



Performance Improvement & Health Information



Health Information in VIHA – Challenges and Opportunities

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The Beginning... and then there was *VIHA*.

The world fears a new experience more than it fears anything. Because a new experience displaces so many old experiences... The world doesn't fear a new idea. It can pigeon-hole any idea. But it can't pigeon-hole a real new experience.

- D. H. Lawrence, English novelist

12/12... a new health care environment; a new way of doing business - a day for *new beginnings*.

When the Government of BC announced the change, moving from 52 health authorities down to six, VIHA's umbrella stretched across Vancouver Island, the Gulf and Discovery Islands and part of the mainland encompassing two health regions (Capital Health and Central Vancouver Island Health Authority), three CHC's (Campbell River/Nootka, Comox Valley, Mt. Waddington), one health services society (Upper Island/Central Coast Community Health Services Society) and the Central Coast Transitional Health Authority.

The mere idea that this new organization would have the responsibility for health service delivery on this kind of scale was overwhelming. But if one could see past the challenges of bringing together these many diverse organizations spread over a large geography with multiple facilities, services and programs, all with their own unique cultures, and ways of doing business, it was possible to see how improvements to service delivery to residents of Vancouver Island could emerge.

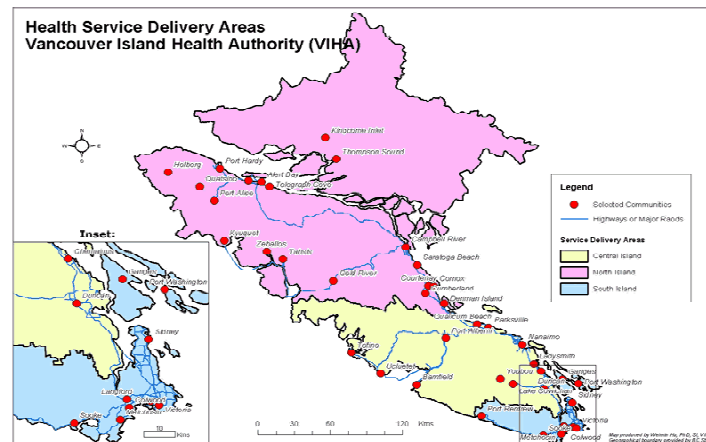
And...who is *VIHA*?

The Health Authority is divided up into three service delivery areas: *South* (between Port Renfrew and Victoria, north to the Malahat and east to the southern Gulf Islands); *Central* (between Mill Bay and Qualicum Beach and west to Tofino); and *North* (between Bowser and Port Hardy and west to Tahsis). This was done to accommodate the diverse needs of the various communities and to facilitate the transition to a new health authority.

Vital statistics:

With a budget of 1.03 billion, 16,431 employees organized between 14 unions and non-contract and 139 sites, provide acute services (1,534 beds), residential/mental health services (2,294), public and preventative health services to a population of 695,915. The acute sector ranges from a three bed facility in Port Alice to a 578 bed facility in Victoria (RJH) some 7 hours away.

The view from 60,000 ft:



The creation of... PI/HI

The portfolio of *Performance Improvement & Health Information (PI/HI)* (formerly known as Decision Support Services in South & Central) emerged in the spring of 2002. The merged portfolio included population health analysis, operational audit & analysis, clinical information, records processing/management, transcription, ROI, patient registration, patient placement, and switchboard.

In late October of 2002, the portfolio's Regional Director was announced and the management structure defined, and in December 2002, recruitment of three managers was complete.

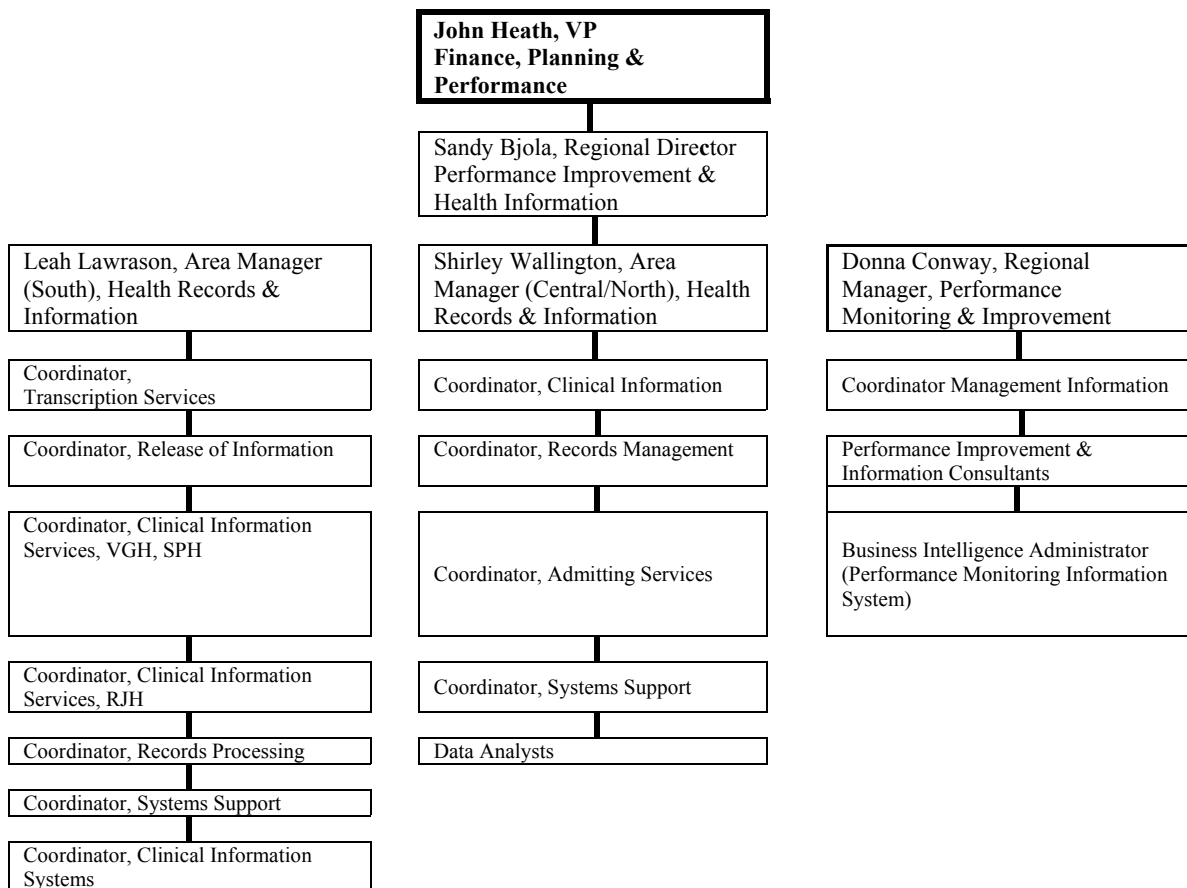
Introducing Our Leadership Team...

Leading the portfolio is the Director, Performance Improvement & Health Information, **Sandy Bjola**, who represents the service and supports the Board and Regional Executive Group in various activities, such as Health Service Redesign, Performance Agreements, Accreditation Preparation, etc.

Heading up the Performance Monitoring & Improvement division is **Donna Conway**. This group is "concerned with improving the organization's understanding of its performance and opportunities for improvement." Their focus has been to support the Vice-Presidents in understanding the performance of their portfolios and achieving

system improvements, reporting, monitoring and ensuring data quality, facilitating Management and Board access to information and monitoring a standard set of performance indicators. They achieve all of this by "contributing to the attainment of organizational goals through performance management: performance measurement, monitoring, reporting and improvement."

The Area Manager, Health Records & Information - South, **Leah Lawrason**, and the Area Manager, Health Records & Information - Central/North, **Shirley Wallington**, both provide leadership for records management, clinical information, release of information and transcription services within their respective areas for Acute and Long Term Care services. Both managers have a different mix of responsibilities and/or services within their area. **Leah**, as lead in a consulting contract with the Ministry of Health, provides advice to the Ministry on Health Authority information needs, uses and limitations. **Shirley's** portfolio, in Central/North, also includes data support and patient registration/ placement/reception. Although geographically structured at the Manager level, both portfolios are (or will soon be) structured along functional lines with coordinator positions in each of the major functional areas.



Some of our challenges...

1. Magnitude and Complexity

The size of our organization and the diversity of the communities within it, has made change initiatives quite complex. Simply getting the right players together to have a conversation about what needs to be done is challenging because roles and responsibilities continue to evolve, as do the priorities that services such as ours attempt to support.

2. Lack of integrated business process and information systems

Within days of the announcement of the six new health authorities, requests for information were for Island-wide data. While the Ministry of Health's PURRFECT software assisted us immensely, it became clear that we would need to find strategies to integrate our management information databases.

A physician recently asked "now that VIHA is one organization, can you confirm that we have an integrated medical records system on the Island?" While improving information flow in support of better care is high on our list of priorities, the infrastructure and systems required to support these changes will take time to develop and resource.

Large-scale information system implementations in the South (Cerner Integrated Clinical Systems) and in the Center (Meditech) and very little information systems development in the North, will require an information management strategy that rationalizes the very different current states in each of the service delivery areas.

3. Resources

One of the major challenges in attempting to manage business process change, implement integrated information systems, and provide information support on a scale that we have not seen before, is the lack of resources. Complicating this is the Administrative and Support budget reduction targets our areas must make as part of the Health Services Redesign Plan. The amount of resources available, and our ability to be creative within our budgets, will determine the extent to which we are able to meet needs.

4. Differences

The many organizations that merged to form VIHA all had different ways of doing business. Almost everything was different, right from the vision and mission statements, the organizational structures, the priorities, the organizational cultures, the needs of the population they served, and their resource base.

The one thing that was not different was the purpose for which these organizations existed: *to improve the health of the people of Vancouver Island.*

Moving forward...

Our moral responsibility is not to stop the future, but to shape it...to channel our destiny in humane directions and to ease the trauma of transition.

- Alvin Toffler, American futurist

Some of our successes...

1. Created a management structure that would support the operational needs of the individual local health authorities, align with other services and programs, meet the organizational needs and fulfill the mandate of the portfolio.
2. Have identified both short and longer term priorities to guide the portfolio's areas of focus.
3. Continue to build partnerships with the Ministry of Health and Canadian Institute of Health Information.
4. Produced a regional health authority profile that guided and aided the new Board and its management team in understanding the services provided in the region, the staff and medical team that provided those services and the population that they served.
5. Produced the region's first balanced scorecard.
6. Developed the performance monitoring framework for the region.
7. Provided regional population health data analysis and information to support strategic planning in the region.
8. Have met our Administrative/Support budget reduction targets for 2003-04 as required by the Health Services Redesign Plan.

Some of our priorities...

While the organization is in the process of defining its priorities, some important work for the Performance Improvement and Health Information portfolio includes:

- Providing integrated information and data to support planning & decision-making at the Board, Senior Executive and Director/Management levels.
- Continuing the development of performance measurement, monitoring, reporting and improvement processes.
- Participating in the development of an Information Management framework that includes policies on information sharing, data governance, data quality, etc., including operational policies on record storage retention & retrieval, release of information, physician documentation, etc.
- Developing a Management Information Strategic Plan.
- Developing information integration strategies, both in the paper and the electronic worlds.
- Using information technology to provide decision makers with timely, accurate, integrated information.

- Building decision makers capacity to use information.
- Partnering with other stakeholders to develop an Electronic Health Record strategy.
- Continuing the rollout of the Meditech ADT, MPI, Abstracting and Medical Records applications within Central Island.
- Implementing a networked dictation system, and software that stores and enables access to transcribed documents online, in the South.
- Establishing supportive committee structures.
- Supporting the Quality Councils and teams in preparation for accreditation.

Our future...

The Performance Improvement and Health Information portfolio is a newly formed group that is transitioning, evolving and adapting as we go. While we have many short-term priorities to address, we are trying to “think big” as we:

- ❖ transition towards the creation of the Electronic Health Record, changing our business processes to support the evolution to the paperless record, and
- ❖ ensure that information for care and for decision-making, is in the right hands, at the right time.

References:

1. <http://www.viha.ca>

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