

Developing Policies and Managing Medical Records at North End Community Health Centre

by

Saiful Kabir
B00461321
akabir@cs.dal.ca

Performed at

North End Community Health Centre
2165 Gottingen Street,
Halifax, Nova Scotia
B3K 3B5

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Endorsement and Acknowledgement

I, Saiful Kabir, have written this internship report in partial fulfillment of the requirements for the master of Health Informatics Program at Dalhousie University. This report has not received any previous academic credit at Dalhousie University or any other institution.

I would like to thank Sharon Lawlor, the Health Team Manager at North End Community Health Centre (NECHC), everyone else at NECHC, and many other persons at provincial and institutional level (a full list of people being acknowledged is provided at the end of the report) for being very supportive and helpful with various information and suggestions to complete the internship smoothly and efficiently.

Saiful Kabir

Letter from Supervisor

Supervisor's letter assessing internship performance would appear here.

Executive Summary

The internship was completed at North End Community Health Centre (NECHC) at Halifax, NS. The main focus of the internship was to develop Policy and Procedure Manuals to manage the medical records at NECHC. Other responsibilities of the internee include developing forms to support the policies, any other work that is related to the medical records management (e.g., Cost-Benefit Analysis of offsite storage through a vendor), analyzing the existing electronic medical records system (PHIM) to ensure its efficient use, performing various data analysis, and providing occasional system support.

The internship work was performed from May 5 to August 15, 2008. The policies and forms developed are ready for use upon approval of the Health Advisory Committee of NECHC. The interim reports, data analyses and recommendations provide future directions for NECHC to manage the medical records in an efficient manner.

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1 Introduction

The internship was completed at North End Community Health Centre (NECHC) at Halifax, Nova Scotia. The priority project of the internship was developing Policy and Procedures to manage the medical records at NECHC and set the way to implement the policies. Other initial responsibilities of the internee included working on the chronic disease management project to evaluate its services and developing business models for it, evaluating the shared medical appointment system of NECHC, analyzing the electronic medical records system, PHIM (Primary Healthcare Information Management) to ensure its efficient use and any other relevant work that matches the background and current responsibilities.

The scopes of the internship were modified little after the midway of it focusing more on working with the medical records, developing forms to support the policies being developed, any other work that is related to the medical records management (e.g., Cost-Benefit Analysis of offsite storage through a vendor), analyzing the existing electronic medical records system (PHIM) to ensure its efficient use, performing various data analysis, and providing occasional system support.

The internship required working on multiple projects simultaneously and under pressure being flexible to any change in project scopes. Author worked under direct supervision of the Health Team Manager.

2 Description of the Organization

North End Community Health Centre (NECHC) is situated at Gottingen Street in Halifax. It was established in 1971 by local residents to provide healthcare services to the residents of north end of Halifax. NECHC provides various healthcare services including on-appointment and walk-in healthcare services, outreach healthcare services, patient education, awareness building etc. It used to provide dental services until early 90s. [1]

NECHC has 37 years of medical (and dental) records of its patients. The authority is aware of the fact that these health records are legal documents and NECHC is required to properly maintain

these and abide by the relevant federal, provincial and certain institutional/organizational acts and guidelines. Therefore, it was in need of updated, written policies to manage (retain, store, access and release information to/from, dispose etc.) the medical and dental records. This need has been fulfilled with the internship opportunity offered to the author.

3 Work Performed for the Internship

3.1 Official Activities

Author was constantly in touch with the internship supervisor at NECHC since the official approval of the internship. The internship work was initiated by the author with designing an internship plan prior to officially starting the internship. This plan had provided both the author and the supervisor a clear understanding of the works to be done and the major checkpoints of the internship.

As all projects scopes change with time, the internship plan was updated once around the midpoint of the internship. Please see Appendix A: Internship Plan to find out the plans. Initially, the duration of the internship was 13 weeks, which was extended to 15 weeks later on to allow author to perform more data analysis and come up with better and more accurate recommendations and future directions.

In the first week of the internship, the author had acquired a clear understanding of NECHC's mission, vision, objectives, goals and requirements from the projects. It was very important to realize the differences in authorities, systems, policies and procedures between acute care hospitals and Community Health Centres.

Every week there used to be at least one official meeting held between the author and the supervisor. All the meetings had detailed agenda and minutes, which had kept both the author and the supervisor on track. The meeting minutes were very helpful in addressing the works to be done and tracking the progress of the projects. *Appendix B: Sample Meeting Agenda and Minutes* contains two meeting agenda and minutes. The minutes of the first meeting was very

crucial to obtain the scope of the projects and internship as a whole. The other meeting agenda and minute reflects the project progress of one regular week.

3.2 Developing Policies and Forms

Since the prime objective of the internship was developing Policy and Procedures for managing the medical records at NECHC, the internship work started with this priority project. Author had done extensive research on the federal, provincial and different institutional policies (including NS Ministry of Health, Capital Health and IWK) regarding all possible types of health record management issues including privacy and confidentiality policies, release of information policies, and retention policies.

Author and supervisor were in touch with the Somerset West Community Health Centre (SWCHC) Ottawa, and reviewed their policy and procedure manuals to gain a better understanding of practices in other places in Canada. They also collected information from different healthcare providers and concerned government offices in and outside Nova Scotia to collect required information for the projects. Canadian Medical Association (CMA), Canadian Medical Protective Association (CMPA), College of Physicians and Surgeons of Nova Scotia (CPSNS), Provincial Dental Board of Nova Scotia, Veteran Affairs Canada and Dalhousie University are some of these organizations/institutions.

While doing the literature search, all relevant federal, provincial, organizational and professional association's policies and legal acts were thoroughly consulted by the author. All incidences of insufficient information or confusions were discussed and clarified with supervisor and concerned people from other organizations such as the people in the legal departments at IWK Health Sciences and Queen Elizabeth Sciences' Centers.

Author has developed three Policy and Procedures:

1. Release of Information from Health Records
2. Retention/Management of Medical/Dental Records
3. Access of Information from Health Records

To support the newly developed policies, author has developed the following forms for:

1. Release of Information from Health Record
2. Authorization to Access Medical Information from Outside Source
3. Request to Access / Review Medical Information

Please see *Appendix C: Developed Policies* and *Appendix D: Developed Forms* for more information.

3.3 Identifying and Analyzing Vendor Concerns

Part of the authors works also included storage and disposal concerns of the medical and dental records. Author has researched third party health records management services. He, with the guidance of the supervisor, had communicated and arranged meetings with the most potential vendor, Iron Mountain to know more about their services and offerings. Author has analyzed the potentials of using vendor's services and generated a cost-benefit analysis on that. Please see *Appendix E: Vendor Concerns* for more information.

3.4 Database Development and Data Analysis

Author has designed and developed small database to store demographic information of the patients. Sample patient charts had been chosen carefully so that they represented the characteristics of all the patient charts as a whole. Data from the charts were inserted into the tables of the database. While inserting the data in the newly developed database, both the paper-based and electronic charts where checked. These data was used for data analysis later on, which had enabled the author to find out important patterns from the data and all relevant concerns which are helpful in developing the final recommendations. Please see *Appendix F: File Checking Summary* for more information.

Part of this project also included the using the current and previous electronic medical records systems, PHIM (MyNightingale) and RISE (Purkinje). Author has worked on these systems

with administrative authority to access and analyze various demographic, patient encounter and relevant data. Verifying the correctness of the chosen data was a very crucial aspect of this project; which was proved very time-consuming. Author has received help and support from the healthcare personnel and clerical staff in this project.

3.5 End User Support

Author has worked on several technical and end-user support like hardware/software troubleshooting, software setup, and user training if and when needed.

4 The Relationship with Health Informatics

Author's internship responsibilities include a wide span of sectors like project management, research, healthcare policy analysis and development, database design and development, data analysis, system analysis, generating cost-benefit analysis and other relevant reports, end-user support, and providing suggestions and recommendations. All of these are the core components of health informatics.

5 Health Informatics Problems and Solutions

One important aspect of the health records management project was to keep track of which patient's health record has to be retained for how long as per physicians' professional and ethical guidelines. Currently at NECHC, there is no efficient way of tracking this information as required information is captured neither in the electronic medical records system (PHIM) nor in the paper-based patient charts. Previously, the cover of the patient's health records had a list of years, where patient's last visit year could be recorded but were never utilized accordingly, and subsequently those covers were discontinued. So, author has suggested using a sticker containing the year of patient's last visit. This information can also be written in hand

by the front desk staff. Since the retention period for the minors is different, letter 'M' can be written on the cover of the patient's health records.

While moving from the paper-based system to the electronic medical records (EMR) system, all patients' information was not transferred to the system, only the demographic information was transferred. Previously, NECHC used RISE (Purkinje) as its EMR. Then it started to use PHIM since early 2007; again only demographic information was transferred. So, there has been a lot of information which was not possible to be accessed electronically. In addition, mistyping and wrong data entry has made the scenario a little more difficult.

5.1 Identified Challenges

When NECHC started to use PHIM, it seemed like there has not been enough training provided to the users. Therefore, the software could not be used efficiently. For example, several users do not know the shortcuts and customizing the settings. There is a field in patient's demographic information field named 'Inactive/Deceased on,' which can be easily used to locate the files storage place and retention period. Author has recommended using this 'inactive/diseased' field from now on. But to update all the patients' information, their medical records have to be manually checked once. This is a very time consuming process.

NECHC has requested several updates and bug fixing to the PHIM authority. This, once implemented, is expected to improve the overall health record management process.

Recently NECHC started to receive lab results electronically, which will significantly make the healthcare service more efficient and reduce large amounts of papers for storage.

6 Conclusion

Writing policy and procedures for an organization is not an easy job. It is a very research- and resource intensive process. The developer of policies has to have clear understanding of the business, goals and requirements of the organization, expertise and experience in working in the subject matter, extensive knowledge in relevant federal, provincial, institutional/organizational acts and procedures, and very good communicating abilities to acquire required information from the right sources. Author had to obtain these qualities very fast. Ongoing guidance and advice from the supervisor had played a vital role in these processes.

Author has realized that inconsistent, incorrect and incomplete information significantly slows down any project work. Also, proper policies and procedures are essential to manage any project or process in a systematic manner. Otherwise, there would be a lot of scopes for miscommunication and misunderstanding, and below standard service delivery. Delay in developing the policies exponentially increases the amount of work to be done later on.

The internship was a win-win endeavor for both the internee and NECHC as the internee acquired valuable real-life work experience and NECHC obtained the policies and forms developed, valuable information from various analyses, and future directions.

7 Recommendations

The internship has set the first milestones and guiding points for NECHC to manage its medical and old dental records. The policies have set a systematic way of managing the medical and dental records. It is obvious that all the medical and dental records have to be checked manually once to categorize them and set all the required information in such a manner that from the next time on, the information collected will guide through tracking, managing and disposing the medical and dental records. Correctness and consistency of the inserted data in the databases and systems play a vital role in this process. Please refer to *Appendix G: Final Recommendations* for more information.

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6. Merry Cardinal, Program Coordinator, Health Services, Somerset West Community Health Centre, Ontario.
7. Barry Johnston, Director, Security and Real Property Services, Corporate Services Division, Veteran Affairs Canada.

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10 Appendix

Appendix A: Internship Plan

Appendix B: Sample Meeting Agenda and Minutes

Appendix C: Developed Policies

Appendix D: Developed Forms

Appendix E: Vendor Concerns

Appendix F: File Checking Summary

Appendix G: Final Recommendations