**Meeting Summary AHIMA Standards Task Force (TF)**

Information Governance (IG) Standards Project: HIT Standards for HIM Practices

Time: Monday, March 7, 2016

1:00 EST, 12:00 CST, 11:00 MST, 10:00 PST

Call-in information

[Join WebEx meeting](https://ahima.webex.com/ahima/j.php?MTID=m9078924aee04e011e9bb04dad77be333) meeting number: 926 075 291

1-650-479-3208 Call-in toll number (US/Canada)

Call Materials: <http://wiki.ihe.net/index.php?title=Standards_TF_Call_03/07/16>

2016 Project Wiki: <http://wiki.ihe.net/index.php?title=HIT_Standards_for_HIM_Practices-2016>

**Tentative Agenda**

12:00-12:05 Welcome and Reminders – Harry Rhodes

1. Completion of AHIMA Conflict of Interest (COI)

*Materials for Discussion:*

<https://secure.ahima.org/COI/ConflictOfInterest.aspx>

12:05-12:15 ECRI Copy & Paste Safe Practices Recommendation Update - Robert Giannini

*Materials for Discussion:*

[Health IT Safe Practices: Recommendations](http://link.ecri.org/c/3/?T=TkRRMU1EazJPRE06WWpVMk1UWXRNMlE0TURCak5Ea3RPREZqWVMwMFlXTmxMV0ZsTldRdE5qY3dZbVUyTWpabE56Tmk6WkdsaGJtRXVkMkZ5Ym1WeVFHRm9hVzFoTG05eVp3OmJHVmhaQzFqTmpneFkyTmtPR1ZoWVdKbE5ERXhPREJrTVRBd05UQTFOamt6TXpsaE1DMW1ZMkk1TlRkaU5HVmpNV1EwWXpFelltSmhZalF6Tm1SbFpUVm1PV0ZsWXc&K=iOECzxN3DWp_90oQXfCASQ&uId=1&dUrl=https%3A%2F%2Fwww.ecri.org%2FResources%2FHIT%2FHIT_Copy_Paste_Handout.pdf%3F_cldee%3DZGlhbmEud2FybmVyQGFoaW1hLm9yZw%253d%253d)

[Health IT Safe Practices: Toolkit for the Safe Use of Copy and Paste](http://link.ecri.org/c/3/?T=TkRRMU1EazJPRE06WWpVMk1UWXRNMlE0TURCak5Ea3RPREZqWVMwMFlXTmxMV0ZsTldRdE5qY3dZbVUyTWpabE56Tmk6WkdsaGJtRXVkMkZ5Ym1WeVFHRm9hVzFoTG05eVp3OmJHVmhaQzFqTmpneFkyTmtPR1ZoWVdKbE5ERXhPREJrTVRBd05UQTFOamt6TXpsaE1DMW1ZMkk1TlRkaU5HVmpNV1EwWXpFelltSmhZalF6Tm1SbFpUVm1PV0ZsWXc&K=iOECzxN3DWp_90oQXfCASQ&uId=2&dUrl=https%3A%2F%2Fwww.ecri.org%2FResources%2FHIT%2FCP_Toolkit%2FToolkit_CopyPaste_final.pdf%3F_cldee%3DZGlhbmEud2FybmVyQGFoaW1hLm9yZw%253d%253d)

[Evidence review: “Copy/Paste: Prevalence, Problems, and Best Practices”](http://link.ecri.org/c/3/?T=TkRRMU1EazJPRE06WWpVMk1UWXRNMlE0TURCak5Ea3RPREZqWVMwMFlXTmxMV0ZsTldRdE5qY3dZbVUyTWpabE56Tmk6WkdsaGJtRXVkMkZ5Ym1WeVFHRm9hVzFoTG05eVp3OmJHVmhaQzFqTmpneFkyTmtPR1ZoWVdKbE5ERXhPREJrTVRBd05UQTFOamt6TXpsaE1DMW1ZMkk1TlRkaU5HVmpNV1EwWXpFelltSmhZalF6Tm1SbFpUVm1PV0ZsWXc&K=iOECzxN3DWp_90oQXfCASQ&uId=3&dUrl=https%3A%2F%2Fwww.ecri.org%2FResources%2FHIT%2FCP_Toolkit%2FCopyPaste_Literature_final.pdf%3F_cldee%3DZGlhbmEud2FybmVyQGFoaW1hLm9yZw%253d%253d)

12:15-1:45 Business Requirements Review – Anna Orlova

1. Availability
2. Retention
3. Disposition

*Materials for Discussion:*

Business Requirements Specification

1:45-1:55 Next Steps, Anna Orlova

1. Project Schedule

*Materials for Discussion:*

Project Timeline and Call Schedule

1:55-2:00 Q&A

**Meeting Summary**:

***Attendees:***

Aaron Haskett

Alane Combs

Anna Orlova

Bill Reisbick

Carlyn Choate

Christine Taylor

Deane Stillar

Donna Young

Elisa Gorton

Harry Rhodes

Katherine Lusk’

Lori Tolley

Jennifer Manahan

DeShawna Hill-Burns

Michael Nusbaum

Mick Talley

Neysa Noreen

Robert Giannini

Satyendra Kaith

Susan Clark

Teri Phillips

Traci Waugh

***ECRI Copy & Paste Safe Practices Recommendation Update***

# Introduction of - Robert Giannini, B.S., N.H.A., CHTS-IM/CP, Patient Safety Analyst and Consultant. Rob has been an active participant in the Partnership for Health IT Patient Safety copy and paste workgroup since its inception and is a Certified Healthcare Technology Specialist—Implementation Manager and Clinician/Practitioner Consultant.

Provided background on the creation of Health Partnership for Safety Expert Advisory Panel created in 2014.

Mr. Giannini noted that the greatest challenge is chronic misuse of Copy and Paste feature by authors.

Mr. Giannini reviewed the four Safe Practice Recommendations for Copy and Paste.

***Business Requirements Review – Anna Orlova***

1. Availability
2. Retention
3. Disposition

**Review of Availability Business Requirements:**

Definition for Availability was reviewed and approved

1. Should the phrase in availability business requirement#1 “…upon the request of the authorized entity” be added to business requirement?

**Action Item:** Do not add.

1. In business requirement #2 should “data warehouses, payer data systems, business, research information systems, and manual repositories.” Be added to business requirement? **Question:** who or what is the entity? **Answer:** EHR Systems, other HIS, or application. Any entity regardless of care setting that is handling health information. This is a health information ecosystem. HIM roles are extending out to the “market place”.

**Action Item:** repositories were determined to be more appropriate than the systems.

**Action Item:** provide a broader definition of entity.

**Action Item:** change patient to individual to allow for broader use of model, across care settings.

**Action Item:** Add **Content Creator (sender)** and **Content Consumer (receiver)** to all information systems. Define both terms.

1. Defined the term Access in business requirement #3. In this situation, Access does not refer to Authentication. **Action Item:** Remove “access” often misunderstood, as referring to self service. It is not suppose to indicate a self service action by the end user. Access is often used to describe availability. E.g. open access. Discussion of access in EHR Systems. “Permission” is a protection business requirement. “Role based access” is protection business requirement. Proposed definition: “To access means that information is there and I can get it” The ability to search.
2. In business requirement #4, Discussions of use of the terms “assemble” Vs. “present”.
   1. **Assemble** – defined to mean search, identify, locate, and retrieve.
   2. **Present** – in a consistent and coordinated fashion.
   3. Also, discussed use of the terms link, map, integrate, or couple to support to support organizational business requirements. From an IT perspective integrate as the solutions that integrate. So, we need to define how integrate is to be used. Coupling and grouping is usually talking about classification of information?
3. Business requirement #5, terms **link, map, group, integrate, or couple** need to be defined. Business requirement #5 is dependent upon how these terms are defined. This business requirement is not “**assemble**”.

**Action Item:** Provide definitions for the following terms.

* 1. **Capture**
  2. **Access –** AHIMA Pocket Glossary, page 1
  3. **Retrieve**
  4. **Assemble**
  5. **Present**
  6. **Provide**
  7. **Map**
  8. **Couple**
  9. **Group**
  10. **Integrate**
  11. **Entity**

1. Business requirement #7, wording is OK.
2. Business requirement #10. **Action Item:** Define “**Business Continuity**” - AHIMA Pocket Glossary, Business Continuity Plan, page 19.
3. Business requirement #11.Add **clinical and business** continuity.Should business requirements Number 10 and 11 go together or should 11 be moved to retention. **Action Item:** move 10 & 11 to Retention
4. **Action Item:** Define: IT term for “Archive” differentiate from “levels of tiered storage”. What impact does each model have on access to stored health information?
   1. **Archive:** AHIMA Pocket Glossary, Archive file, page 11.
   2. **Levels of tiered storage:**

**Review of Availability Business Requirements completed.**

**Begin review of Retention Business Requirements completed.**

1. **Action Item:** Define – Machine-readable format.
2. **Action Item:** Suggested update edits to Retention Business Requirements 1 & 2 are still pending receipt. Christine Taylor to send edits for consideration.

***Next Steps and review of project schedule, Anna Orlova***

The next step for business requirements document will be preparing for public comment. Public comment is a formal and essential review through an Integrating the Healthcare Enterprise (IHE) process. The length of the public comment review is one month.

The Business Requirements are on track to be completed by March 29, 2016, in time for the next IHE Information Technology Infrastructure (ITI) Planning and Technology Face to Face meeting in April. The Public Comment period runs through the month of April.

It is important to our project that we have wide spread participation in the public comment period. We will be reaching out to all key stakeholders; for example AMA, HIMSS, AMIA, and vendor associations.

Diana and Harry will prepare a targeted list of organizations to invite to participate in the public comment period.