



IDENTIFICATION

Department	Position Title	
Northwest Territories Health and Social Services Authority	Health information Specialist 3	
Position Number(s)	Community	Division/Region(s)
47-5415	Inuvik	Health Services and Health information Systems/Beaufort-Delta

PURPOSE OF THE POSITION

The Health information Specialist 3 reports to the Supervisor, Health information Systems and is responsible for providing professional expertise and guidance on health information and health record management. The incumbent is responsible for the timeliness, accuracy and completeness of patient information in accordance with organizational policies and deadlines, medical bylaws, policies as well as NWT Acts and Regulations. This position is essential for the management of patient records to ensure information is accessible and accurate for care providers, medico-legal matters, for study purposes as well as to protect the interests of the patient and the organization. This individual is privy to detailed confidential patient information and will therefore adhere to the strict confidentiality guidelines established in Client Records.

SCOPE

The Health information Specialist 3 is responsible for record security, data quality, and record completion in order to protect the interests of the patient as well as the organization. The incumbent is responsible for the interpretation and application of very broad and general facility- specific guidelines and territorial legislation as pertains to physician documentation. The Health information Specialist 3 applies knowledge of current professional practice and legal requirements in determining patient activity and the appropriateness of supporting documentation. Knowledge, understanding, and ability to interpret and apply Acts, regulations and legislation are essential for the security of patient information. This position is also required to apply this knowledge to the confidentiality and release of patient information. This incumbent requires frequent consultation with Physicians, nursing, and

registration staff to direct them in maintenance and corrective measures to ensure the accurate and timely documentation of approximately 1000 inpatient encounters annually and approximately 28,000 ambulatory encounters annually. The incumbent is responsible for the accurate assignment of diagnostic and procedural codes of all encounters in accordance with the current classification scheme and territorial guidelines. This position provides professional guidance and advice to eight community health centers with respect to all aspects of health information management practices.

RESPONSIBILITIES

1. Compile, analyze and maintain patient information.

- Perform quantitative analysis on patient information to ensure documentation is compliant with standards, policies and guidelines established by the organization and professional associations
- Ensure that all patient information has the appropriate identifying information, is in the proper order and is appropriately present within the patient chart to facilitate continuity of patient care
- Analyze patient information for deficiencies and ensures the record is complete in accordance with policy, medical by-laws, and legal requirements
- Process patient information by ensuring appropriate providers have seen the information and copies are sent to the corresponding community

2. Accurately collect, abstract, and report medical and demographic information.

- Apply knowledge of biochemistry, anatomy, physiology, pathology, and epidemiology to interpret physician documentation and to discern and extract any additional diagnoses, medical complications, operations or procedures which may or may not have been documented (i.e., recognizes and determines the significance of an organism cultured in specific body fluids and its contribution to the patient's health)
- Apply knowledge and skills in the current health data classification system to accurately code and abstract inpatient and ambulatory encounters
- Perform regular quality assurance checks on coding and abstracting which provides a means of reviewing, evaluating, and monitoring the accuracy and quality of the database(s)
- Maintain and utilize a variety of health record indexes, databases, and storage and retrieval systems
- Ensure that health information is submitted to CIHI, Department of Health and Social Services, and management in accordance with established deadlines
- Compile patient census, statistical and medical information for management, special requests, and research purposes
- Perform regular edits, balances and audits in databases to ensure accurate collection of health information (daily, weekly and monthly)
- Identify and report errors or deficiencies in registration (i.e., assignment of care type, attending Physician, etc.) of encounters to the supervisor

3. Maintain privacy and security of patient information.

- Ensure the security of patient information and patient charts by disclosing only to authorized staff in a secure area
- Maintain and utilize the electronic storage and retrieval system to accurately reflect the location of patient charts
- Authorize and release patient information in accordance with established policy and appropriate legislation (e.g., ATIPP, Statute of Limitations, etc.)
- Prepare professional correspondence regarding the release of patient information
- Apply health record management strategies in the proper storage, retention and destruction of patient information in accordance with established policy and legal requirements
- Prepare and present patient charts for legal proceedings

4. Produces quality transcribed medical information and distributes patient information accordingly.

- Accurately transcribe medical dictation
- Ensure timely turnaround of medical dictation
- Distribute transcribed patient information to appropriate care providers to ensure continuity of care
- Perform audits and edits medical transcription to ensure quality documentation

5. Other Departmental duties as assigned.

- Actively participate in departmental and organizational quality assurance activities
- Determine productivity requirements and conduct regular audits to ensure internal and external deadlines are met
- in the absence of supervisor will permit access to "locked" Secure Files in compliance with NNNTHSSA secure handling policy and procedures
- Assist the supervisor with other duties as assigned

WORKING CONDITIONS

*(Working Conditions identify the **unusual and unavoidable**, externally imposed conditions under which the work must be performed and which create hardship for the incumbent.)*

Physical Demands

The incumbent is required to stay seated at a desk or computer for long periods of time. Lifting, bending, and reaching for charts on a daily basis require a physically fit individual. Constant use of the computer and telephone can result in stress in the fingers, wrists, neck, and shoulders. The incumbent must be able to deliver and pick up charts throughout the hospital and is subject to the risks of infectious disease.

Environmental Conditions

The incumbent works with medical records and is physically in areas of a hospital that may expose them to infectious diseases. There are some physical stresses associated with computer work and sitting or standing for extended periods.

Sensory Demands

The incumbent is required to perform duties that require extended periods of sitting and intense concentration in a busy environment with frequent interruptions. Most common problems are eyestrain, back and neck discomfort, and possible repetitive keyboarding physical stress.

Mental Demands

The incumbent is faced with tight deadlines that increase the stress level and emotional fatigue. The incumbent may experience a degree of professional isolation because of the lack of professionals filling similar roles. The incumbent has regular contact with individuals with a wide variety of professional backgrounds, personalities and temperaments. Therefore, patience, tact and sound judgment are required as well as use of non-violent crisis intervention techniques.

KNOWLEDGE, SKILLS AND ABILITIES

- Experience working with data collection software such as “WinRecs”
- Experience coding inpatient, day surgery and ambulatory encounters
- Strong working knowledge of classification systems (ICD-10CA and CCI)
- Ability to read and interpret medical documents and apply technical knowledge and professional judgment to discern and extrapolate code enabled data
- Advanced computer skills working with applications such as MS Word and MS Excel
- Accurate typing speed of 50 wpm
- Ability to communicate effectively in writing and verbally to a variety of audiences
- Strong communication skills required
- Knowledge of northern cultures as they may relate to health care
- Knowledge of internet research methods an asset 11.Analytical and critical thinking skills
- Ability to work independently with minimal supervision 13.Strong Organizational and excellent interpersonal skills.

Typically, the above qualifications would be attained by.

Graduate of a recognized school for health information management professionals
Current certification with the Canadian College of Health information Management (CCHIM)
and active Canadian Health information Management Association (CHIMA) membership
Minimum one year experience working as a Health Record Technician
Must have one year experience coding, abstracting and transcribing medical dictation

ADDITIONAL REQUIREMENTS

Position Security (check one)

- No criminal records check required
- Position of Trust – criminal records check required
- Highly sensitive position – requires verification of identity and a criminal records check

French language (check one)

- French required
- French preferred
- French not required