

Keeping records, crunching numbers □ for your health

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by DAN KEETON



When you look around the health care field, you'd be hard pressed to find a more specialized combination of skills than that held by Gerald Yu, a Health Records Administrator who oversees the collection and management of clinical data for the Fraser Health Authority.

Gerald Yu Health Records Administrator Steward, Eagle Ridge Hospital
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Hospital Records Administrators must possess advanced computer skills and be proficient in statistics, classification systems, and pathophysiology. They must know how to interpret health records, and be able to pick out what's important ... because it's based on the reading and interpretation of clinical data which ultimately become statistics that decisions are made about the management of health care.

Yus skills are particularly in demand now that health records are being transferred to electronic health records (EHR) and that data elements are being standardized across the health regions in Canada. The task is to use the same standards and be able to compare data across the region, the province, and the rest of Canada. It's an important job and one that could have potential for high stress. Yu, based at Eagle Ridge Hospital in Port Moody, enjoys the challenge.

The advantages of modernizing health information management are numerous, he says. It helps target the right kind of information to the right user, enhance cost savings, and make unified information available for governments, health administrators, doctors, and other stakeholders in the health care system.

For the past year and a half he has been the Coordinator of Data Quality for the region, working to streamline how facilities keep track of their health information. "Before this, every single hospital would do something different in collecting health information. We're looking at a system where we all collect the same set of data elements for a patient with appendicitis so that for example, an appendicitis profile can be created for research, program management, CQI (continuous quality improvement), etc."

Quality of data is measured by what Yu calls six -dimensions." "One is relevancy: is the data valuable to the systems stakeholders? Another is accuracy: does the data reflect the reality of the subject?"

Then there's consistency, which asks, "Is the data free from variation and contradiction? We collect two types of data, one for inpatient and the other for what is called surgical daycare," Yu explains.

-We report it to the ministries of health, federal and provincial, and the Canadian Institute of Health Information, which keeps a kind of national health score card. Internally, we use the data to manage various programs. For example, we'll compare lengths of stay at different hospitals and perhaps be able to realize some cost savings through benchmarking and CQI," Yu says.

There's also the comparability dimension. Is the data comparable to data across the region, British Columbia, and the rest of Canada? And there's timeliness: can such information be made available promptly?

And finally, there's the question of accessibility. -We ask ourselves, "Is it user friendly? What we want is to have a lot of the data available on the Internet, Intranet, and Internal Network Drive, readily accessible to the various users."

And in this age of protection of private information, privacy is closely guarded by Health Records Administrators. -We provide general statistics. No patient's personal information is attached to those numbers. Mostly people just want to know, for example, how many pneumonia cases we see, and how long they stay in the hospital.

-It's such powerful data because it's clinically based. It helps us to better manage [treatment] programs. If we see a spike in, say, respiratory cases, we see a trend and can gear towards doing some proactive things in the future. Maybe we can learn from past practices and address the issue at an ambulatory setting instead of having all the people come into the acute facility."

Yus job has evolved over time. HRAs were once known as health records librarians because the job involved keeping paper records. -We still have paper records but a lot of the information we have is now on computer. It's more than just dealing with health records ... it's the whole gamut of information.

-We still have charts," Yu says. -Some people still prefer them, and there aren't always enough computers. But eventually we'll all be using electronic health records and information."

Why did Yu opt for what he says is considered more a "geek" than a "glamour" profession? -I always wanted to get into health care, but I didn't want to be something like a nurse. I like statistics, research, and data reporting."

In BC, there are two routes to health information management (also known as health records administration). A two-year diploma program is offered at Douglas College in Greater Vancouver or online through Canadian Healthcare Association. And there's a four-year bachelor program at institutes such as the University of Victoria, University of Western Ontario in London, and Ryerson University in Toronto ... this route encompasses more in-depth knowledge of management, information system, and research. Yu originally obtained a diploma and went on to complete a Masters of Health Administration at the University of BC.

There are few men in the profession, says Yu. -They are maybe only about three out of every 100 HRAs. I'm hoping more men will get into it." He thinks his professional organizations, the Canadian Health Information Management Association and Health Record Association of BC, should more actively promote the profession.

An HSA steward for the past five years, Yus commitment to health care and his co-workers is clear. -We see health care as our number-one priority. We'd rather work with management, but we won't roll over. We'll stand up for what we believe in. It's a two-way street." 

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