Highlights from the 18th IFHIMA Congress

Tokyo, Japan

The IFHIMA 18th Congress in Tokyo, Japan officially kicked off with the General Assembly on Tuesday, October 11, 2016. Angelika Haendel, President, welcomed National and Deputy Directors from 15 of the 23 member nations, and many audience guests. She announced that the IFHIMA Congress had 278 participants from 43 countries, a new record! Angelika reviewed the achievements of the past three years, along with the strategic plan which can be found on the IFHIMA website. The 2016-2019 Board was elected and Dubai, United Arab Emirates, was chosen as the site for the 2019 Congress.

Dr. Tsuneo Sakai, President, Japan Hospital Association and Dr Margaret Chan, WHO Director General
IFHIMA GLOBAL NEWS
International Federation of Health Information Management Associations

www.ifhima.com

Joon Hyung Hong from Republic of Korea was awarded Honourary Membership for her accomplishments over many decades with the Korean Health Information Management Association, the World Health Organization (WHO) Family of International Classification (FIC), and IFHIMA.

At the close of the General Assembly, health information management (HIM) text books kindly donated by the following associations were drawn for, with delegates from Jamaica, St Lucia, Barbados and Nigeria the lucky recipients:

- Institute of Health Records and Information Management (IHRIM) – United Kingdom
- American Health Information Management Association (AHIMA) – United States
- Japanese Society of Health Information Management (JHIM) - Japan
- Canadian Health Information Management Association (CHIMA) – Canada

Tuesday evening invited guests joined the Japan Hospital Association in a dinner honouring Dr. Margaret Chan, Director-General of the World Health Organization (WHO). After a champagne reception, the guests enjoyed a multi-course Japanese dinner and were entertained by Japanese musicians. The common sentiment heard was “this will be the highlight of my career” as the brief messages were provocative, the food outstanding, and Dr. Chan most gracious. Dr. Chan took the opportunity to visit personally with Angelika Haendel, Margaret Skurka and Marci MacDonald (current, past and future IFHIMA Presidents) at which time she praised the global work of IFHIMA, and the many HIM professionals worldwide whose invaluable contribution of coding and data collection enables and supports the important work of WHO.

During the Wednesday morning general session attendees from IFHIMA, the WHO-FIC Network Annual Meeting, the ICD 11 Revision Conference, and the Japan Society of HIM were enthralled by Japanese artistry and music. Welcoming messages were delivered by dignitaries and executives from the Japan Ministry of Health, Japan Hospital Association (JHA) and Japan Society of Health Information Management (JHIM).

Dr. Margaret Chan’s (pictured above) opening remarks emphasized the importance of the 11th revision of ICD and unique challenges and delicate balancing that has been applied. She recognized the challenges healthcare systems and health ministries face in our world of digitization, clinical innovation, economic and resource constraints, and multiple uses of ICD data. She also shared that 85 countries and 65% of the world’s population doesn’t have reliable cause of death data, and there must be compatibility between ICD 11 and earlier versions. Thus, ICD 11 must be agile and innovative in advancing data collection.
Marci MacDonald, President Elect of IFHIMA and Hussein AlBishi, newly elected Regional Director for the Eastern Mediterranean, reviewed activities and accomplishments of the Global Health Workforce Council and the Development of International Workforce for Health Information Management (DIWHIM) team. Wednesday afternoon the Mortality Summit with 18 presenters supported by scholarships from the JHA reviewed mortality coding and its challenges in each of their respective countries.

Thursday’s Gala Dinner featured Japanese musicians, dancers, and music, as well as the ceremonial “Kagami-biraki--breaking of the sake drum” (pictured above). The attendees joined the “parade” of dancers and enjoyed an international buffet dinner.

The Friday International Symposium included presenters from Spain, Canada, United Arab Emirates, India, and Australia who reviewed data sharing and record management practices, coding practices, and other key HIM or clinical data experiences. The audience was enthralled by the presenters with questions in abundance.

Friday afternoon’s Closing Ceremony honoured the 18 scholarship recipients (pictured above) for the Mortality Symposium, and Dwi Margawati from Indonesia as the best mortality presentation. Additionally, Dr. Tao Li and Ms. Veronica Moswang, recipients of the Ulli Hoffman Scholarship were recognized.

The traditional “passing of the gavel” saw Angelika Haendel pass the leadership to Marci MacDonald, incoming president, and recognizing Margaret Skurka, the immediate past president. Angelika was also presented a plaque on behalf of the IFHIMA Board, recognizing her leadership and presidential guidance over the past three years. The event closed with Hussein AlBishi delivering a formal welcome message and video introducing the 19th IFHIMA Congress venue, to be held in Dubai, United Arab Emirates, in October 2019.

This overview doesn’t begin to convey the knowledge exchange, networking, collaboration, and fun times enjoyed by the participants, so make sure to visit the IFHIMA website for photos, http://www.ifhima2016.com/, and read other articles in this Global News, as well as the April 2017 Global News, for more details. And make sure you start saving for Dubai 2019!!

Authors:
Lorraine Fernandes, IFHIMA President Elect
Angelika Handel, IFHIMA Immediate Past President
Marci MacDonald, IFHIMA President
Margaret Skurka, IFHIMA Past President
President’s Message

Dear IFHIMA Colleagues and Friends,

Welcome to the last “Global News” publication for 2016! Soon the new year will be upon us, bringing with it ongoing challenges and opportunities for our dynamic profession!

This is my first message as the in-coming 2016-2019 President of IFHIMA, and the path of teamwork and respect for all nations, paved by previous IFHIMA Presidents and Boards, will continue on unabated. We have been blessed with an outstanding group of individuals representing us at the Board level, and the momentum of supporting our global colleagues carries on!

This edition is dedicated to the 18th IFHIMA General Assembly and Congress, which took place in October 2016, in Tokyo, Japan! It just seems like yesterday that I was eating the best sushi on the planet – and I mean that! Tokyo brought together a fabulous program and the opportunity to make new friends and reconnect with existing ones. The Japan Society of Health Information Management and the Japan Hospital Association are to be applauded for putting together a memorable and very relatable Congress. These energetic hosts shared the venue with not only the IFHIMA Congress, but also the WHO-Family of International Classifications Annual Meeting as well as the ICD-11 Revision Conference – all together under one roof in the vibrant city of Tokyo! This permitted delegates the opportunity to attend other meetings, and to collaborate and share educational sessions with a large body of colleagues.

I would also like to take this time to mention Joon Hong, who received an IFHIMA Honourary Membership award, in Tokyo. Joon has represented her country of South Korea and her profession, for many years on the IFHIMA Board, as well as the WHO-FIC Committee. She is a lifelong HIM mentor and a contributor, and I personally hold very fond memories of her support and guidance when I first joined the Board. I must confess I was overwhelmed and nervous, but her kindness and patience were invaluable.

A special thanks to the HIM associations of the United Kingdom, USA, Japan and Canada, for the donation of textbooks that were drawn for by developing nations, at the close of the General Assembly. Your generosity literally has reached the far corners of the earth!

A very special Honourable Mention to the “Summit on Mortality Statistics” participants. This first of its kind session provided scholarship recipients from 18 nations the opportunity to network and present their country’s mortality data collection practices and share their challenges and offer possible recommendations. Delegates from the WHO, JHA and IFHIMA attended, with much praise and interest in this session. Well done and congratulations to the presenters!

A big personal highlight was the opportunity for the Past, Present and Future IFHIMA Presidents to meet and speak with Dr. Margaret Chan, the Director-General of the World Health Organization. As one physician told me “She is the boss of all our bosses!” Her enthusiasm and respect for the HIM community was truly boundless and energizing. You may think your job doesn’t matter, but it most definitely does to the World Health Organization, and the global impact you all make is foundational to the work done by the WHO. You are valued – you are important!

I am certain I am exceeding my space allocation – but it is hard to summarize and convey to you the fabulous Congress experience. A huge THANK YOU to our Japanese friends, who were simply top notch hosts.

We are hopeful this publication gives those of you that attended an opportunity to look back with fond memories, and inspire those of you that may wish to attend a future Congress. Which, brings me to the close of my first message, with the announcement that the 2019 IFHIMA Congress will be held in October 2019, in Dubai, United Arab Emirates! It is never too early to start planning!

Warmest personal regards,
Marci MacDonald, CHIM
IFHIMA President, 2016 – 2019
The International Symposium

There was Excitement in the Room!!

One of the best breakout sessions of the Congress, which illustrated the true overlap of all aspects of HIM around the globe, was on Friday afternoon on the final day of the Congress. The International Symposium brought together five countries and their respective speakers, all sharing cutting edge information about HIM in their country. I had the pleasure of serving as the Moderator of that event. It was very well attended and a very fitting last session of the Congress prior to the closing ceremony.

Participating countries included Canada, the United Arab Emirates (UAE), Spain, India, and Australia.

Kathleen Addison from Canada began the panel and gave insight into how Canada used the Digital Health Blueprint in improving the electronic health record (EHR) in the country. The goal was to have the system be more efficient and convenient, and make it a better experience for providers and consumers. Additionally, the goal was to accelerate the implementation of effective and sustainable digital health solutions across Canada to support collaborative and coordinated care. The result is more collaborative and coordinated care for Canada’s patients.

Fatima Abdullah Hyder Al Baloushi of the UAE spoke about the sense of urgency in the UAE to develop a highly effective electronic medical record (EMR) that supports the concept of one patient, one record throughout the country. This initiative involved HIM, Health Informatics, and Information Technology (IT) professionals. Going forward, there is much to do. HIM professionals are hoping to create a communication forum that would help lead to more unified practice standards and a recognition nationally of the field of HIM and the associated professionals.
Ramon Romero Serrano then spoke about HIM Departments in Spain. There is a uniform structure that works to create reliable and comprehensive systems, and generate quality information output for use by other departments. Most departments are directed by an HIM trained MD with competencies in Health Information Systems, medical records and patient management. Citizens are entitled to access to the healthcare system, and providing accessibility and traceability of medical records. The role is challenging and evolving.

Sabu Karakka Mandapam from India spoke about the challenges for India in HIM Education and in general for the HIM profession. The country of 1.2 billion people and 200,000 hospitals is working hard to improve healthcare with the demanding nature of the Indian healthcare sector. HIM as an academic and professional field is weak. There are few academic programs in the universities in the country. The projected workforce gap is around 600,000 HIM professionals! The future looks good as there is a great desire within the country to improve all facets of HIM—education, operations, data collection and analysis.

Sue Walker from Australia was the final presenter and spoke about the My Health Record System launched in 2012 in Australia. There is a Shared Health Summary and one health record for each patient in the country. The consumer controls the information that is entered in their personal health record and provides the necessary authorization for the health care practitioner to access it. Hospital staff can access details on line anywhere there is an internet connection, such as in a patient emergency. Patients are encouraged to take an active role in the management of their record.

An excellent discussion between the presenters took place at the end, with speakers also fielding questions from the audience. The interchanges were interesting, spirited, and on point. As the moderator, I had to call the session before all questions were answered, illustrating how engaged the speakers and audience were.

The speakers illustrated key, underlying principles. HIM is a diverse field, but the goal of all countries is the same: To have accurate quality healthcare data stored and available when needed to improve the care of the patients and the public at large.

Author:
Margaret A. Skurka
IFHIMA Past President 2013-2016

IFHIMA 18th Congress General Assembly actions

At the tri-annual meeting of the General Assembly (GA) in Tokyo on October 11, 2016, two changes were made to the Constitution and one Standing Rule was adopted. A summary is as follows:

Article III Membership, Section 6 (and resultant renumbering of 6 to 7, 7 to 8, and 8 to 9).

Educational Institution Member

A new category of Educational Institution Member was added to the Constitution. IFHIMA has had interest from Educational Institutions in becoming members of the organization. This amendment as approved permits this category of membership, but also includes requirements. It is important that the educational institution meets the educational accreditation standards within the country of the Educational Institution. Also, the individual representing the Educational
Institution may participate in Committees and Task Groups, but does not have the right to hold an office or vote.

**Article IX Amendments to the Constitution**

**Change in notification time of the Directors for receipt of materials**

In the now electronic age of instant communication, it seemed appropriate to change the time frame for prior notice to the Directors of proposed amendments and changes, from the current four months prior to voting at the GA to two months. Previously, the Constitution stated that a copy of any proposed amendments and changes had to be sent to the Directors at least four months prior to voting. The change merely replaced the “4” with a “2.”

These amendments passed and the new wording will be made available as soon as possible in the Constitution which is easily accessible on line at the IFHIMA web site.

**Standing Rule of the Executive Board**

This Standing Rule now identifies the specific process that must be followed for future Congress meetings in selecting applicants to attend such a meeting, utilizing the monies available from the Ulli Hoffmann Memorial Fund. It was important to Ulli Hoffmann that the monies be used for a specific purpose to help developing countries. The current Board did not wish this thought to be lost in future Boards, so we decided to develop a standing rule. This was presented to the Congress for their information and support was received. The amounts to be awarded will be determined by each Board and consideration given available dollars and costs of attending the meeting. IFHIMA will announce the process about 12 months in advance of an upcoming Congress.

The Standing Rule was reviewed as informational to the GA, as it does not require a vote.

Read the Constitution and Standing Rules and learn more about this international organization!

**Author:**

Margaret Skurka  
IFHIMA Past President 2013-2016

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**Honorary Membership Awarded to Joon Hyung Hong**

Joon Hyung Hong was awarded IFHIMA Honorary Membership during the IFHIMA 18th Congress in Tokyo, Japan.

Joon has been a significant contributor to IFHIMA through her many years as a health information manager. She was a leader in the Korea Medical Record Association (KMRA) and shared her many talents also with the International Federation of Health Record Organizations (IFHRO), more recently renamed the International Federation of Health Information Management Associations (IFHIMA). Joon has been a role model for the profession in the Republic of Korea, and also to the international community.

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Delegates from left to right Deneice Marshall (Barbados), Veronica Miller Richards (Jamaica), Janice Bryan (Jamaica)

Angelika Haendel presenting Joon Hong with Honourary Membership proclamation
From 1988 to 1992, Joon was a Director and a member of the Education Committee of IFHRO and helped prepare learning packages for developing countries. It was her work that was significant in having Seoul awarded the successful bid for the 2007 International Congress.

Her more recent work has been as a representative of IFHRO/IFHIMA on the World Health Organization Family of International Classifications (WHO-FIC) Education Committee, now renamed the Education and Implementation Committee. She has been a strong supporter on the international training program to improve coding practice. She actively worked to conduct the first international examination leading to a certificate in mortality coding to those that successfully completed the mortality coding exam in Korea. Certificates were presented to coders in Korea during the 2007 Congress of IFHIMA in Seoul.

Following her work on awarding certificates in mortality coding, Joon began exploring the possibilities of a morbidity exam. She co-chaired a group that developed a pilot international exam for morbidity coders that was conducted in many countries over the course of several years. Beginning in 2014, there was interest again in mortality coding certificates in Korea, and Joon again stepped up and provided significant assistance in the testing process and awarding of certificates. She was presented with certificates in Tokyo to take back for the successful coders in Korea.

Joon received a standing ovation and congratulatory remarks from Angelika Haendel, President of IFHIMA, during the recent 18th General Assembly of IFHIMA in Tokyo.

IFHIMA is a non-governmental organization (NGO) in official relations with the World Health Organization (WHO).

Report to the World Health Organization, Federation of International Classifications, Education and Implementation Committee (WHO FIC EIC)

**IFHIMA update — collaboration**

**Significant activities in 2013-16**

1. Maintain status of “in official relations” with the WHO
   a. Angelika Haendel, IFHIMA President attended the WHO World Health Assembly in 2014 in Geneva, and maintains regular communication with Dr. Robert Jacob via monthly phone calls
   b. IFHIMA promotes WHO initiative, such as the international training strategy and the Coder Training outreach for both Morbidity and Mortality Coding
   c. Program is described on the IFHIMA website
   d. Successful coder assessment in Mortality Coding recently completed in Korea with 13 successful candidates to receive certificates during this meeting.
   e. Promotion of the International Trainer Database, established by WHO in cooperation with the Korean WHO-FIC Collaborating Center
   f. Margaret Skurka attended the WHO-FIC EIC meeting in Manchester in 2015 and portions of the meeting now in Tokyo in 2016

2. Comprehensive Strategic Plan developed by IFHIMA and will be available on the IFHIMA web site after the Annual Congress. Has been distributed to all Country National Directors and Deputy Directors.

3. Updated website for IFHIMA and that is our window to the world.

4. Redesign of the IFHIMA Global News, as our other significant communication tool
5. Representation on the Global Health Workforce Council, an international group that developed a global standard academic curricula with the objective to guide educational programming and workforce training in Health Information Management (HIM), Health Information Technology, and Health Informatics.

6. IFHIMA working group, DIWHIM (Development of International Workforce for Health Information Management) was established in 2014. The goal has been to address the need of a strong basic workforce in the field of HIM globally with special emphasis on developing and underdeveloped countries.

7. President Angelika Haendel has been active in presenting at International Conferences and Congresses in her term, including MEDINFO in 2013, AHIMA in 2013, the International Conference on Integrated Care in 2014, Medical Informatics Europe in 2014, a poster at the WHO meeting in Barcelona in 2014, Medical Informatics Europe in 2015, and also country Congresses in Spain, Australia, the US, Germany, Indonesia, and Switzerland during late 2014, 2015, and 2016. Visibility has been strong.

IFHIMA appreciates its voice and vote on the Education and Implementation Committee and I intend to continue as the IFHIMA representative at the meetings during the next three-year period of IFHIMA.

Author: Margaret Skurka
IFHIMA Past President 2013-2016

Report on the 42nd Annual Meeting of the Japan Society of Health Information Management

Members of the Japan Society of Health Information Management (JHIM) come together for a scientific meeting once a year. This year, as readers are aware, the Annual Meeting was held in conjunction with the 18th International Congress of the International Federation of Health Information Management Associations (IFHIMA), from October 12th through 14th at the Tokyo International Forum. We enjoyed an attendance of 2,473 people, including 72 physicians and 430 students. In addition, 68 guests were invited and 431 students served as volunteers.

Under the theme of “HIM, Its Contribution to Individual, to Community, and to Global Collaboration,” a very successful Meeting was held, with Dr. Sosuke Kimura, Honorable Director of the Center Hospital of the National Center for Global Health and Medicine as the Meeting President.

During the Meeting, a clear vision for the future of health information management in Japan was presented by two leaders through their lectures: “An Era that Requires Qualitative and Quantitative Selection of Information” by Dr. Kimura, and “Roles that Health Information Managers in Japan Will Be Assuming in the Future “The Direction We Must Take” by JHIM Chairman Dr. Hiroyuki Suenaga (Hospital Administrator, Komaki City Hospital).

Also held were a symposium for discussing three domestic topics and a global workshop, both of which proved informative to the participants. The three themes for the symposium were “Advanced Initiatives in Utilization of Health Information,” “Legal Issues Associated with Health Information,” and “A New Quality Audit for Health Records” Discussing the Use of a ‘Death Check Sheet’.” At the workshop entitled “The Current Status of Health Information Management in Each Region of the World,” IFHIMA regional directors, Ms. Sallyanne Wissmann, Ms. Yookyung Boo, and Ms. Marci MacDonald each gave an overview of the status of HIM around the world.

On the 14th, the final day, 547 Japanese health information managers and 11 IFHIMA members participated in a Luncheon Seminar for Lifelong Education, and Ms. Lorraine Fernandes gave a lecture on Information Governance.

For the Students’ Session, 63 presentations were made and outstanding works were given recognition by the Meeting President.

This year, the JHIM Meeting, the 18th IFHIMA International Congress, and the WHO ICD-11 Revision Conference jointly held an Opening Ceremony, and we also had a Joint Gala Dinner, and the result was plenty of exciting international mingling. Also, because the JHIM and IFHIMA programs were organized in a coordinated manner, Japanese JHIM members had the privilege of observing the IFHIMA International
Congress for the first time. Exposed to a great deal of information on the global landscape of health information management, they were amazed, excited, and happily encouraged. The Meeting offered valuable experience to the participants, and proved fruitful in driving forward health information management in Japan.

The 2017 JHIM Annual Meeting is scheduled to be held in Hokkaido, Japan, in September.

Author:
Yukiko Yokobori, IFHIMA Regional Director

第42回日本診療情報管理学会学術大会報告

横堀由喜子

日本診療情報管理学会では、年に1回の学術会議を開催している。今回は、ご承知の通り、第18回IFHIMA国際大会と同時開催として、10月12日〜14日に東京国際フォーラムで開催した。日本の参加者数は、2,473名（医師72名、学生430名含む）また、それ以外に68名の招待者と431名のボランティアが参加した。
「診療情報管理の新たな展開 個人から、社会へ、そしてGlobalな連携」をテーマに、国立国際医療研究センター病院名誉院長 木村壮介先生が学術大会長を務めた。
大会長講演の「情報の質と量、その選択が必要な時代」、日本診療情報管理学会理事長末永裕之 （小牧市民病院病院事業管理者）先生の理事長講演「日本におけるこれから の診療情報管理士の役割・進むべき道」により、これから私の国における診療情報管理が明確に示された。
シンポジウムは国内の3題「先進的な医療情報活用への取り組み」、「診療情報をめぐる法的問題」、「診療記録の新たな質的監査の試み、-死亡時チェックシートの検討-」、海外ワークショップとして「世界各地の診療情報管理の現状」をテーマに、各IFHIMA地域ディレクターのサリアン・ウィスマン、ユッチャン・ブー、マーシー・マクドナルドが世界地域の診療情報管理を紹介した。

14日には診療情報管理士生涯教育としてランチョンセミナーが行われ、日本の診療情報管理士547名、IFHIMA参加者11名が参加し、ロレインフェルナンデスによる「information governance」についての解説を伺うことが出来た。

学生セッションは、63題の発表があり、優秀な発表については、大会長から表彰が行われた。

来年は、9月北海道で開催する。
West Africa E-HIM Summit:
“Experience IT”

Held in Accra, Ghana 22ND – 23RD June 2016

A West Africa e-HIM Summit was held in Accra, Ghana 22nd – 23rd June 2016. The theme of this important summit was “Experience IT” and fifty one delegates (pictured above) attended the event including representatives from Ghana, Nigeria, the USA and Russia. The special Guest of Honour was from the American Health Information Management Association (AHIMA) in the person of Dr. Harvey Jones Jnr. the Enterprise Director for Kaiser Permanente South Sacramento Hospital.

The Summit was very educative and it provided a platform for much-needed professional development and networking for health information management practitioners in the region. The Summit secured inputs from larger disciplines by providing directions, encouragement and self-reflectivity about HIM practices in general. It addressed the specific challenges confronting Africa and, in particular, the challenge of managing health information efficiently and effectively. The summit forum also provided an opportunity to explore how a strategic Health Information Management focus could be actualized by improved integration i.e. by bringing together practitioners from diverse fields and experiences.

The event highlighted the potentials, opportunities, prospects and implementation strategies for the Electronic Health Records (EHR) and clinical coding programs. It also examined the challenges, paradigm and tools for adopting the procedures and techniques for the implementation of these essential components of health information management procedure to change health systems in the Africa region for the better. It was clear that this was one of the many approaches that could help health information managers to sharpen their focus on quality improvement to attain much-needed efficiency in healthcare systems in Africa.

Calendar of events

March 22-25, 2017:
14. DVMD German National Conference
Dresden, Germany

June 8-10, 2017:
SEDOM, Valencia, Spain

Sept 1-3 2017
JHIM, Hokkaido, Japan

October 14-18, 2017
AHIMA, Los Angeles, USA

November 1-3, 2017
HIMAA, Cairns, Australia

October 2019
19th IFHIMA Congress
Dubai, United Arab Emirates
Below are some of the key presentations and topics and speakers:

- Transforming Health Information Management practice through Technology: prospects and challenges” - Adebisi Adeshina Bambe (Nigeria)
- “Quality improvement in Patient Management using electronic medical records” - Dr. Eunice Omodoyin Olubunmi and Babale Garba Nafada (Nigeria)
- “Transforming HIM practice in Ghana the Difficult Road to Value” - Tegbey Isaac Eyram (Ghana)
- “Overview of clinical coding programs / ICD 10 clinical coding/training initiatives” - Dr. Harvey Jones Jnr. (USA)

In summary, the event introduced delegates to advanced methods applied in Health Information Management which practically equipped them with the knowledge and skills to help them to widen the range and scope of their experience of different working cultures and practicing spheres.

Authors:

Tegbey Isaac Eyram, President, Ghana Health Information Management (GHIMA)
Lorraine Nicholson, Past President of IFHIMA 2007 - 2010

The 2016 CHIMA Conference, which was held on October 24th-25th, reached a record setting number of attendees at approximately 280!

The Conference was deemed a huge success by many that were able to attend this innovative and inspiring two-day event.

The theme of this year’s conference, HIM by the Book, reflected on the vital importance of how the HIM profession needs to turn the page on Data Quality, Integrity, Standards and Governance and plan for the future.

The conference opened with an inviting and warm welcome address from Kim Wieringa, Assistant Deputy Minister and Chief Information Officer, Health Information Systems Division, from Alberta Health.

The dynamic and engaging program made it easy for conference attendees to embrace the opportunity to learn from leading industry related experts, best practices and standards around Data Quality, Integrity, Standards and Governance.

To those that were able to join us, we hope the ideas, concepts, knowledge, inspiration and networking gained from attending, will stay with you until we meet again.

Authors:

Cathy Brooks, Corporate Services Coordinator, CHIMA
Gail Crook, Executive Director, CHIMA
Information Governance Summit: A Canadian Update

In late 2015, the Canadian Health Information Management Association (CHIMA) undertook a full review of its Domain’s of Practice (DoP) and associated descriptors. Currently CHIMA has four (4) Domains: Data Quality; Privacy; Health Information Management (HIM®) Standards; and eHIM.

As part of this review, extensive industry research was conducted by an internal Task Team at the CHIMA and it was determined that Information Governance / Enterprise Information Management (EIM) as a ‘domain’ was much broader than CHIMA’s previous HIM Standards, and would require dedicated new resources. As a result of this research, the CHIMA Board of Directors entered into a fact finding exercise to explore all aspects of Information Governance to add to the broader HIM Standards and Domains of Practice.

In mid-2016 the Canadian Health Information Management Association (CHIMA) and Iron Mountain (IM) partnered together to elevate the important domain of “Information Governance (IG)”. The goal of this partnership is to bring together focused round table discussions with pan-Canadian Health Care leaders to develop best practices and leading ideas in this domain.

A Steering Committee was formed to oversee the development of the first annual Canadian Health Care Information Governance Summit. This took place in Edmonton Alberta on October 26, 2016, and coincided with the CHIMA Conference. The Steering Committee was co-chaired by Kathleen Addison (above right), Chair CHIMA Board of Directors and Andrea Bacqué (above left), Director of Canadian Solutions for Iron Mountain Inc. The IG Summit was intended as a ‘Think Tank’ for key health care and industry leaders to collaborate on the formulation of best practices for emerging information governance challenges.

The IG Summit hosted numerous pan-Canadian Health Care and industry leaders, as well as those from the American Health Information Management Association (AHIMA), and offered each of the participants an opportunity to collectively provide their input into the definition and framework of a Canadian Information Governance focus. The purpose of the Summit was to focus on IG for Canadian Health Care, and to define and develop an approach and structure to effectively identify and manage health information in terms of exploration of international trends/best practices and opportunities; examine issues such as information accountability, integrity and interoperability; and to provide key recommendations to the CHIMA Board of Directors and the International Federation of Health Information Management Associations (IFHIMA).

In advance of the Summit, participants were provided with an extensive pre-reading package including White Papers, Webinars, and information shared by AHIMA and Alberta Health Services regarding their journey in defining Information Governance.

Participants engaged in four (4) work groups, each challenged with providing candid dialogue on key questions, developed by the Steering Committee. These questions included:

- Why is Healthcare Information Governance important in Canada? Why now?
- What should be included in a Canadian Healthcare IG definition and framework?
- What considerations should be included in adopting an IG framework in Canada?
- What recommendations do we have for CHIMA’s Board of Directors regarding an IG domain of practice?

Work Groups were provided approximately one (1) hour to discuss each question and then present key outputs from those discussions to the full Summit attendees.

All notes from the IG Summit are in the process of being transcribed, and will be brought back to the Steering Committee to align the key recommendations arising out of the Summit.

The CHIMA/IM Information Governance Summit was the first step in many to help drive the final outcome of this domain.

Authors:
Cathy Brooks, Corporate Services Coordinator, CHIMA
Gail Crook, Executive Director, CHIMA
Top Takeaways from the 2016 AHIMA Convention

AHIMA's 2016 Annual Convention and Exhibit, which took place in Baltimore, MD, from October 13-19, featured dozens of educational sessions on a vast array of health information management (HIM) topics, and included an exciting slate of General Session speakers. Speakers included astronaut Captain Mark Kelly, his wife and former Congresswoman Gabby Giffords, and Laila Ali, daughter of the late boxer Muhammad Ali.

In her General Session speech, AHIMA CEO Lynne Thomas Gordon, MBA, RHIA, FACHE, CAE, FAHIMA, gave attendees a preview of AHIMA's strategy for 2017 and beyond. The strategy sets the course for AHIMA's future priorities.

“Change can be a little scary and daunting, but also it’s really exciting, and you have a partner, because AHIMA is here to help you as we collaborate together to achieve our future,” she told attendees. “What you’re going to see in our strategy is our future.”

Here's a peek at what was covered during the convention's educational sessions:

Privacy and Security

This year marked the 10-year anniversary of AHIMA's Privacy and Security Institute, which attendees helped celebrate with cake, champagne, and a slate of top-tier speakers, according to Angela Rose, MHA, RHIA, CHPA, FAHIMA, a director of HIM practice excellence at AHIMA.

Baltimore’s proximity to Washington, D.C., and federal agencies such as the Department of Health and Human Services' Office for Civil Rights (OCR) and the Office of the National Coordinator for Health IT (ONC) helped Rose recruit speakers such as Deven McGraw, Esq., OCR's deputy director of health information and privacy. Rose says Institute attendees were hanging on to McGraw's every last word “because she makes all the decisions about their privacy and security programs,” Rose said.

Click here for AHIMA Today's article on McGraw's presentation.

Coding and CDI

While attendees of the 2015 AHIMA convention were literally counting down to the October 1, 2015 go-live of ICD-10-CM-PCS, this year coding-focused convention goers were more concerned with ICD-10 updates for 2017 and with how the recently finalized Medicare Access and CHIP Reauthorization Act (MACRA) final rule would impact providers.

In addition to coding and clinical documentation improvement (CDI) sessions held throughout convention, AHIMA also convened the Clinical Coding Meeting held on the Saturday and Sunday prior to the convention's official launch.

“We had a great crowd for both days of the Clinical Coding Meeting,” said Donna Rugg, RHIT, CCS, CDIP, a director of HIM practice excellence at AHIMA. “We also had more registrants listening via live streaming than last year.”

Tammy Combs, MSN, RN, CCS, CCDS, CDIP, a director of HIM practice excellence at AHIMA, said it was exciting to see so much interest in outpatient CDI from those who attended the coding meeting.
Information Governance

Information governance (IG) had a high profile at this year’s convention, with events including the Information Governance Leadership Forum, which was held on the Sunday of convention, as well as the “Building the Case for Information Governance—IG Roundtable.”

Ann Meehan, RHIA, director of information governance at AHIMA, felt that attendees were interested and engaged in learning more about IG. She said that throughout the convention a theme she kept hearing is that the role of the HIM professional—whether a coder, a CDI manager, or other—is evolving.

Click here for more Journal coverage on IG at convention.

Standards

The mission of AHIMA’s standards team at this year’s convention was to raise awareness about AHIMA role in standardization of HIM practices and guiding the development of Health IT standards for interoperable health information systems, according to Anna Orlova, PhD, senior director of standards at AHIMA.

“There is growing interest in participating on AHIMA Standards Task Force. Those who already participate in the Task Force strongly advocated for continuation of AHIMA involvement in standardization effort both nationally and globally,” said Orlova.

Click here to read an extended version of this article on the Journal of AHIMA website.

Author:
Mary Butler, Associate Editor, AHIMA

The 2016 Health Information Management Association of Australia (HIMAA) and National Centre for Classification in Health (NCCH) National Conference

Like the Sydney Australia Olympic Games held in September 2000 the HIMAA Board, the NCCH and the Conference Committee have had the “best ever” label put on our 8-10 November 2016 Conference held in Melbourne, Australia.

With over 400 participants, and some of the best papers at an Information Management level presented at any of our conferences, as well as practical and informative Clinical Coding papers and workshops, no one walked away disappointed with the quality of information presented over the three days.

The opening keynote was delivered by Deborah Green from the American Health Information Management Association (AHIMA) who told us of the emerging super discipline of information governance, information governance concepts and the need for consumer friendly health information like “PADDLE” which allows for patient intelligible discharge summaries. Dr Philip Hoyle an esteemed colleague from Royal North Shore Hospital in Sydney, Australia and Principal Clinical Adviser for the NCCH gave the second keynote. Philip presented a clinician’s view on ‘health information for a changing world’ and highlighted the threats and opportunities that health information professionals should be aware of in order to raise their profile and maintain their relevance as health care moves into a digitised age.

He made a very powerful statement which set the tone for the three-day conference.

“The health information profession has a unique practical and ethical impact, but to prosper it must continue, in the public interest, to drive the deployment of information and its ethical use.”

Author:
Mary Butler, Associate Editor, AHIMA
Day one then split into two streams with Data Management and Information Management the themes under the HIM stream. The concept of celebrity HIMs, was an interesting one from Cameron Barnes from Cabrini Health who felt that at our next conference we should be able to “Google” Celebrity HIM and identify names to challenge the celebrity chef status. Maybe we need to write some more books and put the President of HIMAA on an island in the Pacific as part of the Survivor franchise!!!!

Inter-classification communication, MyHR in Primary Health care, enhancing consumer engagement in the test result process, hand held digital devices feeding directly into the eHealth record, self-monitoring were all subjects keenly explored by speakers. Pricing for safety and quality and workforce issues were also an important part of our conference, with the launch of the 2015 Health Information Workforce Summit report and workshops undertaken on the outcomes of the summit.

Our final day plenary concentrated on Activity Based Funding (ABF) with outstanding information presented from James Downie from the Independent Hospital Pricing Authority, who always cuts to the chase and spoke on proposals to incorporate safety and quality into pricing and funding of public hospital services. Vera Dimitropoulos introduced important concepts within the world according to Activity Based “practice” where ABF, Activity Based Management and other processes can be used in conjunction to improve the use of linked data in an integrated health care environment. We were also delighted to welcome Marie Glynn and Jacqui Curley from the Irish Healthcare Pricing Office to deliver a great session on the bridge between Ireland and Australia in ICD 10 AM/ACHI/ACS and how that bridge has been joined.

The plenary finale saw representatives from each of the Australian jurisdictions discuss progress on implementing ABF/ABM during a panel session showcasing the great work being undertaken nationally.

The conference had very much an International flavour with delegates from Ireland, New Zealand, Saudi Arabia and the USA participating.

The coding and classification stream of the conference had Professor Richard Madden from the NCCH present on new opportunities for using functioning properties (included in ICD-11) within ABF systems in the future. Jill Burgoyne from the Northern Territory summed up the importance of coding practice as “the beating heart of health information” and presentations on coding projects and ethical coding practice challenged us and facilitated further discussions during our networking events.

Our Coding and Classification Workshops provided for clinical updates on spinal injuries and clot retrieval using neuroradiological interventions. A ‘Back to Basics’ coding workshop and a preview into developments for the Tenth Edition of ICD-10-AM/ACHI/ACS refreshed our fundamental knowledge in coding and provided insight into the what to expect on 1 July 2017 when Tenth Edition will be implemented for Australian coding practice, nationally.

The tradition of the Amazing Race, started in Sydney in 2015 and continued with a hotly contested race through the streets of Melbourne. These normally quietly conservative people were transformed as the competition grew intense near the finish line.

HIMAA and the NCCH partner each year to provide our professional HIMs and Clinical Coders with the best professional development we can deliver.

Please join us next year, 1 to 3 November, when we will be in Cairns, Queensland, the land of tropical breezes and cool cocktails and lots of lifelong learning.

Authors:
Jenny Gilder, President HIMAA
Vera Dimitropoulos, Executive Director, NCCH and Regional Director, IFHIMA
The 77th Fall Scientific Conference of Korean Health Information Management by Korean Medical Record Association

Korean Medical Record Association held their 77th scientific conference on October 21-22, 2016. Scientific Conference is held twice a year, in spring and fall, and this conference was held in Yeosu, with total 364 members attending.

The theme of scientific conference was the “Present and Future of Health Information Management”, to define the domain of medical record technician’s job and act as a competitive professional in a changing environment, and share information among members through the benchmarking of health information management in advanced countries and presentation of exemplary cases of Korea.

In particular, the opening ceremony included celebration for the former president Joon-Hyun Hong, who has been inducted into IFHIMA as an Honorary Member, and presentation of certificates for 15 candidates who had successfully passed International Training and Certification for ICD-10 Mortality and Morbidity Coder Program, confirming globally acknowledge activities of Korea’s medical record technicians once again.

In the congratulatory address, President Hee-Won Lee stated that “there was a reorganization plan for medical record technicians into health information management professionals at the National service development strategy council in last July. In regards to the name of medical record technician, it should be changed to health information management professionals in accordance with the current era. Along with the name change, job domain should be expanded to perform the job of life cycle management of medical data, data quality management and big data analysis. Such reorganizational process requires revision or relevant law, so all members should pay attention and put in effort.” In addition, the first president of this association, Sister Mary Daniel Park, stated “we experience every day that life is the continuation of challenges and choices. There are 18 countries among IFHIMA member countries that use the term ‘Health Information Management Professionals’, and there are only 4 countries remaining that still use the term ‘medical record technicians, including Korea. We need to change with the changes of names for medical record technicians and medical record association that are occurring globally,” encouraging changes in the congratulatory address.

In the general session, Pf. Yoo-Kyung Boo (former KMRA President, IFHIMA Co-regional director of South East Asia Region, 2013~2016) presented strategic development plan for health information management in Korea through the benchmarking of health information management trend in advanced countries, such as the U.S., Canada, Australia, etc., in addition to the report of IFHIMA participation. Also, Seol-Kyung Baek (Medical Records Manager at Ajou University Hospital, International director of the Association) presented ICD 11 development status and field test results as the coordinator of ICD 11 Pilot Field Test. In addition, professor Eun-Hee Cho (Wonkwang Health Science University, Vice President of the Association) presented results of National Competency Standard-based job analysis as a part of educational system improvement to foster outstanding medical record technicians, along with the progress on learning module development, showing a significant progress in the strategic execution for perception reinforcement and role change as health information management professionals.

In the scientific session, members made presentations on health information protection activity cases, improvement for
issuing the copy of medical record, evolution of electronic medical record system and job expansion and changes of medical record technician, field applicability review of ICHI, information governance, medical record technician field training improvement plans, etc. along with enthusiastic discussions.

In the scientific presentation session, Yoon-Jung Cho (Medical records manager, Chung-Ang University Hospital), who has presented “Clinical Application Case of ICHI”, received an academic award. Also, with the sponsorship by Division of Infectious Disease Control at Centers for Disease Control & Prevention, clinical lectures on national hospital discharge injury survey and intermediate curriculum tutorial on disease classification were held, and promotional activity on legal infectious disease reporting took place at the promotion and exhibition booth regarding “Survey on the perception of Medical Personnel regarding legal infectious disease reporting.”

Author:
Yookyung Boo, IFHIMA Regional Director 2013-2016

Summit on Mortality Statistics

IFHIMA 18th Congress, Tokyo, Japan

The first-of-a-kind IFHIMA Mortality Symposium provided Scholarship recipients from 18 countries the opportunity to network and share their respective countries' mortality data collection practices, challenges, and recommendations. The presentations and papers illustrated the thoughtful research and discussion undertaken by presenters prior to their arrival in Tokyo. World Health Organization (WHO) attendees, as well as IFHIMA and JHA attendees, participated in this session.

This article includes a brief overview of the presentations provided by Barbados, Indonesia, Jamaica, and St Lucia, as well as common challenges and recommendations shared by the presenters.

Future Global News issues will include summaries and recommendations from other nations, as well as actions that may be taken by IFHIMA and WHO.

Barbados

Authors:
Deneice Marshall (pictured above), BHIMA President and HIM Coordinator,
Tracy Bancroft, BHIMA VP & Medical Records Officer, Audrey Lovell-Wickham Chief Medical Records Officer

Key areas addressed in the Barbados presentation were the importance of Medical Documentation and Current Medical Documentation Challenges in Death Certification where common medical documentation deficiencies in the medical record were identified. The presentation also highlighted the Barbados Ministry of Health’s (MOH) role in capturing, collecting and compiling mortality data.

Some challenges were discussed with regards to the limitations surrounding data capture and collection. The important uses of the health information reporting for local (e.g. Control of Communicable Diseases Regulations), regional (e.g. Caribbean Public Health Agency) and international surveillance purposes and obligations (e.g. PAHO/WHO Health Indicators) were also accentuated.

Recommendations from the presentation included:

- HIM professionals need to foster better working relationships with medical practitioners to ensure timely and accurate documentation of medical death certificates.
- Establish specific medical documentation and death certification training programs for doctors/certifiers of death.
- Provide access to current medical coding resources and technology; e.g. develop an International HIM Community of Practice Network for Medical Coders.
Jamaica

Authors:
Veronica Miller Richards (pictured above), Vice President JMRA and RHRA, BSc. HIM
Jermain Martin, Director, Health Records Services and Treasurer JMRA, BSc HIM.

The presentation provided an overview of the assessment of mortality data/statistics at four major regional hospitals across the island to identify gaps in the data collection process/system for the period 2010-2014.

In order to address the challenges associated with the compilation of mortality statistics within the Jamaica’s health care delivery system the following recommendations were proposed:

- Establishment of Regional Quality Assurance Committees. The main focus would be to identify and address current deficiencies.
- Ongoing inter-sectorial collaboration between the Ministry of Health, the Registrar General Department and the Ministry of National Security and Justice, this will foster good working relationship between these ministries and departments.
- Mandatory staff training and development for both doctors and health records personnel in the areas of proper documentation, International Classification of Disease (ICD-10) mortality coding.
- Revision of the current Medical Cause of Death Certificate (MCCD) to capture all vital information needed to effectively report vital events.
- Procuring adequate supplies of coding manuals for health records department coders this will improve the mortality coding backlogs within the hospitals.
- Continuous auditing of documentation practices should be carried out and findings monitored regularly.

Indonesia

Authors:
Dwi Margawati (pictured above)
Achmad Yani College of Health
Sis Wuryanto, Achmad Yani College of Health
Muhammad Hamdani, Yogyakarta General Hospital,
Sanimawar Djaja, National Institute of Health Research and Development of the Ministry of Health of Indonesia

The presentation focused on Mortality Statistics Reporting in Indonesia from data collected in the city of Yogyakarta, which has one of the highest amounts of Medical Records and Health Information institutions and members in Indonesia. The presentation outlined how the reporting is done as well as what improvements need to be made.

Mortality data results, which were collected in the National Health Organization of Yogyakarta City in 2015, reported that 36.62% of all deaths are recorded as cause unknown.

- The interview result indicated that most of the data concerning unknown causes of death came from the Primary Health Care Centers, specifically, those who died in their homes or other locations outside the primary health care centers.
- There is a large gap between the data collected at the National Health Organization and the Civil Registrar who provides death certificates to the citizens for legal purposes.
- Mortality statistics reporting among hospitals and Primary Health Care Centers in Indonesia requires much improvement given its importance.
- Unknown causes of death skew the data gathered by hospitals, Primary Health Care Centers, and the National Health Organization thus causing inaccurate, sometimes incorrect results.
- A uniform system with proper accountability needs to be developed in order to provide accurate and relevant mortality statistics data across the country.
St Lucia

Author: Margaret Henry Samuel (pictured above), Manager-HIM, St Jude Hospital, St Lucia

The presentation focused on the challenges facing St Lucia, a small Caribbean island, in collecting mortality statistics. The island faces major challenges:

- Incomplete or insufficient information is captured on the death certificates because physicians either do not know the correct method of documentation or they choose not to complete the forms correctly.
- Data collection methodology is confusing, thus creating duplication as well as incorrect reporting.
- The issues have affected the ability to report accurate mortality statistics as well as implementing corrective action to improve the island's health activities that will increase life expectancy and survival rates.

St Lucia is fortunate in having Health Information Management Departments at the hospital who are responsible for collecting the mortality data and sending to the Ministry of Health, whereas many other presenters did not have this organization or dedication.

General Recommendations

All presenters (picture below) shared their heartfelt thanks to the sponsoring organizations, and the value they gained from networking with peers around the globe.

As the country specific writing's illustrate, there are many common challenges with the following recommendations offered:

- HIM personnel need to be trained in order for the profession to be sustainable and more recognized. Deficiencies in data accuracy and integrity are a result of the lack of trained Health Information Management personnel/workforce
- Continued support of the WHO-FIC IFHIMA joint collaboration, and other international bodies, is needed to assist in the training and development of certification of coders
- Support is needed to get the buy-in of health record’s personnel becoming members of their national associations.
- Regional networking, such as a Caribbean network, will improve collaboration and communication.
- The importance of accurate medical documentation and its impact on mortality data needs to be addressed as a matter of urgency.
- Key stakeholders in appropriate agencies and ministries need to be engaged and enlightened as to the common challenges and recommendations
- The ICD 11 launch should highlight the importance of mortality data and challenges countries currently face.

Read future issues of Global News for more presentation from the Mortality Statistics Summit.

Author:
Lorraine Fernandes, IFHIMA President-Elect 2016-2019 and Editor, Global News
2017 Membership Dues

Thank you to all associate members who are recipients of Global News for their membership and their support for IFHIMA's global mission. I hope that your membership has provided you with a greater insight into HIM globally. Member dues for all categories of membership fall due for on January 1st, 2017 - reminders will be sent to all members in due course and it would be very much appreciated if dues payments are made promptly. I hope that more readers of Global News will choose to join IFHIMA in 2017 and I look forward to welcoming you! You can apply and pay dues on-line via the IFHIMA website at http://ifhima.org/apply/. Enquiries about membership are welcome at any time.

Lorraine Nicholson, Membership Chair, l.nicholson@zen.co.uk

Editorial Guidelines for IFHIMA Global News

IFHIMA publishes Global News three times per year with the intent to highlight national association news, share Board activities in support of the IFHIMA mission and strategic plan, and keep members abreast of other IFHIMA activities. IFHIMA recently released Editorial Guidelines to assist authors in developing content for Global News.

Our intent is to encourage contributions by making the guidelines readily available, thus saving time and providing clarity to authors, while encouraging content from all our member nations. We anticipate this will also ease the editing process for both the authors and the editorial staff.

Please feel free to contact Lorraine Fernandes the current Editor for Global News at the address below, if you have questions or ideas. We welcome feedback and look forward to even more articles sharing health information successes and activities!!

A copy of the guidelines can be found at: https://ifhima.org/editorial-guidelines/

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Disclaimer:

Contributions to Global News are welcomed from members and non-members of IFHIMA and articles should be typed and sent by e-mail to the Editor, Lorraine Fernandes (lfernandes54@gmail.com) for consideration for publication. Responsibility for referencing in any article rests with the author. Readers should note that opinions expressed in articles in Global News are those of the authors and do not necessarily represent the position of IFHIMA.

PS: If you do not wish to receive further IFHIMA/IFHIMA messages or editions of Global News please let us know and we will remove you from the mailing list (MMACDONALD@haltonhealthcare.com).