

NHRA

NEWSLETTER

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PRESIDENT'S REPORT

Welcome to 1990!

First of all I would like to review a little of 1989. In November, 1989 at our Annual General Meeting, Faye Drodge and Cindy Smith agreed to look after production of our "NEWSLETTER" and I am very pleased to be able to thank them for their excellent job. They look forward to support of ALL MEMBERS to make our paper a success.

Also an Education Committee was formed under the chairmanship of Jean Arsenault. Other members of that committee include Evelyn Connors (Janeway Child Health Centre), Debbie Whalen (Carbonear General Hospital) and Diante Saunders (Captain William Jackman Memorial Hospital). I will be meeting with the Education Committee in the near future to plan a fall education session and to evaluate the Association's educational needs. If you have any suggestions for this committee please contact Jean Arsenault at The General Hospital, Health Sciences Centre, St. John's.

There are many things that an association can do for its membership to promote and represent their interests. In return the association must expect and receive a commitment from each individual member. At the Annual General Meeting in November the goals set for the year were to plan a fall education session and to start production of our newsletter. I hope that with the continued support of all members we can achieve these goals.

I think it is time we put some thought into the direction our organization should take. Where do we need to become involved? We have stated that our main

objectives are COMMUNICATION and EDUCATION. There are many ways that we can grow in these areas. I am sure that all of you have good ideas to share. Why not take a few minutes and forward your ideas to me.

Many of you have taken on new responsibilities in your jobs and may have suggestions or experiences to share with the membership. I would like to encourage you to take on new roles in your organizations that will allow you to grow and move into the 1990's.

Remember we are HEALTH RECORD PROFESSIONALS and it is up to us to take leadership roles in the Health Care System of the future.

Jean Sheppard
President
Newfoundland Health Record Association

CAN CONFIDENTIAL INFORMATION BE STOLEN?

In the case of Stewart vs The Queen, the Supreme Court of Canada has said that confidential information is not "property" but rather an intangible and as such cannot be taken. The rationale is that the owner is not deprived when a copy is taken. For example, if a computer disk containing patient information is stolen, only the disk is the stolen property, not the information. The question then becomes, how does this apply to hardcopy medical records and how can we protect it?

Sandra Cotton
Director of Health Records
St. Clare's Mercy Hospital

EDITOR'S MESSAGE

Welcome to the premier issue of the Newfoundland Health Record Association's NEWSLETTER. I hope that this issue will be the first of a long line of newsletters to come. Communication is the greatest need in an Association such as ours which extends across many geographical barriers.

Our purpose in this newsletter is to initiate a continuing communication of Association news as well as promote more specific inter-member exchanges. While developing the format displayed in this issue we attempted to keep in mind various topics that we thought would be of interest to you. Hence, you have before you a brief on Association activities and words of encouragement from our president, articles submitted by members, a forum for information exchange and a few other tidbits we hope you will enjoy.

In developing this issue, Faye Drodge and I, having taken on the roles of "Co-Editors", would like to thank all those who contributed. Thanks to Karen Wentzell and Anita Popovich of The Dr. G.B. Cross Memorial Hospital for their input and assistance. We were also pleased to have received input from other members which is exemplified by the article and questions presented here. Many thanks to the members who submitted articles which were not published in this issue. Your contributions will be kept on file for possible use in the future.

It is our intention to publish the newsletter on a semi-annual basis initially. The communication demands of the Association will prove to be the modifier of this schedule in the future. Your continuing contributions are welcome as well as your opinions on content and format. Please let us know what you think. **COMMUNICATE!**

Cindy A. Smith, CCHRA(C)
Co-Editor

Do you have an idea to share or a question to ask? Send them to us and we'll print them in the

INFORMATION EXCHANGE

Has anyone developed a "Workload Management System" for a small hospital?

How are Medical Record Departments organized in a small (< 50 beds) hospital?

Your ideas would be appreciated by:

Rosalie Haire
Health Records Supervisor
Melville Hospital
P.O. Box 412, Stn. A
Goose Bay, Labrador
AOP 1S0

THE PRICE OF EDUCATION

On 90 05 31 HMRI will be hosting a CMG Version Six Seminar. As important as I believe this session to be only two of the HRT's/HRA complement (six) of the St. Clare's Mercy Hospital Health Record Department will be in attendance. At this time of fiscal restraint and budgeting woes, as a manager I cannot justify the expenditure of \$750.00. The significance of the session is not disputed and the problems inherent with one staff member teaching others are recognized, but I also must consider the educational needs of the department for the rest of the year.

After speaking with the Directors of other Health Record Departments I contacted Ms. Yvette Miller (Liaison Representative) as well as wrote Ms. Jeanne Bickle (Vice President) of HMRI to express my displeasure with the inhibiting cost of the seminar.

In my opinion HMRI is to provide service to the users and if the users are not satisfied HMRI should be informed. I encourage other managers to write to HMRI; you must speak to be heard and several voices are louder than one!

Sandra Cotton
Director of Health Records
St. Clare's Mercy Hospital

**A HEALTH RECORD PROFESSIONAL -
THAT'S WHAT!**

Last year our hospital participated in Career Week at a nearby High School. Representatives of different Health Care professions were invited to speak to Level 11 and Level 111 students.

The hospital Inservice Co-ordinator asked some of the lesser known health care workers instead of the usual Nurses, Nursing Assistants, Lab Technicians, etc., to go. I was asked as well as the Pharmacist, Physiotherapist, Ambulance Operator and Food Service Manager.

The audience consisted of approximately 40 students and I was the third speaker. The chairperson introduced me by saying that I was a Health Record Technician and that I supervised the Health Records/Admitting Department of our local hospital.

The look on their faces said "A What?"

My first thought was that those young people had absolutely no idea what a HRT was. This suspicion was confirmed when I asked for a show of hands of those who had ever heard the term before - no one knew we existed!

Three times a year I take part in the orientation of new hospital Volunteers (Level 1, 11, and 111 students from the High Schools in the Twillingate - New World Island area). I instruct them on patient and hospital confidentiality by going through a program I have developed over the years. I also tell them about my job and department because they haven't heard of it either.

What's wrong? Is this the case in just this area, or is it that the general public in the province, and especially the young people deciding on a career, have no idea that there is such a career as a Health Record Professional. Granted, one has to go out of the province for training, but lots of students do that now for other professions. Is it that the Health Record Departments in hospitals have been hidden away in the bowels of

the institution for so long that no one knows we're there? Is it that the High Schools know nothing of the careers available in Health Records?

Gone is the time when everyone thought that if you worked in a hospital you were a doctor or a nurse. The time has come to let everyone know who we are, what we do and how important our work is. Hey, we can even read doctors' writing!

What can we do? Everyone must have their own ideas, but here are a few of the things that I do to increase awareness.

I make the most of Health Information Awareness Week. My staff and I go all-out with posters, buttons, puzzles and contests. (Local businesses donate prizes when we ask.) I've purchased a video on Health Records Departments which I set up in the waiting room for patients and visitors to watch. I hold inservice for all staff, including medical staff, to jog their memory on the information potential of the department. I even have Elementary School students participate in a coloring contest.

Before next HIAW I plan to have our own video made. This will be shown on the community channel in order to reach more people.

We are good at what we do! Why not let as many people as possible know who we are and what goes on behind a door that says "Health Records - Personnel Only".

Angela M. Jenkins
Supervisor, Health Records/Admitting
Notre Dame Bay Memorial Hospital
Twillingate

"It's far easier to apologize than to seek permission." In other words, if you really believe in something, do it!

THE ADVANTAGES OF A DICTATING ROOM IN A HOSPITAL OF FIFTY BEDS OR LESS

During the past year I have had the task of reorganizing the route our inpatient notes take upon discharge of the patient. The structuring of a Dictating Room played a major role in the success of the reorganization.

The previous system was felt to be neither efficient nor effective. Upon discharge of the patient the "unit file" was returned to the Health Records Department, while the "inpatient notes" were circulated among various physicians for dictation.

Some of the disadvantages of this system were: the large number of inpatient notes awaiting discharge summaries; either very many or very few summaries awaiting transcription; the number of offices (up to twelve) where the staff would have to look for records; the unavailability of the inpatient notes if a patient were to return in a short time; and failure to meet CCHA standards.

The reorganization required that a room, in close proximity to the Health Record Department, be renovated to provide a suitable dictating room. The time spent to maintain the room is minimal compared to the outcome. It takes one clerk thirty minutes a day to place the recently discharged records in the appropriate place, and two hours a week to do a complete count.

Some of the advantages of this system are: the complete record is always available; completion of discharge summaries in a timely manner; accurate statistics on the number of outstanding discharge summaries and records out of the department; an even workload in the transcription area; and full compliance with CCHA standards.

The implementation of this system took a lot of hard work and persistence, but it was worthwhile for our facility.

Rosalie Haire, CCHRA(A)
Health Records Supervisor
Melville Hospital

COMING EVENTS

HMRI Seminar
CMG and Diagnosis Typing
St. John's, 90 05 31
Corner Brook, 90 06 01

CHRA Annual Conference
Strategies 2000
Toronto, ONT
90 06 12

ATTENTION ALL MEMBERS!

We need your ideas. Do you have a great talent? We need a LOGO for our Association. Maybe several members from a hospital can get together and submit a suggestion as a group. Please forward your ideas to:

Jean Sheppard
Director of Health Records
James Paton Memorial Hospital
125 Trans Canada Highway
Gander, A1V 1P7

Are there Health Record Professionals (HRA's, HRT's or student HRT's) in your department who are not members of the Association and would like to be? If so have them contact:

Sharon Penney
Director of Health Records
Dr. Charles A. Janeway Child Health Centre
Janeway Place
St. John's, A1A 1R8

Please send your comments and ideas for the **NEWSLETTER** to one of the following:

Faye Drodge
Medical Records Manager
The Dr. G.B. Cross Memorial Hospital
P.O. Box 1300
Clareville, AOE 1J0

Cindy A. Smith
Director of Health Records & Registration
Burin Peninsula Health Care Centre
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