HARDIN COUNTY GENERAL HOSPITAL
HOSPITAL-WIDE POLICY

Title: Information Management Plan **Effective Date: 9/30/2004**
Policy Number: HW113 **Med Staff:**
Regulation: **Admin:**

I. POLICY

MISSION STATEMENT:

It is the goal of Hardin County General Hospital to: (1) Meet the health care needs of our patients and their families; (2) Improve quality improvement processes continuously; (3) Sustain our position as a sole community provider for Hardin and Pope Counties; (4) Support our employees with a participative, management-positive work style; (5) Integrity at all times with our patients, physicians, and employees; (6) Ongoing training so we will grow and prosper; (7) Never forget that we are here for our patients.

PURPOSE:

It is recognized by Hardin County General Hospital that the provision of health care is a complex endeavor that is highly dependent on information. This includes information regarding the individual patient, the care provided, the outcomes of care, and the performance of the organization. Due to the collaborative nature of the provision of care, all activities performed are coordinated and integrated throughout all departments and services. It is because of this dependent relationship that information is an important resource that is to be used effectively and efficiently managed.

GOAL:

To obtain, manage and use information to enhance and improve individual and organizational performance in patient care, governance, management, and support processes.

SCOPE AND DIRECTION:

Hardin County General Hospital is a 25 bed, acute care, medical and surgical Critical Access Hospital that is a sole community provider to Hardin, Pope and surrounding Counties. Human, hardware, and software resources are utilized to supply information to support the organization's information management requirements. To meet these requirements, the Medical Records Department, Data Processing Department and Hospital Administration have shared responsibility for the overall management of information. There are organized medical records and data processing departments with financial resources allocated by the Board of Directors to provide for optimal departmental operation. As the information management environment is constantly changing and becoming more sophisticated, all additional needs for information management are assessed with appropriate financial considerations granted through the Board of Directors.

OBJECTIVES:

Information management is a function, a set of processes and activities, focused on meeting Hardin County General Hospital's information needs. Issues of timeliness, accuracy, security/confidentiality, access, efficiency, collaboration, integrity, and uniformity of data are considered in the overall management of information. Objectives specific to Hardin County General Hospital include:

- Timely and easy access to complete information throughout the organization;
- Improved data accuracy;
- Demonstrated balance of proper levels of security versus ease of access;
- Use of aggregate data, along with external knowledge bases and comparative data, to pursue opportunities for improvement;
- Redesign of important information related processes to improve efficiency;
- Greater collaboration and information sharing to enhance patient care.

As the field of information management is constantly changing with improvements in technology, and as the services of the facility shift to meet the needs of the community, it is understood that these objectives will achieve compliance over time, with revisions, as appropriate, to changes in the health care environment.

ASSESSED INFORMATION MANAGEMENT NEEDS:

Viewing information management as a function, a set of processes and activities, focused on meeting Hardin County General Hospital information needs, a comprehensive assessment and continued reassessment of information management needs is performed. Needs assessment is performed through review of these overall categories:

- Setting or services providing care
- Patient care needs
- Provider needs – physician needs
- Family needs
- Insurance company needs
- Internal (interdepartmental) provider needs
- External regulator needs
- Performance Improvement needs

Needs assessment is based on review and analysis of Hardin County General Hospital mission, goals, services, personnel, mode of service delivery, resources, and access to affordable technology. The following is a non-exhaustive list of areas considered in assessment:

- Hardin County General Hospital scope of services
- Individuals/groups served through information management
- Patient and families, both inpatient and ambulatory population
- Board of Directors
- Administration
- Department manager/leaders, both clinical and clerical
- Physician staff payers/purchasers

- State department of health and state PRO review board
- Accrediting agencies

- Resources and support necessary for planning information and educational services:
    - Time
    - Space
    - Personnel
    - Equipment
    - Financial allotment

- National and state guidelines for data equivalency and linkage ability in interfacing systems.

- Requirements for internal and external transmission of data and information:
    - Personnel
    - Training
    - Equipment
    - Mode of transmission
    - Time factors

- Requirements for internally and externally generated data to support hospital wide performance improvement:
    - Types of data required
    - Confidentiality of data
    - Generation of data
    - Receipt of data
    - Responsibility

- Requirements for benchmarking with comparative facilities and current literature:
    - Appropriateness of the technologies utilized at Hardin County General Hospital
    - Knowledge of personnel
    - Capabilities of computer data base
    - Financial considerations
    - Reporting formats

- Need to support customer/supplier relationships:
    - Inpatient/outpatient satisfaction surveys
    - Community assessment
    - Physician evaluation
    - Personnel evaluation

- Enhancement of work flow activity:
    - Continuous Quality Improvement (CQI)
    - Interdepartmental evaluations
    - Health care systems utilized by vendors, physicians and third party payers

- Support needed for clinical and administrative decision making:

    - Types of information required, individuals responsible for data generation, aggregation and analysis
    - Equipment
    - Confidentiality

- Direction required for the scope and complexity of services provided:
    - Health Information Manager
    - Data Processing Manager

Through the assessment of information management needs, a list of priorities for improving the information management function is developed. Those areas where it has been determined to have the greatest impact on direct patient care and outcome of the delivery system will receive the highest priority for process revision and/or enhancement.

The need for coordination across the organization of all elements of the information management function is considered a primary focus for personnel development. Those individuals/departments identified as requiring knowledge and proficiency in the principles of information management are:

- Medical Staff
- Nursing Personnel
- Ancillary Personnel
- Performance Improvement Personnel
- Clinical Service Department Personnel
- Business and Admitting Department Personnel
- Risk and Safety Management Personnel
- Medial Records Personnel

Basic principles of information management are discussed with the appropriate individuals during initial orientation. In-service updates are provided on an "as needed" basis and/or during annual performance evaluation. Medical Staff service chairpersons are provided with basic principles upon acceptance of position. Advanced principles are reviewed with the leaders of the organization as appropriate to their knowledge base and complexity of information usage.

STANDARDS:

The standards of timeliness, accuracy, security/confidentiality, access, efficiency and collaboration, integrity, and uniformity of data, are considered in the overall information management function.

SECURITY/CONFIDENTIALITY OF INFORMATION:

Hardin County General Hospital has considered the need for, and appropriate levels of, security and confidentiality of data and information. To provide balance between data sharing and data confidentiality, individuals/departments have been identified with specific policies/procedures outlining the access to, and need for, data and information.

Medical Records Department personnel will have access to all documentation present in the medical record in accordance with Medical Record policies and procedures.

Nursing personnel will have access to all pertinent patient information to allow for optimum assessment, treatment, and care of the patient in accordance with general nursing policies and procedures.

Medical Staff will have access to all pertinent patient information that allow them to render optimum treatment to any patient for which they are the attending, covering, or consulting physician in accordance with the medical staff bylaws.

Clerical personnel under the business office umbrella will have access to all necessary patient information that allows for appropriate billing, insurance, and financial procedures.

Utilization Review, Risk Management, and Quality Improvement Department personnel will have access to all pertinent patient information, both clinical and financial, to allow for optimum assessment required in their departmental functions.

All other individuals, including ancillary personnel and administrative personnel, will have access to patient data and information on an "as needed" basis, restricted to level of authority, in accordance with hospital-wide policies and procedures governing information security and confidentiality.

All policies and procedures address the sensitive nature of patient confidentiality and identify the issues of release, retrieval, and security of information.

DATA DEFINITIONS AND INFORMATION INTEGRATION:

There is an approved list of data definitions and accepted hospital abbreviations distributed to all departments in the hospital. All definitions are standardized to allow for integration of data throughout the hospital.

While some information (coding information, for example) is managed in a computerized format, other information is managed manually. Sharing and integration of information is necessary to provide care in an effective manner.

TIMELINESS:

Timeliness of information is felt to be of paramount importance. In accordance with medical staff bylaws, nursing, ancillary and administrative policies and procedures, information is managed in the time frames described.

PATIENT RECORDS:

The patient record is an accurate description of the patient's hospitalization and course of stay. The medical staff bylaws, nursing and ancillary policies and procedures and Medical Records Department policies and procedures outline all necessary elements of the patient record.

EXTERNAL DATABASES:

The facility provides information to external reference data bases as required by law or when appropriate within the organization.

External databases include, but not limited to: COMPdata, ICT, OHIC, IHA, State Cancer Registry, Mid-America Transplant Services, CMS, Illinois Department of Health and Human Services, and Illinois Department of Public Health.

PERFORMANCE IMPROVEMENT INFORMATION:

To allow for appropriate designing of processes that provide for systematically measuring, assessing, and improving performance to improve patient health outcomes, information is required that will facilitate this goal. Performance Improvement is performed on a hospital wide basis and required integration of all information and data gathered throughout the facility. The following areas are key components of the information management function that integrate with hospital wide performance improvement:

- Reporting formats, aggregated data:
  - Who requires reports, for what reason, type of information needed, security of information, timeliness of data
- Risk Management:
  - Hospital wide
- Pharmacy and Therapeutics:
  - Integrates with nursing, laboratory, medical staff, and the patient
- Safety Reporting:
  - Hospital wide
- Infection Control
- Medical Record Review
- Utilization Review
- Continuous Quality Improvement

II. DEFINITIONS

NA

III. RESPONSIBILITY

All staff

IV. EQUIPMENT

NA

V. PROCEDURES

INFECTION CONTROL: N/A

NA

VI. DOCUMENTATION

NA