Taking on a new role: the Health Information Manager in the Queensland Ambulance Service

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A Health Information Manager’s informal description of working in the Queensland Ambulance Service

Introduction

After being asked to write a piece for Health Information Management Journal outlining my duties as a Health Information Manager with the Queensland Ambulance Service (QAS), I wasn’t quite sure where to start. Whether in a government or privately funded organisation, the environment in which Health Information Managers find themselves is both highly and rapidly changeable.

The Queensland Ambulance Service

The QAS is part of the Department of Emergency Services (DES) and falls under the portfolio of the Minister for Emergency Services. Delivering high quality pre-hospital emergency care, specialised transport and a range of community services, the QAS aims to improve the health and wellbeing of the Queensland community. During the 2002/03 financial year, QAS paramedics responded to over 570,000 requests from 262 locations across Queensland. Previously part-funded through a subscriptions scheme, the QAS now sources funding through the Community Ambulance Cover scheme in addition to government funding.

The position of Health Information Manager within the QAS appealed to me, as it required the establishment of health information services in a healthcare setting in which there was no predecessor. It is the challenge of creating a health information service from scratch and watching it change and grow that I enjoy most. In fact, my first position as Health Information Manager was based at Kingaroy Hospital in a similar newly created position requiring the development of systems in remote sites throughout the then Kingaroy and Gayndah Monto Health Service. Looking back, I believe it was those skills that I was forced to acquire through a very steep learning curve during my two years in Kingaroy that held me in good stead when applying for the position of Health Information Manager within the QAS.

In the beginning

I began working with the QAS in early 1996, being responsible for the ongoing management of the Ambulance Integrated Management System (AIMS) database. AIMS was an in-house solution, designed to store information recorded by the then Ambulance Officers on ambulance reports which were introduced during 1995 as part of a new information management strategy. In the last eight years the number of ambulance reports produced has doubled. The QAS has microfilmed ambulance reports produced since July 1995, all of which are indexed on AIMS in order to meet future storage and retrieval requirements of patient records. This enabled the centralisation of management of ambulance reports previously stored across Queensland, allowing the QAS to better meet its legislative requirements.

Initially my role was coordinating the flow of ambulance reports (including a significant backlog) and liaising with our external contractor for data entry and microfilming. This was shortly followed by the rather tedious job of verifying the existence of ambulance reports on both AIMS and microfilm. This became an all-consuming part of my role as I faced difficulties in obtaining assistance due to the proverbial budgetary constraints. Eventually, resources were provided, and I was able to concentrate on other duties.

The job develops

The role grew significantly and before long I found myself responsible for:

- planning, development and documentation of services provided by the Health Information Unit
- managing quality activities on database accuracy
- loading data files to AIMS and investigating and resolving any problems
- database acceptance testing
- managing the storage, retention and destruction of patient records
- coordinating the retrieval of patient records for medicolegal requests
- preparing and managing the AIMS budget (then at $500,000)
- teaching trainee Ambulance Officers in subjects covering the completion of ambulance reports;
- producing a monthly newsletter
- chairing the annual AIMS review
- coordinating enhancements to data capture, including the production of revised Instructions for completion of ambulance reports as reporting requirements changed.

In addition, I found myself responsible for the production of all statistical reporting from AIMS using the Cognos reporting tool Impromptu. These reports were sourced from a range of internal and external clients for purposes ranging from reporting of operational performance measures, research and education, through to obtaining revenue from other Government Departments that utilise the services of the QAS. It was at this point that I was very relieved to obtain funding for a second full-time Health Information Manager.

By the time we had settled into an effective working arrangement, our roles were significantly changed as a result of our amalgamation with another unit during the latest organisational restructure. The result was the formation of the Information Support Unit consisting of seven employees. My role now is primarily that of managing the AIMS database, patient records, release of records through a recently established Administrative Access scheme, policy and...
procedure documentation, developing and managing quality assurance activities and the provision of advice in relation to health information. I am now in a position where I can finally tackle at least some of the items on my long-established wish list.

**Summing up**

I dare not say that my degree didn’t prepare me in any particular area, just in case it reflects poorly upon my attendance and listening skills during lectures. The campus club was after all a great place to be between lectures — and a little difficult to leave. Seriously, though, the skills that no theoretical course can prepare individuals for, and which I found most difficult to learn, were dealing with and negotiating organisational politics, how to say no, and how to delegate. The latter was made easier when there was actually someone to delegate to.

Apart from the constant interaction with many varied and interesting people and constantly being faced with new challenges, I must say that the thing I like most about working in a non-traditional HIM role is not being confined to the basement (or dungeon as it is affectionately known) of a hospital. Oh, and let’s not forget the coding — this may be career limiting, but I haven’t coded for 10 years.

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