

# Information Management News

## Health Results Team for Information Management (HRT-IM)

Produced monthly by the HRT-IM for our government, health care sector and research community partners and stakeholders.

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*“The launch, next month, of the province’s first formal data management partnerships is a significant step forward in the better management of information.”*

Steini Brown, Lead, Health Results Team, Information Management

A NUMBER OF RECENT STUDIES have pointed to the need to address clinical data quality issues in Ontario’s acute care sector. This summer, we conducted our own survey of hospital health record departments to better understand the health records management environment.

The response rate was phenomenal with 143 out of 149 hospital corporations providing input. The survey confirmed the need for more standards, education and improved chart documentation, and made inquiries into areas of data management that had not been previously investigated at a provincial level, such as human resources.

In this issue of *Information Management News*, we are pleased to present some of the survey’s key findings. What they tell us is that we are on the right track with current

initiatives, such as the establishment of Local Data Management Partnerships and the first Physician Documentation Expert Panel, that target some of the underlying causes of poor data quality including the lack of consistent coding standards and patient chart documentation. They also indicate there is still work to be done in other areas, such as training and education.

The launch, next month, of the province’s first formal data management partnerships is a significant step forward in the better management of information. This is a real “grassroots” effort, with local health care providers volunteering both their time and expertise to find ways to better coordinate and harmonize data management functions across the province.

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This month, we are also launching another initiative driven by considerable input from the field that targets both the improvement of information management and performance through the creation of a registry of practices.

I would like to take this opportunity to recognize Kathy Gilmore, a member of our team and one of the first graduates of the University of Western Ontario’s Health Information Management (HIM) Program – a new program that reflects the importance of IM to our system. I am really proud to have her working with us. On behalf of the HRT-IM, congratulations Kathy.

Best regards,

Adalsteinn D. Brown



Ontario

# New Survey Underscores Importance of Improving Current Health Record Practices

A RECENT SURVEY OF HOSPITALS by the Health Results Team for Information Management (HRT-IM) sheds light on some of the challenges faced in managing health records, and provides a foundation for data quality improvement initiatives in the acute care sector.

Conducted over the summer, the HRT-IM's *Survey of Current Practices in Ontario Hospitals' Health Records Departments* assessed various aspects related to the management of health records, including organizational structure, human resources, data management processes and practices, education, and the use of standards and technology.

The survey was distributed to 149 hospital corporations across Ontario. In total, 143 responded.

Here are some of the highlights:

- While almost all hospitals have an individual within their organization responsible for privacy, only 63% of them have an individual responsible for data quality. Even fewer hospitals have implemented a formal plan or processes for data quality.
- Many hospitals continue to use hospital-specific guidelines or undocumented "rules of thumb" either in place of, or in addition to, CIHI coding standards. Inconsistent standards have been found to

## Key Findings

- 63% of Ontario hospitals have an individual responsible for data quality.
- On average, it takes physicians 35 days to complete patient charts.
- 63% of hospitals submit abstracts to the Canadian Institute for Health Information (CIHI) based on incomplete charts.
- 12% of hospitals do not require that their coders be certified.
- The most common reason given for having vacancies was a lack of qualified applicants.
- Only half of hospitals have productivity standards for health information management functions.
- Unlike most other provinces where one or two abstracting software systems are the norm, Ontario uses ten different software systems for abstracting, and a total of 48 systems across all Health Records functions.

be one of the major contributors to poor data quality.

- Only 11% of hospitals said that discharge summaries were completed and signed by a physician within 48 hours of the patient being discharged. On average, it takes physicians 35 days to complete their charts.
- Although almost all hospitals have a chart completion policy in effect, only half of them find it effective, and even fewer enforce it. Sixty-three percent of hospitals submit abstracts to CIHI based on incomplete charts. Incomplete charts and poor documentation often result in codes being assigned based on assumption or inference, which ultimately leads to variations in coding and inferior data quality.
- One of the major concerns of Health Information Management (HIM) professionals is that hospitals permit non-certified coders to code acute inpatient and ambulatory care data. The survey confirms that some hospitals (12%) do not require that coders be certified with the Canadian College of Health Records Administrators.
- About one-third (32%) of hospitals reported having vacancies in their Health Records departments; 49% of these vacancies occurred in coding and abstracting. The most common reason given for having vacancies was a lack of qualified applicants.
- Only half of hospitals have productivity standards for various health information management functions. Two-thirds of hospitals would like to see Ontario develop provincial productivity standards.
- Unlike most other provinces where one or two abstracting software systems are the norm, Ontario uses ten different software systems for abstracting, and a total of 48 systems across all Health Records functions.

"For the most part, survey results are in sync with what previous surveys have shown," said Helen Whittome, who is leading producing better data initiatives for the HRT-IM.

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## Partnerships Kick-Off in December

ON DECEMBER 1, HEALTH information leads from all Ontario hospitals and Community Care Access Centres (CCACs), as well as representatives from major health information management stakeholder organizations, will gather in Toronto to officially mark the launch of the first phase of Ontario's new Local Data Management Partnerships.

All Ontario hospitals and CCACs are represented on these 14 voluntary partnerships, which will work to consolidate, coordinate and standardize local data management functions. A similar model is already in place in eight other provinces.

A Chair will be nominated to represent each partnership on the provincial Health Records Advisory Committee. This Committee will be responsible for proposing standards and recommending best practices for province-wide implementation.

"There has been a real groundswell of support from the field for these partnerships," said Helen Whittome, who is leading HRT-IM initiatives related to producing better data. "Coders, physicians and administrators are all behind this and ready to work together to address data quality issues."

The results of the survey of current practices in Ontario hospital health record departments, conducted by the HRT-IM, will be shared with all session attendees. (See page 2 for more on this.)

For more information about this initiative, contact Akeela Jamal at 416-212-2374 or by e-mail at [Akeela.Jamal@moh.gov.on.ca](mailto:Akeela.Jamal@moh.gov.on.ca). ■

## Leveraging Practices for Quality Improvement

FOSTERING A CULTURE OF continuous improvement in our health system is essential to the delivery of quality health care in Ontario. Leveraging the knowledge and experiences of health care providers on the front-lines can significantly contribute to building that culture.

With this objective in mind, the HRT-IM has launched a new initiative designed to capture practices that have been shown to improve performance and the management of information in the field of health care.

This initiative was piloted in the summer when the HRT-IM conducted its survey of hospital

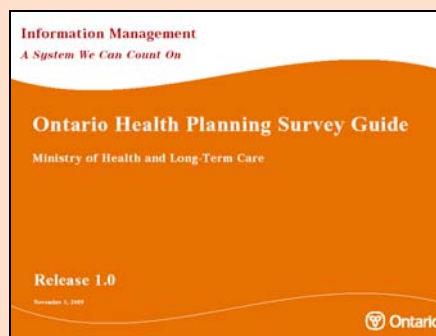
health record departments.

The next phase of this initiative involves the province-wide collection of practices from acute care hospitals and Community Care Access Centres (CCACs).

The team is seeking quantifiable practices that have improved information management and the efficiency, effectiveness, timeliness, safety, patient-centeredness and/or equity of health care services for patients. Examples would be a new process for collecting Alternative Level of Care data or a diabetes management project. Ontario's first practices registry will be available in the New Year on the MOHLTC web site.

The registry will next be supplemented with practices from the community health sector. For more information, contact Akeela Jamal at 416-212-2374 or by e-mail at [Akeela.Jamal@moh.gov.on.ca](mailto:Akeela.Jamal@moh.gov.on.ca). ■

## New Survey Guide Now Available



THE INDEXING OF ONTARIO'S health information holdings was a first for the province and resulted in the publication of the *Ontario Health Planning Data Guide* by the HRT-IM.

The team has now completed the development of a second guide for health care planners.

Designed as a companion piece to the data guide, the *Ontario Health Planning Survey Guide* profiles 49 health surveys and provides useful information about these surveys, such as rationale, methodology, as well as statistical and contact information. The development of practical handbooks is part of a suite of HRT-IM products aimed at supporting local and system-wide health care planning activities.

Both guides are available on-line at [www.health.gov.on.ca](http://www.health.gov.on.ca) (Health Care Providers' section, Transforming Health Care/Information Management). ■

## Implementing an IM Strategy at St. Mike's

ON OCTOBER 18, JEFF LOZON, CEO of St. Michael's Hospital in Toronto, spoke to the HRT-IM's Internal Action Group about the hospital's journey to implement its information management strategic plan.

Once considered a pioneer in IT in the 1980s, a decade later, St. Mike's found itself lagging behind other hospitals. In 2000, the hospital proceeded to chart a new course with a multi-faceted plan for managing information that called for a reliable technology infrastructure; medical imaging upgrade and PACS; integrated patient care management; integrated financials; an information access strategy; and a strong application and decision support platform.

Currently in the midst of implementing this ambitious multi-year, multi-million-dollar plan, Lozon shared lessons learned so far. Lozon said that changes to process must precede the introduction of new systems, and delays in schedules are inevitable. According to Lozon, some of the critical drivers of success are dedicated and sustained leadership, as well as the ability to deliver positive benefits to your immediate customers.

Lozon feels information management is an area whose time has come – for institutions and the system alike. "We are living through an age where information informs decisions more so than it has done in the past," he said. "For us, it is essential to supporting core functions of care, education and research." ■

## Member of HRT-IM Among First to Graduate from New HIM Program



*Dr. Candace Gibson, Associate Professor, University of Western Ontario, and Kathy Gilmore*

KATHY GILMORE, a member of the HRT-IM, is among the first graduates of the University of Western Ontario's Health Information Management (HIM) Program.

Gilmore, who graduated this past summer, has been working since June on initiatives focusing on producing better data, such as the

survey of hospital health record departments.

"I am really excited to be at the forefront of something so innovative," said Gilmore. "Since all encounters in the health care system involve an exchange of information, the collection, utilization and effective management of this information, and ensuring that it is accurate and accessible, are important to the delivery of quality care. I am proud to be contributing to this effort." ■

*Continued from p. 2.*

"Our findings confirm what we've heard through consultations with the field on specific initiatives that are already underway, such as the Local Data Management Partnerships, and insight into areas that need to be addressed next."

The survey will be distributed to members of the new Local Data Management Partnerships when they meet in December.

A comprehensive data quality report will be made available online at [www.health.gov.on.ca](http://www.health.gov.on.ca) in the New Year. ■

### Contact Us

Write to us with your comments or questions at [HRTIM@moh.gov.on.ca](mailto:HRTIM@moh.gov.on.ca), or to be added to our mailing list for *Information Management News*.

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