Working in regional Australia: application, implementation and dissemination of programs to support regional Health Information Managers

Cassandra Rupnik

Introduction

One of the biggest challenges facing the health information management workforce in the healthcare system in Australia is the tyranny of distance. The National Rural Health Alliance (2016) lists workforce shortages as one of the key issues in rural and regional health. Shephard (2015) identified the issues facing regional and rural Health Information Managers (HIMs), including isolation, communication, workforce retention, and technological opportunities and challenges.

Over the last few years Australian regional and rural HIMs have been working with their state branches and the Health Information Management Association of Australia (HIMAA) on ways to support the rural and regional health information management workforce, including the dissemination of information, implementing ways to provide professional development, and support of each other in overcoming the obstacle of distance. Gilder (in McDonald, 2016), stated: “It’s time we came out of the closet and introduced ourselves”.

It is imperative that rural and regional HIMs engage with their health information management community, to expand their knowledge and skills and not be left behind. This report discusses the issues facing rural and regional HIMs from the perspective of a regional HIM in Lismore, New South Wales (NSW) and the work undertaken by the HIMAA Regional Health Special Interest Group (SIG).

A HIM in Lismore, New South Wales

I have been a regional HIM in Lismore, NSW for over eight years. Lismore is located 9 hours’ drive from Sydney and 2.5 hours’ drive from Brisbane. I work in Northern NSW Local Health District as the Activity Based Management Officer. Previously, I was a HIM in a major regional teaching hospital, which had over 30,000 discharges in 2015-16 (Bureau of Health Information, 2017). Lismore is located close to major roads and airports, allowing for easy access to major cities in Australia; others in regional Australia are not as fortunate.

The HIMAA Regional Health SIG

In 2013, I was asked to chair the Regional Health SIG at the HIMAA/National Centre for Classification in Health conference. Previously, regional HIM meetings have been held at conferences but no Regional Health SIG had been established with an agenda to continue to meet during the year. So the fun began!

The inaugural SIG meeting in Adelaide in 2013 saw 15 people attend. The group discussed our achievements, our struggles and our needs as isolated HIMs and Clinical Coders (CCs) in regional Australia. We found great camaraderie and we discovered colleagues who understood the issues we faced on a daily basis. We left the meeting with a vision and commitment to continue these meetings, at the national conference each year and regularly during the forthcoming year.

The next step was to work out how to continue to hold these meetings at a convenient time and across a number of time-zones. A further obstacle arose with technology; identifying the technology that was available and the most appropriate to allow us to communicate with each other. Our options included Skype, teleconferences and Webinars. However, regional and rural facilities do not have access to a wide range of technology resulting in all meetings to date being conducted by teleconference.

After the 2013 meeting, the SIG posed the question to HIMAA: While HIMAA is based in Sydney, who is it we are trying to reach in regional Australia? The view of the SIG was that we should engage with HIMs and CCs in regional and rural areas, including Tasmania, country Victoria, islands off the coast of Queensland, Alice Springs, Broome, Kimberley Ranges, South Australia country region and outback NSW.
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What are regional HIMs and CCs discussing within the SIG?

Sharon Campbell, from Western Australia, is the current chair for the Regional Health SIG. Sharon has had vast experience in working in regional Western Australia before returning to Curtin University as a lecturer. Sharon is doing an admirable job by organising a minimum of three meetings between the yearly conferences. These meetings are still held via teleconference and we continue to ask the same questions that we have tried to answer since 2013, including:

- How does distance affect our working lives?
- How do we keep our knowledge and skills current?
- How do we network with our colleagues from the cities?
- How do we support regional HIMs and CCs?
- How do we support our staff with furthering their knowledge and expertise?

While metropolitan HIMs also face these issues on a daily basis, the regional HIM has the added complexity of the physical distance between themselves and their colleagues.

How do we support regional HIMs?

Current initiatives

The Regional Health SIG has a session at HIMAA’s annual national conference, where we can meet and discuss issues that members have raised since the last face-to-face meeting. At this time, we also welcome HIMs who are not current members of either HIMAA or the SIG, to offer them support and to encourage them to join HIMAA and the SIG so they can continue to be part of the conversation. Email addresses and telephone numbers are exchanged, to ensure that everyone leaves the meeting with the contact details of a colleague to whom they feel they could comfortably reach out for advice or support when they need it.

To assist with keeping our knowledge current, a guest speaker is invited to each teleconference meeting to provide a brief presentation about a relevant topic (e.g. activity-based funding or electronic health records). However, one limitation of teleconference meetings that we are still seeking to overcome is not being able to see each other. Teleconferencing makes you realise how important facial expressions and body language are as part of the conversation. When we cannot see each other it can lead to those on the phone losing their focus on the topic under discussion. How many of us have answered emails or completed work that is in front of us because those on the line can’t see what other things we are doing? Visual cues are so important in our everyday lives as managers, co-workers and members of society. We should be exploring technology to enhance our meetings, learning and decision making.

The future

This is where I get excited about our future technology! I must stress at this point the following are just some of the ideas that have arisen from discussions with the Regional Health SIG, state branches and the HIMAA Board, and there is more to discuss before any of these changes can occur.

Meetings

The Regional Health SIG annual face-to-face meetings will continue as it is always great to meet colleagues and continue conversations after a meeting. For meetings outside of the annual conference, we would like to use Webex or Skype to enable members to see each other and enhance the experience from these meetings. Even though the technology is available, not all hospitals in regional Australia have the capacity for their HIMs and CCs to have meetings this way.

The various branches within HIMAA also need to reach their committee members who are not in the metropolitan area of their meetings. I believe there would be great benefit, when making decisions that affect the membership, in identifying if people are receiving the information as expected. As mentioned earlier, facial expressions and body language are so important to conversations; they mean as much as the words, sometimes more. How do we ‘know’ if a message has been interpreted correctly when we cannot see each other? How do we ‘know’ if participants fully grasp the content, and then the repercussions of a decision without the body language? Often, decisions are made in meetings that cannot be rehashed through emails and telephone conversations. This type of correspondence can isolate some of the members if a ‘reply all’ response is not used, the written word can be misinterpreted as there is no nuance to ‘voice’ and body language, and how can you guarantee that every member is getting the same information at the same time when it is human nature to discuss issues as an aside among close friends and colleagues? We need support from HIMAA to pursue these technology options for branch meetings.

Professional development

Continuing professional development is difficult for those living outside of the cities. There is limited availability to participate remotely, and a high cost, both in terms of money and time, to attend in person. Occasionally employers will pay for a regional HIM to attend an event but more often than not, HIMs have to pay their own way.
If we could broadcast the event to participants via a webinar or video-conference, I believe that we would have more regional participation. This option does increase the cost of providing this type of professional development, but the benefits outweigh the limitations. This option also requires the participant to ensure that they have access to high-speed Internet connectivity to allow video-conferencing. Regional and rural facilities commonly have this technology available for telehealth, physician meetings, and health ministry meetings. We need to tap into this availability to meet HIM and CC education needs.

Another possibility is HIM-TV, comprising a system that would facilitate the production and distribution of videos that HIMAA could produce. HIM-TV could provide a means to provide education and professional development to isolated professionals.

Mentoring
Since the inaugural meeting in 2013, the Regional Health SIG has continued working with their state branches and the HIMAA Board. As a result of suggestions from the SIG, a mentoring program has been developed to support regional HIMs. It is aimed at HIMs who are members of HIMAA, including those, but not limited to, HIMs working in a sole position, and new graduates.

Regional HIMs are connected through this mentoring program with their metropolitan cousins and HIMs working in specialised fields of information management.

We would like to call on the expertise of those who are already working with a mentoring program in their facilities, health district or state. Both Victoria and Queensland Health have outstanding mentoring programs in place. We hope that members who have some experience in this area will join our committee and assist us with some insights into all aspects of the programs.

HIMAA will call on members nationally, to volunteer their services to a mentoring scheme. Volunteers would be asked to specify:
- geographical limits (city, region, state/territory, national)
- phone/email/Skype/face-to-face availability/preference
- level of industry exposure available
- areas of special interest, expertise, or experience.

HIMAA will offer an online and face-to-face training module in mentoring skills to support HIMAA mentors. Mentors who complete the HIMAA mentoring module or course are awarded a certificate of completion.

The list of available mentors will be compiled and posted on the HIMAA website, and members interested in accessing a mentor will be required to contact the State Mentor Coordinator. The State Mentor Coordinator will be a volunteer from each branch committee, who will act as a local contact to match mentors and mentees, maintain mentorship program databases, and monitor mentorship expertise to ensure there is sufficient coverage across the range of expertise areas. The State Mentor Coordinator arranges an introduction. I envisage that the State Mentor Coordinator will work closely with the State Branch Membership Officer, if they are not one and the same.

Branches may periodically celebrate their mentors through mentor networking events (at which mentors get together to discuss experiences and techniques). Mentees are encouraged to nominate mentors for an annual HIMAA Mentor of the Year award.

Conclusion
Technology for regional HIMs should be embraced as a method of communication as it has been by other health professionals in isolated country areas. As custodians of information we should be at the leading edge of applying technology to facilitate learning and assist with networking with our peers. The use of this technology should be second nature to the way we conduct our work allowing us to disseminate our knowledge and expertise to the wider regional community. HIMAA can build on its expertise in this space by utilising technology to reach, teach and engage our members.

It is imperative that regional HIMs stand up and be counted, to expand their knowledge and skills domains by maximising the use of technology in education and professional development. With the support of the state branches, the National Board and our metropolitan colleagues, we will, together, revolutionise regional health information management. It is an exciting time to be a regional HIM and CC!

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References


Cassandra Rupnik, BAppSc(HIM), CHIM
Wollongbar NSW 2477
Australia
Mobile: 0438 613 378
email: cassandra.rupnik@ncahs.health.nsw.gov.au