The role of health information management in health and aged care reform: a personal perspective

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I could not have foreseen in the late 1960s that in 2011 I would be looking back on over 40 years in the workforce and looking again at a period of health reform. Back then, topical issues included the accuracy of clinical coding and the pursuit of the paperless record. It is tempting to say: ‘So, what's new?’

As is often the case, the answer is two-edged. There has been tremendous technological progress and lots of new directions for the field of medical record librarianship, as it was known then. Over the years, the terminology moved from medical record administration to health information management. However, not everything has changed. The central message remains that the medical record is the repository of good data both for purposes of good clinical care and productive information management. The truth of the old adage that, ‘if it’s not written down then it cannot be presumed to have happened’, is as true today as ever. It also remains as vexing a challenge as ever.

My career has walked me across all facets of the health sector and through many periods of review and reform. This includes teaching in the New South Wales (NSW) Training School for Medical Record Librarians in the late 1960s and a decade later working as Lecturer and Clinical Coordinator in the School of Medical Record Administration at Cumberland College of Health Sciences (now The University of Sydney).

Over the years I broadened my education through achieving a Bachelor then a Master of Arts Degree and combined my professional qualifications with a growing interest in quality. Whether one refers to quality assurance, peer review, continuous improvement or quality management, the key intent is to use the process of monitoring and review as a key strategy for improving the standard of care and service delivery. This led me to an interest in the process of accreditation and to spending some years working with the Australian Council on Healthcare Standards (ACHS) as manager of their education services. At all times, the importance of the medical record – it does not matter whether we call it a health, clinical, patient or client record – remained pivotal.

What I would like to focus on in this short piece is my interest – perhaps some would say passion – for aged care, which was spawned in the late 1980s. My experience allowed me to become actively involved in the first major period of aged care reform and the introduction of the Aged Care Act 1997. I found myself working as a consultant and being involved with the development of the first set of residential aged care standards, the implementation of accreditation in residential aged care facilities, the training of assessors and the achievement of accreditation in a range of health and aged care facilities; everything from small day procedure centres to organisation-wide accreditation of multiple residential aged care facilities. This was a challenging and rewarding time.

Record keeping in aged care at that time left much to be desired and so a key challenge for me was to assist in training aged care staff in the principles of good documentation and record keeping. The basic lessons learned in my initial training were not lost and the use of the medical record audit became a very valuable systems improvement tool. Along the way, I was asked by the Australian Government Department of Health and Ageing to help write and edit their Guidelines for Clinical Documentation.

Over the past decade I have been working for the NSW Department of Health and currently hold the position of Manager of the Aged Care Integration Unit. This position involves extensive inter-governmental negotiations as aged care is a Federal responsibility and health-based aged care service delivery is a State responsibility. Since 2006, the Council of Australian Governments (COAG) reform has been a major driver of activity, with our challenge in NSW to improve aged care service delivery at the state level. Included in my portfolio is program management responsibility for the Aged Care Assessment Program (ACAP) in NSW. This encompasses some 36 Aged Care Assessment Teams (ACATs). ACATs are not only experienced clinical aged care specialists but they have legislative responsibility as gatekeepers to the full range of Commonwealth subsidised aged care services, both residential and community. Achieving consistency of performance across such a large and diverse state as NSW is no easy task but great inroads have been made during this four-year period of COAG reform, including adoption of state-wide protocols and procedures.

In early 2010, the Commonwealth Government announced further major health and aged care reform.

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This time the Commonwealth Government intends taking over full funding and policy responsibility for aged care from July 2012. This reform means further challenges at the state level, and we are in the midst of the transition period right now. In practical terms, the biggest challenge is to achieve integration of health and aged care service delivery so that older people can move seamlessly between State health services and Commonwealth aged care services as their needs dictate. The Commonwealth’s priority – reflecting community desire – is for people to be able to remain living independently at home for as long as possible. This cannot be achieved without good links between health and aged care services and the primary, residential and acute care sectors.

And guess what! Good record keeping and the capacity to transfer clinical information with the older person as and when needed remains a critical factor. Much work needs to be done to ensure that when an older person is admitted to hospital they are accompanied by good clinical documentation of their care needs. Similarly critical are good hospital discharge summaries accompanying the older person either back home or into residential care.

Efficient and effective health information management – however termed – will remain vital to the achievement of health and aged care reform. I have deliberately expanded the theme of health reform to address both health and aged care as I believe the two are inseparable. The imperative has never been greater with the rapid ageing of the population. The technology is there to help us manage care and service delivery better.

Another key lesson I have learned over the years is that we ignore people at our peril. We have a maturing workforce. I know: I am part of it. We need to value the experience and expertise of older workers at the same time as training and inspiring the younger generation of workers. We need to address crucial issues such as wage parity so that a true integration of health and aged care services can be effected to the benefit of all of us as both we and our parents age.

I stumbled into medical record librarianship by accident all those years ago. It opened up a fascinating career and, even though I gradually moved away from direct employment in health information management, I have never lost my professional roots and have endeavoured to be an ambassador for good clinical documentation and record keeping all my working life.

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