Health Information Management and Technology Principles

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Doctors of BC Position

Any Health Information Management & Technology (Health IM/IT) system introduced in BC must:

- Support quality care and enable clinical excellence.
- Support the one patient, one record principle.
- Support and enhance the patient role in health care.
- Ensure user input in Health IM/IT systems’ design and governance.
- Incorporate continuous improvement and investment.

Detailed Position

Support quality care and enable clinical excellence and support the one patient, one record principle

1. Health IM/IT must support the provision of high quality, efficient care.
2. All IM/IT systems must be achieve the goal of one patient, one record; either through unification or interoperability.
3. Decision support tools should be integrated into Health IM/IT projects wherever appropriate. Subject to privacy and consent requirements, aggregate patient electronic data should be made accessible to clinicians for quality improvement purposes.
4. All Health IM/IT projects must prioritize clinical needs and patient privacy ahead of financial and technological considerations.
5. Health IM/IT systems must support interactions among health care providers, through such processes as team-based care, referrals, chronic disease management and shared care.
6. All users in the health system must have access to secure, multi-faceted communication channels.
7. Free access to system-wide patient care information should be available to all members of a care team within their workflow.
8. There must always be business continuity plans in place to ensure that clinical care can continue in the event of system disruptions such as errors and power failures.

Support and enhance the patient role in health care

9. The development of Health IM/IT must include meaningful patient participation.
10. The security and privacy of electronic information must be protected through appropriate safeguards. These safeguards must be practical to execute and functionally meaningful to system users.
11. Patient information stored in legacy Health IM/IT systems must be accessible for later consented use.

Ensure clinical physician input in Health IM/IT systems’ design, use, and governance

12. Physicians must be informed about new or proposed Health IM/IT systems that impact
clinical care processes as early as possible to ensure that the design and change management needs are taken into account at all stages.

13. Organizations sponsoring Health IM/IT projects must take responsibility for obtaining meaningful input and participation from clinical physicians. Adequate funding for practicing physicians’ participation in such work needs to be budgeted in advance.

Incorporate continuous improvement and investment

14. IM/IT investment should be structured to encourage innovation and to promote integration.

15. Health IM/IT funding must be stable and ongoing to support physicians and all members of the care team.

16. Funding for Health IM/IT must incorporate the need for ongoing replacement and upgrade of hardware and software.

17. Health IM/IT projects must include adequately funded change management support for physicians and all other clinical and support staff.

18. The ongoing evaluation of Health IM/IT systems must be incorporated as a central component of any Health IM/IT strategy.

Definitions:

Health Information Management and Technology (Health IM/IT)

Information technology (IT) is any technology that processes and communicates data, also known as Information and Communications Technology (ICT).

Health IM/IT refers to IM/IT systems deployed in a health care setting that support clinical care and facilitate, manage or record clinical interactions. They are distinct from those systems that are administrative in nature and are used for managing the administration and business of a health care organization.

Legacy Health IM/IT systems are older health IM/IT systems or application programs that are no longer commonly used.

History

Last updated October 2010.