

**Working Together For a Common Cause:
Inter-professional Development of the Health
Information Management Life Cycle**

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Objectives

- HIM Lifecycle Project Overview
- HIM Lifecycle
- Practice Application: C-HOBIC and Nursing
- Q&A



Presenter Disclosure

- Presenters
 - Kelly Abrams
 - Dr. Margie Kennedy
- No Conflict of Interest



PROJECT OVERVIEW



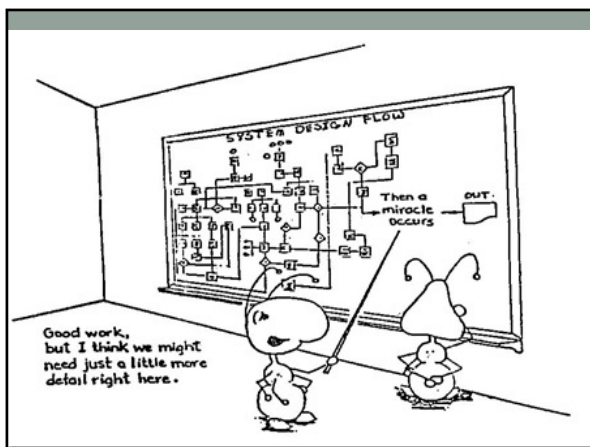
Project Overview

- Evolve the College Project 2012
 - Rationale for HIM Lifecycle
- Interprofessional Working Group established in 2013
 - Seven Stages of the HIM Lifecycle
 - Development of the Lifecycle
 - Expert validation
- Publication & dissemination

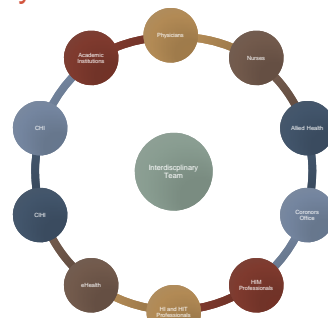


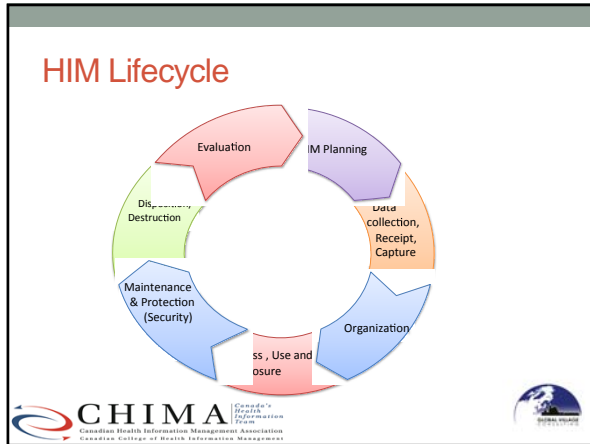
HEALTH INFORMATION MANAGEMENT

Articulating the Life Cycle



HIM Lifecycle National Committee

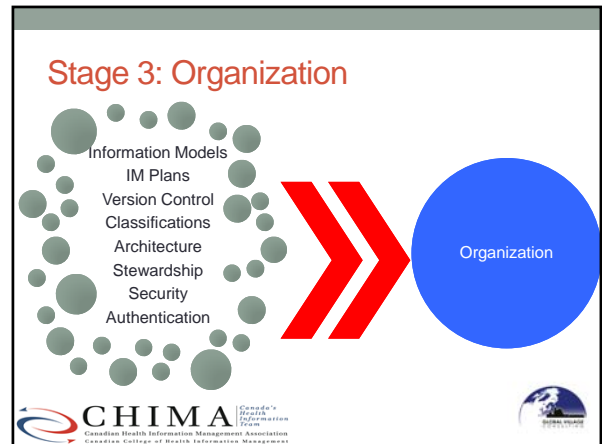




Stage 2: Data Collection, Receipt & Capture

The collage includes images of a person at a computer, a hand writing on a document, and a mobile phone. A central graphic reads "MOBILE KEYWORD DATA CAPTURE" with the text "Capture. Store. Share. Analyze." below it.

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Stage 4: Access, use, and disclosure



- Rules for access have been determined in Stages 2 and 3
- Provide *right environment* for easy access to timely, accurate, and available information within security and privacy guidelines and legislation
- Includes uses for clinical diagnostic and therapeutic purposes; quality performance assessment; planning, managing, and deploying health services; business analysis; accreditation; research and education.
- Patient access and request for changes to information



Stage 6: Disposition



- When is a record / information deemed non-active?
- Implementing decisions on retention and disposition of records – see policies on retention as outlined in Stage 5
- Methods of destruction
 - Physical destruction
 - Digital destruction
- Tracking of completed disposition actions
- Discontinuing records systems
- Recovery of destroyed records



Stage 5: Maintenance & Protection



- Retention plans (and local, provincial retention requirements)
- Security of information
- Records disposal/destruction plan
- Access and privacy policy and procedures
- Transfer of records, if applicable
- Disaster recovery plan (including essential records)
- Information models
- Documentation standards.



Stage 7: Evaluation




- Purpose of Evaluation
 - An ongoing part of the cycle - for continuous improvement.
 - How effective are our IM strategies and processes
 - Incorporate changes in standards or legislation, or information technology, or information sharing arrangements.
- Process of Evaluation / Evaluation Frameworks
- Metrics used
 - Performance should be compared against benchmarks established in Stage 1 and based on information gathered through re-abstraction studies or other data quality control procedures (e.g., turn-around times, record completion rates, outcomes of re-abstraction studies).
 - Sharing best practices across organizations



1 GRAPHOC OF SCALES
Margie Kennedy, 13/05/2014

C-HOBIC

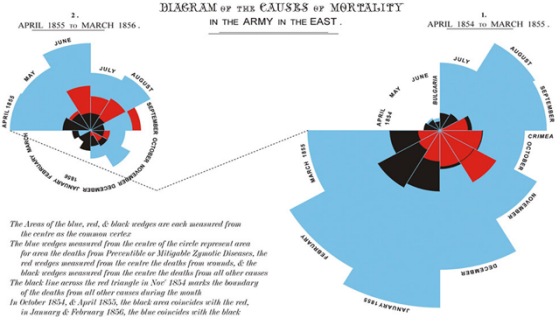
A Nursing Application of the HIM Life Cycle



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Nightingale's Rose Diagram

DIAGRAM OF THE CAUSES OF MORTALITY IN THE ARMY IN THE EAST.





The areas of the blue, red, & black wedges are each measured from the centre on the common radius.

The blue wedges measured from the centre of the circle represent cases for cases the deaths from Cholera or Malignant Zymotic Diseases, the red wedges measured from the centre the deaths from wounds, & the black wedges measured from the centre the deaths from all other causes.

The black line across the red triangle in Nov. 1854 marks the beginning of the deaths from all other causes during the month.

In October 1854, & April 1855, the black area coincides with the red, in January & February 1856, the blue coincides with the black. The entire areas may be compared by following the blue, the red & the black lines enclosing them. *Cholera-wedged read.*


Nursing and Historical Health Information Management

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Historical Issues in Nursing Data Management

- Unstructured narrative notes
 - Nursing Process, SOAPIE
- Localized data storage, access, and retention
- Variable transfer notes across continuum of care
- No nursing data in Discharge Abstract Database (DAD)
 - No abstracted record of nursing data
 - No analysis of nursing data at national level
 - No correlation of nursing data to patient outcomes in healthcare



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Current Nursing Data Management



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ICNP® V2 and SNOMED-CT

ICNP


- Mapped to V1 and V2
- Release of Catalogue March 6, 2012

SNOMED-CT

- 16 nursing terminology experts assembled in Montreal, June 22nd 2012
- Draft document prepared in advance by the UK SNOMED-CT team
- Initial validation through the IHTSDO Nursing SIG Oct 13, 2013
- Formally on the Nursing SIG agenda and continues to be progressively validated




International Classification for Nursing Practice (ICNP) Catalogue



INTERNATIONAL COUNCIL OF NURSES
FONDATION INTERNATIONALE DE NURSES

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C-HOBIC: Standardized Clinical Outcomes

- A suite of clinical concepts that can be collected systematically and standardized across the health care system

Acute Care and Home Care Measures	Long-term Care and Complex Continuing Care Measures
<ul style="list-style-type: none"> • Functional Status: ADL* & Bladder Continence* (IADL* for home care) • Symptom management: Pain, Fatigue*, Dyspnea*, Nausea • Safety Outcomes: Falls*, Pressure Ulcers* • Therapeutic Self-care 	<ul style="list-style-type: none"> • Functional Status: ADL* & Bladder Continence* • Symptom management: Pain*, Fatigue*, Dyspnea*, Nausea • Safety Outcomes: Falls*, Pressure Ulcers*
<ul style="list-style-type: none"> • Collected on admission & discharge • * interRAI measures 	<ul style="list-style-type: none"> • Collected on admission, & quarterly/client condition changes


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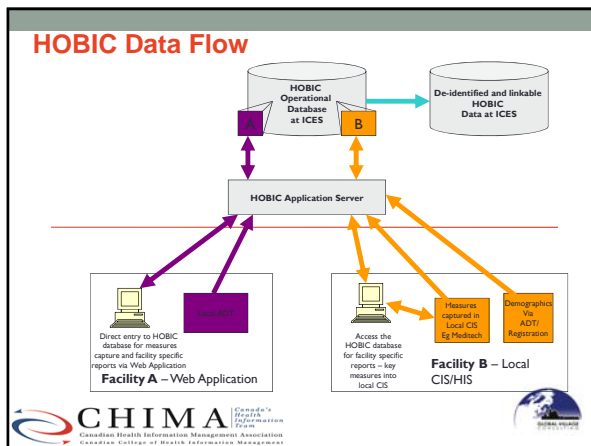


C-HOBIC Dataset

- Formally endorsed by:
 - Canadian Nurses Association
 - Canadian Nursing Informatics Association
- Formally designated as Canadian Approved Standard (CAS) on January 11, 2012 by Infoway Standards Collaborative
- Currently preparing for Phase II
 - Pilot with Canadian Institute of Health Information (CIHI) on the inclusion of C-HOBIC Dataset in the DAD

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HOBIC TSC Adult version 2 - T1046, HISSY

Therapeutic Self Care - HOBIC

- Do you know what medications you were taking at home, before you came to the hospital?
 1-Not at all 2-Somewhat 3-Very Much 4-Unable to Assess 5-Not Applicable
- Do you know why you were taking your medications?
 0-Not at all 1-Somewhat 2-Very Much 3-Unable to Assess 4-Not Applicable
- Did you take your medications (pills, drops, creams) as ordered by the doctor?
 0-Not at all 1-Somewhat 2-Very Much 3-Unable to Assess 4-Not Applicable
- Were you able to notice symptoms (changes in your body) related to your health? Examples of symptoms: pain, feeling tired, dizzy.
 0-Not at all 1-Somewhat 2-Very Much 3-Unable to Assess 4-Not Applicable
- Were you able to carry out treatments to manage your symptoms (changes in your body)? Example of treatments: massage painful area; work at my pace if tired; breathing exercises for shortness of breath.
 0-Not at all 1-Somewhat 2-Very Much 3-Unable to Assess 4-Not Applicable
- Were you able to do your everyday things (like bathing, shopping, preparing meals)?

ADL Self Performance

Access for performance over last 24 hour periods, considering all occurrences of activity.

Bathing
 Independent Set up help only Limited assistance Extensive assistance Maximal assistance Total dependence Activity did not occur

Bladder Control (Assess for last 24 hours)
 0- Complete 1- Control 2- Intermittent incontinence 3- Frequent incontinence 4- Incontinent 5- Did not occur

Pain Symptoms (Assess for last 24 hours)
 0- No Pain 1- Present but not exhibited in last 24 hrs 2- Exhibited in last 24 hrs

Pain Intensity
 0- 10 or worse possible pain 1- 9 2- 8- Moderate 3- 7 4- Distressing 5- Moderately pain 6- Disrupting 7- 3 2- Mild 1- 1 0- No pain

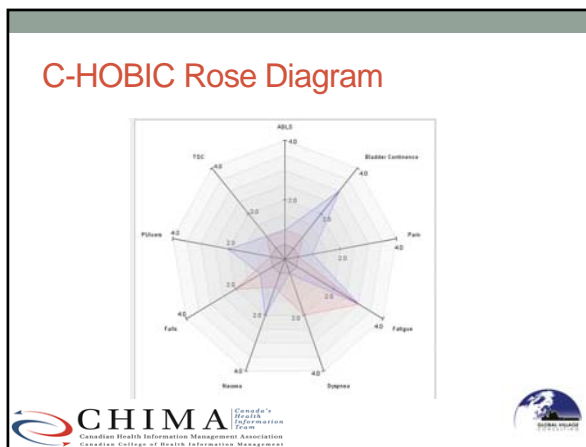
Dyspnea (Assess for last 24 hours)
 0- Absence of symptoms 1- Absent at rest, present on moderate activity 2- Absent at rest, present on day to day activity 3- Present at rest

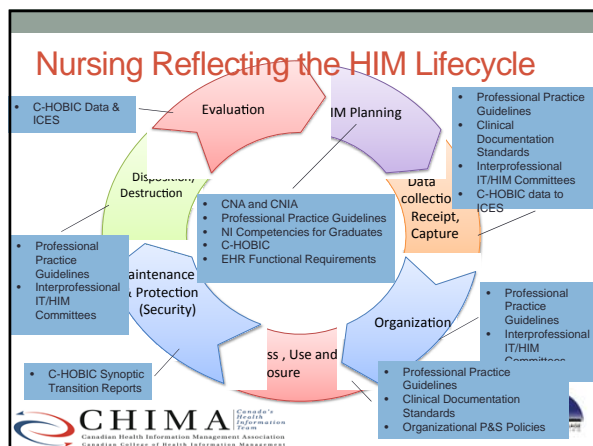
Fatigue (Assess for last 24 hours)
 0- None 1- Minimal 2- Moderate 3- Severe 4- Unable to commence day to day activities

Nausea (Assess for last 24 hours)
 0- No nausea 1- Mild nausea 2- Moderate nausea 3- Severe nausea 4- Inoperating

Falls
 0- No fall in last 90 days 1- No fall in last 90 days, but fall 75-90 days ago 2- One fall in last 90 days 3- Two or more falls in last 90 days

Most Severe Pressure Ulcer
 0- No pressure ulcer 1- Presence of skin redness 2- Deep crater in skin 3- Full thickness skin loss 4- Stage 4 skin-healing wound or ulcer 5- Not evaluable, e.g. necrotic, eschar present





THANK YOU

Questions & Discussion

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Future Imperatives

- Shared responsibility for Nursing and other HIM Lifecycle stakeholders
- Structured languages & information models
 - Interface terminology
 - Reference terminology
- Solutions must be
 - Enabled with validated HI standards supporting clinical practice
 - Comply with semantic interoperability requirements
- Interprofessional leadership for the HIM Lifecycle

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