

# PRINTOUT

VOLUME 14 No. 1

JANUARY/FEBRUARY 2006

## A Word From the President

Happy New Year to everyone. I've heard from previous presidents that the months just run away when you are in this role – and I can certainly believe it now! By the time that this is published, four months of my term will have been completed... And as active a period as it has been, there is plenty in store for me yet.

I was invited by **Gail Crook**, Executive Director of CHIMA to attend a three day conference in Victoria in mid November. The sessions were part of the CIHI partnership meetings – and centered around the Electronic Health Record. Day one was of particular interest since it was a joint CHIMA and AHIMA discussion "...related to the HIM North American Strategy and development of e-HIM@..."

During this presentation, we were treated to presentations by Gail Crook and **Sandy Fuller**, COO, AHIMA, among others. **Ron Parker**, design architect for the EHR at Canada Health Infoway presented information which described the basis of the Electronic Health Record through the framework and protection methods being designed into the programs.

I have to confess, that after many years of hearing about, reading about, and talking about the EHR, I came away from the session saying to myself... "I get it...I GET IT!". Ron's presentation was so clear and concise that he showed the linkages and security factors which were be in used

and conceived...very impressive.

The following two days were presented for people involved with many other interests in the EHR – from an academic perspective to design and commercial interests. While much of it was far over my head, I could grasp the concepts, based on the knowledge gleaned in the first day sessions.

The social evening was also very interesting as well, sharing an enjoyable evening with HRABC member **Karanne Lambton** and other Health Information Management professionals from across Canada. We sampled some of the local Saanich peninsula wines and shared a delightful dinner presentation – along with a lot of dancing following the meal...

My thanks go to Gail Crook and Karanne Lambton for encouraging me to attend a positive learning experience, and for CHIMA sponsorship to the event.

I was also fortunate to be invited to a meeting at the Health Sciences Association (HSA) offices on January 10, 2006 to attend, with other Health Sciences members – who represented their professional associations. Since HSA represents almost 50 professions they feel that they need closer linkage with the professional associations to aid in their awareness of some of the unique perspectives we all have. Much of this session was introductory, and dealt with the upcoming labour negotiations, but I feel some respect was laid out by the union for the role played by the associations.



Gary Arnold  
HRABC President 2005-2006

## On The Inside

A Word from the President .....	1 - 2
National Occupations Code .....	3 - 4
HRABC Data Quality .....	5 - 6
The Photo Reel .....	7 - 8
Douglas College Articles .....	9 - 12
Mark your calendars .....	13
HIPLIST Instructions .....	14

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## DATE FOR NEXT SUBMISSION IN 2006

March 8th, 2006  
March / April edition

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Now that the holidays have finished, it is time to finish working on a couple of small projects so that we can move forward on the association name change, which was accepted by the membership at our last AGM. In particular, President-Elect, **Janet Pitts** and I are working to review our constitution and bylaws, ensuring their currency, in all language and resolutions – and registering the update with the Societies Act Registrar. Once we have a current constitution, we will be able to adopt it as valid for our re-named association. I suspect this will be complete by the end of February.

I am also continuing to review our historical records for references to our honorary membership category, and frankly, am shocked at how long we have maintained and dealt with this group of individuals. To date, I have found references back as far as 1969 – when the category defined honorary members as “must having been a founding member of the society”. Since the bulk of our membership was not even born then, I guess we cannot abide by that definition...stay tuned, more to come...!

There has also been positive feedback regarding our Communication Chair **Teresa Ward's** first electronic copy of

the Printout. Can we call it a success? I sure hope so. After a conversation with Webmaster **Cathe Johnson** we have opted to keep a year of copies of the Printout in the Member Only section of the website, and then we will post them into an open area for visitors to peruse. I think they will be able to get a flavour of the vibrancy of our society by some of the contributed articles and activities.

I would also like to encourage each of you to look at some of the events that are happening in your own area and offer submissions to Teresa Ward. The editor's role is a challenge and often you need to pursue contributors ruthlessly. Everyone in the membership seems to enjoy reading the contributions – but it really is a small minority of members who regularly participate in writing for the journal. This is a shame, because I feel a lot of interesting work related items often go unnoticed, simply because nobody thought the membership would want to know...**YOU ARE WRONG**...if it is involving what we do for a living – in whatever capacity...let's hear about it!

If you have issues or concerns about your association, contact me directly or any of the executive members...let's resolve them and build a bigger and stronger association.

## The 2006 Executive



From left to right: Hanifa Ladhani, Teresa Ward, Tena Peters, Janet Pitts, Gary Arnold, Sharon Baigent, Donna Wong, Jane Kitazaki.

# *The Case for a New National Occupation Code for Health Information Management Professionals*

**By Lili Levesque, CCHRA(A)  
Vice-Chair, CHIMA Board of Directors**

Originally published in the CHIMA Source, Volume 2 Issue 4 Fall 2005  
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The National Occupational Classification (NOC) system is the authoritative resource for occupational information in Canada. The NOC structure provides a uniform framework that organizes our working world into a reasonable and understandable system. It is based on exhaustive cross-country study and analysis of occupations and how they shape our labour market. NOC codes are used extensively each day and help to better understand the jobs that shape Canada's employment framework.

For some time, our membership has perceived that the Clerical NOC designation disparages our profession at large. In response to these concerns, CHIMA, since 2001, has been petitioning for a more accurate representation of the role that Health Information Management professionals play in Canada and are lobbying for a new NOC code which better describes not only our profession, but our skill set. Colleges and universities across the country which offer HIM programs have asked for a change in the NOC code to ensure that the HIM profession appears on the high school guidance councillors' 'radar screen' for career advising purposes.

On September 28th, Gail Crook, Executive Director and Registrar of CHIMA, Tamara Stefanits, Chair of CHIMA's Board of Directors and Kelly Abrams, Director of Education and Professional Practice for CHIMA, traveled to Ottawa to meet with Human Resource and Skills Development Canada (HRSDC) and Statistics Canada (Stats Can). Armed with the membership's blessing, supporting documentation and justification for a new NOC, they presented their argument to remove any mention of 'clerical' from the HIM job description.

Currently, the first of two NOCs that HIM professionals are categorized into is NOC 1413: Records Management and Filing Clerks with job title examples of File Clerk, Health Record Technician and Medical Records Clerk. The second code, NOC 0114 is described as Other Administrative Services Managers with main job functions being described as plan, direct, organize, control and evaluate the operations of a department providing a single administrative service or several administrative

services, direct and advise staff engaged in providing records management, security, finance, purchasing, human resources or other administrative services. Unfortunately, neither code adequately illustrates our role in traditional and non-traditional roles.

At the meeting with HRSDC and Stats Can, CHIMA was informed that previous census studies indicated that most of CCHRA's members identified themselves as Health Record Clerks, Health Record Technicians, Managers or Supervisor of Health Records. Only a very small number identified themselves as Health Record Administrators. Most respondents in the above category were placed into a Clerical NOC; only Managers and Supervisors were put into a Management category.

As a result of the meeting, HRSDC and Stats Can wholeheartedly agreed that HIM professionals do not belong in the Clerical NOC. The decision in our favour was achieved by the persistent lobbying of your CHIMA representatives and by additional research completed by their staff. They now recognize we have a degree and a diploma program and that our occupation requires a Bachelor's degree or college diploma in Health Information Management. This pertains to all existing HIM professionals, whether at an Associate or Certificant level. We are all HIM professionals; the absence of any mention of clerical duties combined with our new Professional Occupation code is a giant step forward for our profession. Stats Can did sympathize with our issues and concerns but they see our problem with the NOC as a 'reality problem', not a 'classification problem'. This stems back to the fact that over the years we have had many terms to describe what we do. One of the reasons we have chosen the term 'Health Information Management Professional – HIM Professional', is to have a generic term describing the profession. All previous titles: health record technician, administrator, professional, fit under this generic term. Stat Can wants to see proof of this before agreeing to a new NOC in 2011.

Our transitional NOC is 1122: Professional Occupations in Business Services to Management. HIM professionals will no longer be placed into the 1413 clerical category

and during the transition, HIM professionals will be mapped to NOC 1122 for the 2006 Census. End-state mapping will hinge on the responses from the May 2006 Census. Proper completion of the Census questionnaire is critical. While this NOC is not classified under a Health Occupation code, we no longer fit under Grouping 1413: Clerical Occupation, General office skills.

Stats Can cannot just open a new NOC unless there is an orderly progression to get us to a new NOC for 2011. There are three dates that CHIMA's Board of Directors are working towards: 1) Minor changes to the NOC are being discussed for 2006; 2) Major changes to the NOC will be entertained for 2011; 3) A Canadian Census in May 2006 can help determine a new NOC for HIM professionals in 2011. Although minor modifications are being entertained for 2006, if the May 2006 census shows significant changes to where and what our members say they do for a living, that major modification can and will be entertained for 2011.

For 2006 they have removed all reference to CCHRA, CHRA and CHIMA from the Clerical NOC and will put all HIM professionals in NOC 1122. If they see a definitive trend to HIM professionals, they will look at major changes to the NOC for 2011 – so we have a lot of work to do to educate ourselves and our members on ensuring we fill out the May 2006 Census correctly, and in a Professional category!

On October 19th, Roseanne Gallant in conjunction with CHIMA's Continuing Professional Education (CPE) initiative, eloquently presented 'The Evolution of the Health Information Management Profession'. The purpose of the presentation was to educate CHIMA members with regards to changes to our profession and to better equip HIM professionals on how they can educate others regarding our changing roles in the workplace. Appropriate job title use and how to describe our profession were highlighted, along with modifications in credentialing, professional designation, and mandatory CPE credits. Roseanne successfully

illustrated the dynamic progression of our roles and profession as a whole over the last few years. In order to ensure that the NOC correctly captures our role as Health Information Management professionals, it is extremely important that we understand our role. We need to clearly articulate who we are and what we do. We are specialists in Coding and Classification, we are Release of Information or Privacy Officers, we are Data Quality Analysts and Clinical Research Associates and although some of our professional roles include clerical tasks, for example, chart completion - we are not file clerks nor are we clerical staff. These clerical duties are not what necessitates a credentialed HIM professional to do the job. Similarly, some nurses must retrieve charts or perhaps balance shift schedules – both considered clerical duties. When asked what their main duties are, they respond, 'Patient care'. It is understood clerical duties are a small but often times necessary component of the day-to-day task of nursing, but it does not overshadow how valuable they are to the healthcare team. Nor should it overshadow us!

On May 16, 2006, Census Day, Canadians will be asked via a long or short form, questions about their occupations. This is our opportunity to ensure that we can ultimately and definitively move from a Clerical Group NOC to a Professional Group NOC. The CHIMA website and 'The Source' will soon have examples of how to complete both long and short Census forms and will suggest the appropriate way to ensure your role as an HIM professional is to be captured for official purposes. Please stay tuned!

Many thanks to Gail, Tamara and Kelly for being our voice in Ottawa and for their groundbreaking work to ensure our chosen occupation is recognized as Professional, not Clerical, and that we as CHIMA members are an important link of the healthcare chain.

For more information, or if you have comments on this article, please contact Lili Levesque at [lili@levesque.tc](mailto:lili@levesque.tc)

# THE HRABC DATA QUALITY COMMITTEE MEMBERS PROFILE FOR 2005/06

## INTRODUCTION:

The Data Quality Committee consists of the Chair, standing representatives from CIHI, BC Ministry of Health, Douglas College HISP, national ICD-10CA/CCI Coding Advisory Committee and representatives from Health Authorities. The major function of the committee is to act as a resource center to the HRABC membership for the collection, correlation and promotion of data quality topics, using the PrintOut as the prime communication tool for disseminating information to the members, and to liaise with CIHI, BC Ministry of Health, and other individuals/organizations on matters pertaining to data quality.

## REPRESENTATIVES PROFILE:

**Chair: Hanifa Ladhani** graduated from the Health Record Administrator Program at BCIT in 1990. After working for six years at Prince George Regional Hospital as an analyst, Hanifa has worked as a coder, perinatal database manager, and is currently responsible for CSTAR (Fraser Health ICU database) at Royal Columbian Hospital. She also works part time at BC Women's Hospital as coordinator for data management for the Diagnostic/Ambulatory Program. Her primary duties includes assisting over 15 multidisciplinary programs with the development of the outpatient electronic health record, service specific database management, and integrated information analysis for utilization, financial, evaluation/QA, outcomes, and clinical research purposes. On a daily basis, she strives for data quality not being "garbage in/garbage out".  
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**CIHI: Deanna Hickie** is a Client Services Representative for the Discharge Abstract Database (DAD) for British Columbia, Alberta, Yukon and Northwest Territories. She is responsible for product support, education, consultation, networking with stakeholders (ministries of health, health care organizations, schools of health information management and private industry) as well as assisting with data quality initiatives for DAD. She is a participating member on HRABC Data Quality Committee as well as the newly created British Columbia Data Quality Working Group - DAD, the Alberta Health Records Advisory Committee (HRAC) and member of the Health Information Services Program (HISP) Advisory Committee at Douglas College.  
DHickie@cihi.ca

**Douglas College HISP Program: Laurie Kenward** is the Coordinator of the Health Information Services Program (HISP) located at the New Westminster campus of Douglas College. The HIS program takes in 30 students every two years. It is essential that the program content remains current and that is why both faculty and students work towards having a close relationship with our professional bodies at the local and national level. The Program has an advisory body comprised of practitioners from the field of health information and related areas. As Coordinator, Laurie participates on a number of internal and external committees including the HRABC Data Quality Committee. The Program is always interested in lifelong learning opportunities and is open to receiving suggestions for workshops that could be held thru the college or in conjunction with HRABC.  
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**BC Ministry of Health and Vancouver Island Health Authority: Michelle Bamford** is the Coordinator, for Clinical Information Services, South Island at the Vancouver Island Health Authority (VIHA), in Victoria, BC. She is a 1984 HRA graduate from NAIT in Edmonton, Alberta. Michelle has worked in Victoria for 20 years, as a coder, an analyst, and for the last 5 years as coordinator. Her main focus is on aspects of clinical data collection and use in hospitals, which includes the Discharge Abstract Database (DAD), Perinatal Registry, and Trauma Registry. She is a standing member of the HRABC Data Quality Committee due to MOH contract, which involves answering questions from the Ministry of Health on ICD-10-CA/CCI code selection, and data collection.  
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**National ICD-10/CCI Coding Advisory Committee and Vancouver Coastal Health Authority: Donna Wong** has been a participating member on the HRABC Data Quality Committee for the past ten years. Donna currently works for QUIST in Vancouver Coastal Health as a data analyst focusing on Perinatal and Pediatric Services for North Shore and Coast Garibaldi HSDA. Donna also works as an independent consultant holding contracts with BCRCP and BCMOH and has done work on coding standards development and reabstraction studies. She has been involved as the BC Representative on the National Coding Advisory Committee (NCAC) for CIHI since its inception in 2001. Her primary role on the NCAC is to represent BC while assisting CIHI in the implementation of national coding standards.  
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**Fraser Health Authority: Gerald Yu** has been a member of the HRABC Data Quality Committee for the past two years and is the Coordinator of Coding Standards and Data Quality for Fraser Health's Health Information Systems and Services. Besides being a regional resource with respect to data standards and quality for the coders and stakeholders, he oversees the Data Quality Assurance Program (DQAP) for Discharge Abstract Database (DAD) which aims at achieving a robust data quality circle through various subprograms ranging from people development (e.g. continuous education) to data auditing (e.g. reabstraction study). He also works closely with internal data stakeholders in maximizing data collection and reporting for planning and decision-making purposes. He is the Chair of the Clinical Data Management Group and is a member of various working groups throughout the authority. In partnership with BC Perinatal Database Registry, he recently led an internal reabstraction study on obstetrical and newborn cases. Gerald.Yu@fraserhealth.ca

**Fraser Health Authority: Betty Ross** has been a participating member for two years for the Data Quality Committee. She is a coder at Ridge Meadows Hospital and a member of the Clinical Data Management Committee-Fraser Health Authority. Betty finds it very rewarding to see how the data we code is used in different programs throughout the province. Betty.Ross@fraserhealth.ca

**Interior Health Authority: Karen Tonn** has been a frontline "worker bee" at the Kelowna General Hospital since 1992, working

primarily as a coder/abstracter and running monthly internal data quality reports. She is also responsible for maintaining the BCRCP database for the Kelowna site. Karen is concerned about data quality, both at the individual IHA sites and on the national level. She hopes that her daily hands-on work will give her insight to support the initiatives of the Data Quality Committee. Karen.Tonn@interiorhealth.ca

**Northern Health Authority: Cheri McKenzie** is the Coordinator of Coding and Data Analysis for Health Information Management Services at Prince George Regional Hospital. She is responsible for coordinating the departmental activities related to providing timely and accurate data collection and data analysis for the data contained in the DAD and BCPDR for Prince George Regional and Mackenzie Hospitals. She is a participating member on HRABC Data Quality Committee and is the Northern Health representative on the newly created British Columbia Data Quality Working Group - DAD. Cheri.McKenzie@northernhealth.ca

**Provincial Health Services Authority: Cathy MacKay** is the Corporate Manager for Health Information Services at PHSA. Her responsibilities include data quality initiatives for the BC Cancer Agency (inpatient, outpatient, and Cancer Registry data) and Riverview Hospital, as well as for various PHSA ADT systems. She is a member of the Provincial EMPI Business Working Group, and participates in provincial initiatives to standardize and share

data across health authorities and between systems. Cathy.Mackay@phsa.ca

**Vancouver Island Health Authority: Shirley Sirkia** is the Coordinator of Clinical Information Services for VIHA (Vancouver Island Health Authority), for the nine Central/North Island hospitals. She is responsible for supervising staff and for the organization, administration and operation of Clinical Information Services, ensuring standardization, integration and coordination of processes, protocols and procedures for data collection, clinical classification, and reporting and data quality. She is a participating member on the HRABC's Data Quality and Programs and Arrangements Committee. Shirley.Sirkia@viha.ca

#### **FUTURE DIRECTIONS:**

The HRABC Data Quality Committee members will provide updates on data quality initiatives within each health authority for subsequent PrintOuts. Some examples of topics to be discussed include electronic health record development, new national coding standards, initiatives for all levels of care, reabstraction studies and authority specific DAD edits. The committee also plans to work in partnership with the newly created British Columbia Data Quality Working Group - DAD. The Data Quality Committee is a resource for the HRABC members. Please feel free to contact any of the members to discuss data quality issues within your organization.

Submitted by: Members of the HRABC Data Quality Committee

# THE PHOTO REEL

*CONFERENCE 2005*



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# DOUGLAS COLLEGE: HEALTH INFORMATION SERVICES PROGRAM UPDATE REPORT

– Submitted by Laurie Kenward, Coordinator

There is anticipation in the air as the fourteen second year students enter their fourth and last semester (other than practicum) at Douglas College. Students are currently involved in site selection for their senior 5-week practicum to be held April 10 to May 19th. Just prior to the individual practicum, students will be at RCH for a 2-week coding extramural.

Students enjoyed a couple of guest speakers in semester 3 including:

- Bruce Belsher, Director of Business & Client Services, FHA on Population Needs Funding
- Hanifa Ladhani on data collection for the Critical Care Registry
- Pat Hagan, Coordinator Information Services for Burnaby Mental Health and Addiction Services on Career Choices.

Some of the guest speakers already lined up for this semester include:

- Deanna Hickie on RIWs, ECHAP, etc.
- Gil Vergilio, QI/Patient Safety Consultant, FHA on Accreditation
- Janet Lakusta, Clinical Utilization Nurse Reviewer for VCH on Utilization Management

The students also did one site visit to QUIST at VGH.

A grateful 'thank you' to each of the above individuals/department who took/will be taking the time to share their knowledge with the students and myself. I also want to thank Joyce Taki, FHA who spent time with me describing and showing me how FHA uses Crystal reporting software.

It has been a pleasure to welcome **Rekha Manhas** as the new HISP faculty member. Rekha will be responsible for instruction of all of the coding curricula plus the research course. In September, Rekha introduced the students to coding virtual health records. This has been a new experience for everyone and at times it would be nice to grab a rubber finger and flip pages.

The College also welcomed Silvia Wilson into the new position of Associate Dean, Faculty of Health Sciences. Silvia will be my main contact in terms of problem

solving, spear heading new initiatives, etc.

The College and HRABC are aiming to develop a closer relationship between education and industry. Part of this endeavour has been to include articles written by the students. Three of the students have also been working on the electronic conversion of motions made by the HRABC Executive over the years. This task certainly has provided these students with an appreciation of the history of our professional body.

I was fortunate to be able to attend both the CHIMA annual conference in Winnipeg and the HRABC annual conference in Kelowna. One student was also able to attend the HRABC conference.

This Spring, the Program will be undergoing the re-recognition process in order to maintain our recognition status with CHIMA. This process is conducted every six years. This is one way to ensure that our curriculum continues to comply with HIM educational standards and that the course content remains current in order to meet industry's needs.

Another method used to facilitate program content currency is thru our Advisory Committee. This Committee next meets on February 3, 2006. The Committee will be welcoming three new members: Joanna Szpakowski, 2nd year student; Yoel Robens-Paradise, Providence Health Care; and Gary Arnold, President HRABC.

September 2006 will be another new beginning for the program as we hope to bring in 30 new students. A new marketing venture that the Faculty of Health Sciences has implemented has been the faculty-wide (vs. the previous individual program) information session. The response thus far has been positive. It is very energizing to have the spotlight for a couple of minutes in front of 75 + potential students to highlight ones' program.

Two students (Joanna Szpakowski and Joyce Guedes) plus myself provided an overview of the HIS program to senior management here at the College. It was a great opportunity to talk about the program, showcase some of the work the students have been doing and have the opportunity to respond to questions from senior management.

As always, if there are any questions I can answer regarding the program, do not hesitate to contact me.

# ***"Waiting lists for surgical and medical services in Canada: Will the two-tier system and contracting out of surgical day care fix the problem?"***

***– By Joanna Szpakowski  
2nd Year HISP student, Douglas College***

Imagine that you have a health issue that requires you to see a specialist. Imagine that your family physician referred you to one, and you are able to see that specialist within ninety days. Imagine you have to undergo a surgical treatment, and you are booked for it within another ninety days. You go for that treatment, and soon after, you feel much better, and within a relatively short recovery time you are ready to go back to work. Seems unrealistic? Then you must live in Canada! In other countries, like the UK, Sweden or Denmark, this scenario is very realistic. In Canada, however, timely access to medical or surgical care has become a very serious issue and has been studied extensively for the past many years. Many conclusions, recommendations and expert's opinions have been published, as well as many discussions have taken place including at the Federal level; but so far the results are still to be seen.

What really is the waiting period/waiting list? There is a tendency to use these terms interchangeably, but these two terms really mean two different things. The waiting list is more of a roster of patients who are waiting for diagnostic, medical or surgical treatment while the waiting period is the time the patient has to wait to receive that treatment. Since there is a lack of standards telling us when exactly the 'waiting' starts, most statistics about the waiting time in Canada do not tell the general public the whole story.

Canadian statistics only measure the period from the patient's visit in the surgeon's office to the actual procedure date which is only a portion of what the actual waiting period is. The actual waiting period consists of several components, starting in the family physician's office, waiting for the initial appointment with the specialist, and then waiting for the actual treatment. Also, no one has measured the costs associated with that waiting, such as lost work time,

decreased productivity, anxiety, pain and suffering of the patients. According to the Statistics Canada report "Access to Health Care Services in Canada, 2003", people across Canada are very concerned about long waits, and nineteen percent of those who waited for treatment were affected by it in terms of worry, stress, anxiety, pain and difficulty with activities of daily living.

What is being done about the wait times and wait lists? Last year, the Federal Government promised to invest 4.5 billion dollars over the next six years to a 'Wait Time Reduction Fund'. The government also promised to collect and provide meaningful information to Canadians on progress made in reducing wait times by establishing evidence-based benchmarks for medically acceptable waiting periods starting with five specialties, which include cardiac, cancer, diagnostic imaging, joint replacement and sight restoration by December 31, 2005. That promise, as we read in a recent article in the Vancouver Sun, has been broken, as there "won't be enough evidence" to set the benchmarks by that date. This is exactly what the Canadian Medical Association warned about in their interim report "No More Time to Wait"; that we do not become so "evidence-bound", because the clinical judgment based on interaction between clinicians and their patients is an equally important component in establishing these benchmarks.

Is the two-tier health care system a solution to the waiting list problem? Unless we "officially" have such a system, we cannot really answer that question. "Unofficially, we already have a two or more tiered health care system. If you get sick or injured at work, as a WCB client you receive different, timely care at the private clinic. The same goes for RCMP officers, military or for inmates in a Federal jail. The rest of us

have to wait.

According to a recent poll that was published in the Vancouver Sun, seventy percent of Canadians believe that people should be able to buy services from a private health care provider if they want to. The judges of the Supreme Court of Canada felt the same way when they decided to permit private health care insurance in Quebec (*Chaoulli v. Quebec*) because they felt that waiting lists were unreasonably long. The long term impact of this decision is still to be seen, but nothing will stop people of other provinces to fight for their health care rights.

Some of the Health Authorities in this province are trying to resolve the issue of wait lists by contracting out some of their day care procedures to private clinics. Vancouver Coastal has been doing this for quite some time; first with cataract extractions, and then with other surgeries. The move has proven to be successful as it freed up some valuable time in their operating rooms, and saved money; but most of all relieved at least some of the patients from prolonged suffering. The Fraser Health Authority followed in their footsteps this year by signing contracts with three private clinics to perform some their day care surgeries.

Of course, this initiative has created some workload issues for health record departments, as the whole process of those patients' journeys had to be carefully planned: new policies and procedures had to be developed; ownership of the health record had to be clarified; as well as guidelines for the private clinic surgeons had to be put into place. Projects like this, requires input from all parties, including registration services, health records and private surgical centers and all being in compliance with the Freedom of Information and Protection of Privacy Act for public bodies.

As of now, there is not one simple solution to fix Canada's waiting list problem. Some promising steps have already been taken, but it requires the willingness to work together on this issue for all parties involved; the Federal and local government, the physicians, and the patients. The government has to be willing to stop being so "evidence-

bound" in the issue of benchmarks, and be willing to accept that the decision about how long is too long should also be based on clinical evidence. The physicians should stop pointing fingers at the government and stop enlisting the public in government-bashing. Finally, as much as I would love to say to the courts to stop dictating what is best for

us in terms of health care delivery and leave it to the government and taxpayers to decide; I am afraid that this could be the beginning of an end to our universal, equal-access health care system. Some lessons will be learned in a hard way, both for the governments and the patients, but we will have to wait a little longer to see that.

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# **KEEPING PERSONAL AND HEALTH INFORMATION SECURE. Making Sure That All Employees Understand The Rules**

– SUMMARY by Joyce Guedes, 2nd year HISP student

Personal and health information, its privacy and security, is an issue which has gained increased awareness in recent years. What are the health care facilities and provincial and regional health authorities in British Columbia doing to keep their employees current and updated on the latest on personal and health information privacy legislation?

## **Who Has Access to Personal & Health Information?**

In the course of a patient's care at a health care facility in British Columbia, many employees may access personal and health information about that patient. From the doctors and nurses to admitting, laboratory, pharmacy, and diagnostic staff who

perform examinations, observations and document in the patient's chart. Why, even the cleaning staff, dietary aides, volunteers and guests may see or overhear personal and health information about one or more patients. Upon discharge, each patient's personal and health information is compiled, checked and stored by the Health Record Department of the health care facility.

## **Who is Interested in Personal & Health Information?**

In the so called Information Age patients, as consumers of health care, we are able to access information on the Internet about their conditions and treatments in ways not possible even a decade ago. Armed with this

knowledge, these patients desire access to their own medical records to become active participants in their health or maybe just to satisfy their own curiosity. Additionally, health or personal information may be sought after by any number of persons for any number of reasons; legal matters concerning the police, for unlawful activity, parents seeking information about adult children, employers, employees, noisy neighbours overhearing comments, or the media looking for a scoop; the list could be endless.

While the personal and health information contained in the health record belongs to the patient, the actual physical record belongs to the facility where it was created.

## **Personal Information and Privacy Legislation**

Legislation regarding privacy has evolved and changed over the past few years. Bill 73 brought in amendments to FOIPPA in October 2004 in an effort to strengthen and protect individual's privacy in light of the changes happening in the United States under the US Patriot Act.

## **Who is Responsible for the Protection of Personal and Health Information?**

Historically, health care employees have always been trained to respect and protect patient privacy and confidentiality.

Currently, the health authorities and the facilities' administration are responsible to maintain the privacy, confidentiality and security of personal and health information held within their jurisdictions. However, the protection and security of personal and health information is a responsibility held by all staff and employees

## **What's Being Done at the Health Authority Level**

Training and awareness of privacy and information issues is an ongoing and multi-faceted endeavour. Health authorities do have resources they can

call upon to assist with their work in developing policies and programs related to the protection and security of personal and health information such as the Canadian Standards Association.

An overview of a couple of the health authorities show that Vancouver Island Health Authority is very proactive in providing a variety of opportunities to keep all staff (including the Health Record Department) current regarding changes to practices surrounding information privacy. Regular and frequent courses, workshops, wide use of email, newsletters, brochures, and their website are just some of the tools used. Communication keeps a strong connection between the facilities and the health authority privacy and information office.

Fraser Health Authority has also used various methods and techniques to ensure all staff and employees understand pertinent policies and legislation. Training sessions, a Confidentiality Week, development of new policies, use of email, the Intranet and the re-development of a new, authority-wide standardized confidentiality acknowledgement form are some of these methods.

## **What About at the Facility Level?**

Individual health care facilities are also working to keep the issue fresh in all employees' minds. Offering and promoting training sessions, special

events and weeks, and reviewing new policies at a department meetings are ways of supporting health authority endeavours.

Some health care facilities undertake their own initiatives such as having a facility

'Catch Phrase' to remind staff of privacy of personal and health information. The 'Catch Phrase' is posted around the facility in the form of signs or stickers as quick reminders.

At BC Children's Hospital, at the request of the Parent's Advisory Committee a task force was formed to formulate a new policy which allowed easier access for parents to their children's health information. The process was complex and challenging, but a variety of methods over a period of time were used to develop a new policy, to train the staff to ensure understanding of the new policy and took the time to work through concerns and issues before the policy can into effect.

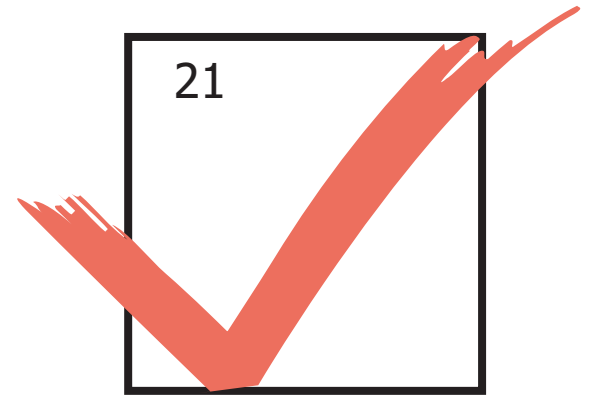
## **CONCLUSION**

The task of keeping all staff updated is never complete; this training task is not a finite one. Health authorities and facilities need to continue to look for new and varied ways to keep this important message at the top of all employees' minds.

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