Health Information Managers and managing change: an historical overview

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Change, and managing change, both in the workplace and within the professional association, has always been an important part of the role of the medical record/health information management professional and we should not expect it to be different today or in the future.

How have we, as a profession, managed the changes faced over the years? The first test came in 1949 when a small group of women established the profession with two state associations, one in New South Wales (NSW) and the other in Victoria. Most of these women, but not all, worked in medical record departments in public hospitals. Without formal medical record education they were drawn from persons interested in medical records and in improving the medical record services in the hospitals in which they worked. These few Medical Record Librarians (MRLs) were faced with the challenge of changing from clerical worker to departmental manager, in many cases in large public hospitals. Once the two state associations were organised, they set about establishing the Australian Federation of Medical Record Librarians (AFMRL) in 1955, originally made up only of the two state associations. At the time this was a great achievement and, looking back, one that has lasted through many ‘ups and downs’ and enormous changes over 60 years.

During these early years, members realised the inadequacy of their previous education. They were keen to improve the quality of medical records in hospitals and expand the profession. To this end, they set about developing and instituting education programs for medical record professionals. This was no mean task – a small group of women, virtually unknown, preparing to establish formal training courses and take on state health departments, hospital administrators, the medical profession and the Higher Education Board! This they did competently and by 1961 two schools for MRLs had been introduced in hospitals, one in NSW and the other in Victoria.

Another challenge in the 1950s and 1960s was the introduction of Terminal Digit Filing. This required an enormous amount of organisation and management to change filing systems that had been used, in some cases, from the beginning of the hospital’s existence and included large bound volumes, patient registers, envelopes and papers stapled or clipped together. It required not only careful planning but also the recruitment of staff to assist with the movement of thousands of medical records at the same time as maintaining the medical record services of the hospital. This they did with exceptional energy and skill.

From the beginning the so-called ‘traditional role’ of the Medical Record Administrator (MRA)/Health Information Manager (HIM) was considered to be an MRA/HIM working in the medical record department of a hospital, either in charge or as a deputy or assistant. In the early 1950s and 1960s, however, some members did not actually work in a medical record department of a hospital; some worked in hospital administration or as a medical librarian in the hospital’s medical library. In fact, the first President in NSW was a doctor, who strongly believed in the value of the medical record and the future of the MRL.

In the early years, members worked tirelessly, in an honorary capacity, for the profession and for the general membership. This work raised the profile of the profession and it became a strong, viable organisation, standing tall within the international medical record/health information management arena. The change of the Association to a company, limited by guarantee in 1966, was a major step and took a great deal of patience and compromise by the executive committee. However, it was successful and enabled the profession to go forward with confidence. To maintain a strong position, the Association needed to grow in numbers and maintain financial viability. A great deal of effort was put into recruiting members and increasing the number of students. During the 1970s, the two schools had moved into Colleges of Advanced Education and in the 1980s two more courses had been introduced, one in Western Australia (WA) and the other in Queensland. Membership began to increase and the profession spread to other states of the Commonwealth. The name of the Association was changed to Medical Record Association of Australia (MRAA) on the 16 December 1977, again after a great deal of negotiation, patience and commitment. By 1978, individual member-
ship of the Association was constituted and eventually there were branches or groups of members in all states.

Over the years, changes within the Australian healthcare system also had a marked influence on the profession and its development. A major change affecting members in their workplace started in the late 1960s, with the introduction of the computerised patient master index and patient administration systems. In addition to a steady growth of computer applications, work toward the accreditation of hospitals and hospital standards was progressing rapidly. The Australian Council on Hospital Standards (ACHI) was established, with members of the medical record profession used as advisors with regard to developing standards for medical records and medical record departments. In addition, quality assurance was beginning to place an emphasis on the educational value of accurate clinical information. Medical record professionals faced with these changes needed to recognise the effect they would have on the medical record service for which they were responsible, and plan for, and competently manage each change as it occurred. They needed to increase their knowledge base about computers and quality assurance, and understand the development and requirements of hospital accreditation. This they did with competence and efficiency.

Each decade brought more changes and challenges for medical record professionals. It could be said that the 1970s saw the turning point in the development of the profession. With a change of constitution, the Association was at last able to offer individual membership to all members across the country. As well as the introduction of hospital standards and an accreditation program in the early 1970s, there was also an expansion of the role of the medical record professional into community health and regional health offices. A change from coding using the Standard Nomenclature of Diseases and Operations to the International Statistical Classification of Diseases and Related Health Problems and the introduction of the morbidity statistical collection played an enormous burden on the hospital medical record department. The medical record professional needed to efficiently manage this transition at the same time as seeing that accurate morbidity statistics were being produced for the national healthcare morbidity statistical collection.

In the 1980s, the Problem Oriented Medical Record (POMR) was being promoted. MRAs and the professional association assisted the Royal Australasian College of General Practitioners to introduce a POMR medical record system for general practice. Healthcare administrators as well as government officials became increasingly aware of the need for accurate and accessible medical records, their place in healthcare delivery and the role of the MRA. With these changes, MRAs emerged as important members of the healthcare team, with increased employment opportunities. Their knowledge and skill at managing change was now being recognised across the country.

Conferences were also planned and organised on a regular basis, with the first in September 1961 and the last in September 2011. From the beginning, members looked to conferences for continuing education, not only to broaden their knowledge but also to be brought up to date on new developments in medical record/health information management and all areas of healthcare delivery. With each conference theme, members were able to show hospital administrators, the state and national governments and the medical profession the depth and breadth of their knowledge and interests.

In February 1971, the Association started a simple newsletter, which over the years, with dedicated and enthusiastic editors, developed and grew substantially. In 1987, it became a refereed journal with the establishment of the first editorial board. Many changes of style and size have occurred over the years and today it is a strong, world renowned health information management journal.

A major development in the 1980s was the introduction of casemix and diagnosis related groups (DRGs), which was to place even greater emphasis on the accuracy of the medical record and the classification of diseases and procedures. This meant that the medical record professional needed to assess changes required within the department and prepare for the introduction of DRGs and possible casemix funding.

In October 1992, our name was changed again – this time to the Health Information Management Association of Australia (HIMAA); and after several decades of honorary work by members, a permanent national office was officially opened on 8 May 1995, with paid personnel appointed to conduct the day-to-day business of the Association. This included setting up and managing coder education, overseeing the production of the journal and other publications, maintaining membership and developing and maintaining the HIMAA website. All of which required commitment and dedication as well as strong managerial skills.
This is only a short history of the changes the profession has faced since its inception in 1949. There have been many more – too numerous to mention – but which have been addressed competently by MRAs/HIMs and the professional association over the years. We will continue to face changes as we progress into the current decade, particularly with the proposed introduction of the electronic health record. Computerised health records have been introduced on a small scale in many hospital departments in Australia over the years but widespread implementation is expected to accelerate in the years to come.

In addition, medical record storage has been a major problem for medical record professionals for many years. In the 1990s, with an acceleration of computerisation, many HIMs in hospitals have successfully implemented scanning systems and other electronic storage devices. Introducing a scanning system and/or an electronic health record requires a sound knowledge of patient identification, computer applications, electronic health record requirements, hospital and government policy as well as strong planning and managerial skills. HIMs understand and are capable of addressing all the above. They are the right people to undertake the process of transition from one medical/health record system to the other, something they have done for many years.

All professions expect to undergo change; it is how they manage that change that is important. Over the years, we have moved from department-based to information-based practice in all areas of health information management. Computers and ever-changing information technology are part of our daily life but the medical/health record remains the pivot around which we function. As in the past, the HIMs of today will continue to manage change within their work environment, with dedication and a strong sense of professional commitment.

Reference
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