

PRINTOUT

VOLUME 13 No. 2

MARCH/APRIL 2005

A Word From the President

Hi everyone! I hope this latest edition of the PrintOut finds you all well. This month, we are looking for some creative members who would like to make a real mark on their association. We are inviting everyone to submit ideas for a new association logo to go with our upcoming name change (to the British Columbia Health Information Management Association). Please submit your ideas directly to me at sharon.baigent@vch.ca. The prize for the person whose logo is chosen to represent our association will be free registration at this year's conference in Kelowna. Please have your ideas to me by July 1st. The winning entry will be chosen by this year's Executive team.

In the last couple of months I have had the opportunity to attend a National Alliance teleconference and an AHIMA audioconference entitled Transition from Paper to Electronic Records.

National Alliance Teleconference – The National Alliance is made up of Association Presidents across the country. At this meeting we discussed:

- CHIMA Board discussion of letters and issue document regarding non HIM professionals performing HIM responsibilities. There was discussion related to promoting the profession, which is one of the HRABC goals as well.
- CHIMA Board discussion and next steps regarding opportunity to challenge national certification examination. It is being considered whether there will opportunities given to CHIMA members in the field who do not have the Health Information Professional designation to challenge the national certification exam. This is a contentious issue and will be up for

discussion at future Alliance and CHIMA meetings. It may be on the ballot for CHIMA members to vote on at the June meeting.

- CHIMA Board discussion and next steps regarding a unified national provincial HIM association. A small group has been brought together to discuss this issue further. This group consists of those who oppose the idea and those who embrace it. It does seem that there is a lot of uncertainty associated with this issue and hopefully more information will be available shortly, after the small group has a chance to get together and discuss it.

AHIMA Audioconference – This audioconference on the Transition from Paper to Electronic records focused on the role that Health Record Professionals could/should play in the development of the Electronic Health Record. The presenters stressed that we, as a profession, should ensure that we are included in the planning phases. We need to make our voices heard.

In June, I will be attending the Canadian Health Information Management Association (CHIMA) conference in Winnipeg. I'm looking forward to getting updates on some of the items noted above from the National Alliance, and other issues as well. I hope to see some of you there.

I'd like to bring you up to date on the activities of your Executive committee. We have had two full Executive meetings and one Core Executive meeting. Our next meeting is scheduled for March 19, 2005.

It is with regret that I inform you that Seana-Lee Hamilton had to resign from her



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
May 11th...May/June edition

2004 - 2005 HRABC
EXECUTIVE COMMITTEE:

President:

Sharon Baigent, Regional Manager
604-984-5909
sharon.baigent@vch.ca

Past President:

Michelle Bamford
250-727-4194
michelle.bamford@caphealth.org

President Elect:

Gary Arnold
604-466-7901
gary.arnold@fraserhealth.ca

Treasurer:

Angie Kinrade
250-709-3000 (local 4230)
angelina.kinrade@cvihr.bc.ca

Secretary:

Donna Wong
604-984-3751
donna.wong@vch.ca

COMMITTEE CHAIRS:

Data Quality Committee:

Susannah Campbell
250-624-0261
susannah.campbell@northernhealth.ca

Membership & Credentials:

Jane Kitazaki 250-314-2531
Jane.Kitazaki@interiorhealth.ca

Programs & Arrangements & Webmaster:

Cathe Johnson
604-875-3748
cathej@interchange.ubc.ca

Public Relations/Publications:

Gary B Arnold
604-466-7901
gary.arnold@fraserhealth.ca

HEALTH RECORD ASSOCIATION OF BRITISH COLUMBIA

Future Business Centre
200 - 4170 Still Creek Drive
Burnaby, BC, V5C 6C6
1-800-573-4555
www.hrabc.net

position as Chair – Public Relations and Publications for personal reasons. Gary Arnold has graciously stepped into the breach and is now wearing this hat as well as that of President-Elect. We all thank Gary for taking this on. We are appealing to anyone who may want to step into this role as of September to let us know. Gary cannot continue in this role after September as he will be taking over as President. This is your opportunity to make a real difference. Please consider volunteering for your association. Gary would be happy to talk to anyone interested about the role. He can be reached at gary.arnold@fraserhealth.ca.

We are actively working on the following initiatives:

Council of Presidents – As reported in the January/February PrintOut we asked the Council of Presidents to help us with the issue to HRABC membership. We need to know what our members want from their association and we need to determine how to meet those needs. The responses we received from the council included:

- Have senior members recruit junior member (similar to AHIMA's member-get a-member program).
- Establish short and long term goals to move us towards our mission statement, "...to promote excellence in health information management and professional practice."
- Make sure that the association goals and activities have tangible relevance for people in the field in order to encourage participation.
- Establish membership targets and strategies to meet these targets. This particular suggestion led to discussions of membership data trending which we are attempting to do.

The Executive committee will now endeavour to determine how to put these and other suggestions into practical and actionable terms.

Association Name Change – We continue to be committed to the association name change. I am currently awaiting the paperwork to officially apply for the use of the proposed new name (British Columbia Health Information Management Association). We are aiming to unveil our new name at the conference in September along with a new logo. Don't forget to get your ideas for a new logo in by July 1st.

Conference 2005 – Mark your calendars for September 15 – 17 at the Coast Capri Hotel in Kelowna. This is going to be a great conference so start talking it up with your co-workers and let's all plan to attend.

Electronic PrintOut – We are continuing to move to an electronic PrintOut. Keep an eye out for further information about the changeover in coming issues of the PrintOut.

I will continue to keep you updated 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. Have a great Spring!

"HARVESTING OUR INNOVATIONS" KELOWNA IN SEPTEMBERPLAN TO JOIN US HRABC ANNUAL CONFERENCE

SEPTEMBER 15 – 17, 2005

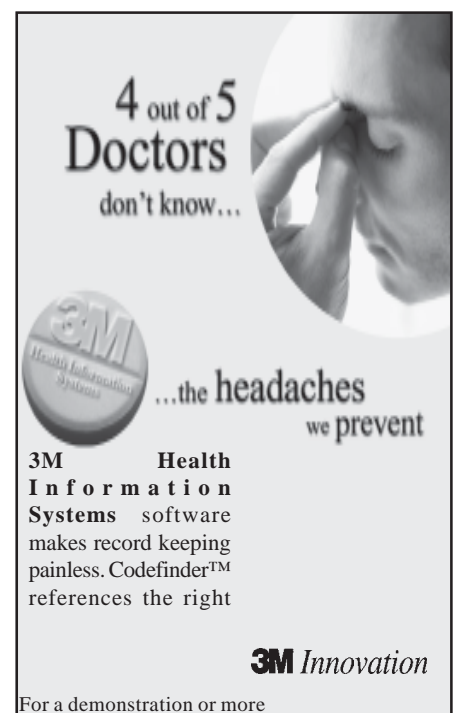
COAST CAPRI HOTEL

SHOWCASING OUR TALENTS:

DOES ANYONE OUT THERE KNOW OF AN HRABC MEMBER THAT IS INVOLVED IN SOME INTERESTING, INNOVATIVE WORK OR PROJECT??? ANY SPECIAL ACHIEVEMENTS THAT A MEMBER MAY HAVE ACCOMPLISHED? WE WOULD LIKE TO DO SOME BRIEF "SPOTLIGHTS", THROUGHOUT THE CONFERENCE, ON THESE MEMBERS.

PLEASE SEND
ALONG AN EMAIL WITH ANY
SUGGESTIONS TO:

CATHE JOHNSON, CHAIR, PROGRAMS &
ARRANGEMENTS COMMITTEE
Cathej@interchange.ubc.ca



4 out of 5
Doctors
don't know...

...the headaches
we prevent

3M Health
Information
Systems software
makes record keeping
painless. Codefinder™
references the right

3M Innovation

For a demonstration or more

FROM MY DESK

Gary B Arnold, CCHRA(C)
President-Elect, HRABC
Chair, Public Relation and Publications Committee

I have to confess to feeling a bit of déjà vu as I started writing an editorial comment, having spent four years previously as Editor...to say the least it was a shock to hear myself offering to step in again!

Although she only had the opportunity to serve for a few months as Chair, PR & P, I would like to thank Seana-Lee Hamilton for the energy and vitality she brought to the Printout. She is such an enthusiastic, vibrant individual and given the opportunity, would have done great things with our journal. Unfortunately her personal commitments were such that something had to give, and she opted to pass back her executive responsibilities, rather than only giving it partial effort.

Thank you Seana, we all appreciate you!

It is with great excitement that I look forward to the coming months, as we literally enter into a new era in our professional association. We will soon be flying a new banner when we become the **British Columbia Health Information Management Association**. Our current name, **Health Record Association of British Columbia** [HRABC] will become part of our history, along with the **British Columbia Association of Medical Record Librarians**. We have been the HRABC since 1976 and in the succeeding years have seen huge advances in technology as well as our own role – in Health Information.

With this change, the Association is also going to be making a major change to that most visible item that signals our membership. The Printout as we have all known it – in various sizes, paper textures, binding and quality, is going On-Line. The paper edition is soon going to disappear from sight – to be found exclusively in our Website [www.hrabc.net] in a “Members only” section. Each edition will appear essentially the same as it is now – but

will be in a PDF format. Members will be given a personal access code to enter into that area of the website, and along with the Printout will be special member promotions, privileges and information. A lot of work has gone on to reach this point and I know it will be a great success.

Why go On-Line? We are Information Professionals and should be able to access information from any base we are logged in from – anywhere in the world. Secondly is the cost. Currently, the paper Printout is the largest single item in the HRABC budget – and the savings realized from putting the Printout into this format can be utilized in other initiatives for our membership development. Thirdly, is the effort and cost involved with the bi-monthly mailing of each issue. Many hours of volunteer time are devoured with getting a paper copy to your home or workplace.

It is time to move forward!

One of my favourite topics on this page has been the theme of volunteerism as part of our professional responsibilities. I gently raise the subject again for a few reasons because it is time to begin considering how **you** would fit into the executive mix for the upcoming executive year. Our past President, Michelle Bamford has five executive positions to fill before the Annual General Meeting in September. I’ve extolled the virtues of the benefits of participating many times in the past, so won’t belabour the point here. Please seriously consider standing forward and becoming involved in your profession – beyond the workplace!

Two groups of individuals I’ve dealt with recently have caused me to beat the drum of participation loudly, because they have impressed me so much with their own willingness. The first group are the members of the **Council of Presidents** who, after serving in the presidential role for three years, are still willing to participate as counselors or advisors to

the executive. They were ready to participate when asked – and never hesitated to become involved again.

The second group are a smaller group – two members precisely – Associate members from the Douglas College Health Information Services Program [HISP], **Joyce Guedes** and **Rose Caday Malcolm** who have offered to act as their class representatives to the HRABC and perhaps create a closer linkage between the association and the newest of our members. Rose also serves as the Class Representative to the HISP Advisory council as well as carrying a full course load.

Do you have to have lots of time to be a volunteer? Absolutely not, but the attitude of wanting to participate and contribute back to your profession are essential. Do you have what it takes to help out? Absolutely! We are not a team of superstars – but merely individuals who feel that what we do for a living can be enhanced – elevating our employment from a “job” to a “career path” with exceptional challenges and learning experiences.

To assist Michelle Bamford in her recruiting, I would like to announce that we will need someone to fill in as Chair, Public Relations and Publications commencing at the AGM in September. This person is also the editor of the Printout, which publishes six times per year. If you or someone you know would have an interest in assuming this role, please feel free to contact Michelle or myself for more information. I would like to “mentor” the new editor into the role prior to the conference, as my time afterward will be limited – so if you want to help out and learn how to prepare the Printout...this is a great job!

It is good to be back at a familiar desk, and I look forward to some of the submissions over the coming issues – and preparing to make the leap into a whole new era!

Confidentiality Awareness Events... Educate & Celebrate

By: *Seana-Lee Hamilton*
Coordinator, Information Privacy, Fraser Health

Why should we support confidentiality awareness campaigns?

"The Freedom of Information and Protection of Privacy Act (FOIPPA), Section 30 states that public bodies are required to have mechanisms in place to protect the privacy of personal information. This also implies the need to have educational programs on privacy in place. As you are all aware, education and promotion of confidentiality is also an integral component in our profession.

An awareness event is not only a time to educate our staff, volunteers and service providers on confidentiality, it is a time to celebrate our profession and our contributions to health care. A lot of education and training goes in to making us specialists in our fields and we play a vital role in the delivery of health care.

What tools are out there?

Fraser Health has opted to follow the week recognized by the American Health Information Management Association (AHIMA). Every year, AHIMA recognizes a week to promote information privacy. This year, the event runs from April 10-16, 2005. The AHIMA web site has a variety of promotion tools (lollipops, pens, hats, t-shirts, etc.). There is a theme for each year and most of the promotional tools can be purchased with or without the theme along with your organization's name on them.

Do you have the time to put an event together?

Planning and implementing an event does not have to be time consuming. The best place to start is to recognize your time and "people power" constraints. I have found it beneficial to follow the steps listed below in deciding the type of event I can plan and support:

1. *Do I have time to plan the event, support it for a week and order promotional items?*

If the answer is "Yes" then you can proceed with a week-long event. Here are some possibilities:

- E-mail campaign - with a daily email for 5 working days - kick it off with an e-mail from the CEO. Coordinate this with your communications department.
- Site visits - call on your professional partners and see if you can get a few sites to host a 45 minute session on privacy. Bill 73 is a hot topic right now and may draw a crowd. Once the visits have been set, create some posters and send them to your colleagues for posting at their sites. If you have promotional items on the way, you can offer them as draw prizes or rewards for those who ask questions.

2. *Am I limited in the amount of time I have to plan an event?*

If your time is limited, you may decide to run an email campaign for 5 days or less and to scale down the event. You can still be creative and look to a meeting or speaking engagement that is already scheduled (such as a large scale task force meeting or a management meeting) and ask if you can address privacy at the event.

- Limiting the number of site presentations will certainly reduce the amount of time spent supporting the event and may provide you with a comparatively large audience.
- If you can not get out to present another effective option is to create a Power Point presentation and post it on a site within your network. You can refer to the location of the presentation in one of your emails and/or send it as an attachment.

3. *Am I too busy right now to take something like this on with no support staff and am I feeling professionally obligated to get some sort of an event in place?*

Let's face it, we are working hard and sometimes there are no resources to pull from. In such instances you have to be creative. You may still be able to tackle the email campaign and there may be another "trick up your sleeve". If you have access to a printing department or a company close by - you could get some posters made and table cards (for the cafeterias) as well. Contact the staff in the cafeteria(s) and see if they can arrange to place the cards on the tables in the cafeteria(s). The posters could be sent to each Health Record and Admitting Department for distribution within each facility (remember, the words "please help distribute" go a long way!)."

Ideas..Ideas..Ideas....!!!!

For those of you struggling for ideas for your email campaign, here are some messages Fraser Health has used in the past:"

Message One:

Keep patient/resident/client information confidential. Why?

The patient/resident/client owns the information (although the hospital owns the record); it's not ours to share.

- Don't talk about patients/residents/clients in the elevators, the cafeteria, or outside of the workplace.
- Use care when discarding patient/resident/client information shred or use confidential disposal.
- Staff and students – don't take patient/resident/client information offsite.

- Remember to log off your computer or lock your workstation when you leave your desk. Your personal computer user ID is equivalent to a legal signature.

For more information, see the following policy, which is available on the Fraser Health Intranet.

Message Two:

When is it okay to access patient/resident/client information?

Access personal information only on a need to know basis, to perform the duties of your position.

- Patient/resident/client requests for access to information should be referred to the Care Manager during the patient/resident/client’s stay.
- Requests from outpatients and discharged inpatients should be referred to the Health Record Department at your site.

How do I access my own personal health information?

Contact Occupational Health or the Health Record Department and complete an Authorization for Release of Patient Information form.

For more information, see the following documents, which are available in your Health Record Department or on the Fraser Health Intranet.

Message Three:

What is the Freedom of Information and Protection of Privacy Act?

The Freedom of Information and Protection of Privacy Act ensures:

- THE RIGHT TO ACCESS records held by the public body.
- It ensures PROTECTION OF PRIVACY of an individual’s personal information.
- It ensures that there is a PROCESS FOR INDEPENDENT REVIEW AND INVESTIGATION OF COMPLAINTS made by the public.

What are my obligations under the Freedom of Information and Protection of Privacy Act?

- Who has a duty under the Act? **Everyone.**
- You are obliged to keep patient

information confidential, and you are obliged to assist requestors are seeking information under the Act.

Who can help if I have questions?

- Your Health Record Department
- Office of the Information and Privacy Commissioner (OIPC) for BC (ph. 250-387 5629; web site: www.oipcbc.org).

Message Four:

“You See it, You Hear it, You Protect it, Health Information” Fraser Health’s Confidentiality Awareness Week – Word Search

Directions: Find 15 words related to confidentiality.

KEY:

- | | | |
|-------------------|-----------------|---------------------|
| 1. Privacy | 6. Information | 11. Clients |
| 2. Security | 7. Patients | 12. Residents |
| 3. Health | 8. Confidential | 13. Respect |
| 4. Access | 9. FOIPPA | 14. Trust |
| 5. Health Records | 10. Password | 15. Professionalism |

A	E	I	A	R	P	R	I	V	A	C	Y	A	N	M	A	J	K	L	K
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C	L	I	E	N	T	S	O	P	A	S	S	W	O	R	D	D	S	E	S
M	M	A	C	A	A	B	E	Q	U	A	T	T	I	N	G	G	U	N	M
J	O	R	C	A	N	N	E	B	A	T	P	I	E	C	C	E	R	T	A
Y	E	S	A	N	D	B	M	A	M	M	P	A	T	I	E	N	T	S	A
W	E	A	R	E	N	O	O	U	N	V	E	E	R	T	U	Y	T	R	A
Q	H	E	A	L	T	H	R	E	C	O	R	D	S	S	N	N	E	Q	P

Let’s Get Going!!!

No matter when, where or how you decide to provide ongoing education and awareness on confidentiality (our requirement under FOIPPA), remember to scale it to what fits into your work world. You will find the task enjoyable when you select an event this realistic and achievable.

If any one out there has some “lessons learned” from planning and running events please write in and share with all of us!”

REFERENCES:

- 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

OUR UNIQUE IDENTIFIER

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

As Health Information Professionals, we have all received training in and understand what "unique identifiers" are. We know that it is the items like Personal Health numbers, social insurance numbers that enable us to identify a person with certainty.

One of the items which "identify" us as professionals in the Health Information field is our professional designation – the CCHRA (A) or CCHRA (C) showing we have challenged and passed the examination set out by the Canadian College of Health Record Administrators (CCHRA) and are members in good standing. Current membership in the CCHRA is a criterion which many employers expect and have written into their job descriptions.

However, many in our profession freely make use of the designation, not knowing or perhaps not caring that they are claiming the right without being qualified. In fact, only about 2500 CHIMA members have the legitimate ability to display the CCHRA () behind their names.

Much has been said lately from our national health information association, the Canadian Health Information Management Association (CHIMA) which clarifies who may or may not use the CCHRA designation.

In the Winter 2005 issue of the **CHIMA Source**, Executive Director Gail Crook commented on this topic. "...I want to talk about that professional designation and our right as members to use that designation. Did you know that the CHIMA and CCHRA bylaws clearly state that you must be a current paid-up member of CHIMA to use your designation. If you are not a paying member of CHIMA, you are not entitled to use the designation after your name. "What does that mean?" It means that the College has the right to strike your name from the CCHRA registry."

These are certainly plain words which should impact on each of us who care about the profession we have dedicated ourselves to.

I have talked with many in our industry who feel that "I wrote the exam, I passed the exam – I can use the designation!" which is clearly incorrect thinking as pointed out by Gail Crook. Do you fit into this group?


Many Health Information Professionals simply opt not to belong to CHIMA because they feel the cost is too high and feel they don't get enough from it. Nothing can be farther from the truth, especially when compared to other healthcare associations – the annual membership fees are very low! Perhaps if more of us belonged and took an active part in our profession we would have

a stronger, more vibrant voice which would be heard in more corners of our industry.

We all want more from our professional associations – and this is a fair expectation. But, as individuals, what are we prepared to offer in return? The first and most important step is to **belong!** If we are on the outside complaining... what impact is there? You need to join the 2500 current members who contribute the resources gained through membership fees to enable the association to do the business for all Health Information Professionals in our country. The second step to fulfilment of professional commitment comes with your involvement – these are volunteer organizations – and the work has to be done by "somebody" – why look to "somebody else" when you could be the person jumping in and making the difference!

If we want our industry to be strong, we must show more interest and involvement in our associations. They are not set up, just as a place to send membership fees every year. They are your voice, your link to your profession as a whole and our place in healthcare.

We **are** professionals, proven time and time again by the quality of work we produce. But we have to take the step to belong – to ensure that our professional identity is genuine. The designation after my name is used with pride – I earned it by challenging the national certification examination, and I demonstrate my active affiliation with the profession by using the CCHRA (C). It is MY unique identifier, so that my peers can know that I am involved and interested in where our profession is going.




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To learn how Synergize® can work for your healthcare organization, call 905-881-6071, visit www.microdea.com or email: info@microdea.com



Using Coding Scenarios to Cement Data Quality Activities

By Gerald Yu, MHA, CCHRA(C), F.CIM
Coordinator, Coding Standards & Data Quality, Fraser Health Authority
Member, HRABC Data Quality Committee

There are all types of data quality activities being initiated among health information professionals. You hear or read or even participate in these activities. As great as these activities are ranging from a simple comprehensive review of CIHI coding standards to a complex re-abstraction study, there is nothing more effective in cementing the information generated by these activities than using coding scenarios to reinforce the knowledge. Coders in the Fraser Health Authority have always raved about the coding workshops offered by CIHI and their main reason has always been the effective use of scenarios to cement the coding standards being discussed. To that end, FHA copied the idea and started publishing our own coding scenarios bimonthly to cement many of our data quality activities. The publication is named Coding Matters and here is the story of how it came about.

The first edition of Coding Matters was published in September 2004. To date, there are four editions. Coding Matters started off generically as Coding Scenarios. The development of it came at a perfect time for our authority. I have been in my current role as data quality coordinator for about a year. We have just finished a busy summer of implementing our Data Quality Assurance Program for DAD. There were so many new and existing guidelines (authority wide as well as CIHI) that we needed a medium to ensure that our coding staff is following them. In essence, we recognize that data quality starts and is driven by this talented group of professionals. At our monthly Clinical Data Management Group (CDMG) meeting in September, we decided to publish our own coding scenarios to address our needs.

The first three decisions we made after deciding on publishing our own coding scenarios were the scenarios must not include answers (this will be

explained later), the scenarios are meant for sharing and learning and not testing, and the editor role be given to me. Going back to the scenarios must not include answers. Our intent is that each coder will first code the scenarios by himself or herself. We also encourage all coders at the site level to share their answers and to discuss the scenarios. We were hoping that this would promote a sharing and learning environment in the workplace as well as to create a data quality culture. Coding Matters without Answers is sent electronically (using a distribution list in Outlook) at the beginning of the published month. At the same time, the edition with answers is put on the Intranet for coders to reference.

You must be asking what types of scenarios are published. The answer is all types. I would say the success of Coding Matters rests solely with coder participation. After the first edition, I have asked all coders to submit scenarios to me – the ones that examine coding and abstracting guidelines. I want the scenarios to be current as well as real and that is why we use "real live" documentation. None of the scenarios have personal identification published – don't worry ROI professionals. I change all the names (patient to physician) but the text of the discharge summary, operative report, and delivery note are all from real live reports. The feedback on using "real live" text from reports has been overwhelmingly positive. Coders just prefer real scenarios because the realism is there.

To date, we have examined guidelines such as: the trick to hemorrhoid coding is locating where the hemorrhoids are in relation with the dentate line, include notes for diabetes, to sequence low birth weight of less than 2500 grams first for preterm neonates, don't forget to select cesarean section with use of forceps procedural code with failed trail of forceps, to select chronic obstructive pulmonary disease with acute lower respiratory infection code

(J44.0) for patient with COPD and pneumonia, and many others including a few of our own guidelines.

Another important component of Coding Matters is our Inter-Rater Reliability group. Inter-Rater Reliability helps to establish consistency in coding of scenarios/re-abstracted charts by coders duplicating the same results as a group - ultimately becoming our gold standard. Before each edition is released, I select 3 coders randomly from our 12 sites to participate in this group. All four of us code the scenarios individually and then share our answers. If there are differences in code selection, we share, research, and learn from each other. To date, there is not one scenario that the Inter-Raters cannot agree. In the edition with answers, I will then include either or both a summary of the discussion and the source that settled our differences. After the release of each edition, I welcome feedback as well as challenges. Since coding is an art rather than science, at the end of each edition, besides the credits, I have included the following statement, "Answers are subjected to Inter-Rater Reliability with interpretation and CIHI Canadian Coding Standards 2004." Even with that statement, I still get a few challenges. Having said that, I enjoy getting challenges because at least I know the coders are thinking and caring about selecting the right code – the few challenges were at the specificity level and not the rubric level so it is not a big deal. Didn't I say earlier that coding is an art?

Coding Matters has given me the opportunity to interact with my fellow coders from my mahogany desk (I wish). It allows our organization to cement our data quality activities with our coding staff. Most importantly, it enables us to foster a learning and sharing environment in the workplace as well as to create a data quality culture. The name Coding Matters was selected and voted on by our coding team and my sincere gratitude to the coding team (director, managers, coordinators, analysts, and coders) at Fraser Health Authority for making it a SUCCESS.

THE CONTEST

TO TAKE US FROM:

HRABC

TO

**BRITISH COLUMBIA HEALTH INFORMATION
MANAGEMENT ASSOCIATION (BCHIMA)**

Design a new logo for our Association and submit it to Sharon Baigent prior to
01 July 2005.

The winner receives conference registration for the 2005 HRABC/BCHIMA
convention at Kelowna, 15 - 17 September, 2005

See contest details on the HRABC Website - www.hrabc.net