

Creating a Health Information Services Structure for Fraser Health

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The History of Fraser Health

On December 12, 2001, the Fraser Health Authority was formed when the former Fraser Valley Health Region, South Fraser Health Region and Simon Fraser Health Region were amalgamated. Fraser Health Authority (or Fraser Health as it is commonly known) was one of six health authorities in British Columbia when the provincial government announced the redefinition of health authority boundaries in B.C. Of the resulting six health authorities, five have geographic areas of responsibility while the Provincial Health Services Authority has responsibility for the administration of provincial programs.

Fraser Health covers the area from Burnaby in the west to Boston Bar in the east. There are twelve directly managed acute care facilities in Fraser Health along with a number of affiliated and contracted facilities. Services provided to the 1.4 million residents in Fraser Health, along with those who access Fraser Health from outside its boundaries, include public health services, acute care services, mental health services and continuing care services. The annual operating budget of Fraser Health is approximately \$1.5 billion with services delivered by approximately 20,000 staff. There are approximately 1,800 physicians with privileges at facilities within Fraser Health.

Developing the Organization

Following the creation of Fraser Health, a commitment was made to have the organization structure in place by mid-April 2002. An interim Senior Administration structure was put in place very quickly and was fine-tuned early in 2002 to create the permanent structure. Each of the members of the Senior Administration then went about creating their administrative structures. From the beginning of Fraser Health, Health Information Services has been part of the portfolio of the Vice President Corporate Services & Chief Financial Officer. There were some different titles for Health Information Services in early iterations of the Fraser Health organization chart but the title Health Information Services was developed to include Health Records, Registration (Admitting), Information Analysis & Security and Switchboard Services. By early 2002, it was decided that Health Information Services would be part of the Chief Information Officer's portfolio along with Information Technology Services and Information Systems Services. The Chief Information Officer, Neil Currie, was appointed in early 2002. Neil quickly posted the positions for the three directors for the three distinct areas in his portfolio. By April 2002, the three directors had been appointed: Brent Eriksson, Information Technology; James Orobko, Information Systems Services; and David Thompson, Health Information Services.

Each of these three areas then went about developing their own organization structures. Administration for Fraser Health had deemed that any positions of a Manager, Director and above had to be posted prior to being filled. At the beginning of May 2002, four manager positions in Health Information Services were posted. These were: Manager, Health Records – Fraser North; Manager, Health Records – Fraser South; Manager, Registration Services and Manager, Information Analysis & Security. The organization structure below reflects the organization structure in Fraser Health. There were some subsequent reorganizations in Fraser Health that resulted in some title changes to the Managers in Health Records and the Registration Services Coordinators. By the end of May 2002, three of the four Health Information Services managers had been selected: Jill Buchan (Manager, Health Records – Fraser South), Keli Swinnard (Manager, Health Records – Fraser North) and Kathy Cipriano (Manager, Registration Services). For Health Records, the appointment of the managers completed the organization structure as the Health Records Coordinators at individual sites were already in place. For Registration Services, it was necessary to post the position of Registration Services Coordinator for Fraser South and Fraser East as there was no one in this position. In creating the organization structure for Fraser Health, it was necessary to create an organization structure that supported all of Fraser Health by effectively utilizing existing budgets. This meant the reallocation of funds from one area of Fraser Health to other areas to ensure a consistent organization structure.

In the early days of Fraser Health, it was evident that some decisions needed to be made about the Information Analysis & Information Security area, as there was some over-lap between this area and another area of the organization called Integrated Analysis & Evaluation. By the beginning of August 2002, the Directors of Health Information Services and Integrated Analysis & Evaluation had come to an agreement that Integrated Analysis & Evaluation would recruit for a Manager of Information Analysis and that Health Information Services would recruit for a Manager of Electronic Health Information Initiatives & Information Privacy. The result would be that the Clinical Data Analysts in Health Information Services would report to the new Manager of Information Analysis. The coding function remains within Health Information Services and it has been recognized that there needs to be a strong working relationship between the Manager of Information Analysis and the Health Records group.

Why Not Organize Based on Process?

The Health Information Services structure that was designed for Fraser Health is fairly traditional. The structure is based on a mix of corporate functional responsibilities and geographic responsibilities. There was some thought to developing an organization structure based on processes (e.g. transcription, records management, data collection, admitting, switchboard) but it was felt that Fraser Health could only move to this type of process-based structure when consistent information systems were in place across Fraser Health to support an integrated process.

Scope of Health Information Services

Health Information Services is made up of approximately 382 FTEs and a budget of slightly more than \$21 million. As financial systems in Fraser Health are consolidated and cost centres appropriately assigned to Health Information Services, it is expected that the actual number of FTEs is more like 425 and the budget closer to \$25 million.

Benefits & Challenges

The formation of Fraser Health has had some significant benefits for Health Information Services:

- Sharing of resources across Fraser Health. In her role as Health Records Application Coordinator, Grace Dobranski formerly supported the Fraser Valley Health Region. Within Fraser Health, her role is expanding to support Health Records across Fraser Health. Likewise, in Registration Services, our reorganization has allowed us to create a position of Registration Standards & Policy Coordinator (Monique Wahl) to establish data quality standards for registration across Fraser Health.
- We have been able share similar issues that we all faced in the former health regions on a broader scale and to work toward shared solutions.
- Groups such as the Clinical Data Management Group have been formed to look at Health Records data standards across Fraser Health.
- We have been able to build on existing information systems investments such as Meditech and Dictaphone to expand these systems across Fraser Health at a lower incremental cost by building on existing investments.
- The establishment of the position of Manager, Electronic Health Information Initiatives & Information Privacy reinforces our work in the area of developing the electronic health record and ensuring that our house is in order with respect to personal information privacy.

There have also been some significant challenges:

- The Clinical Services Directional Plan for Fraser Health has resulted in role definitions for some of our acute care sites which has had an impact on the delivery of services on those sites.
- We have been faced with the need to implement some significant cost reduction strategies that have had an impact on Health Information Services.
- We have all had to learn to work together and to be conscious of not imposing our old way of doing things on others.
- It has been a year of at least three reorganizations with each one having an impact on Health Information Services.

- The list of ideas and priorities far exceeds our available resources. There are many, many good ideas that need to be acted upon but the achievable list of priorities is much smaller than the great ideas.

Future Priorities

Health Information Services has identified some immediate priorities for the near future. These include:

- Implementation of an integrated abstracting system for Fraser Health.
- Integration of the existing Dictaphone dictation systems in Fraser North and Fraser South and expansion of the system to Fraser East.
- Playing an active role in the Meditech Migration strategy for Fraser Health.
- Implementing consistent practices and processes for core functions in Health Information Services (e.g. Release of Information, Coding, Chart Tracking, Registration).
- Developing a directional plan for Health Information Services.

Summary

The past year has been a very exciting one for Fraser Health. What is described in the preceding paragraphs is only a sample of the changes that have taken place since the formation of Fraser Health. We have gone from three separate and distinct health regions to an integrated health authority. An organization structure for Health Information Services has been created to ensure the effective provision of services within Fraser Health and to be a leader in British Columbia and the nation. With our significant organizational changes behind us, we can move forward to address our priorities and to reach our goals within the context of Fraser Health.

Fraser Health Authority - Health Information Services

