

Responding to a Health Information Crisis:

Factors Affecting the Recruitment and Retention of Nova Scotian Health Records / Health Information Management Professionals

THE FACTS

- o In 2014, 44% of Health Record / Health Information Management Professional (HIMP) positions in Nova Scotia will be left vacant due to retirement
- o In 2014, 2 DHAs will have no HIMPs
- o In 2014, 2 DHAs will have only 1 HIMP each
- o In 2007, 43% of HIMP positions in New Brunswick will be left vacant
- o In the United States, an 18% shortage of HIMPs is estimated
- o 125,000 more HIMPs are needed by 2010
- o Shortages of HIMPs have an effect on patient care, data quality, job satisfaction, and effective decision-making
- o Workforce shortages are due, in part, to lack of value and recognition of HIMPs
- o Taken together, the recommendations provided can help resolve the pending health information crisis.

MAKING THE CASE

Although the documented history of medicine dates back more than 7000 years, the history of health information is less than 100 years old. In 1913, the American College of Surgeons (ACS) was founded to respond to issues of medical education inconsistencies raised in the Flexner Report of 1910. Among its mandates, the ACS was to establish and assess hospital attainment of standards. During this review the ACS identified inadequacies in documentation of patient health records. In 1919, the ACS adopted "Minimum Standards," which required hospitals to have a "complete, accurate and accessible" health record for every patient.

While the initial demand for patient information was driven by concerns of physician education and the quality of physician care, the demand for health information in the 2000's is driven by a multiplicity of considerations, including cost containment, service efficiency, efficacy, accessibility, and planning, disease incidence and population health, risk management and quality of care. Health information is the evidence required to make the best health care decisions.

Evidence-based decision-making has become the tenet underlying health services management and planning. Managers and policy makers are required to provide evidence for their recommendations and decisions through supporting facts and figures. The professionals who provide this information now play a pivotal role in the provision of evidence-based care, planning and decision-making.

In today's health care system Health Records/Health Information Management Professionals (HIMPs) are the people closest to the data; those responsible for transforming the health professional's diagnosis, intervention and prognosis information from handwriting to coding systems used provincially, nationally and internationally for data analysis and comparisons. HIMPs provide the information required to manage health facilities and deploy health professionals efficiently. HIMPs maintain patient files and access to said files, ensuring data quality and patient privacy. HIMPs enable quick retrieval and use of health information.

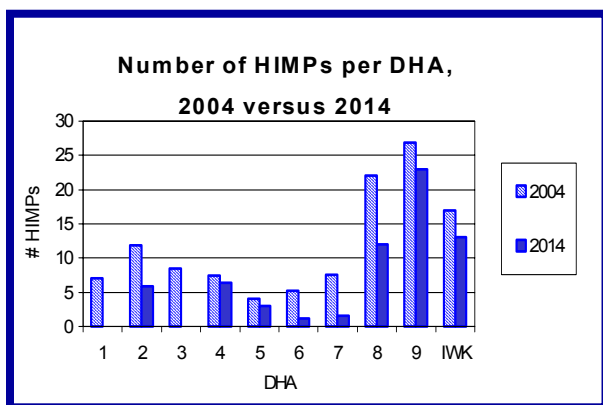
CURRENT AND FUTURE WORKFORCE DEMOGRAPHICS

In 2004, Nova Scotian acute care facilities had approximately 85.6 health record technician positions and 31.85 health record administrator positions, for a total of 117.45 health records positions. HIMPs employed in provincial program settings (i.e. Reproductive Care Program), in governmental agencies (i.e. Nova Scotia Department of Health) and in other settings (i.e.

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research offices, long-term care facilities, vendors, etc) are more difficult to capture in a province wide count. Including provincial programs and governmental organizations, the number of health records positions in Nova Scotia rose to 131.75. It is estimated that up to another 15 health records positions may exist.

In 2004, about 8% of HIMP positions in Nova Scotian facilities were vacant. If current trends continue, **in 2014, 44% of HIMP positions in Nova Scotia District Health Authorities (DHA) will be left vacant** solely due to retirement. All HIMPs currently employed in SSDHA (1) and AVDHA (3) are expected to retire by the year 2014. In PCDHA (6) and GASHA (7) all but one HIMP per DHA is expected to retire by the year 2014.



The situation in other parts of North American is consistent with the Nova Scotia picture. In 2002, Fujitsu Consulting was contracted by the New Brunswick Department of Health and Wellness to undertake a study of health human resources supply and demand in the province. Among the resources studied were health records professionals. Fujitsu's final report forecast a **New Brunswick HIMPs workforce shortage of 43% by 2007**, the largest workforce shortage (by vacancies over total workforce) in all of New Brunswick's health human resources studied.

In 2003, the State of Utah identified an **18% shortage of coders¹ throughout the United States** (Servais, 2003). The United States Bureau of Labour statistics stated that **125,000 more health record professionals would be needed**

¹ Coder is the colloquial term given to health record technicians (HRTs) or health record professionals whose primary responsibility is coding documentation on patient charts into standardized information.

by 2010 – 10,000 per year more (US Bureau of Labor, 2004). The Utah report stated only 2000 new coders are currently entering the field per year in the United States (Servais, 2003).

RAMIFICATIONS OF CURRENT RESOLUTIONS

In Nova Scotia, some DHAs are responding to shortages through enhanced clerical positions. HIMPs interviewed in this study felt that enhanced clerical positions resulted in decreased data quality and subsequent ramifications on patient care. One respondent provided the following example:

"I had picked up a chart the other day and an end of life directive, which is supposed to be kept to the front of the chart, was covered by x-rays and labs on the outpatient side of the chart. I came across it and thought oh that's not good – this fellow has COPD and if he comes in and they're going to intubate him and they can't find his directives (or they) aren't there - which in itself would have been a bad enough scenario...(I) went to file in its proper place and discovered it didn't even belong to that patient, so you know that patient whose life directive I had in my hand – if he had come in to outpatients and was in a medical crisis..."

When working HIMPs were surveyed about the affect of HIMP shortages on the individual and the organization, **89.6% relayed a negative impact on the quality of their work**. Similarly, **80% relayed a negative impact on the organization's data quality, accuracy and completeness**. One survey respondent commented: *"we are accepting a decrease in the quality of work because of staff shortages and more casual staff with less training."*

Other areas of work highly impacted included job and staff satisfaction and the individual and organization ability to meet workload requirements and commitments. At the time of the survey (January 2004-April 2004) respondents indicated that the following work components were **not up to date: chart coding (71%), filing (56%), chart completion (42.9%), release of information (31.8%)**. When asked why, respondent remarks included:

- Not enough staff – Desperate!
- Increased workload & information requests
- Incomplete charting

LACK OF VALUE AND RECOGNITION

Interviews, conducted to identify the underlying phenomena resulting in these shortages, resulted in one over-arching theme: Lack of Value and Recognition. Key informants remarked:

*“There are doctors upstairs that **have no idea** (what we do)”*

“If I went to his (Minister or Deputy Minister of Health’s) office and said I am a health records technician and asked what do I do they probably wouldn’t know”

“The general public does not have a clue what the health records technician does or who she is or anything else.”

“A lot of what we do provides management with the information that they need to make the decisions that affect everyone in the facility but people don’t appreciate or understand that”

*“It makes me angry. It makes me want to go out there on a TV camera say **LOOK THIS IS WHAT WE DO**”*

The predominant perception of low value and recognition of the profession was recently corroborated by the Capital District Health Authority’s reclassification of some HIMPs into salary bands lower than that of clerical staff. The reclassification of HIMPs at CDHA not only has an effect on personal self-perception but could also have significant effect on recruitment of people to the profession, in turn, further affect the quality of information used for evidenced-based decision-making:

*“It **totally demoralizes** our profession. I think at the lower wage it just makes us look like we are not important. That’s exactly how it makes us look - like we are not important...**If you don’t pay well you don’t get quality information and this bases all of your money that you are supplying to the hospital and stuff I don’t think they (stakeholders) realize that’s where exactly it (data) comes from**”*

Widespread ignorance of the profession’s existence and role results in poor morale, duplication of efforts, increased utilization of resources and decisions made on poor quality evidence. When asked how to resolve the lack of recognition and value of the profession, key informant suggestions ranged from media coverage to public recognition by stakeholders,

from legislation of the role of HIMPs to professional self promotion.

“You know if the government said you will have people from a recognized accredited school to do these jobs then I think it would do a lot to heighten our self esteem and certainly the value as far as administration (and) the value the province would have...”

GROWING AREAS OF CONCERN

In the early 20th Century health care was reactive, responding to injury and illness with little, if any, preventative care. In the 21st Century, proactive, preventative health care is paramount to the sustainability of the health care system. Millions of dollars have been poured into fostering a primary health care system that proactively addresses disease and injury and lessens the strain on the acute care system. Despite this, little attention has been paid to the collection and quality of data in the primary health care arena. Evidence for decision-making in primary health care is sparse, of questionable quality, inconsistent and incomparable across jurisdictions. **If primary care chart audits were performed today, what would they reveal?** Would they reveal inequities in patient care, medical education, or documentation – as the audits of acute care charts revealed in the early 20th Century? Similar questions could be asked of **home care, long term care, palliative care and allied health care services** such as nutrition and physiotherapy. In the United States, HIMPs are responsible for documentation in many of these areas.

Administrators of the health care system should demand and initiate the systematic collection of standardized, comparable data in each of the abovementioned areas. Similarly, HIMPs need to proactively establish the role they will play in the standardization, collection, analysis and quality assurance of these data.

Many have viewed the advent of the Electronic Health Record as the technology that will replace HIMPs. On the contrary, HIMPs will be required to:

- o Facilitate the development of appropriate electronic data capture systems
- o Ensure standardized entry of charted information
- o Develop, facilitate and assess standardized, systematic and comparable information charting for a wide variety of health care professionals

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- o Assess data quality and perform data audits
- o Perform analysis and reporting of health information

The change in name from Health Records Professional to Health Information Management Professional embodies some of the proactive change required from the professionals themselves. There must be a transition from the scope of practice of the health records professional to that of the health information management professional. The role of a health information management professional is much broader than the historical role of a health records professional and could include:

- o Development of data collection systems and implementation of the electronic health record.
- o Interpretation, translation and coding of charted data into standardized information
- o Development, implementation and auditing of data quality standards
- o Querying, provision and presentation of data
- o Statistical analysis, leading research, coordinating information requests, providing analytic support to leadership teams
- o Coordinating health information requests and information provision
- o Liaising between program areas and health information professionals to identify data and information capture needs
- o Facilitating the development and improvement of health information.

Each of these competencies is integral to the efficient and effective operation. An effective transition to health information management requires welcoming professionals with new and different skills sets than that of the traditional health records professional. It requires broadening education programs, allowing specialization and learning how to effectively communicate between the professionals within the health information management team. It requires a proactive approach and commitment to change and development.

These changes cannot go unsupported by health information stakeholders, including provincial and national governments, health care organizations and professionals, training programs and the health information management professionals individually and as collective associations.

MOVING FORWARD: RECOMMENDATIONS FOR CHANGE

1. IMMEDIATE ACTION SHOULD BE TAKEN TO RECRUIT AND TRAIN NEW HIMPs, SPECIFICALLY HEALTH RECORD TECHNICIANS
2. FURTHER RESEARCH SHOULD BE CONDUCTED INTO THE DEVELOPMENT AND PROVISION OF QUALITY HEALTH INFORMATION IN NURSING HOME, HOME CARE, ALLIED HEALTH SERVICES AND PRIMARY HEALTH CARE ENVIRONMENTS
3. TRAINING PROGRAMS NEED TO BE COGNIZANT OF TRANSITION FROM THE SCOPE OF PRACTICE OF THE HEALTH RECORDS PROFESSIONAL TO THAT OF THE HEALTH INFORMATION MANAGEMENT PROFESSIONAL.
4. THE GOVERNMENT MUST TAKE A RENEWED INTEREST IN DATA QUALITY AND ENSURE STANDARDS FOR DOCUMENTATION OF PATIENT CHARTS ARE REVIEWED, REVISED AND ACTIVELY ENFORCED.
5. THE VISIBILITY OF THE PROFESSION MUST BE ENHANCED AT THE ORGANIZATIONAL, PROFESSIONAL AND PROVINCIAL LEVELS.
6. HIMP WAGE AND SALARY SCALES MUST BECOME COMPARABLE ACROSS THE PROVINCE AND COMPETITIVE WITH THOSE OF OTHER PROVINCES.
7. THE PROFESSION MUST REASSESS THE ROLE IT PLAYS IN HEALTH INFORMATION AND PROACTIVELY DETERMINE THE SCOPE OF ITS FUTURE ROLE.
8. THE NOVA SCOTIA HEALTH RECORDS ASSOCIATION AND ITS MEMBERS MUST TAKE A PROACTIVE ROLE IN THE DEVELOPMENT OF THE ELECTRONIC HEALTH RECORD AND ELECTRONIC CHARTING.

Has your interest been peaked? To obtain a copy of the study, results and recommendations in their entirety, contact:

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