President’s Message

While it seems hard to believe, it’s been a year ago since IFHIMA completed our COVID-19 HIM survey and presented the results in a webcast. During mid-2020 we also conducted podcasts with HIM leaders around the globe. The webcast and podcasts are on the IFHIMA website--please visit https://ifhima.org/covid-19/

During the past 16 months the global economy and health systems have clearly felt the impact of COVID-19, and on a personal level many of our members have dealt with illness and death. Conferences hosted by IFHIMA national members has been about half of normal, but we are starting to see some return to the “new normal” as evidenced in the Calendar of Events within this issue. Living proof of HIM resiliency is evidenced in the virtual presentations I’ve done for various state associations in the USA, as well as national presentations for USA, Saudi Arabia, and Australia. I’ll do a virtual keynote for Japan in September. I look forward to taking my first international trip for IFHIMA in late 2021 or early 2022.

Despite the pandemic, the four Strategic Pillar workgroups have been busy defining and executing activities to support the 2020-2025 Strategic Plan. The collaboration and resiliency of the volunteers is impressive as they tackle meaningful work aligned with our vision “A healthy world enabled by quality health information.” Please read the articles within this issue that highlight key activities for 2021.

We hope you will enjoy and use the enclosed article and graphic for ICD-11 activities in your countries. Please invite IFHIMA to present at your conferences regarding ICD-11, as we have a standard presentation that can be customized to audiences and geographies. You will see new marketing collateral for ICD-11 in the upcoming months.

Commendations to HIMAA and their membership for their creative activities and student engagement in advancing health information awareness week. Make sure to enjoy the posters that are within this issue.

I’m over halfway through my three-year term and did some reflecting this week as I prepared the cover message for the upcoming IFHIMA Developing Nations survey that will be issued shortly. I am proud of our resilient, collaborative
WHO and ICD-11

Membership that is delivering value to the diverse, global healthcare ecosystem. Here’s a slide I used in my Dubai 2019 incoming President’s message.

My wish for you and for IFHIMA

Wishing you good health and personal safety as you deliver value in our era of healthcare transformation.

Lorraine Fernandes, RHIA
President 2019-2022

ICD-11: The Journey is Underway

As we begin the implementation of ICD-11 it is important for HIM professionals seize upon the opportunity to demonstrate HIM leadership to all stakeholders in this journey.

HIM professionals must be key stakeholders at all levels of the planning, as we bring the unique, decades-old practical knowledge of clinical coding and data management that is essential to ICD-11 planning. This is crucial in the decision to adopt the WHO’s ICD-11 MMS or a county-specific linearization of ICD-11. This decision is key to a successful ICD-11 implementation.

Creating and managing high-quality coded data is a core priority for the HIM profession. Additionally, demonstrating the credibility, skills and expertise of HIM in ICD-11 planning and implementation are extremely important to the advancement of the profession, particularly in this digital age.

In order to accomplish this, HIM professionals must:

- Actively participate in the task forces, committees, and workgroups that will define and execute strategy at a national, regional and local level
- Breakdown any data silos through collaborative leadership. Work collaboratively with the multitude of stakeholders that will make decisions and control expenditures
- Manage enterprise-wide information by implementing processes, roles, controls, and metrics to ensure the quality and usefulness of data
- Champion data capture and reporting needs to meet the need of the numerous stakeholders
- Develop a solid understanding of the ICD-11 data content and structure in comparison to ICD-10
- Promote the need for education, training, and workforce development for ICD-11 and advocate for the allocation of necessary resources at all levels
- Adopt lifelong-learning in your professional life; develop a plan to recognize and leverage the emerging opportunities presented by ICD-11
- Utilize IFHIMA and WHO resources to stay abreast of best practices associated with the ICD-11 journey

ICD-11 Adoption: Your Journey Starts Here!!

1. Actively participate in the task forces, committees, and workgroups
2. Breakdown data silos through collaborative leadership with diverse stakeholders
3. Ensure quality and usefulness of data
4. Adopt lifelong professional learning
5. Develop a solid understanding of the ICD-11
6. Promote the need for education, training, and workforce development
WHO and ICD-11

Elevate your role in healthcare. Become a passionate advocate and voice for “A healthy world enabled by quality health information.”

Authors:
Ann Chenoweth
ICD-11 Whitepaper Workgroup Leader
Lorraine Fernandes, RHIA
IFHIMA President 2019-2022

Current work of the WHO Committees — the Education and Implementation Committee (EIC) and the Morbidity Reference Group (MbRG)

Spring 2021 has been busy with regular meetings of both of these WHO Committees. Everything is done via Zoom starting at Noon in Geneva Switzerland. That’s 5 am in suburban Chicago in the US where I live — so I’m up with strong coffee and off we go at 5AM CT.

The Education and Implementation Committee: (EIC)
The Mid-Year meeting was held on April 28 and 29, 2021. Sharon Baker from Canada and Carlos Guevel from Argentina co-chair the meetings. Nenad Kostanjsek always does a good update from the WHO. He said the Coding Tool is embedded in the browser. You can Google I-11 Browser and Tool and have some fun. It will be good for coding, training, analysis, and implementation. The Strategic Workplan is comprised of 2 items---Education and Implementation.

There is an updated ICD-11 Transition and Implementation Guide and for I-11 there is an e-learning course on the ICD Website. Enhancements have also been made to ICD-FIT regarding Main Condition and Underlying Cause of Death Coding.

There is also a training course specifically for Mental Health and Substance abuse: The Global Mental Health Academy and ICD-11 Training Course using ICD-11 as a diagnostic tool for mental health conditions.

The Strategic Workplan was reviewed, and Filippa Pretty from the WHO reviewed the repository of ICD-11 exercises / tests that exist for both morbidity and mortality. ICD-11 is being translated into French and Russian, this year, and also Mongolian. Work on translation is also being done in some African countries, Saudi Arabia, Belize, Malaysia and Nepal. Several countries reported on their plan to implement down the road. The next meeting is June 23, 2021

The Morbidity Reference Group (MbRG)
The MbRG Mid Year Virtual Meeting was held on April 7, Yes, same time frame as the EIC. Noon in Switzerland.

There was reflection on how the MbRG can continue to contribute to the EIC work plan. The MbRG co-chairs will bring to the WHO Council on October 21, 2021 the concept of having a broad discussion of the international tool between ICHI and ICD-11. There is continuing discussion of the coding of malignant...
neoplasm metastasis, and Covid-19 in newborns. There are plans to refine and update the content in the Reference Guide regarding practical guidance for use of the supplementary section on functioning in ICD-11. This document will be circulated to the members for feedback.

The casemix/joint use of ICD-11 and ICHI is a priority item for the MbRG work plan this year. Also at the meeting the Mapping paper was reviewed this paper will be an add on to the WHO White Paper which is to be published shortly.

The specifics of the coding of malignant neoplasm metastasis are these—The WHO introduced the topic with a question: When coding a scenario of a patient with a secondary neoplasm, would you code the primary neoplasm? The general consensus is “yes” as the primary neoplasm is important to capture whether it be through a code for the personal history of the malignant neoplasm, or a code for the primary neoplasm, depending on the scenario. There was significant discussion and there were different interpretations of the language in the Reference Guide and the ICD-11 Browser. The action item going forward was that the MbRG co-chairs would further discuss with the WHO an appropriate resolution.

There was also discussion of having a Morbidity Forum in the future. The WHO introduced the topic for the group to consider the feasibility of establishing a morbidity forum, which would be a way of electronically having people being able to submit questions to solve coding problems!—similar to the Mortality Forum that exists now. One could get a response and there would be a database created with all the questions/answers. The Chairs were following up with the WHO and a plan will be developed.

Future discussion will be on the new topic of a mother, affected by the condition of the fetus or newborn that is not elsewhere classified. The MbRG is also monitoring the definition of Abortion in ICD-11 and having some practical guidance for the use of the Supplementary Section on functioning in ICD-11. Next meeting date in June 24th.

Author:
Margaret A. Skurka, RHIA, MA, FAHIMA
IFHIMA Representative to the EIC and the MbRG

IFHIMA Strategic Pillar Updates

Overview of the Developing Nations Pillar Workgroup activities

The workgroup has representation from the following countries: Australia, Canada, China, India, Indonesia, Kenya, Nigeria and the United States of America.

In September 2020 the IFHIMA Board of Directors launched the IFHIMA 2020-2025 Strategic Plan. We encourage you to review the Strategic Plan on the IFHIMA website (https://ifhima.org/). The Strategic Plan includes four (4) Pillar workgroups to complete the work outlined in the Strategic Plan.

The Developing Nations Pillar is exploring the global understanding of HIM profession in the developing nations. The HIM functions vary considerably around the globe, but may include clinical coding, records management, data quality, release of information, data analytics, clinical registries, and many more data functions. The results of this survey will assist the IFHIMA Board in understanding HIM organizations and/or certification models around the globe and assist us in guiding our member.

Key Activities

- Development of a survey questionnaire and software tool for dissemination of the survey
- Identification of the countries that should be included in Developing Nations Determination of the participants
- Discussion of expected next steps for 2021-2022 with the following projected timeline:
  - Administration of the survey-launch in June 2021
  - Analyze the results within a 3-week window following completion of the survey
  - Presentation of the findings within 3-weeks after the analysis phase

Submitted by:
Mr. Babale Garba Nafada, Developing Nations Pillar Lead
IFHIMA Regional Director, Africa
IFHIMA Strategic Pillar Updates

Education, Training and Research (ETR)

Overview

The Education, Training and Research (ETR) Pillar is one of the largest Pillars comprising of 14 members from across the globe inclusive of Australia, Barbados, Canada, China, Germany, Ghana, India, Indonesia, Jamaica, Japan, Kenya, Mauritius, USA, Oman, Saudi Arabia and Qatar. Members on the Pillar are experienced Health Information Management Educators, Practitioners, and Consultants.

ETR Context and Considerations

In the words of a Board member “IFHIMA should assist its members to move from the Basement to the Boardroom.” The Health Information Management (HIM) landscape has been undergoing major changes over the last decade. IFHIMA has strived to produce educational materials for its international membership. IFHIMA has produced several white papers and educational sessions, including the triannual congress. Results of IFHIMA member surveys has confirmed the need to establish the ETR Pillar to assist with the continued development of resources and educational materials to support membership needs.

The Board and Pillar members are aware that timely and quality clinical data is critical to the continuum of care. While ICD coding is a major HIM function in almost every nation, there are many other HIM functions throughout the data lifecycle, that need to be advanced and supported which the Pillar will seek to underscore as a part of its mandate.

ETR Key initiatives underway for 2021- 2022 based on the results of the IFHIMA 2020-member survey include:

- Environmental Scan- The focus will be on specific HIM accreditation, certification, and professional development opportunities across the IFHIMA member nations.
- IFHIMA Body of Knowledge- The creation of a designated space for IFHIMA products (e.g., white papers, podcast, webinars), resources, and global educational materials.
- HIM Capabilities within the HIM Lifecycle- Creation of content related current trends in HIM and Data Quality resources.

Launch dates for new ETR resources will be shared via IFHIMA website and mailing list.

If you are interested in learning more about ETR Pillar or want to contribute any resources, please feel free to contact the Pillar Lead at deneicemarshall@gmail.com.

Submitted by:
IFHIMA-Regional Director (The Americas)
IFHIMA Strategic Pillar Updates

Member Engagement and Growth (MEG) Pillar

One of the objectives of any global organization as IFHIMA is to grow in terms of new members and also in variety of countries associated. As part of the strategic plan the Member Engagement and Growth (MEG) Pillar has this objective. IFHIMA represents and advances the global Health Information Management (HIM) profession and probably has the leadership in quality health information management. The MEG Pillar is coordinated by Guillermo Paluzie and has representation of countries as United States of America, Canada and Spain.

There are two main issues defined in the group as activities to develop from the beginning of the strategic plan:

A. Develop and execute a communication plan that emphasizes consistent, effective communication and engagement with regional and national directors. We have to consolidate a network of the IFHIMA founders more than 50 years ago that give an effective foundation to grow the building up with the new members.

B. Develop and publish the definition of HIM. Many associations around the world have published definitions and we have to adapt and also adopt the peculiarities of different countries due to the diversity of studies, jobs and occupations, this is something the MEG Pillar should look at as well.

A focus over the next years will be to escalate IFHIMA’s profile at National and International forums. It is necessary to highlight the Value and Benefits of to be IFHIMA membership and we have to convince and demonstrate future members that most of their professional activity is HIM. We are in the line that if you are involved in different aspects of Medical Records, Disease Classifications and Standards, Interoperability or Health Information Analysis this is HIM and IFHIMA is the global organization.

Author:
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Calella, Spain
IFHIMA Regional Director, Europe
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IFHIMA Strategic Pillar Updates

Strategic Partnership Pillar Progress and Overview

In this Strategic Partnership Pillar composing of highly diverse workgroup members from United states of America, Kingdom of Saudi Arabia, and Australia formed 1st of December 2020, initiative to plan and seek on potential partnerships and conducting of Medical Information Conferences were discussed and on high priority to further achieve IFHIMA’s goal of intervening with the digital health information management, globally. Using a prescribed process (SMART) to advance strategic plan required for IFHIMA going forward.

The pillar aims to broaden the relationship with the World Health Organization (WHO) through building up assets/partnerships aligning with the health informatics society specifically, the Digital Health aspect.

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The Strategic Planning Pillar group aims for a more proactive role, along with this goal was the recent increase of the LinkedIn IFHIMA group by 30% resulting from the launch of the ICD-11 Whitepaper last 10th of February 2021. Abstract for the ICD-11 Whitepaper is now on its way for Regional directors to present to their respective associations.

In partnership of IFHIMA with IMIA, coordination and communication are continuously being done to discuss further strategies to grow this collaborative relationship. Alongside IFHIMA-IMIA cooperation is the upcoming MEDINFO Conference that will be including IFHIMA in the plenary session and proceedings discussing ICD-11 and promotion of the ICD-11 White paper. Abstract submittals and more kickoff meetings are forthcoming for IFHIMA's growing terms. IFHIMA-IMIA Collaboration remains optimistic to accomplish more in joint efforts.

Collaboration is the foundation for developing Strategic Partnerships. IFHIMA has been a Non-Government Organization (NGO) of the World Health Organization since 1979. There is an opportunity now to strengthen and build on that relationship.

By 2025, our members and key international stakeholders will look to IFHIMA for advice and expertise in standardized Health Information Management practices with four strategic pillars and a strong Foundation. (Source: Pillar Workgroup Introduction, Nov. 2020)

Submitted by:
Hussein Albishi, BSc HIM, CHIM
IFHIMA Regional Director EMR
Strategic Partnership Pillar Lead

IFHIMA Welcomes the University of Central Florida (UCF) as an educational institution member.
Our thanks to Dr Alice Noblin, Department of Global Health Information Management and Informatics for her support.

AHIMA Joins G20 Health and Development Partnership

I’m proud to share that my organization, the American Health Information Management Association (AHIMA), is one of the newest members of the G20 Health and Development Partnership (G20 HDP). The partnership is an influential advocacy group that seeks to elevate health on the political agendas of governments within the G20. Its mission is to convene global health stakeholders—including research institutes, international organizations, public sector entities, politicians, philanthropies, think tanks and the private sector—to advocate for diversified and increased funding for global health.

If you’re not familiar with the G20, it’s an informal gathering of the world’s largest economies. Member countries include the US, China, Germany, India, Japan, Mexico, Russia, Saudi Arabia, the United Kingdom, as well as the European Union. Together, the entire G20 makes up 60 percent of the world’s population and 80 percent of world’s gross domestic product.

In 2017, German Chancellor Angela Merkel, whose nation held the G20 Presidency, directed the group to take up global health as one of its long-term priorities. With Italy holding the G20 Presidency in 2021, the G20 Italian Presidency has developed an agenda that focuses on three pillars: people, planet, and prosperity. And they have outlined four healthcare-related goals they would like the G20 to work towards this year:

- Monitoring the global impact of the COVID-19 pandemic, including the pandemic’s impact on the UN Strategic Development Goals;
- Defining preparedness plans from the most vulnerable contexts and less resilient countries;
- Enhancing global coordination and collaboration in response to public health crises and emergencies; and
- Developing common global strategies to support the development and distribution of treatments and vaccines.
At AHIMA, we believe data and digital health can help achieve these goals. As a co-chair of the G20 HDP’s digital health subgroup, we hope to help the partnership address challenges including how digital health can engage people in their own health, privacy and security, and data quality.

Our organization is more than 90 years old, and we are excited to share our knowledge and experience with the G20 HDP. The pandemic has shown that our challenges in healthcare are global. I believe we can work together to address flaws, identify best practices, and raise the bar for healthcare systems in countries around the world. AHIMA is excited to contribute to this vital organization.

Author:
Lauren Riplinger, vice president, policy & government affairs, AHIMA

National Health Information Management Awareness Week

10-16 May 2021
#himawareness21

The concept of HIM Awareness Week is to celebrate Health Information Management professionals. During the week of 10 – 16 May 2021, HIMAA aims to raise awareness that HIM professionals have the knowledge, skills and motivation to contribute to and improve the healthcare system in Australia and the health and wellness of the nation. The week is all about bringing focus to the important work these professionals perform.

During the Awareness Week, HIMAA Branches and individual members organise multiple events in their workplaces, hospitals and health organisations. There are 100 sites actively participating by organising HIS department tours, foyer displays, competitions for staff and organising morning/afternoon tea functions. Articles have been published in hospital newsletters, the HIMAA event poster has been used as a screen saver and

HIMAA celebrates HIM Awareness Week
displayed on hospital foyer screens. Participants actively post on social media and profile their staff as well.

On the HIMAA website members can find a list of suggested activities, posters, give-aways, Positioning & Advocacy toolkit, webinar schedule and more. In support of this special week, fun competitions were organised, including:

Student Poster - Create a poster on Health Information Management in COVID-19 pandemic theme and submit an image file.

Student Poster competition attracted many HIM and Clinical Coding students around the country. The judges were overwhelmed with the response. It was a tough call, but we had to have only 3 winners. Congratulations goes to a talented group of Queensland University of Technology Bachelor of Health Information Management students:

1st prize – Deborah Carlile

2nd prize – Lily Pacey

3rd prize – Tim Gillies
HIM Word Search - Members receive their word challenge and find the secret message.

A wonderful HIMAA member Kim Caine from Peninsula Health created a challenge under ‘Memories of 2020’ theme. We received hundreds of submissions with the right hidden message and a lot of positive feedback on how our members enjoyed this little fun break from their work. If you are up to a challenge, we happily share this word search with you (please see page 12).


For details, please contact events@himaa.org.au.

Health for All Film Festival


Communication as a Foundation in Medical Records

A Medical Record is a collection of recorded facts concerning a particular patient and is the documentary evidence of the care given to the patient. In order to be complete, the Medical Record must contain sufficient information to clearly identify the patient, to support the diagnosis, justify the treatment and to record the results accurately. Providing the best medical care to the patient and providing materials for teaching and training, service statistics, research, appraisal of medical practice and legal requirements are considered as the core foundation of medical records communication and ethics. Information Communication and Technologies can really impact and improve the quality of care that we render to our patients. Management of patient information during the administration of emergency care is essential to avoid adverse events and assist in decision making. Studies have shown that proper implementation of medical record systems have resulted in significant benefits in improving patient safety. The shared medical record is important when there is a multi-disciplinary management of the patient and different care providers are involved.

Communication is the process by which we understand others and in turn endeavor to be understood by them. Communication is an interaction and should lead to change,
transformation, healing, and growth. Having effective communication is important to build relationships and communication is everlasting. Medical Records is a Master Communicator of information. Medical Records is a key part of Information & Transformation. In order to be effective within the electronic record system, one would need to build interpersonal relationships within the department. To do this, the supervisor must have qualities of fairness, dependability and dedication and should command the respect of the employees under them by motivating and building effective teams. The Medical Record professional as a manager should develop communication skills and be always willing to understand their subordinate problems. The Medical Records department can contribute much to good public relations; contact with the public should leave a good impression. Special care must be exercised in the release of information.

Aspects of Effective Communication

Voice, Appearance, Facial expression, Medium, Intrapersonal Communication is the preparation for an effective interpersonal communication. Medical records can play a role in this by sending reminder and letter to the patient, making sure the registries are kept current and via sending email notifications.

To be a Good Communicator, you must be a Good Listener

A Mental process of Receiving, Understanding, Responding is the foundation of Medical Records Ethics.

Conclusion

The quality of formal and informal communication among the staff of a Healthcare Organization is closely linked to that between staff and patients. Effective internal communication is essential for successful external communication.

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New IFHIMA Appointee
IFHIMA is pleased to announce that Mary Stanfill, MBI, RHIA, CCS, CCS-P, FAHIMA, has been appointed as the new IFHIMA appointee to WHO FIC EIC and MbRG. Mary succeeds Margaret Skurka, MS, RHIA, who is retiring from this role after 15 years of dedicated service. IFHIMA commends Margaret for her exemplary years of service and welcomes Mary to this role. More details will be shared in the late 2021 Global News.
## Word Search Him Awareness Week 2021 - 'Memories of 2020'

| W | H | S | S | A | L | C | O | R | O | N | A | V | I | R | U | S | E | K |
| A | J | O | B | K | E | E | P | E | R | N | W | O | D | K | C | O | L | C |
| R | O | C | M | R | E | M | O | T | E | A | C | C | E | S | S | O | L | I |
| E | B | I | E | B | A | Y | U | R | E | K | E | E | S | B | O | J | S |
| N | T | A | S | S | L | L | R | B | U | B | B | L | E | A | V | E | N |
| E | R | L | S | T | Y | C | I | N | N | G | R | I | D | L | O | C | K | O |

Find the hidden message

Kim Caine - HIM Peninsula Health
Note from the Editor

Welcome to our second issue of Global News for 2021! Hope you and your families are continuing to do well during the pandemic! We strive to bring you interesting, relevant, and informative content from across the IFHIMA regions. As a reminder, IFHIMA publishes Global News two or 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.

I encourage contributions from all of our member nations to make it a truly global newsletter. Please feel free to contact me with your submissions, ideas and questions. A copy of the guidelines can be found at: https://ifhima.org/editorial-guidelines/

Hope you enjoy the content and wish you great success and all the best!

Dilhari DeAlmeida, PhD, RHIA
editor@ifhima.org

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, Dilhari DeAlmeida (editor@ifhima.org) 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.

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