Data Content Standards: the Nexus of HIM Practice

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by Linda Kloss, RHIA, CAE, chief executive officer

One of AHIMA's key goals for 2006 is to promote quality and safety through standards for data content and documentation. Quality and safety require that the right information is available at the right time to support patient care and health system management decisions. Gaining consensus on essential data content and documentation standards—and then ensuring standards are met—is sure to be the toughest challenge in achieving an interconnected health information system.

Health information managers are experienced in working toward gaining consensus on general documentation standards. The variability in data content and its meaning in a single record and single organization is legendary. Ensuring the availability of accurate information is the nexus or core of information management. Data content and documentation standards will improve its value and reliability, but it will surely not be an easy task.

As John Halamka, chair of the Health Information Technology Standards Panel (HITSP), notes in the sidebar "HITSP Goes to Work," it took 30 years to put the banking ATM network together, whereas the Department of Health and Human Services is calling for recommendations for healthcare within a year. Data exchange projects are one reason. In "Writing the RHIO Fine Print," pioneers explain how technical and policy guidelines and a commitment to patient choice and privacy are moving fledgling projects along.

In "Data Harmony: Why Is It So Hard for Healthcare?" Soloman Appavu offers insight into why information standards have largely eluded US healthcare and suggests steps to accelerate development and adoption. AHIMA is participating in the work of HITSP and Connecting for Health, so watch for regular reports on progress.

2006 Plans and Priorities

AHIMA's other activities in support of this goal include continuation of e-HIM® work groups on EHR data content. As reported in "Data Standard Time," one work group has begun taking inventory of existing data standards. AHIMA will be continuing that work. The work group also suggests ways to redouble your efforts to improve data content and documentation and roles and activities for those seeking to improve the impact of their work on data improvements.

One of these is data mapping, which Susan McBride, Richard Gilder, Robert Davis, and Susan Fenton define and describe as an essential component when moving or linking data and data sets between systems. The online version of "Data Mapping" includes two case studies. One illustrates how data mapping was applied in electronic billing. The other describes AHIMA's 2005 mapping project for the National Library of Medicine that involved validating the map from SNOMED to ICD-9-CM.

Design for Quality

We all have had the experience of trying to enter data into a poorly designed system. Adrian Williams discusses how design can affect the accuracy of data in "Design for Better Data," using coding software as an example. These concepts are of great importance as clinicians enter orders and structured and unstructured text into electronic health records. Technology can facilitate adherence to content standards, and these features will be more important in the years to come.

But technology can not make up for bad data content. Become an advocate for quality and safety in patient care through data and documentation standards. With well-designed, standards-based tools, health information managers will be able to do more to ensure the right information is available at the right time.

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