
President Elect, HRABC

HRABC Executive positions run from the end of one Annual General Meeting (AGM) to the next AGM. Throughout this term many decisions are made concerning the general business of the association. Some of these decisions relate to normal operations but others are initiatives which are undertaken or started which could have long reaching effects on the association.

These initiatives, or even strategy planning, are never undertaken lightly and entail much discussion, research, projection and often, soul-searching. Each member of the Executive has ample opportunity to offer input, and debate issues until a consensus is obtained. In most circumstances, any issue which requires this level of debate and planning would find its way to the AGM, where the membership at large can offer input, and if put to a vote, accept or reject the initiative or plan.

During the planning and discussion stages of these ideas, the guiding and controlling force is usually the association President. Since the choice of a person for this position is based on the experience of the individual in our industry, they are able to guide the association through the various changes that happen.

The Presidency operates on a three year cycle – first year as President-Elect, the second as President and the third year as Past President. Following these years of service, the individual is often not called upon to contribute, so the expertise gained during this three year period has simply been left to wither – except for sage advice sometimes given at floor discussions at the AGM.

The concept for the Council of President stems from a desire to see an end to this "wastage" of talent and training. Even though the various executive members are usually experienced professionals and active in work and association situations, it is important to utilize all

the resources available for making solid decisions.

The Council is a purely ad hoc group who has no official capacity within the association. They serve as counselors or advisors to the existing executives. When a question arises concerning a particular approach which could be taken to an issue, the Council can be consulted for advice by the executives, and the feedback from them used in the deliberation for decision making.

Currently, this group consists of:

Carol Rother	Cathe Johnson
Cathy MacKay	Darlene Penney
Gerrie Melnechuk	Ginny Toscan
Karyn Epp	Kathy Anderson
Laurie Kenward	Grace McKeown
Pat Hagan	Shirley Wallington

The first question posed to the Council of Presidents concerned what they felt could be done to enhance interest and expansion of the general membership of the HRABC. Some of the members who responded had extremely well thought out ideas – some of which should be reflected by initiatives from the Executive over the coming months. If a member of the HRABC has served as President of the association, and has

not been approached to join this group and desires to do so, please accept our apology for the oversight – and contact Gary Arnold for more information. Gary.arnold@fraserhealth.ca

Waste is a terrible thing – especially when it is human experience which is left untapped and under utilized. Hopefully, this group will continue to offer sage advice when called upon and serve as a reflection of experience and wisdom gained from service offered to the association.

Membership Renewal Reminder

Many members have renewed their 2005 membership but there is a number who have not. This is a reminder to please forward your renewal application with dues as soon as possible. If you have misplaced your form, a copy can be downloaded from the HRABC Website. If you have any questions or concerns, please email Jane Kitazaki at jane.kitazaki@interiorhealth.ca.

Editor's Note

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DATA QUALITY CORNER

By: *Michelle Bamford, CCHRA(C)*
"Past President, HRABC"

Over the last year, the health information management profession has heard the results of the Alberta and Ontario coding and abstracting reabstraction studies. Data quality (DQ) has been one of the main topics at conferences, and in professional newsletters. As data quality is one of the domains of practice for the health information management professional, the awareness and need to have a good in-house, data quality management program has never been more important.

Data Mining for Accuracy

Part of any data quality management program should include activities in data mining. Data mining is the analysis of data within a database, such as the Discharge Abstract Database (DAD) using tools to look for trends or anomalies in the data. The purpose of data mining within a DQ program helps identify variation and possible discrepancies within the database. Once the variation/discrepancy has been identified, the issue can be investigated and researched. Depending on what is discovered, there may be a need for additional education, clarification of existing guidelines/standards, or the need for new guidelines/standards as medical practice changes.

Types of Discrepancies

Data mining can uncover inaccuracies in the database due to:

- Incorrect application of coding classification standards
- Example: Code categories T31 (Burns Classified to the Extent of Body Surface Burned and T32 (Corrosions Classified to the Extent of Body Surface Burned) are missing from burn codes (T20 to T25). If the extent of body surface burn is missing, the case may be inappropriately assigned to a CMG for non-extensive burn.
- Reporting unlikely values between DAD data fields
- Example: Discrepancy between disposition code and institution to i.e. patient dies (disposition code 07) or is discharged home (disposition code 05) the institution to field should be blank
- System issues such as incorrect ADT data interfaced into the DAD abstract
- Example: The register number instead of the mother's chart number is incorrectly recorded in the maternal/newborn chart number field on the newborn's abstract.

A Closer Look at Disposition Code and Institution To

Recent data mining activities in one institution looked at the relationship between the disposition code field and the institution to field. Some of the discrepancies that were

discovered were:

- Disposition code is 01 (transferred to an acute care inpatient institution), institution to facilities found under this code were:
 - Extended care facilities
 - Intermediate care facilities
 - Extended care and intermediate care facilities should go to disposition code 02 (transferred to continuing care)
- Disposition code is 02 (transferred to continuing care), institution to facilities found under this code were:
 - Acute care facilities
 - Acute care facilities should go to disposition code 01 (transferred to an acute care inpatient institution)
- Disposition code 03 (transferred to other), institution to facilities found under this code were:
 - Extended care facilities
 - Intermediate care facilities
 - Acute care facilities
 - Rehabilitation facilities
 - Extended care and intermediate care facilities should go to disposition code 02 (transferred to continuing care)
 - Acute care and rehabilitation facilities should go to disposition code 01 (transferred to an acute care inpatient institution)

The charts with the above discrepancies were pulled and it was determined whether the disposition code was incorrect, or whether the care level in the facility number was incorrect. The coder who initially coded and abstracted the chart corrected the data.

Data Quality Challenge – Run a report on your institution looking at disposition code in relation to institution to - what do you find?

This year's Data Quality Members are excited to offer you some suggestions to assist in your facility's data mining efforts. We plan to provide you with a few examples in each issue of the [Printout](#) as to how you can measure data quality in the DAD within your own facility.

Respectfully submitted,

Data Quality Committee

Bill 73 – Amendments to BC’s Freedom of Information and Protection of Privacy Act (FOIPPA) (A Summary of the Major Changes to the Act)

Seana-Lee Hamilton
Coordinator, Information Privacy, Fraser Health

BACKGROUND:

In October of 2004, Bill 73 reached Royal Assent and BC’s Freedom of Information and Protection of Privacy Act (FOIPPA) was amended. The amendments to FOIPPA were made to address the public’s concern over the effects of the US PATRIOT Act in regard to the privacy of BC residents’ personal information stored in the US. This concern was stimulated by the provincial government’s announcement of contracted services (such as MSP) to US companies.

In response to the concern over a potential risk of privacy breach, the Office of the Information Privacy Commissioner for BC (OIPC) requested submissions on the topic. As you can imagine, hundreds of submissions were sent to OIPC and posted on their web site. In general, the underlying evaluation of the US PATRIOT Act was that it would only be used in specific instances but that it did pose a minimal yet potential threat to the privacy of BC residents’ personal information stored or accessed in the US. In general, it was determined that any risk or threat of breach of personal privacy was inappropriate.

Let’s take a look at the major changes to FOIPPA:

1. Personal Information must be stored and accessed in Canada

Section 30.1 states that a public body must store and access personal information only in Canada unless specific consent is obtained from the individual the information is about or the information is stored/accessed for purposes of disclosure.

This change has had significant impact on health authorities throughout BC who are dependent on remote access by US-based companies to trouble-shoot their electronic health information and radiology systems.

I asked **David Thompson**, Director, Health Information Services, Fraser Health, for an update on how the issue of remote access is affecting the health authorities and how it is being addressed:

“Two major impacts on health authorities are restrictions on outsourcing services outside of Canada and restrictions related to accessing personally identifiable information from outside of Canada. It’s important to remember that even though it was the US PATRIOT Act that was the impetus for the amendments, the legislation speaks to restrictions outside of Canada, not just the United States.”

These amendments restrict health authorities’ ability to outsource work such as transcription services to vendors whose service providers are located outside of Canada. It is also important to remember they restrict the ability to send personally identifiable data to service providers outside of Canada. For example, if you are doing an MPI conversion and you are using a vendor outside of Canada, you would not be able to send ADT extracts containing personally identifiable data to the vendor if the data is going to be stored outside of Canada.

Perhaps the most significant impact on health authorities is the restriction of access to personally identifiable data from outside of Canada (i.e. remote access). Each health authority uses information systems supplied by non-Canadian (mostly US) vendors. These vendors are dependent upon remote access to these information systems for implementation, maintenance, upgrades and performance monitoring. If this access means that the vendor has access to personally identifiable data, this is restricted under the Act. Since there are very few, if any, Canadian vendors that can provide systems meeting the functional requirements of

the health authorities, this is probably the biggest area of concern.

The current action plan of the health authorities focuses on assessment, communication and compliance. A provincial Bill 73 working group has preliminary work plan. Each health authority is represented on the provincial group along with representatives from the Ministry of Health and the Ministry of Management Services. Most health authorities have created similar working groups at the health authority level to focus on the three same areas. One of the primary tasks is to complete a provincial inventory of systems, services and equipment impacted by the amended legislation. Remember that these amendments don’t just impact information systems but also things like sophisticated diagnostic equipment and consulting contracts. The focus provincially has been to identify the top 20 systems and to work with those vendors on compliance strategies. Members of the provincial group are taking the lead on assigned vendors.

“The legislation requires compliance with the legislation for all new contracts entered into after the legislation received Royal Assent (October 21, 2004). For contracts that existed prior to Royal Assent there is a requirement to work toward compliance. Since most health authorities had contracts in place with their vendors prior to Royal Assent, the focus right now is working on compliance strategies with our vendors. The approach being taken is very similar to the work that was done related to Y2K where efforts were focused on making systems compliant.”

2. Obligation to report foreign demand for disclosure.

Foreign demand for disclosure is defined by FOIPPA as, “a subpoena, order, demand or request that: (a) is from a foreign court, an agency of a foreign state or another authority outside Canada and is,

(b) for the unauthorized disclosure of personal information to which this Act applies”.

3. Unauthorized disclosure of personal information is now defined by FOIPPA as, “disclosure of, production of or the provision of access to personal information to which this Act applies, if that disclosure, production or access is not authorized by this Act.”

Public bodies are now required to report all demands for foreign disclosure and suspected unauthorized disclosures of personal information to the Minister responsible for the Act.

4. Whistle blower protection

Section 30.3 of FOIPPA states that, “a public body must not dismiss, suspend, demote, discipline, harass or otherwise disadvantage an employee of the employer, or deny that employee a benefit” if he/she acts in good faith and notifies the minister responsible for the Act of a foreign demand for disclosure, an unauthorized disclosure or refuses to contravene the Act.

5. Unauthorized disclosure prohibited

Section 30.4 states that a person who has access (authorized or unauthorized) to personal information in the custody/control of a public body must not disclose that information unless outlined by FOIPPA.

6. Application to employees and others

The requirements as set out by FOIPPA now apply to employees, officers, directors of a public body and any service providers (their employees and/or agents). The definition of employee now includes volunteers and service providers.

Many public bodies, particularly in health care, have had the foresight to develop tools such as data access agreements, confidentiality acknowledgements and guidelines for collection, access and disclosure of personal information for service providers. These tools have FOIPPA references in them. Contracts with such service providers are now legislated to be in accordance with FOIPPA.

7. Disclosure inside or outside Canada

Section 33.1 outlines when disclosure can occur inside or outside Canada. Of particular interest is 33.1(1) (j) in the case of the Insurance Corporation of British Columbia (ICBC). This part of the Act outlines conditions for disclosure to ICBC for the purposes of investigating, managing, settling an insurance claim. Since most ICBC requests are accompanied by patient authorization, this amendment should not affect the majority of requests. It will be interesting to see some OIPC rulings in the future, however, to determine the extent to which this amendment can be used to obtain information.

8. Disclosure inside Canada only

Section 33.2 now offers items (a) through to (k) for disclosure within Canada only. Of note, disclosure to law enforcement (formerly 33(n)) is now 33.2 sub item (i).

9. Privacy protection offenses

Under 74.1 of FOIPPA, a person (employee, service provider) who allows access or storage of personal information outside of Canada or does not report foreign demand for disclosure commits an offense. In addition, any person (employee, service

provider) who contravenes whistle blower protection or allows unauthorized disclosure to occur also commits an offense.

This section of FOIPPA now also states that an officer, director, or agent of a public body who permits or assists in some way with an offense is subject to prosecution (whether or not the public body is prosecuted for the offense).

A person who commits an offense is now liable as follows:

- an individual - up to \$2,000
- a partnership or an individual who is a service provider up to \$25,000
- a corporation – up to \$500,000

SUMMARY:

In many ways this is going to be a very interesting time in privacy legislation. Since the interpretation of legislation is often guided by past rulings we are, in some instances, entering into “uncharted territory”.

In the months to come, if you experience or hear of interesting interpretations of the amendments to FOIPPA I would encourage you to document them and share them with all of us.

REFERENCES

1. The Freedom of Information and Protection of Privacy Act, RSBC. 1996, c 165. Available at http://www.qp.gov.bc.ca/statreg/stat/F/96165_01.htm



**KELOWNA IS THE PLACE TO BE
IN SEPTEMBER.....**

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WATCH FOR DETAILS IN UPCOMING PRINTOUTS AND THE HRABC WEBSITE

2005 Conference Update

Bachelor of Health Administration Program at Athabasca University....

By: Seana-Lee Hamilton

Since January seems to be the month when we all try to start something new and live up to the promises we keep to ourselves, I decided it would be an ideal time to find out more about this particular degree program.

Thomas Palakkamanil is the Program Director for the Bachelor of Health Administration Program at Athabasca University. He was more than pleased to give me more details about this program and answer some questions I had about credit transfers, etc.

This program is ideal for Health Record Professionals, Long Term Care Managers, and other professionals working in health care who have a Grade 12 Diploma.

In order to obtain the degree you must obtain 90 credits. A student with a diploma (from Douglas College (or BCIT) would obtain a

maximum of 42 transfer credits. However, if you have other university courses deemed applicable to the program (accounting, health economics), you can receive additional credits towards your degree. Work experience of more than 5 years as a manager/supervisor at a hospital or health care facility can also apply towards credit.

There are a few on-line courses available however, most of the courses are home study courses.

For more information on the program, please visit the web site at:

www.askau.ca or www.athabascau.ca
(look under State and Legal studies).

You can also contact Thomas Palakkamanil at thomasp@athabascau.ca or you can contact call him at 1-888-624-8404.

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You will be able to print off a hard copy of the Printout from the PDF file.**