10 September 2009

Australian Commission on Safety and Quality in Health Care
National Safety and Quality Framework
GPO Box 5480
SYDNEY NSW 2001

Dear Sir/Madam

Thank you for inviting feedback on the Discussion Paper on achieving the directions established in the proposed National Safety and Quality Framework published in July 2009 by the Australian Commission on Safety and Quality in Health Care. The Health Information Management Association of Australia (HIMAA) has represented Health Information Management (HIM) professionals for 60 years. HIMs are qualified specialists in the areas of health data collection and reporting, health records management (both electronic and manual), the management of activity-based funding models, patient privacy and information integration across the health care continuum. Our professionals work in a variety of health care settings and sectors both public and private, including hospitals, primary health services, education providers, information technology companies and regulatory bodies.

A survey of HIMAA members was conducted and the consolidated responses indicated that the 4 top ranking strategies that are most important to improving the Safety and Quality of Health Care in Australia were to promote health care rights; to inform and support patients who are harmed during health care; to provide care that is culturally safe and to increase health literacy. HIMAA members were also supportive of learning from patients’ and carers’ experiences, reducing unnecessary variation in care and the use of data and information to monitor the effects of health care and to improve safety and quality. Our members were also of the opinion that it
was important for government and health service managers to recognise their role in safety and for infrastructure to support safety, including the use of ehealth.

HIMAA members also stressed that it was essential that there is comprehensive medical information at the point of care, especially when care is being transferred between practitioners. Also that there is appropriate transfer of responsibility and accountability for patient care; that there is case management of complex patients and finally that all care processes are focussed on achieving the best patient outcomes and experiences. There was consensus amongst the members that the availability and use of clinical guidelines, availability of information from quality linked data sets and quality indicators including benchmarking information and a focus on medical research were very important to improving the safety and quality of health care in Australia. Finally, HIMAA members recognise and support the need for clinicians accepting accountability for safety including the need to speak up for safety, participation in appropriate registration, credentialing and performance management systems and that it is essential that a system wide approach to ensuring improvement processes results in actual system changes.

**Specific comments**

**Strategy 2.2: Collect and Use data to support safety and quality**
HIMAA advocates strongly that only quality data can produce quality information and only quality information can drive quality care. One of the largest complaints from clinical staff is that they see data collection as an additional burden on their already busy day. HIM professionals are employed in all facets of the health care service environment to support the collection, management, analysis, interpretation and reporting of health care information. HIM professionals can play a key role in using data to support safety and quality initiatives and are actively involved in driving improvement in data quality and in increasing the availability of information. HIMAA is a strong advocate of the need to provide consolidated and integrated health care information which includes appropriate information architecture and standards. This will allow for timely access at the point of care in addition to supporting the analysis, interpretation and reporting of the information across the care continuum to identify areas for targeted improvement, to support monitoring of clinical outcomes and research initiatives thereby supporting safety and quality.

**Strategy 2.5: Continually Monitor the effects of Healthcare Interventions**
As described under Strategy 2.2 above, HIMAA supports the need to ensure appropriate information architecture and linkages between data sets. HIM
professionals play a key role in the identification and development of architecture for information collection, flows and use within the health service environment. This includes advocating for and supporting the development of data standards to ensure that integration and sharing of information can occur across different collections.

**Strategy 3.4 Restructure funding models**

HIM professionals are experts in understanding health care funding models and their implications. When considering potential changes to health funding models, which will correct safety and quality issues our professionals are well placed to provide high level advice and assistance to policy makers. HIMAA supports the need to ensure that funding models do not produce unintended management and clinical behaviours rather than the desired behaviours, which include the promotion of safety and quality within the health care sector.

**Strategy 3.5 e-Health**

When considering the impetus for progression to an e-Health environment, HIMAA can only echo the limitations of paper records as identified in the discussion paper. HIMAA supports progression towards an e-Health environment as this is necessary to promote improved patient care. Within the e-Health agenda HIMAA notes that, in addition to the recommendations detailed in the discussion paper, there are three easily identifiable challenges ahead: -

1. **A cultural shift for health care workers** - away from the concept that the record and its contents is ‘their record’ and is needed only to support the provision of ‘their care’ - to a recognition that the patient owns their own information and the health care worker is one of many contributors to the record. A clear definition around who ‘owns’ patient information is required to be legislated to support such an initiative. In addition, clinicians often see documentation as a secondary task to the provision of health care and are not educated adequately as a part of their training as to the importance of documentation. A change in the training curriculum of our clinical health professionals is required to support the adoption of the concept of a personal health record. Curriculums need to cover the importance of documentation and how it empowers understanding in the health care consumer;

2. **Privacy legislation may pose some challenges** to the sharing of information between health care providers, therefore appropriate review of the legislation and the development of consent models would need to take place as part of the
implementation strategy. Many health care organisations have managed the interface between personal health records and the Privacy Act by implementing ‘opt in’ consent models. HIMAA would strongly advocate for an ‘opt out’ model as the ‘opt in’ model has been shown to add unnecessary administrative overheads to the delivery of health care;

3. **Information can often create more confusion for the health care consumer** and whilst it is important to educate them about their condition and treatment plan, understanding health information within a personal health record requires a clear understanding of medical terminology and the fundamentals of medicine. HIMAA would support the inclusion of such topics in the proposed addition to the national curriculum for primary and secondary school children. This will provide a foundation for health care workers to build upon to ensure that the consumer has a thorough understanding of what is contained and written within their personal health record. Health care workers would also need to be supported in this endeavour as their current capacity to support such an initiative is not consistent across and within professional groups.

When considering the identifiable barriers to improve safety and quality HIMAA wishes to specifically highlight the two following issues:

**Poor Clinical Documentation Practices**
Appropriate documentation of the care delivered to a patient continues to be an ongoing challenge for the health care system. Many of the problems associated with documentation stem from clinicians viewing documentation as a secondary task and not providing adequate focus on the quality of their documentation. HIMs are engaged at the operational level within most hospitals across Australia and work with clinicians daily to look at ways to improve handover and discharge information. HIMAA members would be willing to share and impart knowledge on the current difficulties faced and work with the Commission or alternative designated groups to identify mechanisms to improve the communication between health care workers within facilities, hospitals and primary care providers. It is noted that the National Electronic Health Transition Authority (NEHTA) has now developed standards for electronic discharge summaries, however, the problems relating to the completion of discharge summaries is often an operational, business process issue. Financial incentives may assist, however, the current division of responsibility for funding between the Commonwealth and the State Governments provides further complexity in the implementation of such strategies.
Inadequate Health Information Management Workforce

Like many other health professions, the HIM professional workforce is critical to service delivery yet it is suffering significant shortages and therefore cannot meet growing demand. Recent decisions by the Council of Australian Governments (COAG) has led to the recognition that without a larger, more robust workforce of HIMs, improvement in data quality and the subsequent reporting requirements surrounding performance reporting and quality and safety will be difficult to achieve and sustain. It should be acknowledged that without quality data, good, reliable information cannot be provided and therefore the HIM workforce, the group primarily responsible for managing this information, must be strengthened to ensure appropriate data capture, quality assurance and management. In response to this, the Australian Institute of Health and Welfare recently hosted a Health Information Workforce Issues workshop, and are currently developing a submission to the October 2009 meeting of the National Health Information Standards and Statistics Committee (NHISSC) incorporating recommendations to enhance and strengthen the national HIM and clinical coder workforce.

HIMAA (representing the HIM professionals within Australia) and its members are well placed to provide support to the implementation of the initiatives proposed within the National Safety and Quality Framework. The areas where this is possible are outlined above. There are a number of challenges which need to be addressed during any proposed implementation and the pertinent ones identified by HIMAA are also described in our submission. Specifically those relating to support for our professional workforce are paramount as the numbers of these professionals being trained across the nation declines whilst the ongoing need for their skills continues to escalate.

Should you require further information on any of the feedback provided above, please do not hesitate to contact me on v.bennett@sph.uq.edu.au.

Yours faithfully

[Signature]

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