Health information management roles in rural and regional settings provide a wealth of opportunity and experience, whether one is a student, a new graduate, or a more experienced HIM, as I continue to discover.

My first management position was in Maryborough, part of the Wide Bay region of Queensland, in 1990. I had already acquired some sound skills in clinical coding and applied myself to extending these skills while ‘learning on the job’ all the other aspects of being the Manager of the Medical Records/Outpatient Department. Although this experience enabled me to later work in some metropolitan hospitals, where I learnt even more skills, I grew to love rural and regional settings, and eventually found myself working across three hospitals and community health centres in the small town of Cowra in western NSW as ‘a one woman band’.

Now, 20 years on from these experiences, I am the Manager of Health Information & Clinical Informatics for South West Hospital and Health Service (SWHHS), based in Roma, South West Queensland. Here I continue to learn new skillsets based on the needs of outback settings and, by extension, the expectations and opportunities encompassed by the role.

My role is directly responsible for four part-time CCs based in Roma, Charleville and St George. These CCs also provide coding outreach services to Injune, Mitchell, Augathella, Cunnamulla, Quilpie, Surat, Dirranbandi and Mungindi. The SWHHS also has two Health Information Officers, one based in Roma and another in Charleville. The main purpose of these positions is to submit health activity statistics for monthly admitted and non-admitted activity data, as well as provide training and support in a number of clinical information systems, including the Patient Administration System and Emergency Department Information System.

The SWHHS has a strong focus on quality and safety, with a Nursing Director position reporting directly to the Health Service Chief Executive and forming part of the Executive Management Team. The Health Information Team reports to the Nursing Director Quality and Safety, to work alongside teams such as Service Improvement (procedures and accreditation), Clinical Service Improvement (productive ward, patient flow manager), Patient Safety (quality audits), Infection Control and Telehealth. All these services provide professional advice and support across the whole Hospital and Health Service (HHS).

The following domains have formed part of the health information management plan for the SWHHS. Readers might like to consider how to implement activities within each domain to achieve certain key deliverables or performance indicators, as well as what engagement strategies might assist facilities and other service departments to embrace ownership of responsibilities at the ground level.

### 1. Non-admitted clinical activity: collection, reporting and data quality

An immediate identified concern was our poor data quality and lack of consistent information systems for understanding hospital and health services activity for legislative and business reporting. The majority of our facilities were using Excel spreadsheets to capture non-admitted activity data.

The SWHHS received funding from the Queensland Department of Health to improve our data quality and collection systems by 30 June 2015, with the stated objective to
produce high quality activity and financial information, based on robust data across the SWHHS through the effective implementation and use of information systems and engagement with clinical, administrative and executive team members.

We moved existing Health Information Officer roles into Data Analyst roles to focus on the review of current activity data, endorsement of clear definitions for accurate capture of clinical activity and implementation of information systems through effective engagement across all facilities. To date, we have implemented relevant modules from the enterprise applications of Rural-EDIS (Emergency Department Information System) and HBCIS (Hospital Based Corporate Information System). No more Excel spreadsheets! Just to add another dimension, the team found itself immersed in the Specialist Outpatient and Elective Surgery waitlist reviews and processes; another area that had no documented procedures or information systems.

Executive level decision making and endorsement of these directions was progressed by a Health Information Oversight Group, which is chaired by our line manager, Nursing Director Quality and Safety, with key Executive Management Team members such as the Executive Director of Nursing, Executive Director Community and Allied Health and the Chief Finance Officer, with input from the Health Service Chief Executive. We have great support from our Executive Management Team and enjoy highlighting the importance of a highly supportive and effective Health Information Team.

Tasks that will extend beyond the end of the Data Quality Improvement Project include:
- development of documented procedures to support the new processes and use of information systems
- engagement with administration and senior management members to ensure data collection, reporting and accuracy of data is maintained to a high standard
- establishment of an appropriate reporting platform that can extract data from information systems and provide regular data quality and management reports
- ongoing review of the quality and completeness of activity data for both state-wide reporting and SWHHS business reporting
- ongoing support for training in the use of clinical information systems across the SWHHS
- alignment of raw activity data with ‘Weighted Activity Unit’ (WAU) data and targets generated by the Department of Health for funding purposes.

The HIM role is also responsible for preparing meaningful activity reports for the HHS Board and the Executive Management Team, who represent all service areas of the HHS.

2. Clinical information systems

Health information management in rural settings encompasses a range of responsibilities, and can be the central point for access, support and training across a number of clinical information systems. This is certainly the case in the SWHHS, where one Health Information Officer is responsible for the optimal use of the following clinical information systems, including training and support for both administrative and clinical staff:
- Patient Administration System (or Hospital Based Corporate Information System – HBCIS) that collects all patient level registration information, non-admitted appointment scheduling and clinical coding modules
- Rural-EDIS for the collection of all emergency or ‘walk in’ presentations
- Enterprise Discharge Summary (EDS) to enable clinicians to complete electronic discharge summaries
- Operating Room Management Information System (ORMIS) with links to HBCIS Elective Admissions for the effective management and recording of theatre activity (including operation reports)
- Viewer, a statewide system which is a repository for all discharge information relating to a single patient, regardless of the facility where they have been treated. It is important to be custodian for this data repository as new information from other systems such as Mental Health is introduced.

Clinical Information Systems, including new implementations, are also governed by Health Information Services (HIS), whether for data collection or clinical notes, or for research into EMRs.

3. Clinical coding and documentation

The CCs across the SWHHS rely on the support of the HIM, particularly with regard to engaging with clinicians and facility managers about coding, casemix and care type changes, while highlighting the importance of high quality discharge summaries and documentation. The HIM conducts or coordinates coding meetings and audits, clinician education and review meetings, documentation audits, and development of procedures.

Clinical coding in rural areas brings diversity and yet still remains challenging. CCs need to be empowered to make the best decisions at the point of coding. The clinical coding role involves travel to smaller sites with opportunities to provide advice regarding admission criteria and care type changes. It also involves direct engagement with clinicians if the Principal Diagnosis is unclear or there is a need to clarify or query other documentation.

Education of CCs in rural settings requires a different focus than in metropolitan centres. CCs need to be autonomous in accessing online education, making use of web-based resources and videoconferences, and support from the larger HHS is vital. Clinician-CC liaison meetings and clinical coding meetings held within the HHS can also be educational resources, but to be effective need to be regular and include engagement with senior clinicians.

CCs benefit from more rounded information about care types, length of stay, clinical indicators, documentation and discharge summary reviews, with templates to identify and record any quality improvement suggestions and to make recommendations that influence the quality of clinical coding. Even if CCs have a qualified HIM supervising them, they need these skills as their HIM is often stretched over all areas of health information management.
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<thead>
<tr>
<th>DOMAIN</th>
<th>ACTIVITIES</th>
<th>COMPETENCIES</th>
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<tbody>
<tr>
<td>Clinical activity – collection, reporting and data quality</td>
<td>Governance and performance reporting, Clear data definitions linked to clinical activity, Use of clinical information systems, Processes and procedures, Data quality</td>
<td>A. Generic professional skills, - communication, - organisation and engagement, - ICT literacy, - teamwork, - problem solving and decision making, B. Health information and records management, - Health data and records, F. Health services organisation and delivery, - Healthcare delivery systems</td>
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<tr>
<td>Clinical information systems</td>
<td>Enterprise applications – access, training and support, New clinical information systems</td>
<td>A. Generic professional skills, B. Health information and records management, - Health data and records, - Healthcare information standards and governance, F. Health services organisation and delivery, - Healthcare delivery systems, - Quality and safety management and performance improvement management, G. Health information law and ethics, H. E-health</td>
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<tr>
<td>Clinical coding and documentation</td>
<td>Coding education, Coding and documentation audits, Discharge summaries, Clinician engagement and reports, Succession planning and training</td>
<td>A. Generic professional skills (+ lifelong learning), C. Language of medicine, D. Healthcare terminologies and classification, E. Research methods, H. Health</td>
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<tr>
<td>Release of information and privacy</td>
<td>Procedures and training, Information security and technology, General release of information mechanisms and governance, Right to Information and Information Privacy, Privacy and confidentiality</td>
<td>A. Generic professional skills, B. Health Information and records management, G. Health information law and ethics, H. E-health</td>
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<tr>
<td>Clinical records management</td>
<td>Procedures and training, Archiving and culling for destruction, Integration and cross-referencing</td>
<td>A. Generic professional skills, B. Health information and records management, F. Health services organisation and delivery, G. Health information law and ethics, H. E-health</td>
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<tr>
<td>Clinical forms management</td>
<td>Procedure and processes for approval, Standardised record structure, Supply mechanisms including web publishing</td>
<td>A. Generic professional skills, B. Health information and records management, F. Health services organisation and delivery, H. E-health</td>
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4. Release of information and privacy

This area of health information management is particularly vital in rural and remote settings, often with little in the way of standardised procedures. Be prepared to ‘learn quickly’ as HIMs often become the delegated ‘Right to Information/Information Privacy Officer’ and ‘Privacy and Confidentiality Contact Officer’. Advice from Corporate Office and colleagues in other Hospital and Health Services is vital but there is no substitute for getting to know this area of responsibility, with its associated legislation, personally.

This HIM role identifies the importance of procedures and training, running regular orientation sessions and writing standardised procedures to include ‘Information Security and Use of Technology’, ‘General Release of Information Processes including faxing and emailing’, ‘Security and Consent associated with SMS Messaging’ and governance around the release of information under the correct mechanism across all facilities.

5. Clinical records management

Every aspect of health information management in rural and remote settings presents challenges and opportunities and clinical records management is no exception. Accreditation surveys tend to focus on records management processes and a lot of work has gone into the development of procedures and provision of training. The clinical records management procedure also introduces standards around creating and splitting paper-based records (into volumes), areas of knowledge that HIMs often take for granted. A future area of focus will be the ability to integrate or cross-reference paper clinical files, with appropriate reference to electronic information systems. At present, each service and facility has its own clinical record and HBCIS account (with associated unique Unit Record Number). The importance of engagement with corporate departments should also not be under-stated, and ensuring that you are well-grounded in information standards is important.

The majority of facilities across the HHS have never completed a ‘cull for destruction’ process and have also had a limited opportunity to cull from primary to secondary storage areas in a planned manner. Review of storage capacity and conditions across the HHS was an interesting process, and has led to further engagement with an external records management organisation to consider off-site storage of archived records. This undertaking is still a work in progress.

6. Clinical forms management

Last but by no means least, clinical forms management is also a responsibility of HIS and is a vital part of the quality of our documentation and clinical record structures. Initiatives for the HHS include web publishing of our clinical forms on a dedicated web page, standardised processes for the review and approval of clinical forms including the use of state-wide forms, and review of filing structures and supply mechanisms.

Health Information Manager Competency Standards

Writing this article has provided a valuable opportunity to reflect on the HIMAA Health Information Manager Competency Standards. To summarise, the domains and (some) relevant competencies are identified in Table 1.

Although not mentioned as part of a particular domain, health information services organisation and management are integral to the leadership and support of staff members who report directly to the HIM as well as many administrative and clinical staff members who are directly or indirectly influenced by the HIS.

Health information management continues to be a dynamic and challenging career and I feel that I still have both a lot to learn and a lot to offer. Engagement with facilities and networks is an integral part of achieving deliverables across health information management domains, as is mapping out a clear course of action against specific (yet flexible and achievable) timeframes. Remember to develop resources on the ground and within the health information management team; find your champions and engage with everyone. In my current role I am refining my skills in planning, prioritisation, communication and leadership, and above all, the consolidation of a mature professional approach. At the same time, I encourage readers to find their ‘work-life balance’; knowing that balance, personally and professionally, enables us to contribute our best.

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