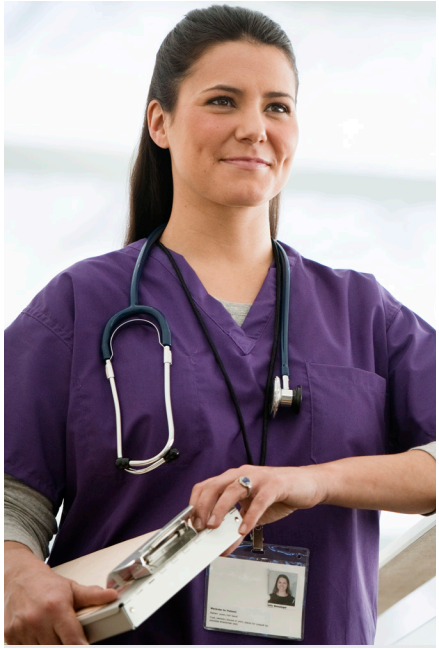
HEALTHCARE

# FREQUENTLY ASKED QUESTIONS ABOUT HEALTHCARE INFORMATION GOVERNANCE



"Information governance is a journey, not a point in time. To be effective, IG must be an ongoing process that engages people, policy, workflow, and technology across an organization."

**Q. What is the difference between information governance and data governance?**

**A.** In a recent article written in the November – December 2013 edition of the *Journal of AHIMA* titled "**Governance Apples and Oranges**," author Chris Dimick does an exemplary job of highlighting the differences between information governance (IG), data governance, and IT governance. Dimick notes that "[IG] takes on the big picture of information issues, while data governance focuses on the individual data pieces." A simple, yet effective graphic accompanying the article depicts IG, data governance, and IT governance as interlocking gears all spinning together, but each with a specific purpose.

IG creates the accountability framework and grants the rights of decision to ensure effective and efficient use of enterprise-wide information. Control of such information allows organizations to achieve established objectives. Oversight for IG typically includes an executive steering committee and working level groups.

Data governance focuses more on the quality of data, as well as on addressing those policies and practices that provide the necessary elements to ensure the data's accuracy, validity, completeness, timeliness and integrity. Data governance is therefore usually handled at a department level.

Lastly, IT governance has an explicit IT focus. Often led by the CIO, IT governance focuses on IT systems and how they interrelate and perform. Although the IT governance discipline has been observed within the healthcare field for years, it has recently taken on an added level of importance due to the accelerated transition to electronic records and electronic information across healthcare facilities.

## Q. What are one or two key takeaways for a health information professional to understand about information governance?

**A.** Here are some essential pieces of information for HIM professionals:

1. Information governance is a journey, not a point in time. To be effective, IG must be an ongoing process that engages people, policy, workflow, and technology across an organization. Getting an IG program off the ground may take some time and, once it's in play, cannot be a "set it and forget it" initiative. Organizations need to actively monitor and manage their IG program.

2. When establishing an IG steering committee, spend sufficient time at the outset defining the purpose, scope, and authority of the committee. If not, the wrong people may be engaged. A misstep such as this not only wastes time, it can also undermine the credibility of the team within the organization.

## Q. As the role of HIM shifts from siloed information to information governance, how can a health system utilize best practices to move towards organizational information governance?

**A.** The transition to an enterprise-wide model of information governance is a journey that takes vision, preparation, and flawless execution. The best practices list below should help healthcare providers move towards an enterprise-wide approach to IG:

1. **Shift**: Since budget constraints impact the ability to add resources to support strategic priorities like transitioning to ICD-10, consider shifting focus to higher-value activities and outsourcing functions like paper records storage and transactional work.

2. **Prioritize:** Assess information across the organization and create a compelling set of short-term priorities while building the case for more comprehensive information governance.

3. **Organize:** To establish an IG framework, secure an executive sponsor, convene a multi-disciplinary steering committee, and parse out pre-work to smaller sub-teams.

4. **Silo-Bust:** Eliminate information silos and focus on a consistent, policy-driven approach to manage information across the enterprise.

5. **Unify:** Develop and maintain unified information management policies that incorporate relevant standards and best practices.

The new world of HIM offers enormous opportunities that can be realized through organizational innovation and a willingness to challenge the status quo. With the five steps outlined above, health systems can make a significant impact both within their organization and throughout the industry.

## Q. How is information governance related to data analytics?

**A.** Statistics show that information governance improves decision-making by 81%. IG likewise plays a critical role in making data available to other parties, enabling them to access, mine, and utilize this data in readable, usable formats. Governance also helps overall data analysis and aids in the mining of complex "Big Data" by supporting decision makers in applying rules and guidelines.

**Q. Does the implementation of a data warehouse impact HIM information governance initiatives?**

**A.** A data warehouse will have its own data management processes for lifecycle management. An overarching information governance policy would therefore take these processes into account and, actively address who has access to the warehouse data, what its long-term retention should be, etc.

**Q. Clinical staff can encounter difficulties when using the EHR as a communication tool. For example, progress notes are documented for communication to another staff member or clinician – but not included in the treatment plan. Is this common?**

**A.** The struggle you describe is being experienced by many – if not most providers. EHR functionality should support communications, act as a workflow tool, and serve as legal documentation. Some would say that the current-generation EHRs do not perform these tasks as well as possible. The case mentioned is indeed a common example that can probably be resolved if developers and users work closely together over time – but compromises will be required. For example, communications might be made more fluid (much like they are in our use of texting and social media), but such easy exchanges could compromise the validity of information should a record need to go to court or be required to support payment.

**Q. When templates are designed to pull in data from the EHR, (i.e., lab results, discharge instructions, etc.), is this process considered cut and paste?**

**A.** No. Templates are the EHR version of medical record forms and information contained in these templates is therefore organized in common formats for easy review. Copy and paste or copy forward (just like copy and paste functionality in Microsoft Word®) is generally used to reproduce previously-documented information into a new part of the same record. For example, a narrative note, such as one including progress or consultation content, would, in copy-and-paste practice, be reproduced in a discharge summary for the same patient. While this practice offers helpful efficiencies, the dangers are twofold:

1. Information may be copied correctly but not properly updated to reflect changes in the patient's condition.

2. Such copy-and-pastes might "bloat" the record with redundant information that obfuscates useful material. Policies are therefore needed to outline proper use of this functionality.

**Q. What are potential challenges with the chart correction process in regards to scanned documents?**

**A.** It's best to refer to AHIMA's 2012 Toolkit on Document Management and Scanning. The toolkit recommends that the process be set forth in policy. It advises the following regarding corrections:

- Policies and procedures should identify how corrections can be made and by whom.
- Business rules may be used to determine who can access and edit unsigned documents.
- Organizations should develop guidelines for changes made to both signed and unsigned documents.

**Q. Moving forward from paper documents to electronic documents (templates, fillable forms, etc.) is a challenge. Are universal medical record templates for all Health Care Operations (HCOs) available to providers — and can they benefit care delivery?**

**A.** HL7 is currently developing standards for common EHR documents such as H&P, problem list, etc. These will be beneficial in standardizing records across HCOs. In addition, because templates have proliferated, HCOs are now stepping back and opting to create tighter methods for cataloguing, reviewing, and approving them. HCOs are also working to reduce variability. Best practices solutions would be helpful in this regard.

**Q. There is a definite need for healthcare organizations to have a platform to share best practices and outcomes.**

**How is it possible to get healthcare organizations to open up — despite the security concerns?**

**A.** There are many areas where a greater exchange of knowledge (in both theory and practice) would be helpful and would allow organizations to avoid "recreating the wheel." Security issues are of course a factor when sharing certain types of sensitive information, but a great many of the lessons to be learned from these exchanges are simply practice and operations-oriented. Yet today, such information sharing is often quite fragmented and typically comes in the form of a lecture or an online chat. These types of forums do not provide the opportunity to dig deeply enough into serious questions that enable healthcare professionals to understand what it is that makes one organization successful and causes another to struggle. It would seem a greater focus on operations research and solid case studies regarding best information management practices are needed.

These questions resulted from Health Data Management's New World HIM webcast. To view the webcast, or to get more information on how you can redefine the role of HIM in the world of Information Governance, visit: www.ironmountain.com/futurehim

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