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The Canadian Health Information Management Association (CHIMA) officially announced its name change in June of 2003. CHIMA was formerly known as the Canadian Health Record Association (CHRA). CHIMA plans to move forward, under the new name with a new mission “to promote and ensure excellence in health information management” (CHIMA 2004).

CHIMA has three domains of practice: privacy, data quality and the electronic health record (EHR). The EHR is more a concept than reality. Many healthcare facilities have a fully implemented hospital information system. There are lots of facilities who have implemented an electronic signature and who do not print and file certain sets of health record documents. Some facilities have implemented scanning and indexing (with subsequent destruction of the paper copies) for non-ascii health record documents. Health Information Management Professionals are challenged with continuing to meet regulatory and legislative requirements with each initiative that brings us closer to the electronic health record.

Early EHR cost justification was based on avoidance of clerical costs within the Health Record Department and throughout the organization. Enhanced quality care was touted as an EHR by-product then, too, as it was realised that electronic report delivery would minimize misfiles and “lost” records. Those factors remain true today but patient safety has emerged as one of the top reasons to move to electronic records. Alerts (e.g. allergy), automated care plans, on-line medication contraindications – all (and many more) are features that contribute to patient safety and quality care in a way that the paper-based record could not. Concern for privacy, initially the primary argument against electronic records, has become a very good reason to proceed with the electronic record. This is in part due to the CSA model code guideline that stipulates all record accesses must be tracked.

Tracking health record information is pretty close to impossible with any system other than electronic records.

Data quality is one of the key Health Information Management Professional (HIMP) domains of practice. Data that are coded and abstracted by HIMPs are submitted to the Canadian Institute for Health Information (CIHI) discharge abstract database (DAD) and National Ambulatory Care Services (NACRS) database. CIHI’s value-added diagnosis related groupings, complexity overlay, statistical analyses and expected length of stay/average length of stay analyses (to note just a few of the data mining and data grouping functions) provides healthcare facilities, ministries of health and Health Canada with a wealth of information. The data are widely used for quality improvement, research, strategic planning, utilization management, rationalization of services, funding, case costing, clinical trials, decision-making, epidemiological and clinical research, evaluation of outcomes, healthcare planning, manpower planning, monitoring trends, morbidity and mortality reporting and patient safety.

CIHI has recently collaborated with CHIMA and several ministries of health in conducting data quality audits of a sample of coded/abstracted records. Analysis of the audit results has sparked development of a list of recommendations that CHIMA and CIHI are presently addressing.

Every health records department employs at least one individual who is responsible for release of information. These specialized HIMPs respond to requests for release of information, provide the Workplace Safety and Insurance Board with documents vital to worker injury claims, facilitate review of his/her health record by former or current clients of the healthcare facility, respond to requests for release of information from lawyers, the police and insurance companies, and submit records as evidence in court. The practice involves confirming eligibility for information receipt, assessing validity of the consent document, and scrutinizing records for comprehensiveness prior to release.

This project profile supported by an educational grant from Lanier Healthcare Canada
But wait … newspapers and magazines are replete with warnings about pending shortages of health information professionals! The American Health Information Management Association (AHIMA) predicted in 1996 that one quarter of all new jobs in the U.S. would be in healthcare and that healthcare represents 5 of the 10 fastest growing job areas (Kloss, 1996). In the U.S., shortages of health information management professionals were predicted to reach 15,775 by the year 2000 (Kloss, 1996). The Romanow report asserted that “The need for health record expertise has never been greater yet the patient record has been largely overlooked by governments, providers, planners and the reform process across the country” (EKOS Research Associates Inc. 2002). Romanow acknowledged the need for an additional 2,500 health information management professionals to meet the Canadian demand (EKOS Research Associates Inc. 2002).

There are many options available for HIM educational preparation. There are two-year community college programs available through Douglas College, BC; Southern Alberta Institute of Technology, AB; Saskatchewan Institute of Applied Science & Technology, Wascana Campus, SK; Red River College, MB; George Brown College, ON; and a two-year distance education module available through the Canadian Healthcare Association. Two universities are now offering undergraduate degrees in Health Information Management – The University of Western Ontario, ON; and Dalhousie University, NS. Ryerson University, ON, offers a degree-completion or laddering approach, in which a certified health information management professional enters the third year of a four-year program to receive a bachelor’s degree in health information management. In addition, three new schools have submitted applications for HIM program approval and several others have expressed an interest in doing so. For more information about HIM educational programs, visit the CHIMA website at www.chima/chra.ca.

Once armed with a college diploma or undergraduate degree in health information management and following successful completion of the certification examination set by CHIMA, HIMPs find employment in a vast array of settings, from acute care facilities to private industry. Some of the roles performed by today’s HIMPs include:

- Chief Information Officer
- Chief Privacy Officer
- Consultant
- Educator
- Adviser, Ministry of Health
- Director/Manager of Health Information Services, including admitting and registration
- Utilization analyst
- Risk Manager
- Manager, Decision support
- Coder
- Release of Information Specialist

Health information management professionals are key players in implementation of healthcare systems. Everybody in healthcare needs health information management professionals!

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