IFHIMA Global News
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IFHIMA is committed to the advancement of health information management practices and the development of its members for the purpose of improving health data and health outcomes.

Japan Award Scholarship

IFHIMA is pleased to announce that the Japan Hospital Association has generously donated the equivalent of $22,500 USD to fund scholarships for developing nation attendees at future IFHIMA Congresses.

The Japan Hospital Association, as highlighted in this and previous Global News editions, funded 18 recipients who attended the 18th Congress in Tokyo, and who presented at the Summit on Mortality Statistics (one recipient was not able to attend due to transit issues). This unprecedented gesture, along with the new scholarship fund, has left the Board in awe and eternally grateful.

President Marci MacDonald shared in her acknowledgement letter to Dr. Toshio Oi, President for the 18th IFHIMA Congress “This extremely generous donation will ensure generations of future HIM’s will be given this invaluable experience!”

Approximately one year prior to the 19th Congress in Dubai, United Arab Emirates, a committee will be convened to define the process and criteria for awarding recipients of the Japan Award Scholarship.

The Japan Award Scholarship is a tremendous addition to the already established Ulli Hoffmann Scholarship fund, which also supports the attendance of developing nation delegates, at IFHIMA Congresses.

Lorraine Fernandes
IFHIMA President-Elect and Global News Editor
Health Information Management Association (HIMA) India

2nd National Conference and Exhibit on HIM and IT, 10th-11th December 2016
NCRD’S Sterling Institute of Pharmacy, Navi Mumbai, Maharashtra - India

HIM INDIA INFO - 2016 focused mainly on the theme “Better Information Management for Digital India” to offer knowledge, resources, and tools to advance health information professional practice and standards for the delivery of quality healthcare. And, enable HIM professionals to act as leaders, using digital information to achieve triple aims of reduced costs, better care, and improved people health.

The conference was organized by HIMA India in association with Medical and Health Information Management Association, Maharashtra.

About 25 National renowned speakers with vast experience in HIM, IT, Healthcare management and allied fields participated and presented papers on the following topics.

- Standardization of HIM profession throughout India
- Role of HIM in Accreditations
- Pharmaco and pharmacy informatics systems
EHR Functional requirements & specifications
Challenges of EMR/EHR adoption – implementation
Novel HIM Education and training to meet the global challenges
Medical legal, insurance, reimbursement, billing issues related to HIM
HIM contribution in accomplishing “Digital India”

Two suffered patients due to improper treatment presented their own cases in such detail way, which was very appealing to all the participants and offered many clues where the medical, nursing and especially HIM had gone wrong. Besides this, six fascinating panel discussions were held on topics related to HIM, IT and Pharmaceutical industry by leading experts.

HIMA General Body meeting: General body meeting with representatives of different states was conducted on 10th Dec 2016. Discussions were held and some more members were selected as state/region representatives of the HIMA India to oversee the activities, to make vibrant national association and to apply for the IFHIMA International Congress in 2022. During the discussion, all members showed interest in conducting more educational programs like workshops in each state for membership drive to bring as many professionals under the umbrella of HIMA India so the association can carry out its objectives successfully.

About 250 participants including HIM and IT professionals, Pharmacy students, Doctors, Nurses, Quality assurance and administrative personnel across the country participated. All the presented articles were compiled and printed in the proceedings and distributed to all the participants.

Awards and Recognitions:
- Mementos were given to speakers under each category and Participation certificates were given to all the participants
- Maharashtra Medical Council (MMC) recognized the HIMA national conference and awarded four credit points for the participants as continuing educational program.
- Prof. Dr. Mogli’s Award for Professional excellence in HIM: This award was instituted in the year 2011, and presented every year to the professionals who excelled in the profession. The year 2016 award was given to four members, each from different states

Chief Guest, Guest of honor, Honorable Justice of High Court of Maharashtra and guest speakers applauded that “papers presented were of high standard and it was good knowledge sharing program.”

Conclusion: The Conference was conducted successfully due to the extraordinary efforts of Organizing Committee.

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Dear IFHIMA Colleagues and Friends.

Welcome to the first “Global News” publication for 2017!

The snow is melting in Canada (after a last blast of snow fall last week) and the weather is turning warmer! This means Spring and Summer are on the horizon for our part of the world, as others see their own seasons entering changes.

Our profession continues to change and evolve as well, with the Board continuing to work on your behalf to promote and advocate for our profession globally.

We are very fortunate to have Board representatives from each WHO region, who have come forth to accept these voluntary positions on behalf of our membership.

We want you, our membership, to have the opportunity to meet the IFHIMA Board through the pages of the Global News. To this end, each publication will highlight a couple of our Board members who will be providing an introductory summary of their background and professional experience. It still amazes me to see this group of dedicated individuals working together for the good of HIM’s internationally.

Prior to joining IFHIMA, I must confess I never really thought about anyone doing my job in Korea, Japan, Germany, Nigeria – well – basically anywhere other than Canada! IFHIMA opens our eyes, minds and our hearts to others around the world as we all work together to collectively promote exemplary patient care through the support of superior documentation and data collection.

The World Health Organization depends on coded statistical information to follow trends related to diseases. I never really considered how my work performance could impact beyond my own nation – but working with IFHIMA and WHO related committees, really made me realize how introspective I had been!

In the last newsletter I mentioned the impact of meeting Dr. Margaret Chan, the Director General of WHO. I wish each and every one of you could have heard her praise and respect of our profession. She is a staunch supporter of Health Information Management, and has great admiration for this profession. Remember that when you are looking at that person in the mirror each morning while brushing your teeth – you are important, you are valued, and you make a difference!

This issue continues to bring you information on WHO related activities, as well as further articles related to the 18th IFHIMA Congress that took place in Tokyo, Japan, in October 2016. There is so much valuable information to share with you!

This publication also brings you information on recent international HIM Conferences, which we are certain you will find most interesting and inspiring.

The Global News is your opportunity to share with your colleagues world-wide. Please do not hesitate to provide us with articles for inclusion. Our Editorial Team will be happy to review same and select those that we feel would be of the most interest to all.

I know it is well into 2017, but a belated “Happy New Year” to all, and please enjoy this first Global News of 2017!

Warmest personal regards,

Marci MacDonald, CHIM
IFHIMA President, 2016 – 2019
WHO FIC News


March 2017

The International Classification of Diseases, Eleventh Revision for mortality and morbidity statistics (ICD-11 MMS) was released for World Health Organization (WHO) Member State comment at the ICD-11 Revision Conference in Tokyo on 12 October 2016. The work on finalising the classification continues towards endorsement by the World Health Assembly (WHA) in July 2018. It should be noted that a classification is never final and will always require updates given that medicine is a continuously evolving science. Focused field trials of the ICD-11 MMS, through some World Health Organization Family of International Classifications (WHO-FIC) collaborating centres have occurred in the latter half of 2016 and more extensive and specialised field trials will continue in 2017. Feedback from these field trials will help improve ICD-11 to ensure it is fit for purpose.

It is hoped that ICD-11 will be implemented as the standard classification for international use (and comparison) in the future for mortality and morbidity coding and reporting.

ICD-11 MMS Joint Task Force (JTF) was formed during the latter stages of the ICD-11 development cycle and has been the steering group for ICD-11 MMS providing strategic and technical advice to WHO for the finalisation of the classification’s development. Input to the classification has drawn on scientific advice, where recommended by the JTF or WHO. The JTF is time limited during the final phases of the development cycle leading to 2018.

WHO acknowledges that ICD-11 should have a sustainable process model implemented for the delivery of quality classification products. A sustainable process model will ensure that ICD-11 can effectively provide information as the international standard for statistical purposes in public health, and serve as a specialised classification for clinical and related data reporting requirements.

The most recent meeting of the JTF was held in Cologne in February 2017 where the focus was on strategies to achieve the longer term goals for ICD, especially during transition. WHO is restructuring the present ICD Revision advisory arrangements towards a longer term maintenance framework.

Other significant discussion topics at the February 2017 meeting included:

- Discussion of Member State Feedback received to date
- Finalising sections of ICD-11-MMS content
- Improvements to the ICD-11 Reference Guide
- Finalising Quality Assurance mechanisms and plans
- Planning for the 2018 Release of the ICD-11-MMS
- Development of a transition plan for moving to ICD-11 Maintenance

The JTF will continue its advisory role to WHO until such time as the new WHO governance arrangements for maintenance of the ICD-11 MMS are put into place.

Author:
Vera Dimitropoulos
Executive Manager, Classification Development, National Centre for Classification in Health, The University of Sydney
Member of the ICD-11 MMS Joint Task Force

IFHIMA and the WHO Family of International Classifications (WHO FIC): A long-standing partnership

IFHIMA continues during this next 3-year period its’ involvement with the WHO Family of International Classifications. IFHIMA has representation on two committees---the Education and Implementation Committee (EIC) and the Morbidity Reference Group (MbRG).

Education and Implementation Committee

Margaret Skurka continues her role for this next 3 year cycle, representing IFHIMA on this Committee. The American Health Information Management Association (AHIMA) continues to sponsor her travel expenses for this work. There was a teleconference recently, on March 23, instead of a mid-year
WHO FIC News

meeting. The mid-year meeting had been planned for Cape Town, Africa, but budgets for many from countries around the globe made it impossible for this face to face meeting to take place. There will be a face to face meeting in the Fall in Mexico City, concurrent with the WHO-FIC annual meeting. Work continues in the following areas:

- WHO-FIC Implementation Database
- ICD-11 activities
- Database of WHO-FIC advisors and educators
- EIC Strategic Workplan

Carol Lewis and Joon Hong continue to be instrumental in the improvement of the questions in the WHO-FIC databases and are to be commended for their work. They reported on their work during the conference call and raised important issues, including streamlining and enhancing the questionnaire that is under development and will be disseminated to WHO member nations.

The Morbidity Reference Group

The Morbidity Reference Group (MbRG) was reactivated at the WHO-FIC Network meeting in Tokyo in October 2016 and 3 co-chairs were appointed. The MbRG will be a Working Group and for this first year or two, and will be working on ICD-11. The group started the March 19-21 meeting held in Gothenburg, Sweden, with the reviewing work done by the MbRG from 2006-2010. Margaret Skurka attended, representing IFHIMA. Vicki Bennett from Australia, also an IFHIMA member, attended as the recorder and Vera Dimitropoulos, IFHIMA Regional Director of the Western Pacific, attended representing her work in Australia.

The group focused on the ICD-11 Reference Guide and the beginnings of development of ICD-11 Quick Reference materials. The MbRG will be involved in ICD-11 field trials. There was specific focus on the X-Chapter Extension codes as well as Chapter 24, Factors influencing health status or contact with health services. The MbRG will make contributions to ICD transition planning and will contribute to ICD-10 Morbidity strategies in the coming years before ICD-11 launch. The group will meet again face to face in Mexico City in October. Dr. Robert Jakob, Team Leader, Classifications and Terminologies, did an opening presentation at the meeting on the state of the WHO-FIC. He also took the group through the current Beta version browser for ICD-11, the Search engine and the current state of the Reference Guide.

IFHIMA is pleased to continue having representation on both these committees and looks forward to making an impact in the development and implementation of ICD-11.

Margaret A. Skurka,
IFHIMA Representative to the WHO-FIC Network Committees
Past President, IFHIMA

ICD 11 Revision Newsletter

IFHIMA is proud to be a non-governmental organization (NGO) recognized by the World Health Organization. IFHIMA is represented at various workgroups, committees, and activities through formal appointments, and many of our member nations have individuals who also participate in WHO Family of International Classifications (FIC) work. Global News is alerting our members to the quarter ICD 11 Revision Newsletter that may be found on the WHO website at http://www.who.int/classifications/icd/en/). Here is a direct link to the January newsletter. http://who.int/classifications/ICD11January2017Newsletter.pdf?ua=1.

Additionally, in this issue, Margaret Skurka and Vera Dimitropoulos have contributed articles sharing their WHO FIC activities. If you are involved in WHO FIC activities and would like to submit an article for future issues, please contact Lorraine Fernandes, lfernandes54@gmail.com.
My Experience at the 18th IFHIMA Congress in Tokyo

Ulli Hoffman Scholarship Recipient

My name is Veronica Maemo Moswang; I have been in Medical Records for the past six years. I have worked in Sbrana Psychiatric Hospital. My main objective of attending the Tokyo Congress was to find out how Medical Records or Health Information Management was doing in different countries, to find out if the same problems or issues that we encounter in Botswana are experienced by other counties, and if so, how do they tackle them. The Health Information Management profession is still new and developing profession in Botswana. Our current situation is people in the Medical Records Profession are from different cadres like Library studies, Archives and Records Management and some Information Technology, only a few have relevant qualifications.

How I benefitted from the Congress

I learned a lot from the presentations, especially the ones on education. I could see that a lot of countries have good universities offering quality courses in Health Information Management, and also that their education system was very good as compared to the one in my country, which is still at an infant stage. Only two Universities are offering the courses, that is Botho College offering Bachelor’s Degree and Boitekanelo offering certificates courses. There was another presentation by Deneice Marshall from Barbados about the Importance of Medical Documentation and Current Medical Documentation Challenges in Death Certification. Through this conference I had the opportunity to network and increase awareness in the area of Health Information Management.

When I arrived back from the Congress I shared information and experiences with my colleagues at Sbrana Psychiatric Hospital, though it was done quickly as shortly thereafter as I was transferred to Nyangabgwe Referral Hospital in Francistown. I was really impressed by the education part because it is still a major concern as far as Medical Records is concerned; I also learnt Manipal University in India is helping Botho College in Botswana.

During my short stay in Tokyo a lot was learnt. I learnt a lot like reading street maps, which are very uncommon here in my country. I really enjoyed even though most of the times I got lost when I tried to find places on my own, but eventually managed!!

I will like to take this opportunity to thank the Sponsors for the Ulli Hoffman scholarship for having given me the opportunity to travel to Asia to attend the 18th IFHIMA congress in Tokyo. The 22-hour flight was worthwhile. You really made my dreams come true--it was my first time on plane, my first time out of Africa and my first time attending an IFHIMA Congress. I also made a lot of friends and some we are keeping in touch. Keep up the good work, and may Ms. Ulli Hoffman’s soul rest in eternal peace. Thank you for the experience, and am looking forward to attending more congresses in future to advance my career in Health Information Management.

Author:
Veronica Maemo Moswang

Mortality Statistics Summit

IFHIMA 18th Congress - Tokyo, Japan

In the December 2016 Global News we included the synopses of four presentations given by Barbados, Indonesia, Jamaica, and St Lucia. In additional, the article included recommendations from these four presenters for improving mortality data around the world. All presentation from the Mortality Statistics Summit will be included in the IFHIMA 18th Congress Proceedings which will be published soon.
In this article we are sharing three additional presentations; Republic of Srpska, South Africa, and Thailand.

**Republic of Srpska (Bosnia and Herzegovina)**

**Author:**
Professor Zivana Gavric, PhD MD Faculty of Medicine, University of Banja Luka and the Public Health Institute, Banja Luka, Republic of Srpska, Bosnia and Herzegovina (B&H).

The presentation provided an overview of mortality data/statistics in Republic of Srpska (B&H) for the period from 2004 to 2013. Republic of Srpska (Bosnia and Herzegovina) is a country of the Western Balkans and a country in Southeast Europe (SEE).

The method of collecting data about deaths has existed since 1950, and dates from the time of former Yugoslavia, and each ex-Yugoslav country has developed its own system of collecting data about the death. Since 1992 in the Republic of Srpska, the Institute of Statistical of Republic of Srpska collects data about dying on the death certificate form, that is completed by the home offices of municipalities in accordance with the laws of the Republic of Srpska.

The causes of incomplete information regarding the causes of death in our country are as followed:

- **Currently the existing death certificate is not in accordance with the needs for complete monitoring of causes of death; specifically, it is not well constructed to today’s digital and healthcare needs since it has been used for several decades. The instructions are not as detailed as needed to ensure accuracy of interpretation and data capture.**
- **When completing death certificates, it happens that it can be filled in such a way that the direct or indirect cause of death is not provided for, or that several diagnoses are provided for the causes of death, out of which more than one can be the direct or immediate cause of death;**
- **Education on filling the death certificate should be conducted more often in order to avoid a huge number of R (unknown) causes of death;**
- **Insufficient monitoring and analysis of mortality by physicians, and the lack of feedback information to health facilities about mortality, and the most common physician mistakes when writing causes of death;**
- **Lack of development of computer equipment and software which would facilitate the work of the healthcare institutions;**
- **The death certificates for accidents, homicides and suicides need to be better defined in terms of the manner and cause leading to death.**

The Summit on Mortality Statistics in Tokyo made it possible to exchange experiences and knowledge with other participants. It also identified common problems in the conduct of mortality statistics and the need to find solutions in order to create better mortality statistics.

**Republic of South Africa**

**Author:**
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In South Africa (SA) deaths registration are legislated and form part of national vital registration information. Statistics South Africa (Stats SA) collates and code death certificates using ICD-10 mortality coding rules where after data are analysed and made available to the public. SA followed World Health Organisation (WHO) death certification criteria and implemented DA-1663 in 1998, replacing BI-1663. Both are still used, but variables are comparable except for extension on the perinatal death section in the new form.

Doctors certify natural deaths and registered nurses are legislated to certify stillbirths while tribal leaders can also issue a death certificate in specific circumstances. Unnatural deaths are investigated and certified by forensic pathologists. Mortality coding is done using ANACoD and CoDEdit coding systems under the auspice of experienced coders.

The National Health Act prioritises information confidentiality on death certificates. However, safeguarding of confidential information is poor and poses concerns to doctors regarding recrimination, resulting in reluctance to disclose sensitive information like HIV. This gives rise to high Ill-defined rates (12.5%) which compromise the usability of mortality statistics for policy and research purposes.
The 2014 Stats SA mortality report (Figure 1) indicated a 94% completed death certification rate for adults while 54% had only one cause recorded. Missing data are high for ill-defined conditions (12.5%) while 78% cases were reported later than the legislated 72 hour period.

A comparative WHO data analysis indicated SA has poor quality mortality data which was confirmed by a Western Cape study as illustrated in Figure 2. It can be noted that as ill-defined conditions decrease other conditions like HIV, ischemic heart disease and hypertensive diseases increases which elucidate the importance of high-quality source documentation.

In conclusion, key barriers to quality mortality data in SA is the poor safeguarding of confidentiality and non-disclosure to unauthorised third parties which foster the use of ill-defined diagnosis and underreporting of important underlying causes of death like HIV.
Thailand

Author:
Mr. Kanet Sumputtanon
Health System Research Institute, Nonthaburi, Thailand

The Thailand presentation focused on the brief history of Civil Registration and Vital Statistics (CRVS) system development, the assessment of the system with World Health Organization (WHO) assessment toolkit, as well as the success and challenges in Thailand’s cause of death (COD) reporting.

Mortality information is used by many stakeholders in Thailand especially policy makers for resource planning. Ministry of Public Health (MOPH) Thailand started publishing routine national vital statistics in circa 1920.

In 1996, Vital Statistics (VS) was significantly improved when Ministry of Interior (MOI) computerized the civil registration system providing electronic mortality and birth data directly to the MOPH vital statistics management. By transitioning to a digitalized and centralized civil registration system, it allows the data from civil registration system to be transferred rapidly, accurately and be ready to use. However, the quality of the cause of death report is not up to standard. As the results, Ministry of Public Health developed a plan and road map to improve cause of death information.

The MOPH started the COD improvement project using Verbal Autopsy (VA) in 2007. The Bureau of Policy and Strategy, MOPH trained health professionals at the sub-district level and MOI registrars at district office to conduct VA interview. The WHO’s VA tool was piloted and the tool was modified to Thailand healthcare context. The project was expanded to implement to all 76 provinces in 2015.

Recommendations to improve VS by the country CRVS stakeholders in Thailand:

1. Set a goal to reduce ill-defined COD to less than 10% within 10 years by facilitating the stakeholders’ collaboration.
2. Establish a network of collaboration between stakeholders in CRVS systems, e.g., MOI, MOPH, MICT, the National Health Security Office and National Statistic Office.
3. Use electronic in-patient morbidity records from insurance reimbursement information system (administrative data) to complement identification of COD outside hospitals. The can be done by matching death outside hospital information with recent hospitalization information of the death using the citizen identifier (13-digit number).
4. Create training modules/curriculums and train in-service health professionals and health professional students especially medical students.
5. Use a customized VA tool by rural health personal to interview the deceased’s relative before registering to civil registration system in order to reconfirm cause of death at the district office
6. Establish routine mechanism to evaluate data quality and feedback for continuous improvement.

Introducing New IFHIMA Regional Directors

In this issue, as well as the August issue, we will provide a brief introduction to several of our new Regional Directors. They were elected at the 18th General Assembly for the 2016-2019 term.

Oknam Kim
Regional Director, South East Asia

I am currently working as Director of the Health Information Management Institute, Korean Health Information Management Association, and have been working for over 40 years in HIM.

Most of my career has been spent in the medical record management department at university hospitals in Korea, and as a professor in health information management.
I am interested in information standardization for health information interoperability. Since 2011, I have been participating as a member of ISO TC215 Korean National Standard Committee, and researching health information standards.

KHIMA has participated in various activities organized by IFHIMA and WHO-FIC since the 15th IFHRO/IFHIMA Congress in Seoul 2007. As a new IFHIMA Board member, I am proud that KHIMA will actively participate in cooperation activities for the South East region, and will cooperate with other regional members for HIM education and information exchange. The South East region will need more cooperation and efforts for HIM development.

The globalization of disease emergence and population movement requires integrity, confidentiality and accuracy of health information for interoperability. Therefore, the importance and responsibility of HIM practice are also getting heavier. And the role of IFHIMA as an international organization representing HIM practice is more important than ever.

Babale Garba Nafada
Interim Regional Director, Africa

I started with Nursing as a career and rose up to Senior Nursing Officer after basic and post basic studies in Accident and Emergency from 1982-1994. I then had an opportunity to change my carrier to become a HIM Professional which enabled me to have obtained Higher National Degree (HND) HIM; B.Sc HIM; Bachelor of Science in Data Management; Post Graduate Degree Mgt; Masters in Industrial and Labor Relations (MILR); Masters of Scien in IT; Masters in Education. and presently pursuing my Ph.D in Information Resources Management (IRM) with cognate area in Health Information Management at Babcock University, Ileshan-Remo, Ogun State, Nigeria.

I started my working experience with University of Maiduguri Teaching Hospital from 1985 to date. Currently, I am heading the department of health information management and I’m the Secretary of Research and Ethics Committee of the Hospital, a part-time lecturer in the school of health information management. Presently I teach health planning and management, operations research and health management information system.

As an entrepreneur, I established a consultancy Services (El-Nafaty Health Data and Archival Consultancy Services) for training of HIM Professionals “on the job” for both Private and Public Health Institutions.

My career focus and future goal is when i accomplish my PhD in IRM (HIM), I intend to run a B.Sc program in the conventional universities for our more than 20,000 HND graduates to enroll and obtain their B.Sc HIM.

Calendar of events

April 7-9, 2017
KHIMA, Seoul, Republic of South Korea

April 24-26, 2017
Dubai, UAE
Gulf Coast Coalition (GCC) Health Innovation

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

Sept 1-3 2017
JHIM, Hokkaido, Japan

October 7-11, 2017
AHIMA, Los Angeles, USA

November 1-3, 2017
HIMAA, Cairns, Australia

November 10-12, 2017
BAR BHIMA Annual Conference

October 2019
19th IFHIMA Congress
Dubai, United Arab Emirates
For HIMAN and HRORBN (Our regulatory body) my focus shall be to collaborate with IFHIMA and/or WHO to establish areas of specialties such as Clinical Coding for HIM Professionals in Nigeria and other African Countries. I would also be part of my mission to have IFHIMA “set the ball rolling” for an annual forum of HIM associations for countries in Africa. I will work to expand IFHIMA membership for all African Countries.

CHIMA Celebrates HIM Professionals

28th Annual Health Information Professionals (HIP) Week - March 26–April 1, 2017

Health Information Professionals Week provides an opportunity to showcase the thousands of Health Information Management professionals who perform their duties masterfully throughout the year.

The Canadian Health Information Management Association (CHIMA), in partnership with the American Health Information Management Association (AHIMA), invited all HIM professionals to join in the celebration and to help showcase the importance of the HIM profession.

This year’s theme was: Health Information Professionals—Leading the way to quality data!

While data quality is everyone’s responsibility, certified HIM’s are recognized as the leading source of HIM knowledge, encompassing the entire lifecycle of health information.

Many of our members celebrated and helped to raise awareness of the HIM profession, by utilizing the online resources provided by CHIMA. Resources such as: suggested activities, presentations, articles, posters, and promotional items, were made available to aid in organizing and promoting this celebratory week. In addition, members captured their activities during HIP Week via video or pictures, shared them on social media and sent articles and photos to CHIMA to be included in an upcoming CHIMA Connection.

To view highlights from this year’s HIP Week visit: https://www.echima.ca/news/him-professionals-week

Collectively we can help raise the profile of this exciting and evolving profession!

Authors
Gail Crook, Executive Director, CHIMA
Cathy Brooks, Coordinator Member Services, CHIMA

HIMAA Awareness Week

The Health Information Management Association of Australia will be holding its second Health Information Management Awareness Week from the 22 to 26 May 2017.

After the great success of HIMAA Awareness Week in 2016 we are continuing the theme of Health Information Management being at the heart of Australia’s health care system.

HIMAA State and Territory Branches and members in health services across our vast country are encouraged to promote HIM as a career and as central to our health system. Our members are innovative in their approaches to this which was proven last year with some hospitals holding morning tea visits to all staff and Executives of their health services, guessing competitions, Branch dinners, trivia nights.

The HIMAA Board will this year incorporate a face to face meeting in one of the States to meet with members and enjoy a social event.
Promotion of HIMAA resources including our suite of documents are now available to support the members including the Health Information Workforce Summit document, the five-year Strategic Plan, HIMAA Professional Practice Guidelines with the newly revised National Centre for Classification in Health standards for ethical conduct in clinical coding and HIMAA 2025, a new document for the HIM profession made available on licence through the University of Tasmania. All these resources that can be used by HIMs to promote the profession to their health services.

We are so excited that other countries are also holding HIM Awareness Weeks and who knows, one day we can coordinate internationally.

#himawareness17"

Perspectives from Attending the 18th IFHIMA International Congress

In 1980 Professor Phyllis Watson AM encouraged me to attend an international Congress as it would be a “unique experience”. She emphasized that “Medical Record Administrators should attend at least one international congress in their career”. I had been working for just two years after graduating from Cumberland College of Health Sciences (CCHS 1977) and had only travelled as far as Fiji in the Pacific. I registered for the Congress and booked my trip to The 8th IFHRO Congress in The Hague, The Netherlands.

In 2016 I registered and booked my trip to The 18th IFHIMA International Congress in Tokyo, Japan. Once again, Professor Watson was encouraging Health Information Managers to “attend at least one international congress” and I found myself registering. Why? As the memory of the experience at the congress in 1980 was still clear in my mind and Tokyo was only a nine hour flight from Sydney.

Tokyo presented as an extremely hectic but organised city with friendly people. It was nice to simply bow and smile to communicate without actually speaking the language.

30 Australians travelled to Tokyo and we were the largest group representing one country.

I attended the General Assembly as an observer and it was an opportunity to see an IFHIMA meeting in progress and learn of the hard work done by the Directors. It was moving to see an Award presented to Joon Hong of Korea and acknowledgement of the presence of Professor Phyllis Watson AM from Australia and Carol Lewis from United States of America. Text books were gathered to present to some developing countries and such generosity abounded around the room.

I was fortunate to be a member of a working group with Gail Crook and Kelly Abrams of the Canadian Health Information Management Association of Australia and Richard Lawrance and Alexandra Toth of the Health Information Management Association of Australia (HIMAA). The aim of the working group was to examine the HIMAA Entry Level Competencies and the CHIMA Learning Outcomes and determine if a reciprocal agreement was appropriate. It was my privilege to present a paper with Kelly to substantiate our positive results.

The Congress provided me with opportunities to converse with old and new colleagues and friends, learn of the significant achievements by colleagues across 47 countries, and enjoy the atmosphere of this international event. It was a pleasant surprise to hear speakers outline problems and solutions in a foreign land and relate it to Australia. The enthusiasm of the organisers, speakers and audiences was refreshing and motivating.
The official closing ceremony highlighted the energy of IFHIMA. It reinforced the hard work of President Angelika Haendel (Germany) who hit the gavel to signify the end of the Congress and her term as President and welcome Marci MacDonald (Canada) as the new President of IFHIMA and Lorraine Fernandes (USA) as the new President Elect.

See you in Dubai!

Author:
Cassandra Jordan
HIMAA Director
HIMAA (NSW) President

IFHIMA 2016: A First- time Attendee’s Perspective

It gives me immense pleasure to share my experience about the IFHIMA-2016, Congress held at Tokyo. It was my first participation in an IFHIMA congress. I am highly indebted to the organizing Secretariat for guiding me properly and providing timely help and guidelines, thus making possible my physical attendance. The IFHIMA Congress was a global learning resource centre for me in Health Information Management.

The Congress created an excellent platform for intra-conference conversation among kindred HIM professionals across the globe. The full dedication and enthusiasm of the participants, organizers and host were evident. Although, I was aware about such events from my involvement with the All India Institute of Medical Sciences (AIIMS), India, in attending the Congress I was able to renew my memories and learn about higher levels in Health Information Management. Besides, my presentation on EMR Status in AIIMS (summary below), New Delhi, I also participated in Intra conference discussions. I met many professional colleagues from across the globe and shared HIM knowledge and discussed various vexing issues.

Electronic Medical Record Status in AIIMS-New Delhi (Summary of Study)

Presenters: Ramesh Kumar Kaul (MRO) & Dr.S.K.Bhoi

An electronic medical record (EMR) is a systematic, sequential and chronological ordered patient's health information in electronic form, within a given time frame in any healthcare Centre. EMR systems are designed to store, retrieve, transfer, and share data safely, efficiently and accurately at low cost. The EMR can improve the efficiency and quality of medical care and can minimize the repetition of work done. EMR will help a bit in reducing carbon emission into atmosphere and consequently will have an effect on reducing Global Warming/Climate Change.

The aim of the study was to analyze the progress achieved in Medical Record Departments in developing and transforming medical record documents into
digital forms within AIIMS.-New Delhi, one of the autonomous public medical colleges of higher education that form the All India Institute of Medical Sciences (AIIMS). AIIMS was established in 1956 with three main objectives to provide Education, Training, Research and Services to serve patients without boundaries. It serves nearly about 3.2 Million patients annually. The study showed varying levels of completion of digitalization among the several centres that operate under AIIMS-New Delhi. AIIMS had initiated and advanced the process of digitalizing patients' health information. There are still areas needing digitization which have been identified. The completion of digitization in all areas of AIIMS is of the topmost priority.

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Honoured Member, IFHIMA
Past President, IFHIMA
Honoring Mrs Ijeoma Joy Egbuna

Ezinne (Mama Nonso) Nee Ngonadi
1967-2016
Accomplished Educator, Mentor, and Humanitarian
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Mrs Egbuna was a proud sponsor and initiator of Health Information Management education in a variety of educator and practitioner roles throughout her career in Nigeria. She was also a model of philanthropic citizenship while raising a family of six children. She attained baccalaureate, graduate, and post graduate degrees between 1998-2012 and served as the Dean of Studies at Imo State University.

Her foresight, tenacity and perseverance were appreciated by all who had the honor of working with her, as no challenge was too great, nor an obstacle too difficult to overcome.

She was the proud sponsor of the first 1st National Board for Technical Education (NBTE) Accreditation in 2012, and their re-certification in 2014. She was involved in the conduct of Professional License Examination organized by Health Record Officer Registration Board of Nigeria, which serves as Nigeria's Professional Regulatory Body as established by Government Decree 39 in 1989.

Mrs Egbuna was a member of NBTE Accreditation Team, and a national figure in the Health Information Management Association. She was revered as a humanitarian, living a life of service to her church and God, and a true example of good will and freely sharing all the knowledge she possessed.

She will be dearly missed by all the HIM professionals in Nigeria.

Author:
Babale Garba Nafada
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IFHIMA Board of Director 2016-2019
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

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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:

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