

PRINTOUT

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A Word From the President

One of the initiatives which the past couple of executives have worked toward is changing the name of the HRABC to reflect more closely the work that is done by our members. We wanted to also maintain some consistency with other associations, such as the Canadian Health Information Management Association [CHIMA].

At the 2004 Annual General meeting [AGM] in Vancouver, the membership voted to allow the executive to take the steps necessary to change our Society or Association name to the British Columbia Health Information Management Association [BCHIMA]. The forms were filed with the proper fees to the department of the provincial government responsible for registering society names.

We started to plan to make the introduction of our new name with a new era – at the same time we would take our journal, The Printout into an electronic copy. The 2005 conference was to celebrate our changes and moves forward.

But, the name change was rejected because it was too close to another society, the British Columbia Health Information Management Professionals Society [BCHIMPS].

Since the executive only had the authority to change to this one name – from the membership – we had to bring this topic back to the AGM in 2005. We sought the mandate to try again to change our Association

name. This initiative produced a resolution which gave the executive the authority to propose three potential names – with the expectation that one would be approved.

Once again, expectations were high, plans were in progress, the forms were filed, the fees paid – and all three names were rejected – for the same reason as the previous year. Too close in name to BCHIMPS.

This opens the debate anew. Although a straw poll of the current executive shows that the majority would opt to drop the planned name change and continue doing business as the HRABC – this will have to be formally discussed at the next executive meeting, May 13, 2006.

The intent was to bring the name of our Association in line with the work we do, with the National Association, and with many of the other provincial associations. However, we don't have the legal option to use the terms Health, Information, Management, Professionals in any combination.

There has been some debate about using other descriptors...which truly we could move past the review panel...but does it really meet the basic reasons for approaching the name change in the first place? Do we want to change the name to reflect what we do...or just change the name for the sake of changing our name? I think we need some very sober reflection about why and how to move forward.

In July 2006, we will celebrate the 30th anniversary of our incorporation as the



Gary Arnold
HRABC President 2005-2006

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DATE FOR NEXT SUBMISSION IN 2006

July 10th, 2006
July / August edition

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Health Record Association of British Columbia. While the term is truly generic and not really reflective of all we do – the term Health Record still stands at the heart and core of our business. We are the custodians of the record, whether in paper or electronic format. We manage the documents, capture the data and report on the statistical information which comes from the Health Record.

I know there are many other arguments which would easily baffle my logic...but I want to have our members consider that we have tried to change the name and have been shot down twice now. Do we pursue this? I will have to leave this item to the floor of the AGM in September.

If you have issues with the name change you want to pursue – then please come forward – but don't harbour the concerns under your breath. The AGM is the membership forum for addressing the executive and holding us accountable. We do our best and oftentimes, even a little better – but we try to follow the will of the membership. If this is an issue you want moved forward – then please plan on coming to the AGM and make your voice heard in open and public debate with your fellows.

In line with this, I would like to once again note and appeal to each of you

to consider volunteering for the next executive. At this time, we are still in the need for someone to fill the role of President-Elect. Sharon Baigent, the current Past President and the member responsible for nominations, has put out an urgent appeal for a member to stand for this position.

It would be great to have someone from the Interior or North come forward – it has been many years since those areas were represented by active members and I feel it would be healthy to have participation from a core group of silent members... The last President from the Interior or North was Kelly Abrams – 1997 – 1998. It's about time to change that!

By the time this issue is posted on the website, I will be vacationing in Ontario, on my way to National Health Information Management Association meetings and the CHIMA conference in Saint John, New Brunswick...I hope to bring back a lot of good information to share with you in the next Printout...

Are you responsible for something new? Are you doing a challenging project? Why not write up a summary and contribute the information to the Printout. Teresa Ward can use the articles – and we can all learn from your work.

The 2006 Executive



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

PROFILES – PEOPLE IN OUR PROFESSION

Marney Stephenson, CCHRA(C)

By Gary B Arnold, CCHRA(C)

“...When reflecting on my career, it was hard to admit I started out printing, then manual typing, then electric typing admission/discharge index cards: microfilming: introducing PAS abstracting (ask an old-timer what that was), to computerization and now on to scanning images into an integrated, centralized electronic record ...truly evolutionary!”

On June 15, 2006 a working career which began in 1969 will come to a formal conclusion with the retirement of Marney Stephenson – probably best known to most as the Coordinator, Health Record Services, at Royal Columbian Hospital (RCH). It is truly fitting that a career which began with affiliation with RCH should end in a similar way.

A professional in the truest sense, Marney has influenced and touched many people – both in and outside of the Health Record environment. In reflection of this, The Printout offers this tribute to a career which has spanned through the evolution of our profession and technology.

“As the song goes ‘...yes, I’ve been everywhere, man’ – the North, Lower mainland, Cariboo, Okanagan, Kootenays – and now heading onto the Island...” is a statement which truly reflects Marneys’ upbringing. As the daughter of a Provincial Government Agent, moving around the province was an accepted fact. Born in Creston, the family moved to Atlin when she was a young toddler. “I had polio when I was a youngster in Atlin – and was most fortunate to learn how to walk, even though a bit lopsidedly!”

On the move again, the family settled in Fernie, where Marney started school – and the area has provided many happy memories – “we have had a family log cabin on Tie Lake (near Jaffray) since I was 8 years old – we still spend time each summer there with friends and family – swimming, waterskiing, canoeing – and of course, taking advantage of all the wonderful golf courses around there.” Staying there until Grade 9, they moved to Lillooet – where she had to billet in Kamloops to finish her Grade 12 academic program.

“My family moved back to Cranbrook in the Kootenays and I attended UBC, inattentively (i.e. no direction), for two years in a General Arts Program.” Looking at her options, “...I was always interested in nature (Biology/Zoology/Anatomy), legalese, Medicine (but didn't want to clean up bodily fluids) and secretarial skills came easily – how do you put all of that into a career?”

It was while Marney was working at the hospital in Lillooet doing summer relief as an admitting clerk/administrative secretary – the hospital administrator suggested she consider looking at the Medical Record Librarian profession. At that time, you were required to have at least one year of University or be an RN to be considered. Marney attended the School for Medical Record Librarians at Royal Columbian Hospital (RCH) in 1969/70. “Ruth Melby accepted me at RCH and as they say...I never looked back.”

When asked about her employment history and where she has worked, Marney responded “...hired at RCH right after graduation, as a coder. Went to Children's Hospital as the Manager of Health Records and stayed until we adopted our son. For the next 13 years while our family grew, I worked as a casual coder (evenings & weekends) at Peace Arch, Langley, Surrey Memorial and RCH. I taught Anatomy and Medical Terminology for several years in the Delta Continuing Education program. In the early 80s I returned to a coding position at RCH – and as they say...I never looked back!”

In 1989, Marney was hired to serve as the Assistant Coordinator, Health Records – eventually becoming the department Coordinator. During this time, she did not forgo her education, completing the 2 year Health Care Management continuing education program at BCIT.

In the fall of 2005, she moved into a temporary project position - “...to research the technology, do a business analysis and prepare an implementation plan for imaging health records within Fraser Health.” As her obligations are coming to a conclusion, Marney announced that she would seek retirement in June of 2006.

Questioned about her most memorable time as a working HIM professional, Marney replied, “...most definitely as the Assistant Coordinator at RCH – where I was closely involved daily with the staff as well as being called upon to assist with new program implementations, installing a new integrated computer system, sitting on Interdisciplinary Committees, Chairing the Long Service Recognition program for the Simon Fraser Health Region – it's the interaction with people which makes your work life enjoyable & most rewarding. We had a great team at RCH!”

As a professional leader, workload often precludes taking time to learn, so Marney was asked about how she found time to maintain her currency with industry trends. She responded, “Probably the easiest way I have found, while working full-time, is to

volunteer for committees and special projects. You can't help but learn! I also enjoy networking, reading (especially the CHIMA /AHIMA materials) and internet searching; taking leadership, management, and computer-related continuing education courses."

With an enviable record of 37 years of membership, originally with the British Columbia Association of Medical Record Librarians, which evolved into the Health Record Association of British Columbia, Marney has contributed with service to the Education, Archive and Programme and Arrangements committees (most recently the Vancouver conference).

She has also served as a Member and Chair of the Douglas College Health Information Services Program Advisory Committee - and has actively participated as a host by opening the department at RCH for tours and provided information to potential students about our profession.

In addition to her professional commitments, Marney also found time to "volunteer for the Cancer/Heart Associations by canvassing; being a full-fledged Hockey Mom for years; classroom assistant at the kids school; Hot Dog Day mom; chauffeur to music, dancing and hockey lessons (some at 4 am on Sunday morning) - and went on many a field trip or Brownie/Girl guide sleepover weekend."

With the wisdom of her years of experience in the HIM profession, she was asked about the future - she responded with a constant focus on learning. She sees the greatest challenges we face as "Learning more about and becoming actively involved with, the rapidly evolving technologies that impact our business model (such as optical imaging, direct computer documentation, EHRs, data warehousing, etc)".

By the example she has personally set, Marney views continuing education as "...your professional 'insurance policy' - let it lapse and in time you won't have anything to fall back on. ...take advantage of educational monies available through your union contract and/or attend computer training sessions put on by either employer or local community. Volunteer - it costs nothing but time and the rewards are immeasurable."

When asked how she would move our profession if she could make a shift in direction, she answered, "Redefine our role within the health care community, as it moves from a paper based system to full electronic documentation. Inculcate the fact that you remain the custodian of the record, even if it is electronic, and what that entails.

Stand up and LEAD! Disengagement makes us blind to what is going onuntil it's too late. Time and again I've been at conferences or meetings whereby people are seeking what we can offer, but they don't know we have the skill set they require. Have our HRABC publish profiles/highlights of our expertise and how we can assist people - in

medical, administrative, information management & nursing journals.”

Of course, to find the highlight experiences of a career of this duration would be difficult, but for Marney, it had to be broken into two categories - a social event, “The year RCH sponsored a reunion for the School of Medical Record Librarians - people came from across Canada & the States - it was a fun evening with dinner, skits, tour of the ‘new’ hospital and hours of reconnecting. Many were disappointed our old ‘classroom’ was gone (it was a wee, dark oversized closet in the basement, next to the isolation ward, in the oldest section of the hospital)”.

And professionally, “The day we became Administrators (doers) and were no longer Librarians (keepers)”.

An active person, Marney keeps busy -playing a multitude of golf courses - but also “cooking for family and friends, spending time with my grandest kids and their kids, reading, crossword puzzles, genealogy / researching family antiques, gardening”. And of course, travel...she noted that she & her husband (Mike) have “done the usual Caribbean cruises, spent five weeks in Australia, been to Bali / Singapore / Lombok, seen all the Hawaiian Islands; all Canadian provinces, including Newfoundland and most of the USA. Love Palm Springs in late winter...a golfer’s paradise!”

But what about the future and the “leisure years”? Her goals include “Fun, family, far away places, fairways & forever going to school (going to learn to play Bridge first)” High on the list of far-away places, are some enviable destinations. “Next winter, Mike & I would like to spend quite a bit of time in Europe (Portugal / southern France / northern Italy) and hope to house trade for six months in Tuscany. We have also talked about a bike tour /golf holiday in Ireland, but have yet to come up with a gizmo that would hold the golf clubs & luggage on the side of a two-seater pedal bike!!!”

As a member of our profession who has contributed in many ways; someone who has influenced many others - inside the profession and out; someone who has lived the transitions of our work, Marney is now heading into a new phase of her life at Craig Bay on Vancouver Island and as she says, when she does ‘look back’ it will be with fond memories. Although there has been some time to adjust, life around Royal Columbian Hospital will not be the same without her - knowing she isn’t just a phone call or e-mail away.

...best wishes to you and thank you.

Accreditation as a Quality Improvement Tool

By **Cathy MacKay, MPA, CCHRA(C)**

Corporate Manager, Data Integrity
Health Information Services, PHSA
Member, Data Quality Committee

What is accreditation?

Accreditation is a process by which health services organizations are reviewed against national quality standards. These standards are developed through a consultative process involving health care providers, health organizations, academics, patients / clients, and other health care experts.

What is CCHSA?

The accreditation process is carried out by an independent non-profit organization called the Canadian Council on Health Services Accreditation (CCHSA). Their mission is “to help organizations examine and improve the quality of the care and services they provide to their communities”. Participation is voluntary.

How does accreditation work?

There are three major components to the accreditation process. The first step involves the completion of a self-assessment document. This document is made up of the national quality standards specific to the area being accredited. Each standard includes a list of criteria that are the steps, processes, or activities that lead you to meeting the standard. The organization must complete this self-assessment to show specifics of how well they are meeting each standard. This document is submitted to CCHSA in advance of their site visit, and forms the basis for this visit. The next step is the site visit, or survey, during which CCHSA surveyors visit the organization and review any questions or concerns they have about each specific standard. Typically the surveyors will tour the facility, visit with the accreditation team, and conduct interviews with staff and clients of the service being accredited. The final step is receiving the accreditation report. The report includes any recommendations made by the surveyors, as well as the decision as to whether the organization has been accredited.

What are the benefits to participating in the accreditation process?

- ▶ It allows us to assess the quality of our services
- ▶ It increases communication and collaboration across our organization
- ▶ It allows us to get valuable advice from peers in our field
- ▶ It helps us to learn and improve
- ▶ It increases our credibility with clients, communities, funders, and partners

Accreditation for PHSA IM

In November 2005 Information Management at PHSA (Provincial Health Services Authority) was accredited as part of the ongoing sequential accreditation of all PHSA agencies. Information Management was accredited as a “corporate service”; that is, no

specific department was being accredited, but rather the information management activities of the organization as a whole were being reviewed. Information management functions are done by staff from a wide variety of departments, including Health Records, Admitting, Finance, Human Resources, the Library, and IS/IT, and so accreditation for Information Management included participation from all these groups.

The first step was to bring together a team of people to participate in developing the self assessment document. Over 50 people from all of PHSA's agencies (which include Children's & Women's Hospital, BC Cancer Agency, BC Centre for Disease Control, Riverview Hospital, and many others) were asked to participate. These accreditation leaders gathered information about the information management activities at their various agencies, and brought it back to share with the group. This information was coalesced into a single document that outlined PHSA's activities in respect to each standard in three ways: what we were doing well, what we could be doing better, and our plans for improvement. The team then rated our performance for each standard. In addition, detailed supporting documentation was compiled. Thinking ahead to the site visit, we decided to utilize new technologies to create a “community of practice” website to share the supporting documentation as well as our working documentation, goals, plans, etc. with the surveyors and with the accreditation leaders from all agencies. The surveyors were impressed with this, and actually listed this feature as a constructive and productive “good practice” in their report.

The site visit occurred in November 2005. Because of PHSA's wide geographic distribution, we elected to do virtual tours of several areas. The surveyors did have a chance to visit Children's & Women's Hospital and to see the new IT Contact Centre. They spent several hours interviewing internal and external stakeholders, and staff members. At the end of their visit they met with the accreditation team and had several positive things to say about both the organization and the process we'd undergone leading up to the site visit.

In January 2006 PHSA IM received full accreditation. We are pleased by this, but this isn't the end. For us, receiving the report is just the start of the next accreditation cycle. Accreditation should be a process of review and improvement. It should not be necessary to create anything new to answer the questions in the self assessment; it should merely be a matter of compiling a summary of what we are already doing. These questions reflect good practices that are part of our everyday work life: “addressing client needs”, “being a learning organization”, “keeping data and information confidential and secure”, etc. The self assessment and it's ratings should form the basis for ongoing progress as to how we undertake the tasks associated with each standard. By taking the time to follow up in this way, participation in the accreditation process becomes a useful quality improvement tool.

Career Blends Health and Technology

Health Information Services: After four careers he finally found the perfect one

By *Andy Ivens, Staff Reporter – The Province*

Originally published, The Province – Sunday March 19, 2006
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Photography By:
Jon Murry - Pacific Newspaper Group

Gary Arnold figured he'd go far in the field of health-services data.

Stuck in a dead-end sales job that wasn't adding up to a fulfilling career, Arnold worked out a way to enrol in the Health Information Services diploma program at Douglas College and punch his ticket for a better job.

"Most of us love what we do," Arnold – now head of the records department at Ridge Meadows Hospital – said of his fellow Douglas College HIS grads.

"We're a very small profession and there's a fair bit of rapport... and we try to keep track of everybody."

The two year course is open to about 30 students every two years. The areas of study include statistics, health, computer science, business and research.

The traditional employment opportunities are in acute-care facilities, but the profession is increasingly in demand in other fields such as government agencies and industry.

"This is my fourth career," said Arnold. I had been a medic in the Air Force and when I did a career search I found medical-clerical is one of my strengths."

Both Arnold and his former wife enrolled in the same class and went through the program together.

After graduation, he started as a clinical coder, which involved putting complex alphanumeric codes on to disease processes and the medical interventions that were performed on patients.

"This is where a lot of the statistics come from when you hear about [for example] numerous appendectomies in a certain region," he said.

As coordinator of health records and registration services for Ridge Meadows, Arnold has climbed the ladder to middle management in the hospital pecking order.

His days of gathering data and analyzing them are behind him now, as he performs a variety of functions while heading a department of 20 staff members.

"We send of raw data to the Canadian Institute of Health Information," said Arnold.

"They collate the information. From there it goes out to ministries of health, it comes down to the local hospital level;



there's any number of users of the information."

If a certain health authority finds out it needs more nurses or ambulances, or whether there's a spike in certain treatable illnesses, it's through this data that they arrive at the conclusion.

"It tells people what's going on," he said.

"It keeps people informed so that they can do planning for future workloads."

Oddly, for the health community, the health record professional's job begins when a patient leaves the hospital.

"We're probably the only people who don't deal with the patient until they have left the hospital," said Arnold.

HIS grads can expect to start their careers earning around \$47,000 per year and top out in the high \$50,000, said Arnold

"Once you are into management, you're at a different level," he said.

"I suspect most of [the grads] will find work quite quickly this year. There's a good market for people right now."

While Arnold has found his "career job", he cautions others that health information services may not be for everyone.

"Attention to details is really, really important," he warned.

But for people who are curious about what goes on inside a hospital, HIS could be right up their alley.

"We're kind of on the cusp of the clinical side, as opposed to the business side," said Arnold.

We're right in the middle of the two worlds. That's one of the things that makes us so unique and makes the job so interesting, because you're delving into both sides.

The next opening for students is September this year. The deadline for applications is May 1.

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This article appeared in the Province following an interview between Andy Ivens and Gary Arnold. Laurie Kenward, Coordinator HISP had recommended Gary for the interview when Andy wanted to do a follow-up from a previously published article on HISP graduates.

The Electronic Health Library of BC **e-HLbc**

Improving access to knowledge for BC's health professionals

Project Status Update:

The e-HLbc Implementation Committee and an Implementation Project Manager are working hard to ensure a successful **April 1st** launch of the e-HLbc. With two weeks to go, we are well-positioned for a successful and timely roll-out of this provincial electronic health library network.

Currently, the IT team is working with vendors EBSCO and OVID testing both internal and remote access to the databases. As well, online training and training materials are available via the e-HLbc website to support the initial launch, with onsite training underway for post-launch.

For more information regarding the project history, scope, and implementation, please visit us at http://www.bcahc.ca/BCAHC_page.asp?pageID=700 or send an email to e-HLbc@bcahc.ca.

Charting Our Course into the eEra



**Health Record Association of BC
Annual Professional Development Conference
And General Meeting**

September 21 – 23, 2006

**Tigh-Na-Mara Seaside Spa Resort and Conference
Centre – Parksville, BC**

Set your coordinates,

we are

“Charting Our Course into the eEra”

This year, HRABC is holding its Annual Conference and General Meeting September 21 – 23 at the beautiful Tigh-Na-Mara Seaside Spa Resort & Conference Centre in Parksville, BC on Vancouver Island, just a 30 minute drive north from Nanaimo.

With speakers from Canada Health Infoway, Vital Statistics, e.H.R. as well as CHIMA, MoH, to name a few, conference delegates will be brought up to date in the latest of what is happening in the move towards the electronic health record along with updates from CHIMA, and the MoH. The Data Quality committee is also presenting two sessions (a workshop and the results of a Reabstraction project).

Conference delegates will be entertained Friday night with a relaxing Beach Party Barbeque and all the fixings (did someone mention s'mores??). If more relaxing is on your mind, book a session at Tigh-Na-Mara's Grotto Spa for a massage, mineral bath, or seaweed wrap (to name just a few of the Spa services).

Conference brochures and registration packages will be mailed out to members at the end of May as well as being available on the website at www.hrabc.net

Room reservations are now available and can be made on line at www.tigh-na-mara.com or phone toll free at 1-800-663-7373 (be sure to ask for Health Record Association of BC to get the conference rates).

Let's set sail and meet you there!

Angie Kinrade,
Chair, Program and Arrangements



Health Record Association of BC
Annual Professional Development Conference
& General Meeting
September 21 – 23, 2006

Agenda

Thursday, September 21, 2006

1800-1900 Registration
1900-2100 Reception

Friday, September 22, 2006

0730-0800 Continental Breakfast/Registration
0800-0815 Welcome/Opening Remarks
0815-0915 Electronic Health Record - Allan Oas, Canada Health Infoway
0915-1000 e-MPI – Andrew McBride, CEO Vital Statistics
1000-1030 **Nutrition Break**
1030-1115 e-MS (electronic Medical Summary) – Karen Kuhn, Project Manager
1115-1200 Transcription – Brenda Tymchuk, Co-Ordinator Transcription Services, Vancouver Island Health Authority
1200-1300 **Lunch Break**
1300-1345 MoH – Martha Bird, invited
1345-1430 CMG Group Update- Alan Thompson
1430-1500 Nutrition Break
1500-1630 Data Quality Workshop - TBA

1800 Beach Party Barbeque

Saturday, September 23, 2006

0730-0830 Continental Breakfast/Registration
0830-0930 CHIMA - Gail Crook, invited
0930-1030 Data Quality – Reabstraction Project
1030-1100 **Nutrition Break**
1100-1200 AGM
1200-1300 **Lunch Break**
1300-1345 e-HR –Peter Durrant
1345-1500 ROI - TBA
1500-1515 Grand Prize and Closing Remarks