



**Ministry of Health and
Ministry Responsible for Seniors**

***British Columbia
Health Information Management
Policy Manual***

July 15, 1997



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This document is also available on the Web at
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1.0 INTRODUCTION

1.1 Purpose

The purpose of this manual is to define the policies by which Regional Health Boards (RHBs), Community Health Services Societies (CHSSs) and Community Health Councils (CHCs) will plan, manage, operate and evaluate health information management activities.

1.2 General

The vision for health information management in British Columbia is to effectively and efficiently manage health information to support the health system. To help realize this vision, the Ministry of Health has adopted the following information management goals:

- clearly identify and ensure collection of uniformly defined information necessary to plan, manage, operate and evaluate the health system
- ensure information accuracy, consistency and integrity across the health system
- ensure appropriate access to consistent information
- integrate information across service delivery, functional, geographic and jurisdictional boundaries as required
- minimize capital and operational systems costs and continually evaluate information systems in relation to benefits produced
- ensure compliance with freedom of information, protection of privacy and document and records management legislation

These goals cannot be achieved without the existence of, and compliance with, a common set of policies and standards for health information management.

This document identifies health information management policies.

Relevant health information management standards are identified and described in the *B.C. Health Information Management Standards Manual*.

1.3 Principles

The principles underlying the policies in this manual are:

- information is vital resource for the health system that must be managed
- information management has the potential to improve the quality of health services delivery, improve the productivity of health services delivery and to reduce health system costs
- the principles applied to the management of health information resources should be the same as those applied to the management of other health sector resources
- RHBs, CHSSs and CHCs have the authority, responsibility and accountability for the management of information and related resources consistent with policies and standards established by the Ministry of Health

1.4 Scope

In this document, *health authorities* refers to Regional Health Boards, Community Health Services Societies and Community Health Councils. Unless otherwise stated, the policies in this document apply to all health authorities.

For purpose of this policy manual, *information management* is defined as:

planning and control of the processes of identifying information needs and establishing information systems (manual or automated). This includes: identification, collection, organization, storage, protection, access, dissemination, analysis and interpretation of all corporate information regardless of format.

NOTE: This definition encompasses all aspects of information technology as a subset of information management.

1.5 Authority, Responsibility and Accountability

Health authorities have the authority, responsibility and accountability for:

- management of their information resources and all related support activities and for ensuring that sound information management practices are followed
- ensuring that delegated responsibility for information management is carried out fully

- ensuring compliance with information management policies and standards established by the Ministry of Health
- assigning a senior executive to be responsible for information management
 - for RHBs, this individual will be the Chief Information Officer (CIO) and will normally report directly to the RHB Chief Executive Officer. The CIO will be the individual accountable for developing and executing the RHB information management plan (see Section 3.0, Planning)
 - for CHSSs/CHCs this individual may be an Information Management Coordinator and will be the individual accountable for developing and executing the CHSS/CHC information management plan (see Section 3.0, Planning)

The Ministry of Health has the authority, responsibility and accountability for:

- establishing and communicating health information management policies and standards
- monitoring compliance with established policies and standards and advising health authorities of compliance-related issues
- monitoring the use of sound information practices

1.6 Amendment Process

The *Health Information Management Policy Manual* will evolve over time as the B.C. health system itself evolves. The policy manual will be amended by the Ministry as required, in consultation with health authorities. The primary communication link between the Ministry and health authorities for purposes of policy amendment will be the B.C. Health Information Management Coordinating Council. Future versions of this manual will be available via the Web at <http://www.hlth.gov.bc.ca/him/moh/index.html>.

2.0 MANAGEMENT

2.1 Information Management Steering Committee

2.1.1 Purpose

Information Management Steering Committees will be established and supported for the purpose of:

- planning for, supporting and evaluating information management activities in the region/community.

Each Regional Health Board will establish an Information Management Steering Committee.

Community Health Services Societies and Community Health Councils will jointly establish a common Information Management Steering Committee which will have jurisdiction over the information management activities of the communities within each CHSS geographic boundary.

2.1.2 Membership

The membership of the regional/community information management steering committee will include:

- senior health program managers representing a broad spectrum of health services activities and interests in the region/community
- the senior executive assigned the role of chief information officer for the region or the information management coordinator for the combined CHSS/CHC grouping
- other information management stakeholders as deemed appropriate by the region/community

2.1.3 Terms of Reference

The terms of reference for each Information Management Steering Committee will include, but not be limited to, the following:

- assessment of the requirements for information management to meet the health services needs of the region/community
- development of a plan to achieve information management goals
- oversee and, where necessary, direct activities related to information management

- evaluate information management effectiveness in the context of the health needs and activities of the region/community

2.2 Health Information Management Coordinating Council

A B.C. Health Information Management Coordinating Council will be established. The purpose of this Council will be to provide a forum for the identification and prioritization of province-wide health information management activities consistent with policies and standards established by the Ministry of Health. The terms of reference for the Coordinating Council (as defined by the Council itself) are as in Appendix A.

2.2.1 Participation

Each RHB will appoint a member from the regional information management steering committee to the Health Information Management Coordinating Council. Normally, this will be the chief information officer for the region.

Communities within each CHSS geographic boundary will appoint a single representative from the joint CHSS/CHC information management steering committee to the Health Information Management Coordinating Council. Normally, this will be the information management coordinator for the combined CHSS/CHC grouping.

2.3 B.C. Health Information Management Standards Council

A B.C. Health Information Management Standards Council will be established by the Ministry of Health. The purpose of this Council will be to provide recommendations to the Ministry of Health as to information management standards and guidelines which should be adopted for the B.C. health system. The terms of reference for the Standards Council are as in Appendix B.

3.0 PLANNING

3.1 Requirements

Each RHB and each joint CHSS/CHC grouping will produce, on an annual basis, a rolling three-year plan for information management activities. This plan will be known as an Information Resources Management Plan (IRMP).

The IRMP will be submitted to the Ministry of Health by January 30 of each year. The Ministry will review and provide comment, if necessary, on each IRMP submitted. The Ministry will forward copies of each IRMP to the B.C. Health Information Management Coordinating Council for information purposes.

In reviewing each IRMP, the Ministry will focus on compliance with provincial health information management standards and strategies, opportunities to reduce or eliminate duplication and redundancy, and adherence to sound information management practices.

3.2 Format

The format of each IRMP will include the following:

- Introduction
- Business Perspective
 - regional/community health goals and objectives and information management vision
- Current Inventory of
 - information/data
 - application systems
 - technology
- Information Needs
- Application Systems Needs
- Technology Needs
- Three-Year Directional Plan
 - targets, milestones
 - integration with provincial information management vision
 - compliance with Ministry policies and standards
- One-Year Plan
 - deliverables
 - acquisitions/development
 - funding requirements (capital and operating)
 - staffing requirements

4.0 APPROVALS

There are no Ministry expenditure approval requirements for health authorities in relation to information management activities. Expenditure approvals are the responsibility of the health authority.

Health authorities will require Ministry of Health approval if they wish to deviate from Ministry of Health information management policies and standards or from provincial information management strategies.

5.0 DEVELOPMENT AND OPERATION

Health authorities are responsible and accountable for the development and operation of information systems in accordance with Ministry-established policies and standards and with sound information management practices.

Health authorities will continue to use existing Ministry of Health support information systems (e.g. Continuing Care information system and Mental Health information system) until such time as Ministry reporting requirements change (see Section 8.0) or until such time as the Ministry and health authorities, through the Coordinating Council, agree on a replacement strategy for the existing systems.

6.0 SECURITY

The management of data and information within the health system requires that all health authorities are aware of, and in compliance with, provincial Freedom of Information and Protection of Privacy legislation.

Each health authority (or CHSS/CHC partnership) will identify an individual to be responsible for the implementation of security policies and practices necessary to ensure compliance with provincial Freedom of Information and Protection of Privacy legislation.

7.0 STANDARDS

The Ministry of Health, under the advice of the B.C. Health Information Management Standards Council, will establish health information management standards to be adopted by health authorities.

Current standards are listed in Appendix C. Further information regarding each standard may be found in the *B.C. Health Information Management Standards Manual*.

8.0 REPORTING REQUIREMENTS

Health authorities are required to provide the Ministry with data and information related to their management and operational activities. Until such time as the Ministry defines new reporting requirements, the current requirements will remain in effect.

9.0 EVALUATION

Health authorities, Information Management Steering Committees and the Ministry of Health require assurance that information management policies and standards have been implemented and that information management activities are being conducted in a sound manner.

Health authorities should ensure that an ongoing information management evaluation program is established, and that health authorities and Information Management Steering Committees receive reports, at least annually, from the evaluation program.

Health authorities will be subject to independent evaluation reviews to ensure compliance with information management policies, standards and industry standard management and operational practices.

APPENDIX A:

B.C. Health Information Management Coordinating Council — Terms of Reference (under review)

Please note: The Terms of Reference have been amended and are subject to Council approval at their next regularly scheduled meeting.

BACKGROUND

Given the magnitude of the task of designing, developing, implementing and monitoring an efficient and effective information management strategy to support the health systems, it is imperative that information management and technology initiatives across the province are coordinated, consistent and focused with the vision we have for information management. With the health system going away from a centralized, provincial government dominated management style to a regionalized system of governance and management, coordination and consistency become all the more important and, at the same time, more difficult to accomplish.

It is a widely accepted principle that information management is a corporate function, and one that is of critical importance to the entire health system. While some health information pertains to isolated health functions and activities, much of the information in the health system increases in value and contribution when it is shared with other health providers and managers. The very principle of integrating health functions and activities for improved health effectiveness and efficiencies relies to a great extent on the sharing of information. The systems and processes required to collect, store, manage and disseminate information require extensive financial resources. It is estimated that as much as \$110 million is spent annually in this province on health information systems. The critical need to share information, to do this in a consistent and cost-effective way underlines the need for a coordinating function to ensure that we are working in a consistent fashion and have common provincial priorities and goals.

As we move toward a decentralized model of health management, we need to develop mechanisms or facilities that represent the major actors responsible for these functions.

THE COUNCIL

To accomplish that described above, this document describes the B.C. Health Information Management Coordinating Council.

COUNCIL OBJECTIVES

1. Work towards achieving the vision established for health information management for British Columbia.
2. Coordinate information management activities for the B.C. health system, including those initiatives under the jurisdiction of the Ministry of Health and all regional health authorities.
3. Promote collaboration and cooperation within the B.C. health system to achieve efficiencies in information management.

COUNCIL ACTIVITIES

1. Develop a strategic plan for health information management and update this plan as required.
2. As part of the planning process, set priorities for the health system's information management initiatives and activities.
3. Provide guidance to the B.C. Health Information Standards Council, on information management priorities, especially from the perspective of the practicality of implementing recommended standards.
4. Communicate with health system participants, information management priorities and information regarding recommended informatics standards. Ensure alignment of regional and Ministry plans with overall health system information management strategic plan.
5. Council members will act as the key contact for their regional health authority for information management issues.

COUNCIL MEMBERSHIP

1. The focus of the Council will be information management rather than technology or governance. Members should have a thorough understanding of the business of the health system.
2. Each Regional Health Board (RHB) will appoint one representative from the regional information management steering committee to be a member of the Council. Normally, this will be the chief information officer for the region.
3. Communities within each Community Health Services Society (CHSS) geographic boundary will appoint a single representative from the joint CHSS/Community Health Council (CHC) information management steering committee to the Health Information Management Coordinating Council.

Normally, this will be the information management coordinator for the combined CHSS/CHC grouping.

4. The Chief Information Officer (CIO) of the Ministry of Health shall be a Member of the Council.
5. The Ministry of Health shall appoint a representative to be a Member of the Council who will also be a Member of the B.C. Health Information Standards Council and will act as the liaison between both Councils (this appointment could include items 2, 3 or 4 above).
6. Both the British Columbia Medical Association and the B.C. College of Pharmacists may appoint a single representative to be a Member of the Council.
7. Alternates at Council meetings are not permitted.

COUNCIL CHAIR AND EXECUTIVE COMMITTEE

1. The Council shall elect a Member as Chair and a Member as Vice-Chair for a two-year term. A Member elected as Chair and Vice-Chair may be re-elected for one additional two-year term.
2. The Council shall appoint an Executive Committee to carry out the day to day business affairs of the Council. The Executive Committee is accountable to the Council and receives its authority from the Council.
3. The Executive Committee shall have 5 to 8 Members, with at least one person being from the community sector.
4. The Executive Committee shall have at least the current Chair and Vice-Chair, and the CIO of the Ministry of Health as Members.
5. Other than the CIO of the Ministry of Health members' terms of appointment on the Executive Committee will be for a two-year period.
6. The Council may appoint such other members as officers or Sub-Committee Chairs as it deems necessary to reach its objectives.

COUNCIL MEETINGS

The B.C. Health Information Management Coordinating Council shall meet several times each year. Normally, this will be every three months.

The Executive Committee shall meet on a regular basis; normally, one day per month.

The Council will circulate an agenda prior to each regularly scheduled meeting. An agenda may be altered by members present at a meeting.

Minutes will be kept of each meeting and circulated to each member of the Council and specified staff of the Ministry of Health. Agenda and Minutes from Executive Committee meeting will be circulated to all Council Members.

Council Minutes and records shall be kept on file at the Ministry of Health.

COUNCIL SUPPORT

Assistance and support for some of the Council's strategic initiatives will be provided by the Ministry of Health's Information Management Group (IMG).

The Ministry will also provide clerical, business, and professional support by appointing a Coordinator for the Council.

The cost of meeting facilities will be the responsibility of the Ministry of Health.

The cost of travel and accommodation for members to attend meetings will be the responsibility of the members' employer.

ADDITIONAL INFORMATION

For additional information please visit the Council's Web site at:

<http://www.hlth.gov.bc.ca/him/cc.html>

APPENDIX B:

B.C. Health Information Standards Council — Terms of Reference

(Approved: November 20, 1995)

INTRODUCTION

The intent of the Terms of Reference is to define the purpose, goals and major objectives, membership, role, and decision-making and reporting processes for the B.C. Health Information Standards Council.

BACKGROUND

The vision for Health Information Management in British Columbia is to effectively and efficiently manage information so as to support the health system. An integrated network, that connects participants and functions, is an integral component that will enable this process.

The establishment of a B.C. Health Information Standards Council is one of the strategies that will help enable and facilitate this vision. The standardization of data, applications and technology will facilitate secure information sharing within the health system.

ROLE

The Council will focus on the identification of standards and guidelines which enable, facilitate and promote effective and efficient health information sharing. In most instances, this focus will result in standards and guidelines in the areas of data, applications, technology, security, confidentiality and privacy.

Note: The recommended focus and scope of the Council specifically excludes making decisions on what information should be shared within the health system. Those determinations will be made by health professionals, patients, etc. The focus of the Council will be on how information should be exchanged given the information sharing needs identified by information users; and, the Council does not impose or enforce the use of standards or guidelines.

MAJOR GOALS

The major goals of the B.C. Health Information Standards Council will be to:

1. Identify in what areas standards and guidelines are required;
2. Review existing provincial, national and international standards and their applicability to B.C. issues. Where it is reasonable to do so, B.C. should adopt existing standards and guidelines.;
3. Seek the input of relevant interest groups as to the most appropriate and practical standards and guidelines to be adopted;
4. Make recommendations to the Ministry of Health;
5. Publish, promote and provide education related to health information standards and guidelines approved by the Ministry of Health;
6. Act as a focal point and clearinghouse for provincial health information standards issues; and
7. Ensure a process for certification and/or accreditation of products and services employing standards is implemented.

THE MINISTRY OF HEALTH

The B.C. Health Information Standards Council relationship to the Ministry of Health will be as follows:

The Council will exist at the pleasure of the Ministry of Health and will be accountable to the Ministry of Health.

The Council will make recommendations to the Deputy Minister of the Ministry of Health regarding health information standards and guidelines appropriate for use within British Columbia.

The Ministry of Health will have the responsibility to approve, mandate, promote and ensure the adherence to province-wide standards and guidelines.

STANDARDS COUNCIL / COORDINATING COUNCIL RELATIONSHIP

B.C.'s Health Information Standards Council and Health Information Management Coordinating Council work closely together in order to understand and support the role of each other in health information management. The Standards Council will focus on Standards that support information management priorities on the advice of the Coordinating Council. The Coordinating Council will support the Standards Council in the communication, acceptance, implementation and use of approved information standards in all regions of B.C.

OBJECTIVES

The B.C. Health Information Standards Council will establish measurable objectives for the implementation of effective strategies and activities in order to achieve its goals.

MEMBERSHIP

- Membership: Council membership is voluntary and the number of members will be limited to facilitate discussion and decision-making.
- Representation: Council members will represent direct users of information in the health sector. Members do not represent any organization and may not be vendors of products and services which are used in health information management.
- Qualifications: Council members will hold senior positions within the health system and have a broad understanding of the administrative and clinical business issues facing the changing health system. Also, Council members will be recognized by their peers as leaders and innovators in terms of health information management.
- Terms of Appointment: Members will be initially appointed for one or two year terms in order to provide for continuity of the Council. Members will thereafter be appointed for two-year terms. Members may be re-appointed.
- Chair: The Council will be chaired, for the first six months, by Mr. Bob Cronin, Assistant Deputy Minister, Ministry of Health; thereafter, other arrangements may be made.

COUNCIL MEETINGS

The B.C. Health Information Standards Council shall meet on a regular basis, usually one day per month. Meeting locations will be determined by the Council.

The Council will circulate an agenda prior to each meeting. An agenda may be altered by the Council.

Minutes will be kept of each meeting which are circulated to each member and specified staff of the Ministry of Health.

Council minutes and records shall be kept on file at the Ministry of Health.

TASK FORCES

The Council may be supported by task forces or working groups as required. These groups will be named by the Council and can undertake detailed work on specific topics.

Task forces may include representation from direct users of information, organizations, and vendors of products and services and will usually be chaired by a member of the Council.

Task forces shall keep minutes and records of their activities. Task forces shall be disbanded when their work is concluded, as determined by the Council.

DECISION-MAKING

Decisions will be usually be made by the B.C. Health Information Standards Council using a consensus approach. When necessary the Council may decide to use other approaches (e.g. by voting, using problem solving techniques, submitting different option reports to the Ministry, etc.).

ADDITIONAL INFORMATION

For additional information please visit the Council's Web site at:

<http://www.hlth.gov.bc.ca/him/sc/genindex.html>

APPENDIX C:

B.C. Health Information Standards Council — Current Health Information Management Standards & Guidelines

The following is a list of the current Ministry of Health approved Health Information Standards and Guidelines:

1. Personal Health Number — “PHN” **Standard No. 96-01**

Definition:

The Personal Health Number or “PHN” is a unique numerical lifetime identifier used in the specific identification of an individual client or patient who has any interaction with the B.C. health system. It is assigned only to one person and may not be assigned to any other person at any time.

2. Transmission Control Protocol/Internet Protocol — “TCP/IP” **Standard No. 96-02**

Definition:

Transmission Control Protocol/Internet Protocol or “TCP/IP” is the common name for a telecommunications protocol that is designed to allow sharing of data among diverse computer systems across many types of data communications networks (e.g. Internet, HealthNet/BC, etc.).

3. Health Registry **Standard No. 97-01**

Definition:

The Health Registry standard is a definition of the data elements for:

- individual identification: name, Personal Health Number (PHN), date of birth, gender and date of death; and
- location: address, telephone and facsimile number, electronic mail identifiers.

This standard also defines how health service providers will:

- assign Personal Health Numbers (PHNs); and
- record and access individual identification and location information.

4. Security and Privacy Guidelines **Guideline No. 96-G01**

Definition:

These are security and privacy guidelines for health information systems. They are published by COACH — Canada’s Health Informatics Association.

ADDITIONAL INFORMATION

For additional information please visit the Council's Web site at:

<http://www.hlth.gov.bc.ca/him/bc/sc/genindex.html>