Still work to do on Standards

Irene Kearsey

I second Kerin Robinson’s welcome for the return of the hard copy Health Information Management Journal (Robinson 2006). When I graduated in 1976, the journal was small and not peer-reviewed but it was full of useful material provided by other people. In 1980, the then Editor, Barbara Anderson, encouraged me to submit reports, book reviews and news items and later I progressed to papers. A journal is essential to our profession and I hope the return of the hard copy version will encourage HIMs who have not yet thought of writing for it: apart from the guilty pleasure of seeing one’s name in print, there is the reward of contributing to the ever-widening field of knowledge relevant to HIMs.

While the contents of this issue cover a range of topics, the need for, and value of, Standards and Data Definitions seem to be a recurring note. The process of developing such Standards and Definitions in any area is usually long and hard, with input from individuals representing a variety of organisations and disciplines. For HIMs to influence Standards and Definitions relevant to our area of work, our professional organisation must be strong and visible so that it is always asked to nominate representatives to appropriate working parties: the larger the membership, the higher the profile, and the greater our representation. HIMAA also has to be able to identify members most appropriate for the specific area of expertise: one way to make your expertise known is to publish in your professional journal.

In the first peer reviewed paper, Smith and Macdonald (2006) stress the value for all healthcare facilities to have a plan for managing health information when disaster strikes and they outline the starting points for preparing a plan. Before reading this paper, I’d thought such disasters fell into two distinct categories – those causing a rush of trauma admissions and those causing damage to records – completely overlooking the fact that the one disaster can cause both outcomes. I’d also overlooked the point that many non-trauma patients could also have urgent need of health services at such a time. The paper discusses the benefits electronic records would bring, particularly if these can be shared across facilities, pointing out the need for common data Standards for this to work.

Sands, in her Case Study, sets out the practicalities of handling a disaster striking records in her hospital and identifies several points other hospitals should check: no water-soluble pens, bottom shelves off the floor, information about appropriate service providers ready to hand and, not least, a good network of helpers. Archivists’ literature can be useful, for instance the Australian Society of Archivists’ Keeping Archives (both 1st and 2nd editions out of print but a 3rd edition is due later this year).

The media often feature the wonders of telemedicine. Brear (2006) discusses the need for (and problems involved in) the evaluation of this clinical tool. One point raised by Brear is that sharing data is inherent in telemedicine and again stresses the need for common data Standards. Difficult as evaluating telemedicine clearly is, it is likely that telemedicine will be used in some circumstances and HIMs must then face numerous problems in identifying what information needs to be captured and in what format, then in ensuring adequate retention. This also needs agreed Standards.

Marks and McIntosh describe professional practice for the University of Sydney’s HIM students: although the duration of ‘prac’ placements may vary from course to course, the objective behind this element of each HIM course will be the deep learning that comes from experience. The authors outline a number of incidental outcomes from professional practice sessions, such as personal development and the acquisition of a mentor. One outcome not mentioned (but wonderfully illustrated by Suares (2006) in her Professional Profile) is that often employment grows from an earlier student placement. For the ex-student, there are no uncertainties about the offered position while the employer is already sure of the person’s capabilities, with little induction needed. Another outcome of a student’s work is demonstrated by Stevens (2006) in her joint paper with Sullivan and Williamson: publication of her work.
In a Case Study, Krypuy and McCormack (2006) describe an evaluation of the informed consent procedures for elective surgery in their health service, where 19 Visiting Medical Officers make bookings. The results illustrate how a few individuals can spoil a reasonably satisfactory picture overall.

Stevens, Sullivan and Williamson (2006) describe Victoria's program of Aboriginal Hospital Liaison Officers and discuss some of the problems involved in collecting data: this is an area where Definitions do exist but where some hospitals have problems in applying them.

Both Conference Reports in this issue illustrate one benefit of HIMAA membership: the possibility of having registration met by HIMAA in return for a report. Cunningham's report (2006) on an electronic health records congress outlines the different HealthConnect approaches of four Australian States, once more raising the issue of Standards, while Barnes’ (2006) reporting on a health informatics conference in Beijing demonstrates that a Conference Report can also be fun to read, while providing solid information with links to further reading. He mentions the ‘real time’ interpretation of the speakers at this meeting, which reminds me of a project I’ve long planned to propose to IFHRO: our profession, with increasing cross-national involvements, needs a multi-language dictionary of technical terms. However highly skilled, interpreters are unlikely to understand our technical terms, some of which could represent entities that may not even exist in that country. Imagine how an interpreter would cope when a speaker mentions ‘terminal digit filing’, for example. We need a dictionary with each technical term in as many languages as possible, with Definitions. I envisage a web publication that can be added to as people of various languages submit entries (ideally the individual IFHRO member association would set up a working group structure so that there is consensus).

This issue’s Professional Profiles illustrate how careers can develop, one of which is only just starting, the other began well over 20 years ago. Suares’ Profile (2006) illustrates the possible outcomes of professional placements in areas ‘less-traditional’ for HIMS while Boal’s Profile (2006) shows what can grow out of (or be developed, by sheer hard work, from) a ‘traditional/hospital’ HIM position, and that excellent opportunities in hospital jobs are not limited to big cities. Boal makes the point that a career is commonly assumed to include a variety of workplaces: as someone, like Boal, who worked at the same place for a long time, I know that a HIM job does not stay the same for long and neither does any health care organisation of whatever type.

While much has been achieved in our profession, there are plenty of challenges still waiting to be resolved: this issue demonstrates that Standards are a major area.

References

Irene Kearsey MA (Archives & Records), GradDip (HlthAdmin), BAAppSc (MRA)
Now happily retired but previously just as happy being: Senior Health Information Advisor
Department of Human Services, Victoria
email: Irene.Kearsey@bigpond.com