

Spreading HIM Excellence Abroad

Save to myBoK

by Audrey Shaffer, MA, RHIA, CPHQ

At the opening ceremony of Sir Run Run Shaw Hospital in 1994, thousands of balloons were released over the Chinese countryside as a symbol of the advanced medical care the hospital hoped to spread throughout China.

Hong Kong philanthropist Sir Run Run Shaw, along with the Zhejiang provincial government, funded Sir Run Run Shaw Hospital (SRRSH), which is located in Hangzhou, China. Shaw had been treated at a California-based Loma Linda University (LLU)-affiliated hospital in Hong Kong and had observed a higher quality of care than in other Chinese hospitals. He funded SRRSH with the understanding that it would be managed for a minimum of five years by professionals from LLU in order to train Chinese professionals to provide compassionate, skilled medical care to patients.

In 1993, I and another American HIM professional arrived to develop the hospital's health information department (HID). The improvements made to the hospital are proof of how HIM professionals in the US can effectively reach out to those in countries with less advanced departments.

Readying the Staff

I was asked to set up the HID and arrived in China in 1993 with Doris Lowe, RHIA, a volunteer from Novato, CA, to prepare the department and train employees. There was a year of preparation before the opening of the new facility. Currently, the hospital provides care in all specialties and there are 1,100 outpatient visits daily.

Functions in this HID in China are similar to advanced HIM practices in the US. An assistant director who received on-the-job training and attended classes at LLU manages the 25 employees. Communication is considerably more difficult than in an American hospital, but many of the supervisors are fluent in both English and Chinese.

All employees are given orientation and training and receive a job description outlining duties and performance standards. They also follow a modified version of the AHIMA Code of Ethics and sign a confidentiality agreement.

Bringing a New HIM to China

The HID at SRRSH was designed to function like an HIM department in the US. Some Chinese hospitals file inpatient records by year, making it difficult to retrieve all of the records for one patient. In addition, other Chinese hospitals do not keep any kind of outpatient record, but instead give the documents to the patient. In the past, Chinese physicians thought keeping outpatient records was unnecessary, but now they refuse to see a patient until the record is delivered to them. Inpatient records must be kept forever, and, as in the US, are filed by terminal digit.

Records of discharged patients are brought to the HID the day after discharge. In most Chinese hospitals, the records stay at the nursing unit for extended periods of time. They are available for completion shortly after discharge and physicians are responsible for completing their records. Record completion is usually prompt because, as government employees, physicians' salaries are reduced if they do not complete their charts on time. This has proven to be a reliable method of obtaining physician cooperation.

Coders at SRRSH were trained in basic medical science and terminology as well as ICD-9-CM. SRRSH is the only hospital in China using this coding system. It is much more complete and specific than coding in other Chinese hospitals where there are rarely more than two codes in a chart.

Clinic records were scanned at SRRSH for future availability on computers throughout the hospital. Now physicians are encouraged to make direct computer entry of their progress notes. This will be a great advantage, as patients are unwilling to make clinic appointments, and instead prefer to arrive early in the morning and line up to wait to see the doctor. With computer

entry, the records will be available when the doctor needs them. However, this will be a major change for most Chinese physicians, who prefer to hand-write their records.

A New Quality Tradition

Quality improvement is also new in China and has been somewhat difficult to implement because of certain Chinese cultural traditions. The Chinese are reluctant to complain about or report anything out of the ordinary for fear of punishment. They needed to be convinced that complaints and incident reporting are necessary to make improvements. Convincing physicians to record complications in the medical record is even more difficult. The hospital has used the complications as educational tools, and this approach has resulted in a gradual increase in complication reporting.

Another quality improvement project was the reduction in average length of stay. The average length in other Chinese hospitals is around 15 days. Through the education of patients and physicians, this time has been decreased to nine days at SRRSH. It is difficult to decrease it further because there are no long-term care facilities to provide continuing care to patients after hospitalization.

Setting a Standard

Volunteering for this project to improve healthcare in China has been a challenging but satisfying project. The Chinese people have been extremely receptive to learning new methods of patient care technology and management. As a result, SRRSH is considered a leader in healthcare. Personnel have been invited to discuss management and quality care practices at several hospital conferences around China, and numerous groups have visited the hospital to learn from its practices.

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