

# NHRA

# NEWSLETTER

Vol. 1, No. 2  
October 1990

## PRESIDENT'S REPORT

DEAR MEMBERS:

This will be my last message to you in the 'NEWSLETTER' as my term as President will be ending in November of this year.

Our Annual General Meeting has been set for November 14th and 15th, 1990 in Gander. The Executive and the Education Committee have been busy organizing an education session to be held at this time. The agenda will include such topics as Legal Issues related to Health Records, Accreditation and a presentation by the Department of Health. There are still a few sessions to be finalized so a complete program will follow as soon as possible.

As you are aware, the election of officers for your new executive will be held at the November meeting. The response to nomination of candidates for the executive was very poor, therefore, it was decided that the election of officers will be held with nominations for the various positions from the floor.

The members of the Executive Committee encourage you to be involved in your professional future by accepting a position on the executive of your association. The groundwork for the association has been completed and we should feel great that we have achieved this essential first step as a profession. There is still so much work to be done that will allow us to progress into the future as a profession.

I am sure it has been a busy Fall for each one of you. I hope you will all take time to plan a program for your institution for HEALTH INFORMATION AWARENESS WEEK which will take place November 19-23, 1990. The theme for this year is 'CONFIDENTIALITY IS EVERYONE'S RESPONSIBILITY'. Your provincial coordinator is Violet Vincent, Western Memorial Regional Hospital, Corner Brook.

I look forward to seeing you in November in Gander.

Jean Sheppard, President  
Newfoundland Health Record Assoc.

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## WE NEED A LOGO!

The NHRA continues its search for a LOGO. We know there is talent among the ranks - come out and show yourselves! If you believe your artistic talents are weak, submit your idea anyway and we'll find someone artistic to put it on paper for you. Please bring your submissions to the NHRA Conference in Gander where we can all decide which LOGO will be ours.

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## CONGRATULATIONS!

Congratulations to the graduates who recently completed the Canadian Hospital Association's correspondence course for Health Record Technicians:

Beverley Brushett Evelyn Gregory

Claudia Moulard Cynthia Peddle

EDITORIAL

Health Information Awareness Week  
- Do we need it?

Every November we pin up balloons, pass out buttons, offer 'ssh-burgers with secret sauce' and tours of our departments to promote our profession! Are these the signs of professionalism? It is time to either change the focus of our efforts or eliminate HIAW!

HIAW should be much more than an annual exercise in 'educating' our health co-workers in the activities of Health Record Departments. We are professionals with expertise in health information: its assimilation, utilization, distribution and relation. This expertise should not be trivialized. Rest in peace, Ssheri!

HIAW should be viewed as more than an opportunity to talk about confidentiality - AGAIN; it is a chance to spotlight the Health Record profession. The promotion of information and its uses and the role of HRA's/HRT's is commendable, but the focus of HIAW should be broad. It is one thing to perform audits for a nursing department; it is quite another to educate the ARNN of what the health record profession and professionals can do.

We should not restrict our professional expertise to hospitals; we should be promoting ourselves in affiliated but diverse professional organizations, ie., nursing homes. Our expertise can be used by the Department of Health, Workers' Compensation Commission, Cancer Research and Treatment Foundation, Occupational Health and Safety Boards, epidemiologists, health researchers, insurance companies, medical profession, health care

computer vendors and Allied Health Associations.

Health Record personnel should not restrict their role to being 'keepers of the record' - we are educated and experienced professionals with marketable skills and much needed expertise. Let's use future HIAW's to express this aspect of our profession.

The views expressed in this article do not necessarily represent the provincial or national associations.

Faye Drodge  
Co-Editor

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CHIRPP COMES TO THE JANEWAY

C.H.I.R.P.P. or Childrens Hospitals Injury Reporting and Prevention Program is a national pilot project being funded by Health and Welfare Canada. The primary purpose of the project is to collect data on children who present to emergency departments as a result of any kind of injury/trauma/abuse. The data will be qualitative in nature, but will hopefully indicate problem areas. For example, let's say that the data indicated a high number of serious injuries as a result of lawn darts. This information can then be used to get this product taken off the market. Maybe the data might indicate a high number of accidental poisonings coming from the Burin district. This information might indicate the need for an education and safety program for this area of the province.

The C.H.I.R.P.P. program uses a coding system developed in Australia. The concept was quite

different from anything we had used before and certainly more detailed. The required data and codes are entered on a stand-alone computer. The information is then copied to disks and forwarded to Ottawa where it becomes part of a national database. We also have the ability to generate reports on our local data.

The program head is Dr. R. Morris, the Director of our Emergency Department. However, it is interesting to note that the Medical Records Department was asked to get involved as a result of our experience in coding, abstracting and analyzing data. We were asked to send someone to Montreal for the initial training session in coding and abstracting. This individual would then be responsible for training the person hired for the project. When the job description was drawn up for the 'C.H.I.R.P.P. person', it became obvious that the health record analyst had all the required skills and would be ideal for the job.

This is just another example of how the Health Records Professional can break away from the confines of the Medical Record Department and put their specialized skills to use in other related areas.

Evelyn Connors, Assistant Director  
Medical Records  
Janeway Child Health Centre

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DON'T FORGET

N H R A  
ANNUAL MEETING & CONFERENCE

GANDER, NF

14-15 NOVEMBER 1990

## TO CHECK OR NOT TO CHECK

A basic function in a Health Records Department is quantitative analysis - checking charts for deficiencies. While attending a meeting in Toronto, I discovered that an ever increasing number of facilities across the country (particularly in Toronto, Vancouver and Victoria) are no longer flagging documentation deficiencies for the Medical Staff. Instead, a stamp is placed on the front sheet which the attending physician signs and this is accepted as the 'signing off' of the chart. The onus is then upon the physicians to complete the charts, not on the Health Records staff to detect the omissions, flag them for the physician and then follow up to make certain that they are done. A sample of the stamp is as follows:

I certify that I have reviewed the chart of this admission and accept responsibility for the contents.

\_\_\_\_\_ (signature)  
\_\_\_\_\_ (printed name)

Of course, this is a decision of the Medical Staff, approved by the Board and deemed acceptable by the legal counsels of the hospitals. The rationale is that there is more legal liability having documents (orders) signed days/weeks or even months after the fact than there is in leaving the document unsigned.

As a manager, I can appreciate that eliminating this 'policing' function would free up valuable technician/ clerical time. As short staffed as most of our departments are, this would certainly allow us more time to perform other functions. I am interested to hear what your opinions are on this matter.

Please write to me and let me know what you think the problems, benefits, repercussions, and effects would be.

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

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\* YES! \*  
\* YOUR ARTICLE \*  
\* COULD HAVE BEEN \*  
\* HERE. \*  
\* PLEASE SUBMIT IT \*  
\* FOR THE NEXT \*  
\* NEWSLETTER. \*  
\* \* \* \* \*

INFORMATION EXCHANGE

To share your ideas & questions:

What types of GPI's are non-computerized hospitals using?

What types of records do you recommend to replace bulky sectionalized charts?

Your ideas and opinions would be appreciated by:

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

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NHRA MEMBERSHIP

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

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

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

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