Global News

IFHRO

International Federation of Health Records Organizations

A Non-Governmental Organization in official relations with the World Health Organization (WHO)

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The Link for Health Records/Information Management Around the World

In this issue:

Message from the President

**Lorraine Nicholson,
President of IFHRO**

Serving as President of IFHRO is a great privilege and also a real honour – it brings opportunities for the individual but also great responsibilities to ensure that IFHRO grows and thrives and continues to serve its members around the world as it has done for over 60 years. It is hard to believe that I became President in May 2007 – time has gone by so quickly!

I have been a member of IFHRO since 1984 and during that time I have seen many changes in and challenges for our profession. IFHRO and the Health Information Management profession are currently facing many challenges including the implementation of Electronic Health Records. HIM professionals will need new skills and knowledge in this era of enormous change and the challenges that it brings and we know that education of HIM professionals around the world is of crucial importance.

IFHRO is playing its part in this process by reviewing and updating its existing Education Modules together with the development of a new module on the Electronic Health Record and an Educator's Manual both of which will be formally launched at the congress in Milan. There will be a special Educator's Forum on the day before the congress begins (Monday 15th November 2010) and I hope that those of you who are Educators or who have an interest in the education of HIM professionals will attend this event. Details about this pre-conference event will be posted on the congress website as soon as possible. Please watch the congress website for details of how to register (see below).

The IFHRO Executive Committee continues to work industriously and fruitfully. We held our annual face-to-face meeting for 2010 on 25th and 26th February at the AHIMA Global Services Office in Brussels. AHIMA generously sponsored our meeting by providing a meeting room and lunches and a dinner for which IFHRO is most appreciative. During the afternoon of Friday 26th February we had a detailed and very productive planning session related to the scientific programme for the 16th IFHRO Congress to be held in Milan 15th – 19th November 2010. This meeting was attended by Dr Leonardo La Pietra, President of the Italian Association, AIDOS/IMERA, which is hosting the congress, and Laura Manenti from the Congress Secretariat. Sandy Fuller, AHIMA's Chief Operating Officer, was also invited to the meeting together with Rita Bowen, President of AHIMA, and Nele Devolder from AHIMA's Global Services Office. IFHRO's grateful thanks are extended to AHIMA and its representatives for the Association's warm and generous hospitality for our meeting and for its continuing support for IFHRO. On Saturday 27th February the European Regional Team also met in Brussels to discuss and agree a work programme for the next twelve months and to receive an update on the congress from Dr La Pietra. The Team will next meet during the congress in Milan.

Prior to the meetings in Brussels, Margaret Skurka, Marci MacDonald and I attended a two and a half-day meeting of the WHO-FIC Education Committee held at Deutsches Institut fur Medizinische Dokumentation und

Information (DIMDI) in Cologne. The meeting was Co-Chaired by Marjorie Greenberg and Cassia Buchalla, Co-Chairs of the Committee. Amongst the items discussed were the web-based training tools for ICD 10 and ICF (International Classification of Functioning, Disability and Health), the International Training and Certification Programme for Underlying Cause of Death (Mortality) Coders and what future work will be done to support Morbidity Coders, the 2010 WHO-FIC Network Meeting to be held in Toronto, Canada October 16-22, 2010 and the IFHRO Congress in Milan in November 2010. It was a very interesting and productive meeting and it made me realise what a lot of work has been done since the establishment of the WHO-FIC-IFHRO Joint Collaboration in 2004.

IFHRO values the Joint Collaboration and extends grateful thanks to Margaret Skurka, President Elect of IFHRO, and Sue Walker, Director, National Centre for Health Information Research and Training, Australia for their skills as Co-Chairs of the Collaboration, to Marjorie Greenberg and Cassia Maria Buchalla, Co-Chairs, WHO-FIC Education Committee, to Dr. Bedirhan Üstün, Coordinator; Classifications, Terminologies, Standards at the World Health Organization and to Dr Robert Jakob, Medical Officer Classifications and Terminologies (CAT) and IFHRO's Designated Technical Officer at WHO. I also extend IFHRO's sincere thanks to all other contributors from around the world for their continuing support for this important collaboration. There will be opportunities to see the new web-based training tools for ICD-10 and ICF during the congress in Milan in November 2010.

Looking forward to the 16th IFHRO International Congress - the website is live www.ifhro2010.it Conference delegates can now register online and speakers can also submit their abstracts online. There is general information about the congress on the website including deadlines and an outline of the scientific programme. There is also information for sponsors and exhibitors, preliminary details of the scientific programme, information about hotels, the congress venue and contact information.

Just a reminder of the main conference topics:
- Classification Systems
- Clinical Coding & Quality of Data
- Electronic Health Records
- Health Records & Patient Safety
- Clinical Documentation & Scientific Research
- Data Management & Integration

The Congress in Milan will provide a superb opportunity for health records/health information management professionals from countries around the world to meet and strengthen their commitment to their profession; participate in educational activities, professional networking, information exchange and a range of social activities. This opportunity only comes around every three years, so I urge each one of you to make the effort to attend and be part of this very special event - I know that it will provide you with an unforgettable personal and professional development experience. I look forward to seeing as many of you as possible at the IFHRO Congress in Milan in November.

I know that many of you, as recipients of this IFHRO message, are already associate members of the Federation and I invite all readers to consider supporting IFHRO and its continuing activities by joining the Federation as an associate member. Associate member dues are very modest at US$30 per year. Please find the application form for associate membership at http://www.ifhro.org/membership.php

With my very best wishes,
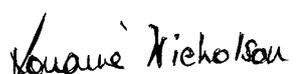
Lorraine Nicholson
President of IFHRO

Benefits of
IFHRO Membership

The International Federation of Health Records Organizations (IFHRO) supports national associations and individual health information management professionals (HIM) to implement and improve health information management in their own countries and the systems which support the discipline. IFHRO was established in 1968 as a forum to bring together national organizations committed to improvement in the use of health records in their countries. The founding organizations recognized the need for an international organization to serve as a forum for the exchange of information relating to health information management and information technology.

The purposes of IFHRO are to

- promote the development and use of health records/information in all countries

- advance the development and use of international health records/information standards

- provide for the exchange of information on health records/information education requirements and training programs

- provide opportunities for education and communication between persons working in the field of health records/ information in all countries

- promote the use of technology and the electronic health record

Membership of IFHRO brings many benefits in the form of professional support and sharing of experience and knowledge. A benefit is also being part of an internationally recognised professional organization, which is a NGO in official relations with the World Health Organization (WHO) and sharing its values.

Other benefits include

For national associations, IFHRO is involved in the following areas:

- Working to raise the profile and professionalism of the Health Information Management (HIM) profession at a global level

- As a Non-Governmental Organization (NGO) IFHRO maintains a productive and harmonious working relationship with the World Health Organization (WHO)

- The Federation assists WHO in making health information management related decisions at a global level e.g. coding of H1N1 (Swine Flu)

- Contributing to the development of revisions to the International Classification of Diseases and Related Health Problems (ICD)

- Assisting WHO in the development of tools to improve data quality e.g. web-based training tools for Clinical Coders

- Working with WHO to develop an international training and certification program for mortality and morbidity coders (WHO-FIC-IFHRO Joint Collaboration)

- Supporting and developing the HIM profession in both the developing and the developed world

- Providing basic, generic education modules for Health Records Practice for use around the world

- Attendance at overseas/international congresses always generates new and stimulating ideas for representatives of national associations to bring back for use at their own national congresses and other events

- The provision of international sessions at national congresses and hosting of regional forums at international and national congresses is a very successful means to get members interested in international affairs and to encourage networking and the exchange of information on a global and regional basis

- The exchange of experiences and information in the field of education is essential for the Health Information Management profession, especially regarding the process of the establishing Bachelor and Master degrees in different countries around the world. It also provides input for national efforts to establish university degrees in the field of Health Information Management, which raises the profile of the profession at a national level

- A recent survey (October 2009) regarding inclusion of international articles in national association Journals revealed that more than 90% of members read articles with an international focus with great interest and more than 70% of respondents said that they wanted more articles about international affairs

- Health Information Management schools use IFHRO's Global News articles in their lessons to train students in the use of English terminology and also to offer their students a wider view of the profession and career opportunities within it

- National associations use the international connections offered by IFHRO as a marketing tool to increase their own membership. They also believe that the international dimension gives national associations an additional professional facet, which makes it more attractive for potential members who want to learn about developments in their profession beyond their national boundaries.

For Individual Associate Members:

- The opportunity to serve on regional task groups, which is a unique personal and professional development opportunity

- Membership of IFHRO provides discounted registration fees for IFHRO Congresses

- The opportunity to network informally with Health Information/Health Records Management professionals and experts around the world;

- Receive regular copies of IFHRO's Global News, which provides world-wide updates on the HIM profession.

All of these benefits and activities provide a positive, professional focus for all Health Information Management professionals and their professional associations on a global basis, which in turn serves to raise the profile of the profession and the people who work in it around the world.

21st January 2010

www.ifhro.org

New President of the Pacific Health Information Network (PHIN)

Sione Hufanga

At the 2009 Nadi meeting of the PHIN, sponsored by the Health Information Systems Knowledge Hub at the University of Queensland, Mr Keneti Vaigafa from Samoa announced his resignation as the President of the PHIN, after serving in this role for two years, from 2007-2009. Keneti did a wonderful job strengthening the profession and building its profile within the region. All PHIN members appreciated his hard work and commitment to the role.

Following the meeting, the members went through an election process and Mr Sione Hufanga, Senior Health Informatics Officer within the Ministry of Health Tonga was successful in his nomination to the position of President of the PHIN.

He commenced this role in December 2009. The President's position is a great honour and is looked to as a leader amongst those working in health information in the region. Sione holds a Bachelor of Arts in Economics and Mathematics from the University of the South Pacific and commenced at the Tongan Ministry of Health in 2002 as a Health Statistics Officer.

He has extensive experience in managing the Health Information Section, and held the post of Acting Principal Health Planning Officer for two years. Sione is also currently completing a Masters degree in Bio-statistics at the University of Queensland, through the Biostatistics Collaboration of Australia with the support of a WHO Fellow-ship. Since accepting the President's role he has made a start on developing a Pacific discussion and work plan for the Network for 2010.

The PHIN was created to provide a mechanism for networking, support, information sharing and training for people working as health information professionals in the Pacific region.

The PHIN group voted to become a special interest group of the Health Information Management Association of Australia (HIMAA) which will give them a solid foundation for future collaborative activities.

AHIMA's
New Chief Executive Officer

Dr. Alan F. Dowling, PhD

Alan F. Dowling, PhD, is the chief executive officer of the American Health Information Management Association (AHIMA), appointed January 13, 2010.

With an illustrious career that spans more than 35 years in various phases of health informatics, Dr. Dowling's diverse background includes global leadership experience in corporate and non-profit organizations, extensive strategic and governance expertise, as well as health care delivery, research and academic experience.

Since 2000, Dr. Dowling has been president of Global Health Associates LLC providing executive and board consultation on information systems and technology transfer and adoption in the U.S. and internationally.

From 2004 to 2008 Dr. Dowling was executive director of the Center for Health Innovation for Noblis, Inc., a nonprofit science, technology and strategy organization. Previously, he was senior vice president of health consulting at Covansys and president of HealthMagic, Inc., a PHR health technology company. Dr. Dowling also was a partner in the health industry consulting practice of Ernst & Young LLP from 1986 to 2000, and he served for more

than 20 years as a health services officer in the US Air Force Reserve.

Dr. Dowling's distinguished academic career includes teaching at Case Western since 1981. He has also been a lecturer or invited speaker, since 1980, at various universities including Yale, Cornell, Pennsylvania, M.I.T., Delaware, Georgetown, Ohio State, Michigan, Missouri, Harvard, Georgia Tech, George Washington, Boston University, Northwestern, Massachusetts, Tokyo, Cape Town, and AUB.

Dr. Dowling holds a doctorate degree in Health Care Management and Management Information Systems from the Massachusetts Institute of Technology, a master of computer science degree from the University of Dayton, a master of science degree in Engineering Management from Northeastern University, and a bachelors in physics from Holy Cross.

Dr. Dowling has served on health information technology-related committees, task forces, and work groups both nationally and internationally.

In 2007-08 he served on a work group to define health information terms for the federal Office of the National Coordinator for Health Information Technology.

In the 1990s he served on the Clinton Administration's Health Care Reform Task Force, the Information Management Task Force of the Joint Commission, the federal National Nursing Minimum Data Set Task Force, and the Council on Competitiveness' Health Information Infrastructure Task Force. Dr. Dowling is widely published and a frequent speaker at national and international forums and symposiums.

News Stickers from IFHRO

Shalti Davida

**Head of Health Records Department
Shneider Children's Medical Center
of Israel
is new chairman of the
Israeli Health Information Management
Association
dshalti@clalit.org.il**

Vicki Bennett

**Is the new IFHRO Regional Director
for the Western Pacific
following the resignation of
Keneti Vaigafa from Samoa
vicki.bennett@aihw.gov.au**

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IMIA

**(International Medical
Informatics Association)
Executive Director Dr Peter Murray
is working with IFHRO to reinvigorate the
relationship between IMIA & IFHRO
peterjmurray@gmail.com**

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Linda Galocy

**Indiana University North West
is developing two new IFHRO
Education modules and
Updating existing modules
lgalocy@iun.edu**

AHIMA hosts cross border health information management event in Brussels

Siada El Ramly
Director AHIMA Global Services office
globalservices@ahima.org

Friday, February 26th, 2010: AHIMA held its first official Brussels event entitled a "Snapshot on Cross‑border Health Information Management". Stakeholders from Europe and around the world met at the Stanhope hotel in Brussels to exchange ideas on the international dimension of health information management and its impact on the quality of healthcare. The event focused on the importance of having a skilled workforce to advance health information management and cross‑border healthcare in an increasingly electronic and global environment.

Rita Bowen, AHIMA President, noted that AHIMA is "eager to join the international conversation in Europe as part of the commitment to help solve our part of what the World Health Organization calls the global shortage of health workers. We want to develop the health information management professional, but just as important, we want to develop as well the health information management practice as a way to add real value to health organizations and the communities and countries those organizations serve. In order to achieve this vision, AHIMA will continue to work within the stakeholder community in a shared effort to collaborate, to learn and to promote an accelerated development of the types of standards that advance the practice of health information management throughout the world."

Alan Dowling, AHIMA Chief Executive Officer, summarized the successful activities and involvement of the Brussels‑based AHIMA Global Services Office since its creation in July 2009, including multiple stakeholder contacts and beginning of the participation as partner in the European Commission funded project "Transatlantic Observatory for Meeting Global Health Policy Changes through ICT (Information and Communication Technology) Enabled Solutions" (Argos e‑Health). "AHIMA sees and understands this unique time in which we find ourselves and once‑in‑a‑lifetime opportunities this time presents. We are proud to be involved, eager to be of value and committed to be a partner in worldwide change and worldwide change for the better" he concluded.

Keynote speaker Ilias Iakovidis, acting Head of ICT for Health Unit from the European Commission's Directorate General for Information Society and Media, presented the latest developments of the EU e‑Health agenda and emphasised the utmost importance of appropriately trained and skilled healthcare professionals. From this angle, he added that "AHIMA's role is essential in gathering at the same table the various stakeholders challenged by the evolution of health information in the electronic era in terms of data quality as well as technical interoperability. Jacob Hofdijk, President of the European Federation of Medical Informatics (EFMI), noted the wide cooperation opportunities between EFMI and AHIMA, based on a common vision for the advancement of e‑Health and the promotion of high standards of health information and medical informatics professionals.

Following the event, AHIMA is committed to continue its collaborative efforts and develop long‑lasting relationships with European and international stakeholders, as a means of further advancing the health information management profession through a global community of learning and practice.

Ilias Iakovidis
Head of ICT

Jacob Hofdijk
President of EFMI

About AHIMA

Representing more than 53,000 specially educated Health Information Management professionals in the United States and around the world, the American Health Information Management Association is committed to promoting and advocating for high quality research, best practices and effective standards in health information and to actively contributing to the development and advancement of health information professionals worldwide. AHIMA's enduring goal is quality healthcare through quality information. www.ahima.org

Nele Devolder   Françoise Maon
AHIMA Global Services, Brussels

From left: Sandy Fuller, Rita Bowen, Marci MacDonald, Dana Popp, Siada El Ramly, Angelika Haendel, Robert Nelson, Lorraine Nicholson, Margaret Skurka, Darley Petersen, Dr. Alan F. Dowling

WHO supports campaign to make schools and hospitals safer

Manila/Geneva: 9th April 2010 – The World Health Organization is pledging its support to the One Million Safe Schools and Hospitals Campaign launched on 8th April 2010 in Manila. The goal of the new United Nations' global campaign is to protect health and educational facilities, and the millions of people who rely on them for healthcare and learning, from emergencies.

"This campaign is unique because it offers people from all walks of life the opportunity to protect their hospitals and schools, and in turn save lives," says Dr. Eric Laroche, WHO Assistant Director-General for Health Action in Crises. "Members of the public, governments, health workers and hospital staff can all find a way to actively support this initiative to make one million hospitals and schools safe from disasters."

People can make pledges under three types of categories, including:

- Volunteering to raise awareness about safe schools and hospitals

- Leading or supporting safety and disaster preparedness activities

- Donating time and/or equipment, maintaining surroundings and repairing facilities.

By pledging its support to the campaign, WHO will continue its work in advocating and supporting action with governments, health professionals and other partners to ensure the structural and functional safety and preparedness of health facilities so they can continue treating people who need healthcare following emergencies.

The campaign was launched during yesterday's opening of the association of Southeast Asian Nations (ASEAN) Forum on Safe Hospitals in Manila, which was attended by governments throughout the South-East Asia region, United Nations agencies and non-governmental organizations.

The new schools and hospitals campaign is part of the UN International Strategy for Disaster Reduction's 2010-2011 World Disaster Reduction Campaign, which is titled "Building resilient cities, addressing urban risk".

This week, WHO also marked its annual World Health Day event with the launch of its "1,000 cities – 1000 lives" campaign which highlights the impact of urban living on health and encourages efforts to make cities healthier places for people to live. A key focus of the World Health Day campaign is to make urban areas resilient to emergencies and disasters.

For further information on the One Million Safe Schools and Hospitals Campaign go to: http://www.safe-schools-hospitals.net/

RCP and CfH launch online standards tool

12 Mar 2010: The Royal College of Physicians (RCP) and NHS Connecting for Health (CfH) have launched e-learning modules to support national standards for hospital record keeping drawn up by the RCP's Health Informatics Unit and signed off by the Academy of Royal Medical Colleges.

The online tool allows users to complete two training modules; one covering the principles of good record keeping and one covering the standards for hospital admission clerking, inpatient handover and hospital discharge. Users can access the tool from any location, using their NHS email address or a registration process recording which organisation they work for.

The system tests users' knowledge, provides a reason for each correct or incorrect answer, and awards a certificate. Information governance leads can view a range of reports to see who is using the system and whether they have passed.

Professor John Williams, director of health informatics at the RCP, says the Department of Health has written the majority of the modules but the RCP has contributed specific components, such as why it is important to standardise health records. Professor Williams told E-Health Insider: "Information governance is becoming increasingly important. What we're doing at RCP is trying to move the agenda to be more patient focused, whereas CfH provides the infrastructure from an IT point of view that supports the corporate activity of the NHS."

Professor Williams said the standards are not specifically designed around the use of electronic patient records. However, they have been "developed in such a way that could bridge the transition." IT suppliers are "being encouraged" to build the standards into their systems.

The launch of the e-learning site follows a survey by the Academy of Medical Royal Colleges into the use of the record keeping standards. It revealed that only half of the respondents had heard of the standards, which were published two years ago.

At launch, Professor Williams hoped that all trusts would be using the standards within a year. "I'm neither dismayed nor excited about the results of the survey," he said. "We are getting them out there and they are being adopted, but there does need to be more corporate uptake. It is happening and the RCP is completely behind it; we definitely have momentum now."

Despite the relatively slow uptake, the survey also showed that at least a third of those who had heard of the standards had changed their practice as a result of adopting them. "What was encouraging was that people are changing the way that they practice as a result of these standards and even more gratifying was the amount of uptake overseas." Outside the UK, 43% of participants had heard of the standards and 18% had changed their practice.

The RCP is now working with the medical schools' council, statutory bodies, NHS trusts and Monitor so that the standards are adopted into medical training.
Link: Information Governance training tool
Sarah Bruce

NHS Connecting for Health

NHS Connecting for Health supports the NHS in providing better, safer care, by delivering computer systems and services that improve how patient information is stored and accessed.

NHS staff, the media and patients can use this site to learn about our work and its benefits.

Medical Record Keeping Standards
Update from the Royal College of Physicians (RCP) - Health Informatics Unit

From left: Mala Bridgelal Ram, Prof. John Williams, Prof. Iain Carpenter, Helen Fogarty

Background

Maintaining high quality medical records is a fundamental and crucial component of good clinical practice. Omissions, errors and illegible records compromise quality and safety of clinical care and expose doctors and provider units to increased risk of clinical incidents, complaints and litigation. In January 2010 the College published its Vision for Patient Focused Records. This followed a stakeholder forum with participants from organizations involved in the several dimensions of development and implementation of electronic patient records, including patient representation. The workshop's aims were to achieve a common vision for patient focused records, identify the way ahead and the issues to be addressed, and agree an action plan.

Vision Statement

In recent years many national initiatives have stressed the importance of greater focus on high quality care, the needs and wishes of patients in the delivery of health services, and more patient empowerment and choice. If such requirements are to be met electronic records that are focused on the patient, rather than their disease, intervention or location will be essential. Such records must cross organisational boundaries, so that appropriate information can be recorded by both practitioners and patients, and accessed by them, in a wide variety of clinical and care contexts. Currently, in hospital care, electronic patient records that comprehensively support the management of individual patients are few and far between, seriously limiting the opportunities to develop integrated services that cross traditional service boundaries.

The record of the dialogue between the clinician and the patient, the decisions made and the actions taken, is the cornerstone of the patient record. The information that is recorded should be accessible whatever the setting or context. This information can take the form of free text, or of structured data that is completely interoperable, and transferable between clinical applications, contexts and settings without ambiguity. Structured clinical data collected in this way also provides the best source of information for the many purposes that underpin service evaluation and research.

To achieve clinical interoperability, and to ensure the validity of aggregate information when data from many records are integrated and analysed, the structure and content of the record must be standardised. To achieve wide acceptance, such standards must reflect clinical practice, be evidence based, developed through consensus and professionally endorsed.

Effective implementation of standardised, structured, patient focused records requires strongly led culture change, embraced by all medical and clinical staff. They are essential prerequisites for safe, high quality care and for the safe, efficient and effective migration from paper to electronic patient records. Such records will also enable innovative development of services that cross traditional boundaries and, by giving patients access to their record, empower them to take more responsibility for their own care.

UK National Standards

In order to achieve this vision the HIU (Health Informatics Unit) has been developing national standards for medical notes[1] which were approved by the Academy of Medical Royal Colleges for the whole Medical Profession in April 2008. This was the culmination of a project which was funded by NHS Connecting for Health to develop standards for the admission, handover and discharge records for hospital inpatients.

Over the past eighteen months the HIU has been working on dissemination and implementation of the standards which are essential as we move from paper to electronic records. We have been working with a number of organizations to get the standards embedded in policy, for example:

• The General Medical Council[2] sets the knowledge, skills and behaviors that medical students learn at UK medical schools as well as setting standards for teaching, learning and assessment in 'Tomorrow's Doctors'. 'Tomorrow's Doctors' references the Medical Record Keeping Standards in key outcome 2 – 'The doctor as a practitioner'.

• The Audit Commission[3] PbR Assurance Framework publishes annual reports on the data and clinical coding accuracy of NHS Trusts funded through Payment by Results. The 2008-2009 report includes a recommendation that Trusts implement the Medical Record Keeping Standards as they should improve the accuracy and efficiency of clinical coding.

• The NHS Litigation Authority (NHSLA)[4] handles negligence claims and works to improve risk management practices in the NHS. NHSLA Risk Management Standards for Trusts now include detailed guidance for Trusts in relation to medical notes. They reference the Record Keeping Standards and the associated audit tool as an example what Trusts can use to meet the NHSLA Risk Management Standards.

• The RCP is working with the National Patient Safety Agency (NPSA) to determine the extent to which clinical incidents may be precipitated by errors and omissions in medical notes.

• The medical defence organisations state that the major reason for not defending cases is because of problems with the clinical records.

• The Academy of Medical Royal Colleges has funded the HIU to develop consensus based guidelines on how information from medical records should be used in support of the revalidation appraisals for doctors. These will be available later this year.

Online Resources

Two E-Learning Modules[5] are available online via the DH (Department of Health) Information Governance Tool based on the Medical Record Keeping Standards. The first addresses the general principles of good record keeping and is relevant to all clinicians. The second is targeted specifically at doctors and relates to the standards for the hospital admission clerking, inpatient handover and discharge from hospital.

http://www.igte-learning.connectingforhealth.nhs.uk

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[1] The Record Keeping Standards: free downloads and hard copies can be ordered at: http://www.rcplondon.ac.uk/clinical-standards/hiu/medical-records/Pages/clinicians-guides.aspx

[2] The General Medical Council 'Tomorrows Doctors' http://www.gmc-uk.org/education/undergraduate/tomorrows_doctors_2009.asp

[3] The Audit Commission Reports from the PbR Framework Review for 2008-2009: http://www.audit-commission.gov.uk/health/nationalstudies/pbr/pbrdataassuranceframework200809/Pages/default_copy.aspx

[4] NHS Litigation Authority guide for managing the quality of medical records: http://www.nhsla.com//Documentformanagingthequalityofhealthrecords.doc

[5] E-learning modules on record keeping standards: http://www.rcplondon.ac.uk/clinical-standards/hiu/Pages/resources.aspx

Benefits and functions of the modules

There are two simple ways to register for the tool

- By email address which must be in an approved format (e.g. doctors.org, nhs.uk, ac.uk) and organisation name.
- If you do not have an email address in the above format or are from outside the UK you can use the same registration process and respond NO to 'Do you have a work email address' and follow the instructions. Your request will be forwarded to a helpdesk where access will be granted.
- You can also use the "Help" facility for assistance

The tool provides a comprehensive range of reports for information governance leads in each trust to enable them to get up-to-date information on those who are using the system and have successfully completed the modules.

The online tool stores the users training progress as they go through the e-learning training; within the modules there are questions to test the user's knowledge and for each correct or incorrect answer a reason is given.

There is an assessment that users can complete. Once a score of 80% is achieved a certificate can be printed or saved. NHS Hospitals and Trusts benefit by having access to reports on those who have completed the modules successfully.

Other Benefits

- Patients benefit from improved quality of clinical care at the heart of which is seamless communication.
- Clinicians benefit by improving their practice and reduction in the errors that occur at critical times such as handover and when doctors move to different clinical areas. They will not have to learn a new system whenever they move during their training.
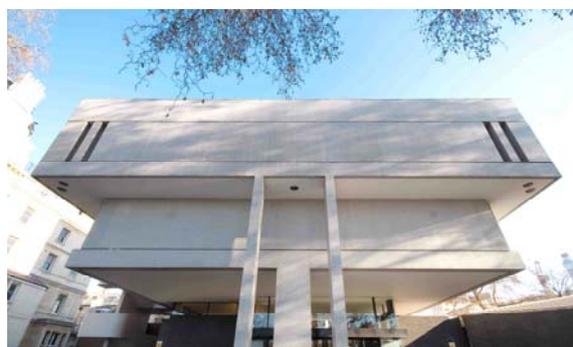
- Hospitals and Trusts also benefit by raising awareness about the record keeping standards and the importance of implementing them. The standards should also improve the efficiency of clinical coding, support clinical audit, and may reduce the cost of litigation.

Example templates[6] that conform with the national standards can be downloaded and tailored to the specific requirements of individual hospitals and Trusts to create paper proformas for admission clerking, handover (Out of Hours and Consultant Team to Consultant Team Handover) and discharge.

An audit tool[7] to support the implementation of the generic medical record-keeping standards. This tool was piloted in a number of hospital settings and is now available for download and use.

Further information:
Mala.BridgelalRam@rcplondon.ac.uk

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[6] Download example templates:
http://www.rcplondon.ac.uk/clinical-standards/hiu/medical-records/Pages/templates.aspx

[7] Audit Tool for generic medical record keeping standards:
http://www.rcplondon.ac.uk/clinical-standards/hiu/medical-records/Pages/generic-standards.aspx.

The Danish Healthcare Quality Programme (DDKM)

Darley Petersen
HIM at
Odense University
Hospital, Denmark.

Member of European
Regional Team – ERT

IKAS, The Danish Institute for Quality and Accreditation in Healthcare develops plans and runs the Danish Healthcare Quality Programme (DDKM). IKAS provides counselling to institutions and organisations involved in the Danish Healthcare Quality Programme. IKAS was established in 2005 and refers to a board of directors, including representatives from the National Board of Health, Danish Regions, the Ministry of Health and Prevention and Local Government Denmark. IKAS employs approximately 30 people, with the majority being qualified within areas of medicine and healthcare.

The Danish Healthcare Quality Programme is a method to generate persistent quality development across the entire healthcare sector in Denmark. The Danish Healthcare Quality Programme provides for standards of good quality – and of methods to measure and control this quality.

The objectives of the Danish Healthcare Quality Programme are:
- To avoid errors causing loss of lives, quality of life and resources
- To ensure that knowledge achieved via research and experience is utilized in all branches of the healthcare sector
- To document work performed
- To achieve the same high quality across geographical boundaries and sectors
- To generate coherence in citizens' pathways across sectors – e.g. in the transition from hospital to local healthcare
- To render quality within the healthcare sector more visible

- To avoid the situation where all institutions must invent their own quality assurance system
- To strive towards excellence – all the time

During the next few years, hospitals, organisations, etc. will be introducing the norms of good standard incorporated into the standards. The standards include measuring points to ensure process management.

The Danish Healthcare Quality Assessment Programme aims to include all Danish publicly financed healthcare services and seeks to operate on a cross sectoral basis. The Programme is a result of a collaboration between central government and the regions, thereby covering the public healthcare sector in full. Also, municipalities, private hospitals, and pharmacies have signed agreements to be part of the Programme.

The Danish Healthcare Quality Programme aims to generate and combine the data already being collected today in the Danish healthcare sector. These data include, among others, the national quality databases, adverse events, the National Indicator Project and the National Patient Satisfaction Surveys.

The Danish Healthcare Quality Programme also reaches out internationally. This is why the accreditation standards must be approved by the international accreditation organisation ISQua, the International Society for Quality in Healthcare. In its capacity as an accreditation organisation, IKAS must be approved by ISQua as well. In Norway the health care system has implemented the Danish quality programme nationally.

Accreditation

The Danish Healthcare Quality Programme is based on the quality method known as accreditation. The basic principle of accreditation is to determine a minimum level of good quality within a number of areas, which are followed up for their level

of compliance. The faults and omissions discovered in the process are used as an empirical basis to improve quality.

Each hospital and organisation introduces their own new standards and performs self-evaluation in the process. Prior to the final accreditation, an external survey will be conducted by a team of medical professionals who have received hands-on training by IKAS and who will be evaluating compliance with the standards. Survey and accreditation is repeated every three years. The standards are also revised every three years, and new standards are added, others might be taken out, the reason being that accreditation is based on maintenance and development of quality on a continuous basis.

IKAS and the Danish Healthcare Quality Programme deliver a web-based IT-system, known as TAK, containing all standards that support and facilitate the process from the time of receipt of standards to final accreditation. TAK is developed in collaboration with the users. Standards are available for general areas such as medication, patient involvement, resuscitation and inter-sectoral transfer within the organisational area, with standards providing for management, data safety and technology for various disease areas such as gastric ulcers and diabetes. In its first generation of the Danish Healthcare Quality Programme, IKAS plans to submit: 104 standards to the regional healthcare sector, 70-80 standards to the local healthcare sector, 42 standards to the pharmacies

Odense University Hospital (OUH) has been selected as training hospital for surveyors with The Danish Institute for Quality and Accreditation. The first team of surveyors have passed examinations in OUH in November 2009 and the next team will undergo the examination procedure in June 2010. The standards for accreditation will be chosen partly in the departments, where the examination takes place and in the Danish Institute.

Framework of accreditation standards:
The following five accreditation standards form the foundation of the Danish Healthcare Quality Programme. Odense University Hospital had implemented the five framework standards as a prerequisite before the first team visited Odense University Hospital in November.

1. Politicised accreditation standards are the foundation of the standards for quality- and risk management
2. Quality Organisation established: The organisation refers to Hospital Direction and consists of Advisory Council, Forum for accreditation, section for quality and local teams in departments for quality. To cover special requirements it might be necessary to establish ad hoc committees.
3. Documentation for monitoring and patient assurance according to national, regional and local requirements.
4. Improvement of quality to ensure local and national development by implementation.
5. Management of documents to ensure availability, updating, identification.

Conclusion:
The intentions of The Danish Model of Quality will in the near future be a vital procedure for the Danish hospitals and will be a tool for upgrading the Danish Hospital System. This will influence the transparency for treatment, but it aims to include all of the Danish Healthcare Service. Not only will it improve the quality within individual sectors, but also within the citizen'/patient's journey across the sectors.

http://www.ikas.dk/English.aspx

Meeting Report

WHO-FIC – IFHRO Joint Collaboration
DIMDI Cologne, Germany, February 22-24, 2010
Meeting Highlights

Marjorie Greenberg
National Center for Health Statistics (NCHS), USA

Twenty-six persons from eleven countries attended the mid-year meeting of the WHO-FIC Education Committee (EC), which also serves as the annual meeting of the Committee's Joint Collaboration (JC) with the International Federation of Health Records Organizations (IFHRO). The meeting was hosted by DIMDI in Cologne, Germany on February 22-24, 2010, and was co-chaired by Marjorie S. Greenberg and Cassia Maria Buchalla, co-chairs of the EC, and Margaret Skurka and Sue Walker, co-chairs of the JC. Huib ten Napel, Netherlands Collaborating Centre, was welcomed as a new member of the JC, replacing Christine Sweeting, UK, who resigned due to illness.

Terms of reference and work plans were reviewed and updated as needed. It was agreed that the EC and JC will have a joint work plan. This is in keeping with a proposal from WHO that IFHRO become a full member of the WHO-FIC Network as an NGO in official relations with WHO and an active partner in the Education Committee. The co-chairs will work together on putting the work plan into the new format recommended by WHO and also plan to prepare a paper on the accomplishments of the Joint Collaboration since its inception in 2000.

Training Tools

A major activity for the EC and JC during the past two years has been the development, review and testing of Web-based Training Tools for ICD and ICF.Both were presented and discussed in some detail during the meeting. The release candidate 1 of the ICD-10 training tool is online at http://www.who.int/classifications/icd/implementation/en/index.html

The final version will be informed by the first translations, an external review, and feedback received from any use by May 2010 and will be posted during June 2010. The EC agreed to establish a Training Tool Support Group (TTSG), chaired by Sue Walker, to serve as a bridge to users of the tool between June and October 2010 and to answer questions that may arise during that time. Other members are Robert Jakob, Rita Scichilone, Joon H. Hong and Cleo Rooney (tentative). The MRG and MbRG also each will be asked to contribute a member, and volunteers will be sought from IFHRO. The TTSG will report back to the Education Committee during the 2010 WHO-FIC Network Annual Meeting in Toronto, with recommendations on what type of structure and resources are needed for ongoing support of users.

The EC approved the following resolution regarding ongoing maintenance of the tool for submission to the WHO-FIC Council at its mid-year meeting on April 23, 2010, in Geneva, Switzerland: The WHO-FIC Education Committee requests that the WHO-FIC Council endorse the following resolution:

Whereas the Education Committee:

- has worked closely with the World Health Organization (WHO) on the development of the ICD-10 Web-based Training Tool,

- developed the core curricula on which the tool is based,

- contributed content to the tool,

- reviewed the full tool,

- participated in testing the tool,

- is developing a strategy for supporting users of the tool,

- is committed to the tool's maintenance and update consistent with the ICD-10 update schedule and user needs, and

- supports wide-scale use and further development of the tool

The Education Committee:

- expresses its sincere appreciation to Dr. Robert Jakob for his collaboration and tireless efforts on behalf of the tool and

- requests that WHO include in its base budget adequate funding (estimated at approximately $15.000 US per update) to maintain the tool.

The Education Committee will recommend an update schedule after the first year of operations, in consultation with WHO.

The Committee did not pass a similar resolution regarding the ICF eLearning Tool, because the developers from the German ICF Research Unit assured the group that funding was available for routine maintenance of the tool; the Research Unit also will monitor questions from users of the Tool. The ICF eLearning Tool will be released for testing from March 1 – July 31, 2010, using protocols that had been reviewed by the EC and JC members. The EC agreed to send an email to the WHO-FIC Collaborating Centres reminding them of the opportunity to test the tool, which should take approximately three hours. It is already in English and Spanish and may be translated into other languages for testing purposes. Special efforts will be made to test with health administrators and persons with disabilities. Nenad Kostanjsek asked the North American

Collaborating Centre to provide testing in conjunction with the 2010 NACC Conference on ICF in Bethesda, MD on June 23-24. The tool will be launched at the annual WHO-FIC Network meeting in Toronto.

EC and JC members agreed that joint use of the ICD and ICF is desirable in many applications and that the training tools should reference each other and share joint content where appropriate. Members were asked to recommend experts who could contribute to development of advanced modules for the ICF eLearning Tool, covering such topics as clinical, research and education. One outstanding issue is whether a pre and post test should be developed for the ICD-10 Web-based Training Tool. Such a test has been incorporated into the Introductory module for ICF. Currently there are no funds for developing a pre and post test for the ICD-10 tool, but also the length and extensive nature of the Tool, with modules on each chapter of ICD-10 and on certification of cause-of death, may make a single test inappropriate. The TTSG will look into this issue. There was general support for showcasing both training tools at the 16th IFHRO Congress, scheduled to take place in Milan, Italy on November 15 -19, 2010.

International Training and Certification Program

The group reviewed the accomplishments of the International Training and Certi-fication Program (ITCP), which was successfully piloted in four countries in 2007 – 2008 for underlying cause-of-death mortality coders and trainers, culminating in the award of certificates to 60 coders and 19 coder/ trainers. Seven experts from five countries also have received honorary trainer certificates in recognition of their extensive training experience and contribution to developing the international exam. There were

differing opinions on whether additional pilots were necessary, although the group generally agreed that new questions could be tested whenever the exam is offered. A proposal to the Health Metrics Network to test the exam in one or more developing countries, to expand the Web-based Training Tool with pre and post tests and more advanced modules on selecting underlying cause-of-death and to offer the current exam on a global basis was unsuccessful. The EC and JC discussed developing a regional approach to advance the ITCP and will be developing a package of materials for the WHO Regional Offices and IFHRO Regional Directors. This package of materials could include information from other WHO-FIC Committees and Reference Groups and the ICE on Automating Mortality Statistics, as well. The plan is to "roll it out" at the 2010 WHO-FIC Network meeting in Toronto and the IFHRO Congress in Milan.

In the meantime, countries that want to offer the underlying cause-of-death exam to mortality coders and can follow the procedures used in the pilot test and report back to the EC and JC are welcome to do so. Cleo Rooney may adopt this approach with new mortality coders at the Office of National Statistics.

The JC had recognized underlying cause-of-death training materials from four countries, based on the core curriculum developed previously by the EC and JC. This recognition was for two years (2008 – 2010). It was agreed that the proprietors of these training materials would be re-contacted to gather information about their continuing support of the materials and any updating that has taken place to reflect updates to ICD-10. The National Centre for Health Information Research & Training in Brisbane, Australia, which has agreed to continue the work done by the American Health Information Management Association in organizing the receipt and review of training materials, will organize this re-certification. A new call for training materials also will be issued.

Joon H. Hong reviewed the exploratory work done over the past two years regarding expansion of the International Training and Certification Program to include morbidity coders and trainers. Although limited resources and lack of agreed rules on selecting main condition (despite guidance in Volume II) have stalled these efforts, the group agreed to go forward with the development of an international exam on morbidity coding. The exam will build on (and possibly be linked to) the Web-based Training Tool on ICD-10 and will follow the rules in Volume II. The Morbidity Reference Group currently is reviewing the ICD-10 rules with plans to recommend modifications for ICD-11, but the EC and JC feel that something needs to be done now to support morbidity coders and assess their skill levels, especially in developing countries. Joon and Carol Lewis will co-chair the effort to gather questions for a morbidity exam and will make a report at the Toronto meeting. The exam would not result in a certification at this time.

Information Sheets
In 2008, the EC began developing a series of short documents for users of classifications. These have evolved into Information Sheets, which can be easily updated, placed on the web and translated. Because they will be in the public domain, countries and collaborating centres can adapt them to meet local needs. An important feature will be including the date that the Sheet was prepared or updated. The intended purposes of these high-level overviews are education, communication and promotion of best practices. Information Sheets on the following topics have now been developed and will receive final

approval during a teleconference in early April:

- WHO-FIC – IFHRO Joint Collaboration
- What You Should Know about Clinical Documentation
- Uses of Coded Clinical Data
- Mortality (Cause-of-Death) Data
- Civil Registration and Vital Statistics
- International Classification of Functioning, Disability and Health (ICF)

The ICF Sheet is based on the ICF Overview document developed by the FDRG and nearing finalization. An additional Information Sheet is planned on ICD-10, and other topics are welcome. Monica Pace raised the question of developing an Information Sheet on Multiple Cause of Death Data. The group agreed that this is an important topic but felt that the lack of international standards made it more suited for a white paper than an Information Sheet. The topic will be taken to the MRG and the ICE. The ICE also could consider contributing an Information Sheet (documents are no more than one two-sided sheet). The Information Sheets will be posted on the EC web site, offered to WHO-FIC web site for posting and included in the Regional Office packages.

Other Projects

Sue Walker and Lorraine Nicholson will continue their work on Standards for Medical Records, especially for countries that do not have their own. It was recognized that in addition to standards, there must be incentives for their use. Cassia, Rita and Marjorie will pursue posting the Briefing Kit for new Collaborating Centres on a WHO SharePoint site.

http://www.who.int/classifications/en/

http://www.dimdi.de/static/en/klassi/koop/who/index.htm

IFHRO Profile

From left: Andrea Klein (USA), Preeti Lamsal (Nepal), Samjhana Kunwar (Nepal)

My name is Andrea Klein. I am currently a senior studying Health Information Management at Southwestern Oklahoma State University in the RHIA program.

Over the years, some of my most treasured relationships have been built with people from across the world. In high school I enjoyed getting to know foreign exchange students from countries such as Thailand and France. Throughout college, close friendships with students e.g. from Nepal, South Korea, Taiwan, Zimbabwe, India, Cameroon, China, Vietnam, and Zambia have greatly enriched my life. As an American member of the Southwestern International Student Association, my worldview has deeply expanded. Also while in college my perspective of the world changed through a mission trip to Ecuador in May 2007.

This past summer I spent a week interning at the American Health Information Management Association (AHIMA). The particular week I was there happened to be the week Kellen of Brussels, Belgium came to discuss international affairs and established the forefront of a new international office. Commuting home on the train one night, I had material to review before sitting in on a meeting with Kellen the next day. Rooted in passions previously set in place, my attention immediately embraced the subject of the material: "Multinational Core Curriculum Project". I was beyond excited to learn more about Kellen and how Health Information Management education fits into the large picture beyond the United States.

AHIMA 2009 National Convention this October in Grapevine, Texas was a continued learning experience after my summer internship. I met Carol Lewis, a past president of IFHRO. Carol is a generous woman with much insight and experience to share. She took a special interest in me and my two close friends from Nepal (also studying Health Information Management). I soon learned that there would be international sessions and attended meetings with IFHRO. Each session I could not stop taking notes and found every bit of information very intriguing!

I want to apply the opportunities given to me through studying Health Information Management and building relationships with international individuals to meet needs. I seek to understand situations better in other countries, though I realize this understanding requires faithful investment, steadfast commitment, and genuine love for the people of the country.

I believe joining with IFHRO is the next step for me to take in becoming involved with the international scope of Health Information Management. I know there is much learning and growing in store for me, but am very thankful and appreciative of the opportunities I have received so far. As I move on from Southwestern Oklahoma State University, I hope to partner with others who desire continued progress in healthcare quality and nourishment of patient care across the world platform.

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Calendar of Events

- **Nordic Professional Conference** **May 6 – 7, 2010 Copenhagen/ Denmark**
  http://www.hk.dk/dl/nordisk_fagkonference/english2

- **Medinfo 2010** **Sept. 12 – 15, 2010 Cape Town/South Africa**
  http://www.medinfo2010.org/

- **82nd AHIMA Convention and Exhibit** **Sept. 25 – 30, 2010 Orlando/ USA**
  http://www.ahima.org/events/convention/

- **HIMAA National Conference 2010** **Oct., 27 – 29, 2010 Sydney/ Australia**
  http://www.himaa.org.au/2010/site/default.html

- **16th IFHRO Congress** **Nov. 15 – 19, 2010 Milan / Italy**
  http://www.ifhro2010.it

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IFHRO Global News

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

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