

IFHIMA Global News

ISSUE 20 - NOVEMBER 2021

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.

IFHIMA

International Federation of
Health Information Management Associations

President's Message

The leaves have fallen from the deciduous trees in the northern hemisphere and snow is capping the high mountains in Montana, my home. However, in the southern hemisphere the grass is green, spring flowers abound, and summer holidays aren't far away. These two contrasting seasons correlate to 2021 reaching closure in IFHIMA.

From a Fall perspective, IFHIMA acknowledges accomplishments, re-assesses areas where we can improve, and identifies where we need to perhaps re-set. You may recall that IFHIMA uses the SMART methodology in setting our Strategic Plan (SP) and activities.

S-specific

M-measurable

A-attainable

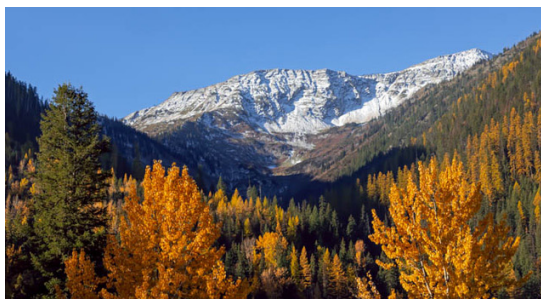
R-realistic

T-timely

We have achieved success with some activities, struggled with others, as you would expect, especially during the pandemic.

Here are some successes.

ICD-11. The September Board meeting, which included some coding experts, brainstormed how to address ICD-11 using a SMART methodology. You will soon hear more about this, and the key actions that will happen in 2022-2023. In February we released the ICD-11 Whitepaper, and in August we released the supporting infographic. We hope you are using these work products to advance conversation in your communities and countries.



Bowman Lake, Glacier National Park, fall colors were just starting in early October. Photo by Jack Bell Photography, Whitefish Montana.

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Membership Engagement. Our commitment to more timely, diverse communication and engagement with our membership continues. Our MailChimp database, which is used to disseminate quick messages to members and interested parties, and our Linked In account, each grows 5-10% each month. The website redesign has started, and a new website will be available mid-2022. A student from College of St Scholastica, Minnesota USA, surveyed key stakeholders to define needs and a desired outcome. The call for volunteers for our workgroups was very strong, and these volunteers are hard at work and will deliver measurable results in 2022, particularly as several activities are tied to the new website.

Financial Sustainability. Our bottom line continues to improve despite investments that must be made in executing the SP. We appreciate all our whitepaper sponsors, as this particularly enables us to invest in our future.

Education. A group of students from Centre for Distance Education in Nova Scotia, Canada completed several activities which will help create a Body of Knowledge that will be loaded to the new website. This work product has the potential to aid many other activities.

WHO and IMIA partnerships. Numerous activities this year evidenced stronger relations with WHO and IMIA. These included Vicki Bennett, President Elect, presenting with Dr Robert Jakob at an IMIA MedInfo plenary session, and Nona Gatchalian, Dorinda Sattler, Gail Robinson, and Mujeeb Kandy developing and presenting our abstract which promoted IFHIMA's privacy whitepaper. We appointed new members to several WHO FIC committees, and these are discussed later in this issue.

Struggles:

Membership Growth. While we've had growth in several categories as discussed above, we've not seen growth in nations, thus we hover at ~22 nations. Activities in the Developing Nations Pillar, as well as Membership Engagement and Growth, will hopefully see an increase in this category in the upcoming years.

Financial Sustainability. Yes, this is both a success and a struggle. We must increase and diversify our revenue to execute and achieve our Mission, Vision and Values. There



Spring in Brisbane, the colourful flowerbeds of Roma Street Parkland. Photo courtesy of Brisbane Content toolkit, <https://brisbane.brandkit.io/>.

are countless initiatives proposed in all areas, but we can't undertake them without more revenue and the ability to hire contractors to help us manage initiatives and execute with the SMART principles.

Spring is evidenced for IFHIMA through beginning to plan for 2022, which will be the focus of our December Board meeting. The Board will begin planning for our virtual General Assembly (GA), which will be held in November 2022. This will be our first foray into a virtual GA, thus much planning, organization, and assessment must be undertaken. My head spins with everything we must undertake, but our nations have proven a virtual GA is very doable.

There is nothing better than camaraderie, information sharing, and informal dialogue to build the future. Thus, we look forward to the 20th Congress being in Brisbane, Australia starting October 29, 2023.

*Be well,
Lorraine Fernandes, RHIA
IFHIMA President
2019-2022*

A Very Special Honorary Member

As we know, the International Federation was established in 1968 at the 5th International Congress on Medical Records in Stockholm, Sweden under the leadership of Elsie Royle Mansell (UK) and Mary Rose (USA). In the early years, there were people, outside the profession, who believed in what we stood for and strongly supported us as we progressed to the strong international association we are today. One very special person, is Dr Boga Skrinjar, who was Chief, Development of Health Statistical Services, at WHO, Geneva. In 1968, Dr Skrinjar spoke at the 5th International Congress, in support of Elsie Royle Mansell, in urging members to form an international organization. This was the beginning of a strong liaison between WHO and IFHIMA, which is still with us today. In 1976, Dr. Skrinjar outlined



Dr Boga Skrinjar - July 2021



Munich 1996

the work of WHO in relation to medical records and how the two organisations could work together. She stressed the need to: use the medical record to its full capacity; give particular attention to health records outside hospitals; and particularly the need for the education and support of medical record personnel in developing countries. In 1984 she became

IFHIMA's second Honorary member.

When Boga Skrinjar celebrated her 99th Birthday on 14th July this year, I wanted to remind members that we are indebted to her for so much and wish her well in her 99th year.

Author:

Phyllis Watson

Reference:

1. Watson PJ (2019) IFMRO to IFHRO to IFHIMA: An Historical Overview- 1949 – 2019: HIMAA Ltd.

Congratulations, Margaret Skurka!!

The IFHIMA Board acknowledges and celebrates Margaret Skurka's 15 years in representing IFHIMA to the WHO Family of International Classifications (FIC) Education and Implementation Committee (EIC) and three years representing IFHIMA on the Morbidity Reference Group (MbRG). Margaret has done an exemplary job of representing IFHIMA and the health information management profession, particularly as ICD-11 development has matured and in 2022 begins to be officially used for morbidity coding.



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WHO and ICD-11

Margaret has kept IFHIMA involved with our official “voice and vote” through numerous activities including the anticipated WHO Academy ICD-11 course that will launch in 2022. As an educator and coding consultant, and IFHIMA Past President, Margaret has aided the IFHIMA Board and membership in advancing our mission, vision and values.

While Margaret is retiring from her IFHIMA appointment, she remains involved in other IFHIMA activities and in her consulting practice. Again, we thank Margaret for her service to WHO FIC EIC and MbRG.

2021 WHO-FIC Annual Meeting

Morbidity Reference Group (MbRG) October 18-22

For my last time, I attended via Zoom, the Annual Meetings of the Education and Implementation Committee and Morbidity Reference Group. Mary Stanfill, with deep knowledge of the HIM profession, will replace me on both committees. I’ve held the IFHIMA seat (which includes voice and vote thanks to our NGO status with WHO) since 2005, and knew that it would be a great and interesting opportunity. I’m moving toward retirement in some areas of my consulting work, hence my resignation earlier this year.

The Morbidity Reference Group (MbRG) had an ambitious agenda that included a progress update on four issues—

1. Joint Use of ICD-11 and ICHI, the International Classification of Health Interventions: a case mix tool
2. An Information Sharing forum for the MbRG and the EIC (the Education and Implementation Committee)
3. The ICD-11 Quality and Safety work that includes the Quality and Safety TAG indicator work as well as the 3-part harm model—which includes an education package for coders
4. ICHI mapping paper

Time was also devoted to a status update of the ICD-11 Descriptions Maintenance.

The later part of the agenda included:

1. Cancer Registration Discussion
2. Review of Rare Disease and coding
3. The ICD-11 Foundation---including clinical terminology
4. Discussion of the ICD-11 Clinical Descriptions and Diagnostic Guidelines
5. A look forward at the mid-year meeting, also remote
6. The strategic work plan for 2022.

There is hope that the 2022 Annual Meeting can be held in person, after now two years of all remote meetings.

General comments:

Most countries in Europe do have active cancer registries.

In terms of ICD-11 Description Maintenance, it was noted that descriptions are not for all items, some are more extensive in nature and others very short and simple. Discussion followed on whether ICD-11 Descriptions are important for Morbidity coding, and the group recognized that there is a need to define a framework for description maintenance.

There was a report of the status of rare disease and coding of same and on Clinical Descriptions and Diagnosis Guidelines. Finally, the MbRG Mid-Year meeting is tentatively scheduled for May 2nd-6th. Functioning and disability Reference Group (FDRG) could be scheduled for May 2-3, with EIC on May 4th, and the MbRG on May 5-6th.

Author:

Margaret A. Skurka, MS, RHIA, CCS, FAHIMA
Member of the MbRG representing IFHIMA



WHO and ICD-11

Introducing IFHIMA's New Appointments to WHO FIC

The IFHIMA Board of Directors is excited to announce two new appointments to the WHO Family of International Classifications (FIC) committees and workgroups. These appointments were made mid-year and cover the Education and Implementation (EIC), Morbidity Reference Group (MbRG) and Information and Terminology Committee (ITC).



Mary Stanfill

Mary Stanfill, MBI, RHIA, CCS, FAHIMA. Mary replaces Margaret Skurka as the “voice and vote” of IFHIMA on EIC and MbRG. Mary hails from Pocatello, Idaho in the United States. Mary leads the coding consulting business with UASI and previously worked at AHIMA as their Vice President of Professional Practice. She has decades of experience

in the health information profession, primarily focused on clinical classification of healthcare data. She holds a master's degree in biomedical informatics and is currently pursuing a doctorate in health informatics.



Akeela Jamal

Akeela Jamal, MBA, CHIM. Akeela is IFHIMA's new appointed to ITC. Akeela hails from Toronto, Canada. She has extensive experience in managing HIM and coding departments, implementing technology, and developing clinical documentation improvement (CDI) programs. Akeela was highly involved in the ICD-10 implementation

in Canada. Akeela was appointed to broaden IFHIMA's involvement in WHO FIC, particularly in the informatics and data area. Akeela was just named the CEO of 3Terra, a clinical analytics company based in Ontario, Canada.

These two ladies demonstrate incredible career accomplishments and the bright future of our profession. They clearly have careers that have continually demonstrated the value of data, and its importance to analytics and improved health. If you'd like to know more about Mary or Akeela, please look them up on LinkedIn.

IFHIMA thanks the many individuals from around the globe who submitted applications.

WHO Family of International Classifications Annual Network Meeting and poster booklet information

The WHO- Family of International Classifications (FIC) Network Annual Meeting, was held virtually from 18-22 October 2021 for the second year in a row due to the travel constraints during the global pandemic. This meeting progressed the work on all activities within the WHO in line with the Strategy and Work Plan of the Network. The special theme of the Meeting this year was “Unleashing the power of innovation in health information”. The WHO-FIC Network currently consists of 21 Collaborating Centres, 5 Academic research Collaborating Centres, 8 non-governmental organizations in official relations with WHO (of which IFHIMA is one), and 29 invited guests. Over 430 participants from 70 countries attended the 2021 Meeting.

Prior to the formal meeting taking place, all the Committee and Reference Groups met to discuss business and inform members of progress in their relevant areas.

A Poster booklet is also produced each year that contains for following chapters:

- Committees and Reference Groups Annual Reports
- Collaborating Centre Annual Reports
- International Classification of Diseases - ICD-11
- International Classification of Functioning, Disability and Health – ICF
- International Classification of Health Interventions – ICHI
- Other Topics



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Key Speakers



Robert Jakob
Unit Lead
Classifications and
Terminologies Unit
WHO



Nenad Kostanjsek
Technical Officer
Classifications and
Terminologies Unit
WHO



Join IFHIMA and SHIMA as we jointly sponsor SHIMA's 2nd Annual Conference. Day Two, December 8, is focused on ICD-11. Hear the latest in ICD-11 news from WHO experts Dr Robert Jacob and Nenad Kostanjsek, IFHIMA members Vicki Bennett and Filippa Pretty (Australia) and Mary Stanfill (USA), and Zahyiah Alamry (KSA). ICD-11 leaders Dr Keith Denny (Canada) and Dr Islam Ibrahim (Kuwait) will share updates from their countries. The day will close with Akeela Jamal exploring the role of change management in a successful ICD-11 journey.

Day One, organized by SHIMA focuses on HIM practice including revenue cycle management, data governance, and HIM leadership.

This is a great way to earn 10+ CEUS for a very modest fee and expand your horizons before the end of the year. Note the program begins at 1600 KSA time each day.

Login to VMA for further details:

<https://medicalacademy.org/portal/event/view/1635/Strengthen-Health-Care-System-with-Robust-Health-Information>



230 SAR - 65\$ - 55€ For Practitioners

115 SAR - 35\$ - 30€ For Students



7-8 Dec, 2021



4:00 PM KSA

2:00 PM Geneva

1:00 PM GMT

8:00 AM ET North America

Of note in the 'Other Topics' chapter, there is an interesting poster on "Clarifying the role of terminologies within WHO-FIC" which may be of interest to many of you. And many of the collaborating centre reports provide valuable insight into what countries are doing to prepare for ICD-11 implementation. I was particularly impressed with the progress our Canadian colleagues have made.

The Poster booklet is available to download here and makes interesting reading for those of you who want to keep up-to-date with what the WHO and the WHO-FIC Network are doing to improve the use of health classifications globally.

Author:

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Calendar of events

Saudi Arabia Health Information Management Association (SHIMA)

December 7-8, 2021
Virtual

KHIMA

April 15-16, 2022
Annual Conference of KHIMA
Program information here
Virtual and in person
Language: Korean

DVMD

16th DVMD Symposium *
Anniversary Conference – 50 Years DVMD
May 12-13, 2022
Leipzig, Germany
Language: German
[Click here for more details](#)

American Health Information Management Association (AHIMA)

September 15-18, 2022
Columbus, Ohio, USA

"Health Information Management Required Now: Continuity and Change"

Japan Society of Health Information Management (JSHIM)

September 18-19, 2022
Kochi prefecture, Japan
In person planned
Language: Japanese

Health Information Management Association of Australia (HIMAA)

October 26-28, 2022
2022 HIMAA National Conference
Adelaide, South Australia, Australia
In person planned, with potential for some virtual
Language: English

Please visit IFHIMA.org for most recent events.

IFHIMA's newest whitepaper: "Revisiting Information Governance"

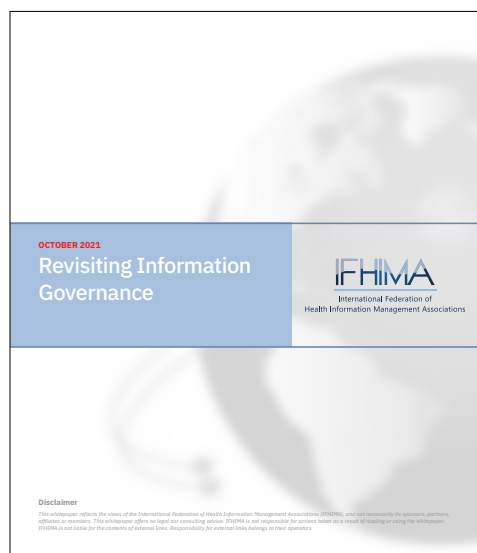
IFHIMA introduced our newest whitepaper, "Revisiting Information Governance" in early November. The Whitepaper is available on our website.

The rapid expansion of digital health, accelerating use of analytics, machine learning and artificial intelligence, and of course the pandemic, clearly illustrate the importance of information governance (IG). Further as disc used in the Whitepaper "An organization must create a culture that supports a multi-disciplinary approach to establishing information policy and managing information as a key asset." The Whitepaper includes a new case study highlighting an approach to IG, and illustrates that the pandemic did not slow down IG advances.

Our thanks to Ann Meehan, RHIA, IG consultant, for collaborating on this update and sharing her experiences and perspectives. Thanks also to the platinum sponsor for the whitepaper Primeau Consulting Group.

Author:

Lorraine Fernandes, RHIA
IFHIMA President
2019-2022



The Importance Of Information Governance In Health Care

Health care Information Governance (IG) is a key factor in big data analytics, as managing the volume of big data needs a coordinated plan. Health care information is critical information that needs to be utilized appropriately to improve the quality of care, reduce costs, mitigate risk, and lead to better patient outcomes.

Data and information support nearly every activity within a health care organization. Poor information governance can quickly create severe problems. Only reliable, accurate, timely, and accessible data can help achieve higher value, lower costs, and better patient experience.

(source: <http://www.healthcareitnews.com/news/health-data-management-trends-watch-2018-cdi-security-lead-list>)

The American Health Information Management Association (AHIMA) defines information governance as “an organization-wide framework for managing information throughout its lifecycle, and for supporting the organization’s strategy, operations, regulatory, legal, risk, and environmental requirements.”

In 2014, AHIMA published a series of principles setting guidelines based on the integrity, protection, and retention of health-related information.

(source: <https://bok.ahima.org/doc?oid=107796#.YStyzt9CTic>)

Information governance plays an important role in health care because of the digitalization of past medical records. There are two major aspects of information governance: The analysis and application of data and the protection of that data throughout its lifecycle. Health information management (HIM) professionals are playing an important role in both areas.

Cyber security has always been an issue for the health care industry. Concerns about the security of personal patient information are growing. As the amount of information and access to sensitive data increases, the role of privacy and security has become more important than ever. Safeguarding against data breaches and protecting personal health records and patient data is essential. The consequences of breaches can be hundreds of

millions of dollars or even loss of patient lives.

It needs to be ensured that “information generated or managed by a health organization is secured by various degrees of protection as mandated by institutional compliance, state and federal laws, regulations and/or organizational policies. The U.S. National Library of Medicine broadens the definition of information governance within the specific realm of healthcare to include the use and dissemination of medical data and information through the application of computers.”

(source: <https://healthinformatics.uic.edu/blog/what-is-information-governance/>)

The U.S. Cybersecurity and Infrastructure Security Agency (CISA) has just published guidance about how to protect sensitive data from ransomware attacks and how to prevent attacks, emphasizing the importance of implementing physical and cybersecurity best practices. Organizations must know where sensitive data reside and who has access.

(source: <https://www.healthcareitnews.com/news/cisa-releases-guidance-protecting-data-ransomware-attacks>)

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In the United States, the Health Insurance Portability and Accountability Act (HIPAA) and Protected Health Information (PHI) explicitly address the protection of sensitive health data. Compliance risks are rising. It's essential to put information governance into use.

The COVID-19 pandemic is challenging health care systems across the globe. When the pandemic hit, health care organizations started to rethink how they govern their information.

With health care organizations trying to manage the consequences from the pandemic, the integrity, accuracy, and completeness of data is more important now than ever before, and it will be fundamental in the future.

Health care organizations need the right information at the right time to make sound decisions regarding patient care and business growth. The future of health care will be data-driven. Now is the time to ensure trust in data to understand, track, and solve problems to create better health for all. Organizations want to get as much value from their information as possible.

Good information governance relies on several priorities:

- Broad agreement on what information means
- Clear agreement on how owned information assets will be maintained and monitored
- Standardized policies, procedures, and practices for securing information assets
- Enterprise data integration strategies

Information governance is an ongoing process with repeated practice, improvements, and reassessments. Bad data doesn't just lead to bad decisions. It can hurt patients. Patient safety is the highest priority.

Author:

Debi Primeau, MA, RHIA, FAHIMA
dprimeau@primeauconsultinggroup.com

Resources:

<https://bok.ahima.org/doc?oid=107796#.YStyzt9CTic>

<https://healthinformatics.uic.edu/blog/what-is-information-governance/>

<https://www.healthcareitnews.com/news/cisa-releases-guidance-protecting-data-ransomware-attacks>

<http://www.healthcareitnews.com/news/health-data-management-trends-watch-2018-cdi-security-lead-list>

More knowledge to diagnose better: How coding aids disease detection and treatment



Data, data and more data. In an age marked by relativism and opinion, objective data emerges as the most perfect “truth” we can aspire to and data analysis, the key human factor so that numbers are not just numbers.

This includes and is very much alive and well in the diagnosis of disease. But how do we collect data that can then be properly analysed? Through hospital coding, we can identify the elements of a disease or the procedures associated with its detection and treatment.

Thanks to these processes, we can sort and identify these elements for a correct diagnosis of diseases. Thus, each symptom associated with each disease, as well as its treatment, is converted into alphanumeric codes based on an international classification.

In the health crisis we have experienced worldwide, these identification codes have been basic ingredients for a good hospital management system, both public and private. The assignment of a code to each disease by means of the ICD allows the assessment of each patient's episode of care and, therefore, the casuistry of each hospital.

In this way, what hospital coding allows us to do is to optimise the benefits and opportunities offered by patient classification systems for healthcare management. Clinically, but also economically. But who is in charge of hospital coding?

Until relatively recently, a team of documentalists read all the documentation generated in the care episode, with the aim of obtaining the diagnoses and procedures for coding. Now, thanks to digital transformation, companies and professionals involved in clinical coding are faced with the need to develop coding support tools to optimise resources and adapt to the challenges of the future.

With the development of different coding support software, hospitals reduce errors and benefit from the increased productivity of professionals, which has a positive impact on the quality of healthcare information and the quality of patient care.

Author:

Ruth Cuscó, Managing Director of ASHO
ASHO, a leading company in healthcare coding and creator of coding support software: ASHOONE, ASHOCODE and ASHOINDEX.
ruth.asho@gmail.com



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An Overview of the COVID-19 Pandemic: From Turkey in Terms of HIM Perspective

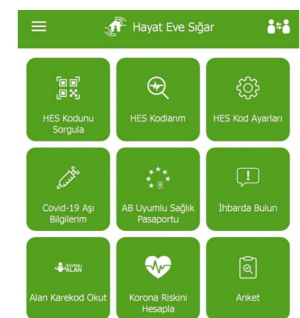
The pandemic has affected Turkey for a long time as well as the whole world. As HIM educators, we have experienced this effect both in the management of health information and in the education processes. Therefore, our aim in this article is to overview what experienced in Turkey during the Pandemic through our viewpoint.

Pandemic in Turkey

On February 11, 2020, WHO declared the disease COVID-19 (Coronavirus Disease 2019); The International Committee on Virus Taxonomy has also named the virus SARS-CoV-2 (Severe Acute Respiratory Syndrome Coronavirus-2). In Turkey, the “2019-nCoV Disease Health Care Workers Guide” was published by the Ministry of Health (MH) on January 24. The first case report was made on March 10; and on April 9, the treatment of COVID-19 cases was included in the scope of “emergency”.

HIM in the Pandemic

With today’s technological opportunities and systematic structure, the public was able to follow the pandemic process from both traditional and social media and the explanations of the experts were easily accessible. With the “Hayat Eve Sığar-HES” (Life Fits Home) application, every citizen has the opportunity to access information about the pandemic. With the “HES” code that can be produced in practice, it has also been used to control social contagion.



The “Hayat Eve Sığar-HES” (Life Fits Home) App.

WHO announced the ICD code update for COVID-19 on March 25 and recommended the use of these codes to all of the member countries. In Turkey, MH published its first guide on the diagnosis, treatment, and follow-up of COVID-19 on January 24, 2020, and updated its guides and algorithms during the pandemic process.

The suspicious cases in Turkey were entered into the Public Health Management System with the diagnosis code U07.3. Samples were requested from these patients for case detection. Department of Social Security Practices of MH stated that in accordance with ICD-10 AM Standards, should be recorded patients with COVID-19 virus (positive test result) with the code U07.3 and patients with unconfirmed COVID-19 (negative test result) with U06 disease code.

Education and Academic Experience in the Pandemic: Opportunities and Barriers

The pandemic has led to the necessity of distance communication in both education and professional cooperation. In the pandemic process in Turkey, distance education platforms have provided contributions such as meeting the need for education without interruption, protection against the transmission of the disease, increasing the use of technology in education and training, and developing technological skills.

In many universities, courses in distance education have been uploaded to the lesson systems with live lectures and video recordings, and methods such as asking instant questions and receiving/giving feedback, homework sharing have been used according to the system facilities used.

Although it is thought that the distance education model, which has turned into a necessity rather than a choice in higher education, makes it difficult for students to receive education, it has also contributed significantly. These include connecting to the lesson from anywhere, application-supported accessibility, providing a comfortable learning environment, the opportunity to listen to the lesson again, and note-taking for students. For academicians, time and economic savings were achieved through online seminars and conferences. The disadvantages encountered are:

- Inequalities of opportunity in education
- Lack of computer and internet access
- Insufficient resources
- The unpreparedness for the distance education process
- Loss of attention and motivation
- Difficulties of measurement and evaluation
- Communication and interaction inadequacy
- Technical problems
- The inadequacy of group interaction
- Difficulty in controlling

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 19.04.2021 Saat: 20.00 Konuşmacı: Dr. Bilal AK Biruni Üniversitesi	 26.04.2021 Saat: 20.00 Konuşmacı: Dr. Filiz İŞLEYEN Sağlık Bakanlığı
 20.04.2021 Saat: 20.00 Konuşmacı: Prof. Dr. Afşun İzci ESATOĞLU Ankara Üniversitesi	 27.04.2021 Saat: 20.00 Konuşmacı: Dr. Gizem GÜLTEKİN VARKINTI Samsat Üniversitesi
 21.04.2021 Saat: 20.00 Konuşmacı: Doç. Dr. Bahattin YALÇINKAYA Marmara Üniversitesi	 27.05.2021 Saat: 20.00 Konuşmacı: Dr. Öğr. Üyesi Ali YILMAZ Kırıkkale Üniversitesi
 22.04.2021 Saat: 20.00 Konuşmacı: Prof. Dr. Fahrettin ÖZDEMİR Ankara Üniversitesi	 Düzenleme Kurulu Dr. Öğr. Üyesi Perihan ŞENEL TEKİN Öğr. Gör. Ayşe KÖKSAL Öğr. Vedat GÜLTEKİN

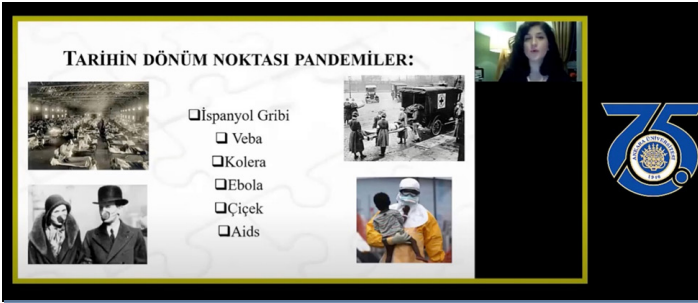
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Ankara University in a virtual conference on ICD 10 in Pandemic.

Despite all its difficulties, we think that we have turned the pandemic crisis into an opportunity in terms of professional cooperation opportunities. In this context, we met HIM students and academics hosted by Ankara University in a series of virtual conferences. In these conferences, important steps were taken towards professional development and cooperation. Recording of the conferences are available at the address below:

<https://www.youtube.com/channel/UCHwM7dnEYJEV6ThwiKdN7lg>

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Health Information Management Journal – 50th birthday

This is a year for celebration of health information management publication and research! 2021 marks the 50th anniversary of Health Information Management Journal (HIMJ). HIMJ is a fully peer-reviewed, health information management research journal with extensive international reach and reputation. It is owned by the Health Information Management Association of Australia and published by SAGE, an international publishing house. The journal began modestly and, owing to its successive Editors and Editorial Boards, has grown into the 'one-of-a-kind journal that today is a pillar of the global and Australian health information management profession'.¹ It publishes high quality scholarship in the specialist

discipline of health information management. HIMJ consistently receives large volumes of manuscripts reporting original research, professional practice and innovation, reviews, commentaries and informed forum topics from around the world.

The Impact Factor

HIMJ is the only scholarly journal owned by a national health information management association to have an Impact Factor (IF). The IF is a universally-applicable, scientometric index for ranking academic journals. It is based on the mean, annual number of citations of articles published in the journal in the previous two years (2-Year IF), or previous five years (5-Year IF). HIMJ's 2-Year IF is 3.185; its 5-Year IF is 3.211. Journal IFs are calculated and indexed in Web of Science, a pre-eminent global citation database which includes the official IF rankings of tens of thousands of journals from around the world.² It is helpful for HIM researchers to know that in addition to Web of Science (Clarivate Analytics), HIMJ is included in these abstracting and indexing databases: CINAHL; Clarivate Analytics: Science Citation Index Expanded (SCIE); Clarivate Analytics: Social Sciences Citation Index (SSCI); EBSCOhost; Informit's Humanities and Social Sciences Collection; MEDLINE; ProQuest; PubMed; and Scopus.

•Keep vital information at your fingertips with the best selling CDI Pocket Guide™ for ICD-10-CM, and now for ICD-10-AM (pictured above).

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•Co-authors of the best selling CDI Pocket Guide™, Dr. Richard Pinson and Cynthia Tang, Jenny Fitzpatrick, and Sam Heynemann keep it simple and focus on what matters.

The Editorial Board

HIMJ is overseen by an experienced Editorial Board, which also incorporates an International Advisory Board. The journal enjoys full editorial freedom and independence, consistent with international journal publication ethics. The review process is multi-stage. When manuscripts are received, the Editorial Review Panel undertakes the first stage, involving expert review and screening. Importantly, in the next stage the Editors draw upon the knowledge and skills of topic-expert reviewers from across the globe as part of the rigorous, double-blind peer-review process. The third stage involves intensive Editor-review.

Core educational resource

HIMJ is accessible to subscribers via the SAGE database. The journal's global research orientation and academic standing mean that it should be essential reading – and available via university, college and healthcare facility libraries – for all students in health information management and related programs and courses around the world.

Why must our profession undertake and publish research?

Research is an essential underpinning of a profession. In the case of health information management it produces new knowledge, supports the researcher's professional and intellectual development, promotes the profession's knowledge and prestige, reflects a strong and innovative profession and promotes 'progress of the society'.^{3,4} As a critical medium for international dissemination of our profession's research outcomes, the journal's standard for acceptance for publication is necessarily very high with regard to the methodological soundness and rigour of the research and the quality of writing. The research outcomes need to be supported by evidence of appropriate research methods so that the work has validity that can be demonstrated through the peer-review process. The need for more members of our profession to undertake and publish research is underscored by the results of a study of HIMJ's articles from the past five years.⁵ The publication of articles from 23 countries during the study period indicates HIMJ's reach and status. At least one Health Information Manager (HIM) was an author in 34.5% of all articles, and in 26.4% of articles an HIM was lead author. Thirty-seven percent of all articles were authored by at least one medical professional. The other authors were pharmacists, public health specialists, non-profession specific health researchers, health informaticians, and nursing and allied health professionals.

The number of HIM authors was a moderately encouraging finding; however, we believe this is not sufficient to assure our profession's future intellectual and scholarly growth. We encourage experienced and emerging HIM researchers from around the globe to submit high quality manuscripts for consideration for publication: <https://journals.sagepub.com/home/him>

Author:

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Editor-in-Chief, Health Information Management Journal

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Importance of managing time when working within a Health Record

Time is the most valuable commodity and time management is Self-Management/ Self Discipline. If you want to manage your time better, one must learn to manage yourself and apply behavior changes that are necessary in order to be most effective with time management. Time Management Characters in Health Records include: Sense of purpose, Listening, Facilitative, Competent and been Confident in your decision making. Time Management strategies include: Planning, Evaluating and Delegation. Every Medical Record Department should have a satisfactory system to obtain the Medical Records of all discharged patients, preferably within 24 hours of discharge. Someone should check the discharge list and see if all the records have been delivered

to the appropriate department(s). Any “Missing Record” should be traced as early as possible. Some of the benefits of Planning include: saving the time, avoiding any confusion and be able to make use of most of the resources. Some of the benefits of Evaluation may include, Periodic Evaluation of oneself as Medical Record Personnel and how we conduct are functions among each department or evaluating the goals and plans that have been set forth and re-adjusting where needed. Having an established authority, accountability and delegation of work and services within the health record is also important and aid in efficient use of time management within the record. Some components with hindrances that are seen with delegation include, Inability to accept our own limitations, Tradition, Lack of confidence in others, afraid of making mistakes

In conclusion, Periodic systematic evaluation is essential to effective time management. As a good manager one must provide the department with resources and tools it requires. The department administrator should involve supervisory people and the entire staff in the quality assurance effort. We are evaluating ourselves, what are our problems, how can we improve our perspectives etc. The side benefits of improved morale, greater team work and higher level of trust are also very worthwhile.

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IFHIMA welcomes our newest national member!


Please join me in welcoming our newest National Member – Medical Records and Health Informatics Professionals Association – Uganda

Welcome to National Director, Mr. Mutebi Ronald and National Deputy Co-Directors, Mrs. Anirwot Gracious and Mrs. Nampijja Rose – and the entire MRHIPA-Uganda team!


On behalf of the entire Federation we welcome you warmly to the IFHIMA family, and look forward to working with you to further the goals of our profession!

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Never Stop Advocating- Health Information Management

Deneice Springer (formerly Marshall), IFHIMA Director for the Americas, was featured in the Barbados Nation News Easy magazine on September 26th, 2021. The article entitled “Fighting for a Cause” describes Deneice’s contribution to IFHIMA and the Barbados Health Information Management Association (BHIMA). The article demonstrated to BHIMA members and personnel in the medical record/HIM profession that their work is appreciated, and they play a vital role in the continuum of care in Barbados. The article



also informed the public about the value of health information. In the Barbados Nation News feature Deneice explained a key challenge BHIMA is experiencing by stating “One of our other biggest challenges as an association, is that we want to be recognized for the scope of work we perform. Especially now in this era of digital health, most health care organizations are transitioning from paper-based medical records to electronic health records. We are therefore trying to advocate for a name change to better reflect the current roles and responsibilities of those who work in this profession.” Another quote by Deneice highlighted how HIM professionals contribute to the health care workforce, “The data, which is collected helps with patient care, resource management – which includes how resources are allocated – and also helps with disease surveillance, general health planning and policy.” As HIM professionals across the world read this article today, we must continue to advocate, educate and fight for our wonderful profession.

An Update from the Annual Meeting of the Japanese Society of Medical Information Management

The 47th Annual Meeting of the Japanese Society of Medical Information Management, which was scheduled for September 16th to 17th in Nagoya was held online due to the COVID-19 epidemic. Prerecorded presentations were delivered from October 7th to November 6th. Since the meeting was canceled last year due to the pandemic, it was held for the first time in two years! The meeting was chaired by Dr. Takatoshi Matsumoto (Honorary Director of Yachiyo Hospital) with the main theme of “Health Information Management to unlock the Future Information Sharing in Medical, Nursing Care, and Livelihood Support and ICD-11”, with 174 general presentations and 62 student presentations. There were over 1348 members in total who attended the meeting. The program included Chairman’s lecture, Keynote speech, Educational lecture, Special lecture, four symposiums, and five sponsor sessions. In the special lecture, Mr. Takuya Hirai, Minister for Digital Agency, which was newly established in the government this year, gave a talk on “Japan’s



Digital Innovation". As a part of the Special Program: "Information Management in a Pandemic-What We Learned from COVID-19 crisis", IFHIMA President, Lorraine Fernandes gave a lecture on IFHIMA's activities and the current situation of health information managers around the world, and attracted a strong interest from the society members. In this meeting, many papers were focused on the corona pandemic, Artificial Intelligence and advanced application of Health Information Management in Medical Care Welfare.

The new executive board (two-year term) was launched and President Hiroyuki Suenaga was reappointed by resolution of the General Assembly. He is going to serve Chairmanship for the third term. The Excellent Paper Award and the Special Award were received by Four members. Further, Four new Master of Health Information Managers were certified, making the total to 90. The 48th Annual Meeting of the Japan Society of health Information Management will be held on September 8th-9th, 2022 in Kochi Prefecture, chaired by Dr. Tadashi Horimi (Honorary Director of Kochi Health Sciences Center, Kochi Takasu Hospital). The theme is "Health Information Management required Now: Continuity and Change"

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Japan Hospital Association

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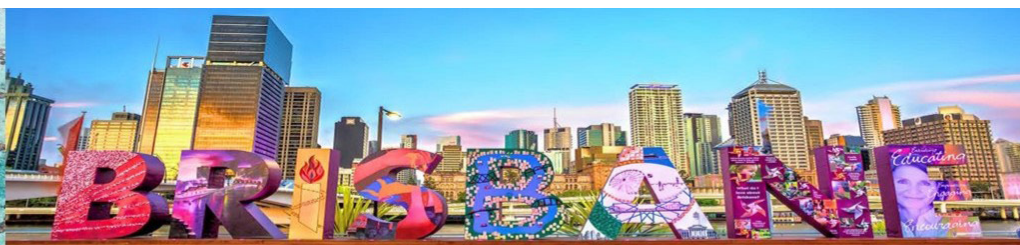
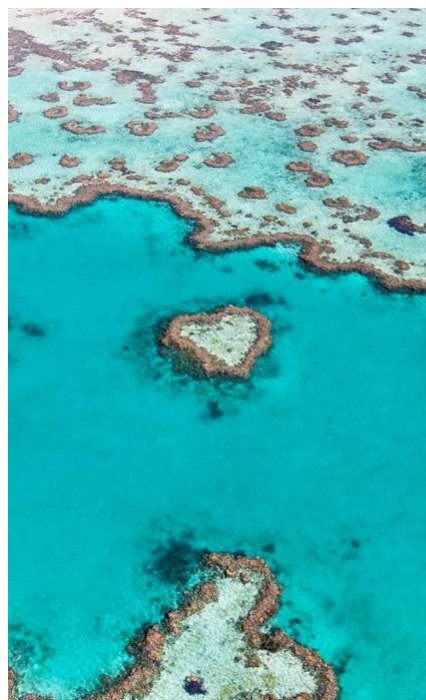
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Note from the Editor

Welcome to our last 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 and your loved ones a very happy and healthy holiday season. We look forward to hearing from you in early 2022!

Dilhari DeAlmeida, PhD, RHIA
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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, 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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