



Health Information Management Association of Australia

Positioning and Advocacy Tool Kit

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HIMAA Positioning and Advocacy Toolkit

1 INTRODUCTION

The Health Information Management Association of Australia (HIMAA) has been serving the health information management profession in various iterations since 1949. As the profession's peak body, HIMAA's role is to promote and support health information management professionals as the universally recognised specialists in information management at all levels of the healthcare system. This is achieved through positioning and advocacy, accreditation, education and training, certification and credentialing, quality standards, publications and resources, and HIMAA membership networking activities at local and national levels, including an annual national conference of international standing.

Typically members of the health information management profession apply their knowledge and skills to create, acquire, analyse and/or manage information to meet the medical, legal, ethical and/or administrative requirements of the health care system. The health record is a fundamental aspect of patient care and enables communication within the healthcare team. In addition, data collected in health records are used for decision making, funding, research and epidemiological purposes.

The HIMAA Health Information Manager (HIM) Competency Standards¹ define the knowledge and skills required of a health information management professional. A member of the profession may apply some or all of the HIMAA Health Information Manager (HIM) Competency Standards in their daily professional practice.

Two examples of health information professionals are Health Information Managers (HIM) and Clinical Coders (CC).

In 2013, HIMAA undertook a substantial research program with its membership to determine the Association's strategic directions for the next 3 – 5 years. This involved a pan-membership survey, a series of 11 focus groups with targeted membership (and non-member) segments, and a plenary to prioritise results at HIMAA's 2013 Conference in Adelaide. The study involved some 325 member contact points in all.

The surprising outcome of this research was the overwhelming need for positioning the profession and advocating for it. This theme emerged as the strongest membership priority for HIMAA strategy. Visit the HIMAA website at <http://hima2.org.au/index.php?q=node/45>, and see the HIMAA's 2014-16 Strategic Plan presents HIMAA's response to this strategic priority in detail.

HIMAA already advocates on behalf of the profession, by way of submissions in response to government initiatives such as the PCEHR, or submissions of opportunity, such as our response to the Health Workforce Australia's *Health Information Workforce Report of 2013*, and advocacy events such as the Workforce Summit in Sydney in October 2015.

¹http://hima2.org.au/sites/default/files/HIMAA_HIM_Entry_Level_Competencies_Version_2_January_2013_0.pdf

Our greatest resource in positioning the profession, however, is you, the HIMAA member. You are best placed to influence your peers, and the management and executive in your workplace, in order to better help them understand the role of the health information management profession and its value to the health industry.

The aim of this Toolkit is to furnish you with the information sheets and messaging that may assist you in this endeavour.

2 PURPOSE

The Health Information Association of Australia Positioning and Advocacy Working Group has produced this Toolkit to assist members to advocate and position the profession with stakeholders and within their workplaces, to demonstrate the scope of knowledge, expertise, skills and value of the profession.

HIMAA recognises that it takes courage to stand up for your profession. The purpose of this Toolkit is to provide you with some practical information sheets that may help you explain the value of your profession to peers, managers and executives in your work environment, as well as provide you with tips on advocacy and influencing others.

We hope you will find our 30 Second Grabs (8.2) particularly useful.

In embarking on advocacy in order to better position your profession locally, we advise you to link up with other HIMAA members working in your region. If you plan an advocacy program as a local network, based on the advice and resources in this Toolkit, you will be able to support each other, compare notes, and celebrate successes along the way.

If you would like assistance in identifying HIMAA members in your region, contact HIMAA's Membership Officer at membership@hima.org.au.

Feedback and suggestions for inclusion in the HIMAA Positioning and Advocacy Toolkit can be made to hima@hima.org.au.

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4 STATEMENT OF ADVOCACY

Our professional association, HIMAA promotes and supports health information management professionals as the universally recognised specialists in information management at all levels of the healthcare system. Value proposition

Our value proposition represents the value of health information management professionals to all stakeholders with who we currently or could potentially work. The HIM Professional Value Proposition can be found

@ http://himaan2.org.au/sites/default/files/HIMAA%20Defined%20Value%20Propositions%20for%20Health%20Information%20Management%20Professionals%20v1%2022Feb2015_0.pdf

The value of your membership of the profession, through membership of your professional association, is also a strength you can communicate to others. The HIMAA Value Proposition can be found

@ http://himaan2.org.au/sites/default/files/HIMAA%20Value%20Propositions%20v1%2022Feb2015_0.pdf

These value propositions are also included as part of this Toolkit as an appendix.

5 HIM PROFESSIONAL DEFINITION

If someone asks you what a health information management professional is, or what they do, the mind can scramble to pull ideas and examples together. To assist you, HIMAA has developed a formal and comprehensive definition of the profession which can be found

@ <http://himaan2.org.au/index.php?q=node/2438> .

Also at this web page HIMAA has posted the Association’s Principles of Professional Practice. This document may help you demonstrate that your profession has a clear understanding of its ethical obligations and standards.

Both the HIM Definition and the Principles of Professional Practice are included as part of this Toolkit as appendices.

6 BEING A PROFESSIONAL

A profession, as defined by Professions Australia (<http://www.professions.com.au/>), is a disciplined group of individuals who adhere to ethical standards and who hold themselves out as having, and are accepted by the public as possessing special knowledge and skills in a widely recognized body of learning derived from research, education and training at a high level, and who are prepared to apply this knowledge and exercise these skills in the interest of others.

Health information management professionals apply their knowledge and skills to create, acquire, analyse and/or manage information to meet the medical, legal, ethical and/or administrative requirements of the healthcare system. Most professions now are represented by bodies such as the Health Information Management Association of Australia (HIMAA) which is responsible for ensuring that members of the profession adhere to the established requirements for registration and other purposes.

| Dimension of Professionalism | Practical examples |
|-------------------------------------|---|
| Ethical standards | Maintenance of confidentiality and privacy Adherence to coding standards and conventions |
| Special knowledge and skills | Participation in professional development Life-long learning Credentialing Membership of HIMAA and other professional bodies |
| Research | Contribution to the HIM body of knowledge through research and publication |
| Credentials | Complete the learning requirements and complete paperwork for professional credentialing |

6.1 HIMAA QUALITY ASSURANCE AND HEALTH INFORMATION EMPLOYEES

The following statement is included in this Toolkit to support advocacy of employing HIM professionals who belong to their professional association and the benefit this brings.



HIMAA Quality Assurance and Your Health Information Employees

To what extent are the members of your health information services team quality assured, and against which professional standards?

What about the rest of your health information colleagues?

The Health Information Management Association of Australia (HIMAA) has been serving the health information management profession since 1949. We promote and support our members as the universally recognised specialists in information management at all levels of the healthcare system.

We do this through positioning and advocacy, accreditation, education and training, certification and credentialing, quality standards, publications and resources, and HIMAA membership networking activities at local and national levels, including an annual national conference of international standing.

Two ANZSCO-classified examples of health information professionals are Health Information Managers (HIM) and Clinical Coders (CC).

HIMAA provides assurance that the health information management professionals you employ are qualified and have the appropriate knowledge and skills for the role.

HIM Degree Accreditation

HIMAA has been accrediting degrees in Health Information Management since 1992. Typically these are based on a Bachelor of Applied Science, and HIMAA accredits the university's curriculum, syllabus and educational delivery against the association's Entry Level HIM Competency Standards. These standards detail the capability expected of a practising Health Information Manager on entry

to the profession, and are developed and maintained by senior HIMs who are themselves employers of entry level HIMs.

Attainment of a HIMAA-accredited degree locks your HIM employee into a quality assurance cycle that begins with entry level industry standards of professional competency.

ASQA Registered Training Organisation

HIMAA has been delivering education and training for Clinical Coders since 1990. As with the HIM degree accreditation, HIMAA's clinical coding curriculum was based on Clinical Coder Competency Standards developed in 1996. These were later converted to Units of Competency within the national Vocational Education and Training health package. Today, HIMAA delivers its clinical coding courses as an ASQA Registered Training Organisation. Our educators are qualified HIMs who specialise in medical terminology and clinical coding, and maintain their own skills as practising coders.

Achievement of a HIMAA Introductory Clinical Coding Statement of Attainment places your Clinical Coder on a quality assured career path towards Intermediate and Advanced levels of professional practice.

Professional Credentialing Scheme

Since 2007, HIMAA members have been able to enrol in HIMAA's Professional Credentialing Scheme. This scheme records member participation in recognised continuing professional development and leadership development activity that ensures ongoing professional currency. It rewards engagement with education of evidence-based effectiveness and supports active quality improvement reflection and planning.

Open to members and non-members with HIMAA-accredited and HIMAA-approved credentials, the scheme entitles participants to bear the title Certified Health Information Manager (CHIM) for graduates of HIMAA-accredited degrees and Certified Health Information Practitioner for graduates of HIMAA-approved programs (such as HIMAA's clinical coding courses).

A Certified Health Information Manager (CHIM) or a Certified Health Information Practitioner (CHIP) participating in HIMAA's Professional Credentialing Scheme closes your quality loop. You can be assured they are maintaining professional currency through continuous quality improvement and continuing professional development.

Dependability

Check with your human resources team today:

- Are the health information management professionals you employ current CHIMs or CHIPs?
- When you recruit, do you specify attainment of HIMAA-accredited HIM qualifications or HIMAA-approved Clinical Coding credentials?

Join us in setting the industry standard. The integrity of your health data, quality of your health information, privacy, confidentiality and accessibility of patient information, and the management of all three so that they are as useful in funding decision making as they are at point of care, depend upon it.

This information sheet is included as part of this Toolkit as an appendix.

7 COMMUNICATING THE ROLE OF THE HIM AND TARGET AUDIENCES

7.1 IDENTIFY DECISION-MAKERS AND INFLUENCERS

Healthcare organisations are renowned for their political nature.(McNeil N in Day G and Leggat S Ed, 2015) This author notes that fostering and creating dependencies around important skills, knowledge, information or materials that are vital to how the organization operates is one approach to addressing organizational problems. Key decision makers and influences should have a good understanding of the health information management professional's unique skill set and knowledge.

Consequently, we should be well known as individual health information management professionals by key decision makers and influencers. Attend both formal and informal opportunities to meet with key decision-makers including taking the initiative to meet one on one with key stakeholders and senior management roles. While it is tempting to give these activities a low priority as there is 'too much work' to be done and many within our profession are time poor with work and other commitments – a small presence can make a huge difference and provide opportunities for networking and information sharing.

Promote yourself and/or colleagues for opportunities for development and engagement in organizational activities and challenges.

7.2 30 SECOND GRAB EXAMPLES

A 30 second grab is the amount of time and the attention span of many senior leaders and managers. A clear understanding of what HIMs can do and contribute to the organization can be explained and reinforced by a 30 second grab. Different grabs are needed for audiences depending on their position. Make this short statement of what a HIM can do and how they can help the organization you are working in sound genuine. Don't oversell and make it your own.

GENERIC

We connect information with clinicians, managers and executives. The information produced by our service is used for healthcare, education, funding, research and informing management decisions. The data we produce can help to identify the actual source of problems and can be used to support decision making.

We can help interpret and ensure that hospital data is of the highest quality. We can help to engage our clinicians through providing high quality information. HIMAA's members are certified and our professional body supports and promotes these professionals through education, governance, advocacy and professional development.

We are connectivity brokers in information management.

If you're coming into hospital, you want systems in place that ensure you are seen when you need to, that your information is available in the right place at the right time, and that the hospital has quality data that can be reviewed to ensure best practice is in place and services are provided effectively and efficiently.

Without health information management professionals none of those things will happen.

FOR THE HEALTH INDUSTRY

Health information management professionals work in a variety of different settings and job titles.

We often serve in bridging roles, connecting clinical, operational, and administrative functions. As professionals, we affect the quality of patient information and patient care at every touch point in the healthcare delivery cycle. We are connectivity brokers in information management.

If you involve us at the start we prevent rework because we know our information. Having skilled HIM professionals on the team ensures an organisation has the right information on hand when and where it is needed, while maintaining the highest standards of data integrity, confidentiality, and security.

We have the know how to interpret the data to inform decision making. We're not an expense, we're a value-add investment.

We are the "go to" profession for all things health information leading to good patient outcomes.

HIMAA supports and promotes these professionals through education, governance, advocacy and professional development.

HIMAA-accredited - the qualified health information professionals.

Health information management professionals are the mortar of the health world. Our knowledge and skills bind the clinical and administrative bricks to ensure a cohesive informational structure. We know how each clinical unit captures their information. Through collaboration we know their informational needs. We have the skills and knowledge to develop the information needed to communicate within the multidisciplinary team. This results in improved patient outcomes and better use of our information systems investments.

HIMAA supports and promotes these professionals through education, governance, advocacy and professional development.

HIMAA-accredited - the qualified health information professionals.

FOR CONSUMERS

If you're coming into hospital, you want systems in place that ensure you are seen when you need to, that your information is available in the right place at the right time, and that the hospital has quality data that can be reviewed to ensure best practice is in place and services are provided effectively and efficiently.

Without health information management professionals none of those things will happen. Ask your hospital if they have any.

HIMAA supports and promotes these professionals through education, governance, advocacy and professional development.

HIMAA-accredited - the qualified health information professionals

7.3 NETWORKS AND INFLUENCING

Multiple sources of influence are needed and influencers will usually combine a critical mass of different kinds of influence strategies. Four or more out of the following six influence strategies in

combination exponentially increase the chance of success (Grenny et al, 2008). Cunningham et al (2011) in a systematic review examined how networks can be used to collaborate and looked at a specific use of social networks. They state that nurturing professional networks is time well spent. The practical implication of networking for HIMs is that network structures can provide support, enable information sharing, collaboration and alliances that can be used to influence the influencers.

| Influence Strategies | Practical Examples |
|---|---|
| Link to mission and values | Review the activities of the service in line with key organisational values and actions. Demonstrate how the service can assist to deliver on mission and values |
| Overinvest in skill building | Lifelong learning is a cornerstone of professional life. A development plan for each staff member and yourself is critical in a continually evolving climate such as health and information technology and communication. Where resource constraints prevail this might involve allocation of time to view high quality education sources and to read journals. |
| Harness peer pressure | Utilise the credibility of clinicians and other influencers who value your work and understand the skill set that HIMs offer. |
| Create social support | Invite key clinicians and influencers to visit the service. Use data to demonstrate the depth and breadth of services provided. |
| Align rewards and ensure accountability | Deliver as promised and communicate clearly. |
| Change the environment | Understand the influences within your organisation and their motivation and align your service to deliver on key initiatives. |

8 CHECKLIST

This checklist can be used to guide your advocacy and positioning actions.

| Action | Completed |
|--|--------------------------|
| Use a 30 second grab relevant to the target audience when possible. Different grabs for different audiences. | <input type="checkbox"/> |
| Establish within your health service/district a HIMAA network to support advocacy and positioning. | <input type="checkbox"/> |
| Run your own department to a high standard of service and delivery through leadership and developing staff. Demonstrate your level of skills. Promote your success stories through publication and within your organisation. | <input type="checkbox"/> |
| Promote up the chain the work that is completed by the HIM service in terms of organisational goals and values. | <input type="checkbox"/> |
| Invite key clinicians and executive to morning tea at the health information service and walk them through the challenges and issues. | <input type="checkbox"/> |
| Produce a one pager on how the department has contributed to achieving strategic goals of the organisation. Make presentation to executive and other | <input type="checkbox"/> |

| Action | Completed |
|---|--------------------------|
| committees. | |
| Network members to meet regularly – manage up/share resources/solve common problems. | <input type="checkbox"/> |
| Offer to be involved with credible others to complete projects of value. Concentrate on high value work e.g. completion of coding within timeframes, showing how to optimise weighted separations, providing information for clinical and management decision making. | <input type="checkbox"/> |
| Read the organisation’s strategic plan – positive response / network response i.e. show a body of knowledge relevant to delivery of the plan. | <input type="checkbox"/> |
| Build alliances – clinicians, recipients of coded data, help research projects, change management initiatives etc. Promote yourself and the skills and knowledge you have so that you are an integral of relevant committees in the hospital (for example, committees relating to Quality and Safety, IT-related, implementation of new systems and design of workplaces and buildings that may have an impact on your work, staff and workplace environment. | <input type="checkbox"/> |
| Always take opportunities to introduce yourself or to be introduced to key clinicians and decision makers in your organisation. Be familiar with the organisational chart. | <input type="checkbox"/> |
| Network with other networks both within and outside the organisation. Contribute your individual and professional strengths to the team. | <input type="checkbox"/> |
| Exhibit professional behaviours at all times. Communicate and interact transparently and with integrity. Refrain from participating in unhealthy cultural and organisational behaviours. Collaborate widely, be open and transparent, respect colleagues and the skills and diversity they bring to the team and enable individuals within the team to bring and share their individual strengths. Support and work ‘above the board’ to enable the whole team to contribute. | <input type="checkbox"/> |
| Deliver, deliver, deliver | <input type="checkbox"/> |

9 CASE STUDIES

Case studies are practical examples of health information management professional skills in action. These case studies can be used to support your advocacy efforts. The following topics are broad examples of where HIM expertise has been used within healthcare organisations. These articles are from the Health Information Management Interchange or our Health Information Management Journal. They can be accessed by members from the website @ <http://hima2.org.au/HIMJ/>

9.1 E-HEALTH

9.1.1 What is e-health?

Authored by (Thiessen V et al, 2015)

Published HIM-INTERCHANGE Vol 5 No 2 2015

This article provides a definition of what e-health means in today's context.

Key learnings

HIMs have a great advantage in the e-health arena as they understand the business of health. How health information is recorded and used, the processes, clinical interactions and patient in clinical settings such wards, clinics, EDs and operating theatres.

9.1.2 Data standards and data quality in an e-health environment

Authored by (Coleshill C and Koberg H, 2015)

Published HIM-INTERCHANGE Vol 5 No 2 2015

This article explains the role of health information professionals improving data quality in an e-health environment.

Key learnings

HIM skillset allows for the brokerage between a diverse range of stakeholders which include clinicians, IT professionals and management teams. HIMs understand the healthcare context and how the healthcare environment function at an operational and strategic level.

Medical terminology, human anatomy and physiology and the fundamentals of medicine provide a basis for understanding the business of our clinical stakeholders.

Healthcare analytics, for example clinical classification, casemix and ABF and introduction to epidemiology, provide knowledge of the key uses of healthcare data beyond direct healthcare provision.

9.2 HEALTH INFORMATION MANAGEMENT

9.2.1 Do electronic discharge summaries contain more complete medication information? A retrospective analysis of paper versus electronic discharge summaries

Authored by (Lehnbom E et al, 2014)

Published Health Information Management Journal of Australia 2014 Vol 43 No 3

Key learning

Complete, accurate and timely hospital discharge summaries are important for continuity of care. The aim of this study was to evaluate the effectiveness of an electronic discharge summary system in

improving the medication information provided compared to the information in paper discharge summaries. This study was a retrospective audit of 199 paper and 200 electronic discharge summaries from a 350-bed teaching hospital in Sydney. The completeness of medication information, and whether medication changes during the admission were explained, were assessed. Further, the likelihood of any incomplete information having an impact on continuity of care was assessed. In summary, electronic discharge summaries offer some improvements over paper discharge summaries in terms of the quality of medication information documented. However, explanations of changes to medication regimens remained low, despite this being crucial information. Future efforts should focus on including the rationale for changes to medication regimens in discharge summaries.

9.2.2 The quality of medical record documentation and External cause of fall injury coding in a tertiary teaching hospital.

Authored by (Cunningham et al, 2014)

Published Health Information Management Journal of Australia 2014 Vol 43 Issue 1

Key Learnings

This paper reviews the documentation and coding of External causes of admitted fall cases in a major hospital. Analysis of a random selection of 100 medical records included re-coding in the International Statistical Classification of Diseases and Related Health Problems, Tenth revision, Australian Modification (ICD-10-AM), Fifth Edition for External causes to ascertain whether: (i) the medical records contained sufficient information for assignment of specific External cause codes; and (ii) the most appropriate External cause codes were assigned per available documentation. Comparison of the hospital data with the state-wide Victorian Admitted Episodes Database data on frequency of External cause codes revealed that the hospital, treated comparatively more falls involving steps, stairs and ladders. The hospital sample reflected lower usage, than state-wide, of unspecified External cause codes and Other specified activity codes. A comparison of researcher and hospital codes for the study revealed differences. The ambulance report was identified as the best source of External cause information; only 50% of hospital medical records contained sufficient information for specific code assignment for all three External cause codes, mechanism of injury, place of occurrence and activity at time of injury. Whilst records contained mechanism of falls injury information, 16% contained insufficient details, indicating a deficiency in documentation to underpin external cause coding. This was compounded by flaws in the ICD-10-AM classification.

9.3 PRIVACY AND CONFIDENTIALITY

9.3.1 A systematic literature review on security and privacy of electronic health record systems: technical perspectives

Authored by (Rezaeibagha F, Win K and Susilo W, 2015)

Published Health Information Management Journal of Australia 2015 Vol 44 Issue 3

Key learnings

Even though many safeguards and policies for electronic health record (EHR) security have been implemented, barriers to the privacy and security protection of EHR systems persist. This article presents the results of a systematic literature review regarding frequently adopted security and privacy technical features of EHR systems. The review identified 13 features that are essential to security and privacy in EHRs. These included system and application access control, compliance with security requirements, interoperability, integration and sharing, consent and choice mechanism, policies and regulation, applicability and scalability and cryptography techniques.

This review highlights the importance of technical features, including mandated access control policies and consent mechanisms, to provide patients' consent, scalability through proper architecture and frameworks, and interoperability of health information systems, to EHR security and privacy requirements.

9.3.2 Research: Maternity patients' access to their electronic health records: Use and perspectives of a patient portal

Authored by(Forster M, Dennison K, Callen J, Georgiou A and Westbrook J, 2015)

Published Health Information Management Journal of Australia 2015 Volume 43 Issue 2

Key learnings

The purpose of this study was to investigate maternity patients' use and perceptions of a patient portal developed at the Mater Mothers' Hospital in Brisbane. Through the portal, maternity patients are able to complete their hospital registration form online and obtain current health information about their pregnancy, as well as access a variety of support tools to use during their pregnancy such as tailored public health advice.

A retrospective cross-sectional study design was employed. Usage statistics were extracted from the system for a one year period. Patients' perceptions of the portal were obtained using an online survey. Descriptive statistics were employed to analyse the data. The study provides new evidence that portals can deliver benefits to maternity patients in terms of providing quick and easy access to current personal and general health information and support patients in their ability to recall and prepare for appointments.

9.3.3 Does the PCEHR mean a new paradigm for information security? Implications for health information management

Authored by(Williams PAH, 2013)

Published Health Information Management Journal of Australia 2013 Vol 42 Issue 2

Key learnings

Australia is stepping up to the new e-health environment. With this comes new legislation and new demands on information security. The expanded functionality of e-health and the increased legislative requirements, coupled with new uses of technology, means that enhancement of existing security practice will be necessary. This paper analyses the new operating environment for Australian healthcare and the legislation governing it, and highlights the changes that are required to meet this new context. Individuals are now more responsible for security and organisations should be prompted to review their security measures in light of the new demands of legislative compliance.

9.4 DATA ANALYSIS AND REPORTING

9.4.1 Mining association rules between abnormal health examination results and outpatient medical records.

Authored by: (Huang Y C, 2013)

Published Health Information Management Journal of Australia 2013, Vol. 42 Issue 2

Key Learnings

Currently, interpretation of health examination reports relies primarily on the physician's own experience. If health screening **data** could be integrated with outpatient medical records to uncover correlations between disease and abnormal test results, the physician could benefit from having additional reference resources for medical examination report interpretation and clinic diagnosis. This study used the medical database of a regional hospital in Taiwan to illustrate how association rules can be found between abnormal health examination results and outpatient illnesses. The rules can help to build up a disease-prevention knowledge database that assists healthcare providers in follow-up treatment and prevention. Furthermore, this study proposes a new algorithm, the **data** cutting and sorting method, or DCSM, in place of the traditional a-priori algorithm. DCSM significantly improves the **mining** performance of a-priori by reducing the time to scan health examination and outpatient medical records, both of which are databases of immense sizes.

9.4.2 Smart use of data, information and communication: The INFORM-ed Best Local Practice Project - Grafton Base Hospital.

Authored by: (Lloyd S, Collie J, McInnes A, King K, Lollback A, Garland A, 2011)

Published Health Information Management Journal of Australia 2011 Vol 40 Issue 3

Key Learnings

This paper describes progress for an information management project in a medium-sized rural hospital. The article examines project outcomes in relation to the National Hospitals and Health Reform recommendations for the smart use of data, information and communication. A number of important challenges and issues were identified by the project and proposes that the project findings may be used to inform similar projects in other settings. This includes the requirements for clinician reports, investment in human resources, development, and time for information management activities, an understanding of data collected, information systems, and presentation of clinician data are also important. The benefits of information sharing in assisting quality improvement activities are particularly relevant but, more importantly, they can engage and involve clinicians in the use of information. The importance of local data, information, and knowledge is described. Finally, issues for the health information management profession, such as working collegially and sharing knowledge and expertise, are outlined.

9.4.3 Web-based geo-visualisation of spatial information to support evidence-based health policy: a case study of the development process of HealthTracks.

Authored by(Jardine A, Mullan N, Gudes O, Cosford J, Moncrieff S, West G, Xiao J, Yun G, Someford P., 2014)

Published Health Information Management Journal of Australia 2014 Vol 43 Issue 2

Key Learnings

Place is of critical importance to health as it can reveal patterns of disease spread and clustering, associations with risk factors, and areas with greatest need for, or least access to healthcare services and promotion activities. Furthermore, in order to get a good understanding of the health status and needs of a particular area a broad range of data are required which can often be difficult and time consuming to obtain and collate. This process has been expedited by bringing together multiple data sources and **making** them available in an online geo-visualisation, HealthTracks, which consists of a mapping and reporting component. The overall aim of the HealthTracks project is to make spatial health information more accessible to policymakers, analysts, planners and program managers to inform **decision-making** across the Department of Health Western Australia. Preliminary mapping and reporting applications that have been utilised to inform service planning, increased awareness of the utility of spatial information and improved efficiency in data access were developed. The future for HealthTracks involves expanding the range of data available and developing new analytical capabilities in order to work towards providing external agencies, researchers and eventually the general public access to rich local area spatial data.

9.4.4 Rethinking health planning: a framework for organising information to underpin collaborative health planning.

Authored by(Gudes O, Kendall E, Yigitcanlar T, Pathak V, Baum S., 2010)

Published Health Information Management Journal of Australia 2010 Vol 39 Issue 2

Key Learnings

The field of collaborative health planning faces significant challenges created by the narrow focus of the available information, the absence of a framework to organise that information and the lack of systems to make information accessible and guide **decision-making**. These challenges have been magnified by the rise of the 'healthy communities movement', resulting in more frequent calls for localised, collaborative and evidence-driven health related **decision-making**. This paper discusses the role of **decision** support systems as a mechanism to facilitate collaborative health **decision-making**. The paper presents a potential information management framework to underpin a health **decision** support system and describes the participatory process that is currently being used to create an online tool for health planners using geographic information systems. The need for a comprehensive information management framework to guide the process of planning for healthy communities has been emphasised. The paper also underlines the critical importance of the proposed framework not only in forcing planners to engage with the entire range of health determinants, but also in providing sufficient flexibility to allow exploration of the local setting-based determinants of health.

10 FURTHER READING

Health Information Management Journal <http://hima2.org.au/HIMJ/>

Health Information Management of Australia Competency Standards <http://www.hima2.org.au/?q=node/1454>

Health Information Management of Australia Practice Guidelines (currently in development)

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12 FEEDBACK

This Positioning & Advocacy Tool Kit is designed to be a working collection of documentation. IF you have any ideas for additions to it, or feedback on it, please let us know using the appended Feedback Form, and email to himaa@himaa.org.au with the subject heading 'P&A Tool Kit Feedback'.

Thank You!

APPENDICES

APPENDIX 1 HIMAA Defined Value Propositions for Health Information Management Professionals v1 22Feb2015

APPENDIX 2 HIMAA Health Information Management Professional Definition v2 22Jul2015

APPENDIX 3 HIMAA Principles of Professional Practice v1 22Feb2015

APPENDIX 4 HIMAA Quality Assurance and Health Information Employees

APPENDIX 5 HIMAA Positioning & Advocacy Tool Kit Feedback Form