



HIANZ Highlights

August 2011 No 81

Health Information Association of New Zealand
"Providing leadership for health professionals in the development of knowledge networks for health"

Postal address:

c/o Chris Sorensen,
Quality & Risk Manager
Mental Health & Addictions Service
Taranaki District Health Board
Private Bag 2016
New Plymouth

President
Chris Sorensen
chris.sorensen@tdhb.org.nz

Vice President
Lindy Pacey
Lindy.pacey@ccdhb.org.nz

Secretary
Christopher Deane
cdeane@crowncworldwide.com

Treasurer
Penny Sanderson
Penny.sanderson@bopdhd.govt.nz

Editor
Patsy MacAulay
Patsy.macaulay@waikatodhb.health.nz

Margaret Clark
Margaret.clark@cdhb.govt.nz

Sandra Pugh
Sandra.pugh@cdhb.govt.nz

Janis Watson
janis.watson@cdhb.govt.nz

Wendy Smith
wendy.smith@bopdhd.govt.nz

Sue Clark
Sue.clark@sdhb.govt.nz

Tremendous Support for HIANZ Clinical Coding and Clinical Records Forums



The first HIANZ Clinical Coding and Clinical Records forums were held in Hamilton over two days in June. There were presentations and workshops for the delegates who came from all over New Zealand.

Day one (*above*) of the HIANZ forum was for Clinical Coding Managers and Team Leaders. Some attended both days and returned for day two (*below*) which was for Clinical Records Managers and Team Leaders.

There was an unanimous vote to continue regular forms with the next one being held in November in Wellington. Discussion notes and photos are continued on pages two-twelve of this publication.





Waikato HIANZ Clinical Coding and Clinical Records Forums

20th and 21st June 2011
Comments From Evaluation Form

Workshops Day One

Comments:

- ◆ Very informative, lots of discussions, many problems similar with other DHB's, lots of solutions
- ◆ Lively discussions! Good content!
- ◆ Enjoyed the interactive discussion
- ◆ Good presentation and good results. We need to maintain the momentum. Good to have decided on six monthly forums
- ◆ Excellent. Future opportunities to share learning/ education forums especially via teleconferencing is very positive
- ◆ It was good to get issues out in the open. However people need to move forward, accept the things we cannot change. I look forward to the next forum where we will have some national standards agreed to and we can move forward
- ◆ Overall good decision to move forward Some excellent ideas we discussed here
- ◆ The speakers were a great introduction to the general discussions. A great opportunity to get together and discuss relevant topics
- ◆ Great. A lot to think about
- ◆ I have found these last two days really informative
- ◆ Thank you for initiating this forum, will look forward to the future meetings and sharing of ideas, etc
- ◆ A very interesting and informative day! Very many thanks
- ◆ Thank you to Waikato DHB for organising
- ◆ A very great need to continue regarding education +/- edition training and auditing forum
- ◆ A good idea that all this comes under HIANZ umbrella



Left: Liz McLean was kept very busy on the white board with pages of brain storming





Presentations included the following presenters:

Left: Alan Grainer, CIO Waikato DHB

Above: Corinne Gower, Ministry of Health Relationship Manager - Northern and Midland Region

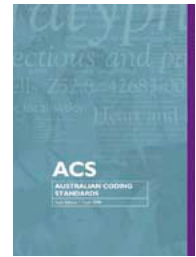
Below: Judith Kitney, Manager Knowledge Services, Waikato DHB

Workshops Day Two

Comments:

- ◆ Morning speakers were interesting
- ◆ Excellent, increased discussion on many topics on day two. I think this reflects the lower number of opportunities for clinical records staff to meet and learn and talk about specific records topics (particularly as opposed to the opportunities for coding)
- ◆ Excellent opportunity to table so many differing ideas/ work styles/ suggestions. Really satisfying
- ◆ Another good discussion day
- ◆ Good day, very active
- ◆ Great start to a future to move forward
- ◆ All very relevant – well worth attending





Discussion Points

ICD-10-AM 8th Edition

- ⇒ Unanimous consensus on move to 8th Edition in 2013

Reasons why

- ⇒ Pressure from clinicians, current edition doesn't fit with clinical practice
- ⇒ Need to keep up with growth in medicine and procedures
- ⇒ NZ should not be behind and should keep up with Australia
- ⇒ A need to align with Australia for training and education
- ⇒ Coders need challenge and development
- ⇒ Harder for coders when on different editions and researching on-line queries such as NCCC Q&As
- ⇒ Can affect quality data
- ⇒ Coder retention—need to know the future

Who will be conducting the training?

- ⇒ Collaborative approach emphasised
- ⇒ Forum's preferences are that:
 - ◇ Train the trainers preferred
 - ◇ DHBs set the schedule
 - ◇ Ministry responsibility to develop content
 - ◇ On-line training a possibility, eg: 10 hour on-line package via Moodle
 - ◇ Mix of on-line/ face to face/ Skype
 - ◇ Telepaed when available

Other

- ⇒ DHBs could move to 8th edition with back mapping and provide information to the Ministry
- ⇒ It was felt that the Ministry should keep to a strategy/ plan and have communication frequently with DHBs
- ⇒ Lack of communication can cause anxiety and suspicion



Support, collaboration and innovative ideas

Audits

- ⇒ Some DHBs have money in budget for external audits, others don't
- ⇒ Business case for audit; increased costweights from result of external audit with revenue of over \$100,000
- ⇒ If it is in mandate that DHBs have to be audited, how is this monitored by the Ministry?
- ⇒ Consistency in auditing and guidelines; data quality
- ⇒ Auditors network - there are several tertiary hospitals already using each other as arbitrators; should this be formalised?
- ⇒ Possibility of auditing each other
- ⇒ The consistent use of one auditing tool

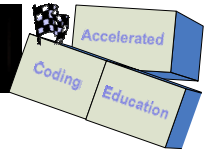
Other

- ⇒ Local rulings; are they needed in NZ/ are they just clinical guidelines?
- ⇒ ACE coding course collaboration between Waikato and Auckland DHBs
- ⇒ Sharing of documentation and processes
- ⇒ Regional study days
- ⇒ Telepaed/ Skype for study days



Future and structure of NZCA

- ⇒ It was noted that over the last few months there has been a re-structure of the terms of reference for the NZCA with more regular meetings and an annual face to face planned
- ⇒ Members will be required to have advanced HIMAA or Certification with only one representative from each DHB and no more than 10 members
- ⇒ Delegates hope this will be a continuing momentum as it hasn't been in the past
- ⇒ Members should be coders who are able to speak out and put their point across
- ⇒ Members should have casemix knowledge
- ⇒ When discussing casemix issues Coding Managers should have input and it shouldn't just be the NZCA deciding on rulings
- ⇒ DHBs will see how the NZCA goes over next 12 months



Training

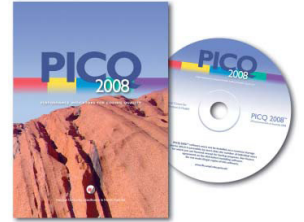
- ⇒ Waikato holds fortnightly 30 minute coding forums and occasional 3 hour study mornings. These include presentations from clinicians and different coding specialties plus NZCA and NCCC queries
- ⇒ Auckland DHB holds 2 monthly coding forums, eg: clinicians, casemix, discuss NZCA questions. They are also developing on-line Moodle specialty modules
- ⇒ In-house okay but issues with isolation in smaller DHBs
- ⇒ Ask HIANZ for coding study day

ACE coding course

- ⇒ Waikato had four coders who have just completed HIMAA Intermediate course who started ACE 18 months prior
- ⇒ Positive feedback from DHBs whose staff had completed ACE
- ⇒ Dates of next ACE course 5/9/11 - 4/11/11

Actions

- ⇒ Delegates to send Patsy suitable dates for study day
- ⇒ Also dates of Telepaed availability
- ⇒ Identify topics of interest for study days

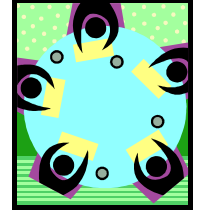


Editing text “Standard v Specific” MOH KPI

- Is this a fair KPI?
 - ⇒ Quantifying ‘unspecified’ is unfair on coding departments
 - ⇒ There won’t be 100% for this KPI
 - ⇒ What is the Ministry’s priority - coding quality or editing text?
 - ⇒ No KPI for coding quality
 - ⇒ Coding departments don’t have control over documentation
 - ⇒ Some DHBs editing NOD (no other documentation) on unspecified codes
 - ⇒ Want more guidelines from the Ministry on how to edit, what benefit it is to know whether the site is left or right, how is the edited data used, etc
 - ⇒ The edited text is stripped of grammar, such as full-stops to measure this KPI

PICQ

- ⇒ If hospitals want to run their own PICQ prior to quarterly Ministry reports who can help set up?
- ⇒ Should tertiary hospitals be benchmarked separately to non-tertiary?
- ⇒ Known warnings in PICQ that are not correct so are ignored. Andrew is following-up with Tracy
- ⇒ If we know some cases are okay it would be helpful to identify in some way
- ⇒ Waikato DHB edits text of principal diagnosis to two capitals on the first word so they know it is a resend



Coding workforce planning

The Australians are recognising the issues and planning for the future - we need to do the same

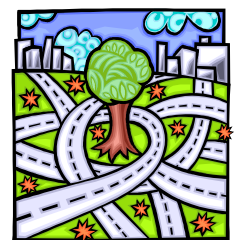
- ⇒ We note there is only one coding support person at MoH currently
- ⇒ Will there be enough coders in the future?
- ⇒ How will coders jobs change - will coders become auditors?
- ⇒ Coding outpatients; have the Ministry decided if it will be in SNOMED or ICD-10?
- ⇒ Will SNOMED be a part of this? Would like more open communication from Ministry
- ⇒ SNOMED is preferred by clinicians
- ⇒ A comment that some coders are looking to retrain in other areas due to uncertainty of coding

Could we work to a national structure?

- ⇒ Develop national coding progression criteria separate from salary levels so it is consistent nation-wide
- ⇒ Further discussions need to take place around sharing structure documentation
- ⇒ Should a coder in a smaller hospital get paid the same as a coder in a tertiary hospital - maybe this could be remedied by them coding more charts per hour
- ⇒ Waikato Clinical Coding is joining union negotiations with the Nursing and Allied Health MECA

ICD development road-map

- ⇒ We would like a clear road-map from the Ministry so DHB coding managers can be planning resources, training needs, etc
- ⇒ Feedback from this coding forum will be given to the Ministry by Corinne
- ⇒ We would like national guidelines, open communication and clear strategy to enable us to produce quality data





Should there be a recognised body for clinical coding managers/team leaders?

- ⇒ Unanimous decision that regular coding forums should be held under the umbrella of HIANZ
- ⇒ Twice a year
- ⇒ In future would like a member of forum to be a liaison person with the Ministry
- ⇒ Next one to be held in Wellington/ Lower Hutt in late November for both clinical coding and clinical records
- ⇒ Follow up on action points to be completed before next meeting

Hot topics

- ⇒ Seems to be conflicting information from the round table, Patsy has offered to audit the data but nothing has been forthcoming. Some DHBs are using local guidelines but to be consistent they should be national guidelines



Smoke-free

- ⇒ Some DHBs have over 10 forms with different places to look for smoking status and ABC; suggestion made for one national smoke-free form
- ⇒ There is a lot of pressure put on coding departments because of this health target
- ⇒ There is widespread variation in the timing of collection and recording of smoking status in medical records. The forum expressed general concern about the reliability of the information and the accuracy of the health target. The coding community wants better guidelines on the collection of smoking status information
- ⇒ One hospital has been instructed to code after the fact from letters sent out post discharge. One hospital sends back any chart that doesn't have a smoke sticker on it (doesn't require any other documentation). One hospital has been told to code cessation every event as it is always given even if not documented. One hospital with mandatory fields are ticking that the patient is a smoker given cessation even if not a smoker
- ⇒ The Ministry should be looking at the different ways that the information is captured by each DHB as it does not seem to be consistent



Waikato HIANZ Medical/ Clinical Records Forum 20.6.2011

Discussion Points



Waikato DHB first in NZ to have Archive Audit

- Do the auditors have the right experience to audit Health? If not, what qualifications/experience does the auditor hold? Do they have records management experience and expertise? (do they know what they're looking at/talking about?)
- Will the process for future audits have learned from this first audit?
- More clear information is required regarding the format of the audit and process involved do we receive beforehand?
- What is hoped to be achieved by these audits?
- What are their penalties for non-compliance?
- The opportunity to alter your responses did not happen this time but may happen in future?
- Waikato to share audit



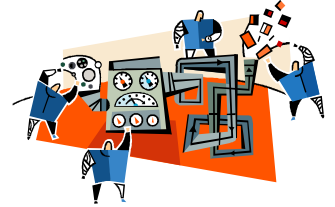
Records Management in the Public Records Act

- Do you know where your information is stored?
- Do you know where to save and look for information when you need it?
- Do you know if there are any organisational standards regarding the creation and management of records?
- Would you know what records are 'vital' to the organisation? (leads into Disaster Recovery)



Privacy issues

- There has been an increase in requests to access records but not a corresponding increase in staff. Important to
- Document any privacy issues
- Not all areas have sufficient funding or staffing and in some cases knowledge
- Insurance and ACC requests are charged out, should the same apply for duplicate requests



Productivity improvements

- what are areas doing to achieve more with same or less staff?
- Use of volunteers
- Adjust processes to own environment
- Prep charts in the department before sending to clinics, pros and cons
- Ask staff to come up with ideas, as these are often the best
- Multi-skilling - working across specialities? No down-time

Working in buildings designed as being paperless – when you are not paperless

- Tauranga will share standards for paper light clinics
- Running clinics with no medical records (changing clinicians views; some didn't even notice)
- Use trolley system

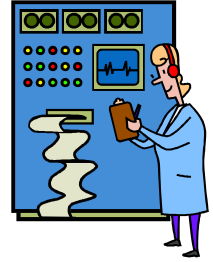


What are we doing for disaster recovery?

- Learn from the Christchurch experience (a greater push to be electronic)
- Try to become less reliant on paper
- DHBs to share documentation

ABC123
ABC123 Duplicate NHIs

- Strategies DHBs adopting to reduce NHIs?
- Running reports
- Education
- Audits



Data Quality

- Clearer process
- Audit trails
- More training and support
- Better reporting
- Standardised clinical records will be required now there is a push for sharing information regionally and nationally (electronically)



What are we doing about position descriptions for clinical records staff?

- PD could be national if there was a good desktop file
- Sharing PD's and desktop files
- Central repository
- Multi-skilling tasks in PD



Should there be a recognised body for clinical coding managers/ team leaders?

- Yes, more regular forums/workshops to be run by HIANZ
- Next forum to be held by Capital Coast and Hutt Valley in late November
- Case studies from different DHB's to be presented
- Sharing of processes
- Training



Hot topics

- Discussions on the which is the best service for Clinical Records to sit under
- ?Maybe IT as clinical records become more electronic
- ?Stand alone

Clinical Coder raises more than \$27,000 for Red Cross Canterbury



A Canterbury District Health Board employee has raised more than \$27,000 for the Red Cross 2011 Canterbury Earthquake Appeal.

Paula Thompson, a Clinical Coder at Christchurch Hospital, has been making red clay embossed cross pendants and selling them for \$15 since February 22 and has so far sold more than 1600.

Paula says she would not have been able to do it without the help of Christchurch business women Rowena Hobbs, of Labels of Late, who has been selling the crosses in her Merivale store and Petra de Geus, of Zigzag Polyner Clay Supplies, who has donated red clay.

Rowena says the crosses have been extremely popular because they touched people's hearts. "I had a lady buy one for her friend who wasn't coping well with the aftershocks and I've had lots of people buying them for family members living overseas who want to show their support for their fellow Cantabrians. The coroner also bought one to wear during the inquests," Rowena says. "Paula has done an amazing job and deserves to be acknowledged for her efforts."

Above: Words such as "kindness", "love" and "miracles" were stamped on the crosses

Photo: Stacy Squires

Paula says she started making the crosses in honour of her relative, a Christchurch Red Bus driver, who was one of several people killed when the bus he was driving was crushed by falling debris in the central city. "The inspiration was the red of the red bus and the cross being the symbol of my relative's passing. I have found making them very therapeutic. It's also a real buzz to see people wearing them."



Photo (left to right): Rowena Hobbs, of Labels of Late and Paula Thompson, a Clinical Coder at Christchurch Hospital with the red cross pendants Paula has been making and selling at Rowena's Merivale shop since February 22.

If you would like to order a cross please contact Paula at
paula.thompson@cdhb.govt.nz



Waikato HIANZ Clinical Coding and Clinical Records Forums and HIANZ AGM

29 and 30 November 2011
Level 12 Ward Support Block, Wellington Hospital

Proposed agenda

Clinical Coding Forum and Workshops

29 November 2011

8.30am to 4.30pm

- ◆ Training and regional education
- ◆ Demonstration of e-learning tool for coding education
- ◆ Internal auditing – achieving a standard national tool and networking
- ◆ Progression Criteria and career pathway for clinical coders
- ◆ Other hot topics

Proposed agenda

Clinical Records Forum and Workshops

30 November 2011

8.30am to 4.00pm

- ◆ Privacy
- ◆ Disaster experience and disaster planning
- ◆ Career pathways in medical records
- ◆ Quality improvement planning
- ◆ Adapting processes as the electronic record improves
- ◆ Working in an electronic world – Auckland's experience
- ◆ Other hot topics

If you have any burning topics that you would like added let us know ASAP.

Let's make these forums as successful as last time. Look forward to seeing you all there.



HEALTH INFORMATION ASSOCIATION OF NEW ZEALAND
Clinical Coding/Medical Records Forum
REGISTRATION
29 and 30 November 2011
Level 12 Ward Support Block, Wellington Hospital

Your Name: _____

Organisation: _____

Your role within your organisation _____

What name would you prefer on your name badge?

Postal Address: _____

Email address: _____

Payment:

One day **\$60** or 2 Days **\$100** \$.....

Please circle: Day one Day two Both days

(Do you require a receipt? **(Please tick)** No Yes

Do you have any special dietary requirements? No Yes

If yes, please specify _____

Please send your registration to: labelled 'HIANZ Registration'.

Penny Sanderson, Regional Clerical & Health Records Manager

Bay of Plenty District Health Board, Private Bag 12024, Tauranga 3143

Cheques to be made out to Health Information Association of New Zealand

Any further queries about the location and programme please contact patsy.macaulay@waikatodhb.health.nz

For Office Use Only:

Date received: Cheque No:

Amount: Receipt No:

ACCELERATED CODING EDUCATION COURSE

From an Educator's Perspective

The concept of the ACE course seems crazy. To take a group of aspiring coders and expect them to begin functioning as contributing members of a coding team after a few weeks training appears impossible.

However when three trainee coders took their place at the Coding Department at Middlemore Hospital after successful completion of the ACE course any doubts about the effectiveness of the course were put aside. Not that the training had provided the department with ready made, fully functioning coders; our trainees still needed ongoing support and development. But the course had provided them with the basic knowledge and concepts of clinical coding at a level which can take many months to achieve. We were also impressed by their enthusiastic approach to the business of coding which, in a certain sense, injected new life into our coding department.

I have wondered why the ACE course has been so successful. Twelve months on our three trainees are progressing by leaps and bounds and will soon be ready to achieve Level 2 in our coding level progression structure. I have had a look at the course material, which our trainees still refer to, and it is of very high quality, covering all important aspects of clinical coding in an ordered, logical, easy to understand format and with some excellent case studies to reinforce the learning concepts.

In my discussions with our ACE graduates, however, the outstanding feature of the course was the high level of support and encouragement received from the course trainers, Andrew Wooding and Nicola Williams, which made it all come together. The skills of clinical coding are largely acquired by being passed on from the senior to the junior coders. Andrew and Nicola are highly experienced and capable members of the coding profession who have the ability to impart their knowledge of and passion about coding in a highly effective way.

Andrew and Nicola have responded in a positive way to a staffing and training deficit in the coding industry and this has proved to be successful. I would recommend the ACE course to any coding department who wish to develop their trainee coder resource.

A word of caution, though. You might find that you will start to hear in your Department the words "Nicky and Andrew said....." When you do hear these words be reassured that your trainees are on the right track.

Chris Rodley

Audit/ education Co-ordinator

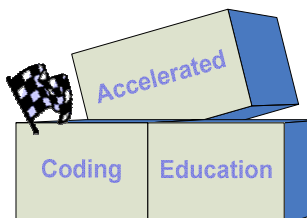
Clinical Coding CMDHB



Above: Trainee coders/ former ACE students with Chris.

At back from left Kate Jorjoliani and Susanne Chaney.

Front from left: Syvonne Ibarra, Chris Rodley (Audit Education Co-ordinator)



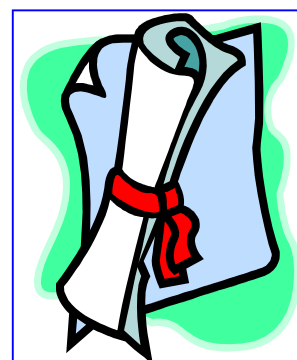
ACE Clinical Coding Training Course

Auckland DHB and Waikato DHB collaboration on a national pilot last year of a Level one (entry level) coding course has proven to be very successful. Due to the ongoing shortage of clinical coders nationwide we will be running regular courses to meet the future coder training needs of New Zealand, as an adjunct to the coder training courses already offered by HIMAA. Graduates of the ADHB and WDHB courses typically go on to successfully complete the HIMAA Intermediate Coding Course.

Training courses will be nine weeks full-time duration, with a mixture of face-to-face contact, on-line and self-directed learning. At the conclusion of the course, students will have spent 360 hours studying and practicing clinical coding using the Sixth Edition of ICD-10-AM/ACHI/ACS, and will have the skills required to enter the Clinical Coder workforce at competency Level one.

The next course will commence in September 2011 and is also open to people from outside a DHB. Applicants will require a pre-requisite pass in Medical Terminology. Students will participate in a wide range of learning opportunities, including:

- o Five days of face-to-face, classroom based learning (Week one in Auckland)
- o eBook training
- o On-line discussion forums and case studies
- o Written assignments
- o Two days of face-to-face revision tutorials (Week nine) (optional)
- o A final examination (three hours)



Course tutors Andrew Wooding (Auckland DHB) and Nicky Williams (Waikato DHB) hold HIMAA Certification and are well-respected members of the Clinical Coding Profession in New Zealand. They both have extensive experience in training clinical coders and Nicky has also completed a CAT (Certificate in Adult Teaching).

To request more information or to register interest please email: ACE@adhb.govt.nz

New Zealand ISO/IEC 46 SC 11 international review group



Archives/Records management

Standards New Zealand invites HIANZ to nominate a representative to the international review group for ISO/IEC 46 SC 11 on Archives/Records management. The representative that HIANZ nominates may not necessarily be the technical expert in the field but will be empowered to speak on behalf of the organisation they represent and will be able to identify when they need to consult with technical experts within their organisation.

Standards developed under ISO/TC 46 "information and Documentation" aim to facilitate access to knowledge information and to help to develop appropriate automated tools, computer systems and services to obtain the information owned by libraries, archives, museums and enterprises. These standards give rules to identify, index, classify, access, select, exploit, communicate, exchange and preserve, both paper-based and digital information. Standardization in the field of information and documentation impacts on not only all the various cultural communities, but also all associated industries.

It is very important that a balanced group of New Zealand stakeholders affected by these Standards be consulted when forming New Zealand's position. Members of the New Zealand international review group will be responsible for:

- ◆ Providing New Zealand's position on drafts and other documents circulated by ISO/IEC 46 SC 11 for member body's comments
- ◆ Endorsing New Zealand representatives to attend ISO/IEC 46 SC 11 meetings

Other organisations that we will be approaching to nominate representatives include:

- ◆ Archives New Zealand .
- ◆ Archives and Records Association of NZ (ARANZ).
- ◆ Internal Revenue Department (IRD) .
- ◆ Ministry of Social Development .
- ◆ Records Management Association of Australasia (RMAA)
- ◆ New Zealand Branch.

For further information, please read the Standards New Zealand international Protocol on participation on ISO and IEC Technical committees which can be accessed at <http://www.stansards.co.nz/about/Committees/International+Protocol/default.htm>



HIANZ has nominated Chris Sorensen our President as their representative to the international review group for ISO/IEC 46 SC 11 on Archives/Records management

Coders Corner

New Zealand Coding Authority

The NZCA collaboratively and cooperatively resolve coding queries and coding related issues which will assist in the collection of consistent, complete and accurate health data.



A new term has started for the NZCA and there are now eight members for the new term [1 July 2011 to 30 June 2012](#).

All members hold the Health Information Management Association of Australia Limited (HIMAA) Clinical Coder Certification for Sixth Edition and have between 8-20 years coding experience. They are as follows:

- Tracy Thompson – [Ministry of Health](#)
- Andrew Wooding - [Auckland](#)
- Chris Rodley - [Counties \(Middlemore\)](#)
- Donna Holley - [Southern \(Dunedin\)](#)
- Mary-Ellen Wetherspoon [Canterbury \(Christchurch\)](#)
- Nicky Williams - [Waikato \(Hamilton\)](#)
- Robert Campbell - [Capital and Coast \(Wellington\)](#)
- Vivienne Hansen - [Nelson Marlborough \(Blenheim\)](#)

Australia Refined Diagnosis Related Groups Version 6.0 (AR-DRGs v6.0)

- ◆ From 1 July 2011 the Ministry of Health is grouping all events to AR-DRG v6.0.
- ◆ The Adjacent DRG (ADRG) numbering sequence is the same as Version 5.0, which is no longer contiguous, and may not reflect the surgical and other hierarchies, in some MDCs.
- ◆ New features are summarised on the Ministry of Health website: [http://www.moh.govt.nz/moh.nsf/Files/ncamp2011/\\$file/ar-drg-v6.0-summary.pdf](http://www.moh.govt.nz/moh.nsf/Files/ncamp2011/$file/ar-drg-v6.0-summary.pdf)

HIANZ Mental Health Administrators Study Day



Friday 24 June 2011

Turnbull House

Wellington

Unfortunately Dr David Chaplow was unable to deliver his presentation due to travel delays in Auckland. We were all hoping to get a chance to talk with, and thank David for the ongoing support he has given to HIANZ at our Mental Health Administrator Study Days. A card was passed around to be sent on behalf of Mental Health Administrators and HIANZ acknowledging David's ongoing support and wishing him all the best in the future.

Dr Frances Hughes, Director: Contract, Project and Risk Management

Frances has 30 years experience as a health clinician, manager and educator. In addition to nursing qualifications, she holds a BA, MA and a doctorate. Dr Frances Hughes replaced David and spoke about Psychosocial Recovery with particular reference to Christchurch. Earthquake victims and the impact such a devastating event can have on a wide group of people.

This session was well received and very interesting. Frances outlined the importance of psychosocial recovery when we are planning how to respond to and recover from any emergency event. DHB's are required to be acutely aware of the principles of psychosocial recovery, recognise the interventions that are required, identify how as an agency we can help with delivering psychosocial recovery support and how we can deliver this assistance in liaison with other agencies involved in the emergency. Effective Mental Health response after a disaster requires cooperation across all sectors following a multi-layered support process. Frances gave an over-view of the physical symptoms which people may present with and treatment that can support these people throughout the emergency.

A good reference document for us all: National Health Emergency Plan – Planning for Individual and Community Recovery in an Emergency Event – Principles for Psychosocial Support (2007) is available from the MOH Website for review.

Chris Sorensen, President HIANZ, Quality & Risk Manager, MH & AoD Services, Taranaki District Health Board

A general over-view of my role within MH & AoD Services which information release is a component of. I gave a brief synopsis of the types of requests I receive, the rules I follow and the processes at Taranaki District Health Board. I talked through an easy summary of the 12 rules of the Health Information Privacy Code 1994 and our responsibilities under the applicable legislation. Those that were present could all relate with the workload issues information release create and the need to balance these issues with the importance of timeliness with information release, so our clients are not disadvantaged. It was a very interactive group which I enjoyed presenting to. We all appeared to relate to the importance of good documentation and prudent health information management as being key in our organisations. I received a suggestion from one attendee for of a more in-depth education session on the release of MH information when clients are under the Mental Health Act. This is an excellent suggestion which I will look into for next time.

Dr Justin Barry Walsh, Psychiatrist and Associate Clinical Director of Te Korowai-Whariki, CCDHB, Forensic Services

Justin gave an excellent over-view of intellectual disability and mental health issues. This included how some people react when they are distressed and the importance of developing trusting relationships, setting boundaries for those who are intellectually disabled and also the importance of making the world more predictable. Good examples were given regarding the model of care at Haumietiketike For example the importance of consistent carers, group therapies and getting people to recognise emotions. Barry spoke about how the staff know detail about the clients and what 'sets' them off and how detailed care plans are integral to the ongoing care of the clients.

Psychologists at Haumietiketike have developed great programmes, inclusive of group sessions for the clients with intellectual disabilities and these have been very successful.

Dr Duncan Thompson, Clinical Psychologist for Kapiti Mental Health

Duncan works in Capital and Coast DHB and also as a psychologist in media, featuring on the television series 'Good Morning', also the television programme "Would like to work". Duncan talked about the importance of modelling that it is 'OK' to make a mistake and also the importance of normalising reactions to abnormal events.

Following any traumatic experience there are strategies which can work towards helping how we 'cope' with these events. These include distraction techniques, relaxation techniques, connecting with others and generally helping each other. Duncan gave an overview of traumatic stress reaction and our natural resilience following a traumatic event. Interestingly enough - 50% of us will be exposed to a traumatic event and only 2% will suffer from post traumatic stress disorder.

Katrine Evans, Assistant Privacy Commissioner for Privacy Commission

Privacy breach and process key points to remember !

Privacy is about control over your own information.

- If an organisation holds information about someone then that organisation is in partnership with who the information is about
- Important to have a plan of action within an organisation if there is a breach of privacy
- NZ only has voluntary breach notification requirements – where overseas, breach notification requirement is mandatory
- Important to avoid harm to a person if a breach of their privacy has occurred – let the person know!
- Let the Privacy Commissioners Office know if there has been a breach of someone's privacy. They are there to guide and support you through a notification process and equally important – like to know as soon as possible when a breach of someone's privacy is discovered

Katrine distributed an excellent resource on the Privacy Breach Management Process and Prevention of Future Breaches. Go to <http://privacy.org.nz/privacy-breach-guidelines-2/>: for key steps for agencies in responding to privacy breaches and privacy breach checklist and information paper to accompany privacy breach material.

In Summary

Yet another successful Mental Health Administrators Study Day It was great to meet up with our 'regular' attendees and equally great, to see some new faces. The formal and informal feedback reflects all those that attended enjoyed the days presentations and we have some excellent suggestions for the 2012 Mental Health Administrators Study Day. We hope to be able to involve staff who work in non-government organisations to attend. This will sow the seeds of an active forum of staff who will benefit from each other.

On behalf of HIANZ, I give special thanks to Lindy Pacey who was the 'face' in Wellington and inevitably ended up with coordinating all there is to coordinate when convening a study day. Lindys efforts, organisational skills and time commitment is not underestimated and also, not taken for granted!

Chris Sorensen

President

H.I.A.N.Z.

ORGANISATIONAL MEMBERSHIP

Benefits:

HIANZ Highlights (published quarterly)

Membership rates at HIANZ conference/study days for unlimited attendees

2011/12

\$300

GST inc

*Information provided below will be used only for membership invoicing, communication and education.
No information will be shared with any other organisation unless with your prior agreement.*

Name:			
Position:			
Organisation:			
Address:			
Phone:		Fax:	
Email:			

Please indicate interest (1,2,3,4):

Medical Records

Clinical Coding

Mental Health

Health Administration

Please forward your remittance no later than 31 July 2011 to

**Sandra Pugh
HIANZ Membership
Ashburton Hospital
Private Bag 810
Ashburton 7740**

Cheques are to be made payable to "Health Information Association of New Zealand" and marked "Non Transferable"

Please email membership queries to Sandra Pugh – sandra.pugh@cdhb.govt.nz

PLEASE RETURN THIS INVOICE WITH PAYMENT

For Office Use Only:

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Welcome to HIANZ

What do we do and how do we do it?

The Health Information Association of New Zealand provides leadership for Health Information Professionals in the development of knowledge networks for Health.

HIANZ promotes an awareness of health information and clinical coding issues through our newsletter and other publications, seminars and conferences and lobbying at appropriate levels.

HIANZ is actively involved in the development of prudent health information standards and codes of practice for health information professionals. Publications include HIANZ Highlights, a quarterly newsletter, a Dictionary of Clinical Abbreviations, Clinical Records Standards and Ethical Standards.

HIANZ supports and assists the development of Health Information professionals by offering, active continuing education, regular conferences, seminars, and scholarships. Members also receive The Highlights newsletter.

HIANZ networks with affiliated groups (e.g. the International Federation of Health Records Organisation), government health agencies and the providers of information resources.

When do we meet?

In addition to a Conference held every two years and the Annual General Meeting, HIANZ runs workshops, seminars and information sessions around the country.

The Executive Committee, which is elected at the AGM, meets throughout the year.

The Executive consists of no fewer than 10 members, representing the Association's broadly based membership.

The Executive organises and manages all the formal activities undertaken by HIANZ, and is always keen to hear from individual members or groups as to what projects HIANZ should become involved in.

Application Forms are on our website.

For further inquiries contact the HIANZ president.

Our Mission and Membership

What is our Mission?

The Health Information Association of New Zealand provides leadership of health information professionals in the development of knowledge networks for health.

Who are we?

Professionals working in all areas of Health Information.

Clinical Coding

Consumer Health Information

Drug Information

Health Information Systems

Health and Medical Libraries

Health Management

Health Promotion

Mental Health Sector

Patient Information

Records Management

Health Administration

The Voluntary Health Sector

Education & Travel Funds

These are available each year to enable HIANZ Members to undertake recognised papers in health records management at tertiary institutions and to travel to approved Conferences.

Membership & Subscriptions:

Sandra Pugh

Medical Information Manager, Ashburton Hospital, Private Bag 810, Ashburton 7740 Email: Sandra.pugh@cdhb.govt.nz@northlanddhb.org.nz

General Postal Address:

HIANZ, c/o Chris Sorensen, Quality & Risk Manager

Mental Health & Addictions Service
Taranaki District Health Board
Private Bag 2016
New Plymouth
www.hianz.org.nz

What does our logo mean?



This logo represents a sixteenth-century design for a knot garden in which interlocking clipped box hedges or paths separate the beds of decorative and medicinal herbs and flowers.

With reference to HIANZ, this logo depicts a forum in which health information services can be assessed, initiative encouraged and resources managed so those networks can flourish.

We are reminded of the range of Health Information specialities, and the areas of professional overlap with other disciplines and interests.

The logo is symbolic of the way in which the disciplines integrate to form a focus for co-ordinated activities.

Our values are inherent in the logo.

Executive Officers

President:

Chris Sorensen
Quality / Risk Manager
Mental Health & Addictions Service,
Taranaki DHB
Private Bag 2016, New Plymouth

Email: chris.sorensen@tdhb.org.nz

Secretary:

Christopher Deane
Crown Records Management
P O Box 40183, Glenfield
Auckland

Email: cdeane@crowworldwide.com

Treasurer:

Penny Sanderson
Regional Clerical & Health Records Manager
Bay of Plenty DHB
P O Box 12024, Tauranga

Email: penny.sanderson@bopdhd.govt.nz

PRESIDENT	Chris Sorensen, Quality / Risk Manager, Mental Health & Addictions Service	Taranaki District Health Board, Private Bag 2016, New Plymouth, 4342	Ph: 06 7536139 Ext 7631. Fax: 06 753 7715 Email: chris.sorensen@tdhb.org.nz Mob: 027 4622 089
VICE PRESIDENT	Lindy Pacey, Administration Co-ordinator, Te Korowai-Whāriki	Capital & Coast District Health Board, P O Box 50233, Porirua, Wellington, 5240	Ph: 04 918 2471. Fax: 04 918 2477 Email: lindy.pacey@ccdhb.org.nz Mob: 027 480 5760. Messages: 04 918 2471
IMMEDIATE PAST PRESIDENT	Shona Trubshaw, Patient Information Manager	Inactive	
TREASURER	Penny Sanderson, Regional Manager Clinical Support Services	Bay of Plenty District Health Board, Private Bag 12024, Tauranga 3143	Ph: 07 579 8376. Fax: 07 571 3179 Email: penny.sanderson@bopdhd.govt.nz Mob: 021 227 4285
SECRETARY	Christopher Deane, Business Services	Crown Records Management, P O Box 40183, Glenfield, Auckland. 0747	Ph: 09 415 7481. Fax: 09 415 7496 Email: cdeane@crowworldwide.com Mob: 0274 764 556
HIANZ HIGHLIGHTS EDITOR	Patsy MacAulay Manager, Clinical Coding	Waikato District Health Board, Private Bag 3200, Hamilton. 3240	Ph: 07 839 8867. Fax: 07 839 8868 Email: macaulap@waikatodhb.govt.nz Mob: 021 730538
MEMBERSHIP CO-ORDINATOR	Sandra Pugh, Medical Information Manager	Ashburton Hospital, Elizabeth Street, Private Bag 810, Ashburton, 7740	Ph: 03 308 4149 x . Fax: 03 307 6928 Email: sandra.pugh@cdhb.govt.nz Mob: 021 104 8155
EXECUTIVE	Margaret Clark,	The Princess Margaret Hospital, Canterbury District Health Board, Private Bag 4733, Christchurch. 8240	Ph: 03 3377955 Ex 67126 Email: Margaret.clark@cdhb.govt.nz
	Sue Clark,	Southland District Health Board, P O Box 828, Invercargill. 9840	Ph: 03 218 1949 x 8481 Email: sue.clark@sdhb.govt.nz Mob: 0275 458 604
	Wendy Smith, Team Leader, Clinical Coding	Bay of Plenty District Health Board, Private Bag 12024, Tauranga. 3143	Ph: 07 579 8000 x 5071. Fax: 07 571 3179 Email: wendy.smith@bopdhd.govt.nz Mob: 021 1333 226
	Janis Watson, Manager Medical Records	The Princess Margaret Hospital, Canterbury District Health Board, Private Bag 4733, Christchurch. 8240	Ph: 03 3377 946. Fax: 03 3377 957 Email: Janis.watson@cdhb.govt.nz Mob: 027 2100 414