



IFHIMA

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IFHIMA President's Message August 2011



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I wish the best to all of you reading this message in Global News from wherever you are in our large Health Information Management world of today. This issue is again packed with information including professional articles, regional reports, and other items of interest as well.

Our Executive Board met for the once a year face-to-face meeting in early June in Malaga, Spain. One of our newest country members, Spain, had invited us to be a part of their meeting of SEDOM (Sociedad Español de Documentación Médica e Información Médica), in Malaga on June 2-4. ALL of our Executive Board members were able to travel to Malaga and be a part of this meeting, which is a significant effort by all members - so all regions were represented and represented in a fine fashion. The Spanish Association was a great host and included us in portions of their meeting and social events. Malaga is a beautiful city in the Costa del Sol area of Spain. Visit there if you ever get the chance - just a gorgeous place on this earth. You'll find a report from the Congress under Regional Reports in this issue of Global News.

Business-wise we reviewed our financials, our web site work and heard updates from

all parts of the globe. We made progress on the Strategic Initiatives and each board member is the lead or co-lead on the Initiatives. We passed a Standing Rule regarding Honorary Members, and discussed the development of new educational modules for our web site to aid in HIM education.

From a budget standpoint, we have a very limited budget, but it is enough to support the web site and some HIM outreach and educational efforts. Should we be successful in obtaining any corporate sponsorship, the budget situation would improve. Our Regional Representatives are working hard to increase country and member participation. A big thank you goes to our volunteer, Julie Wolter, an HIM educator in St. Louis, Missouri in the US, who is keeping the web site current, and making many updates and needed changes. Check it out often!

A huge thank you also goes to our President-Elect, Angelika Haendel, for assembling and producing this newsletter. Contributions always welcome. We now will have in place a volunteer Review Board, made up of members who are willing to read possible articles for inclusion and make suggestions for improvement if necessary. We know that for some members who do not have English as their primary language, there can be hesitation in submitting an article. Please do not hesitate. We can have a reviewer make slight adjustments if necessary.

Lorraine Nicholson is working on many projects for the benefit of IFHIMA - hoping to obtain some sponsorship, which would give us some additional dollars for much needed projects. Lorraine is representing us in two areas in Europe - the European Commission Project and the Active and Healthy Aging Innovation Pilot. Please read her report in this Global News, and also reports from the Asia-Pacific Network, SEAR, and Saudi Arabia.

We are continuing our work on our strategic initiatives, with focus on HIM Education, the Electronic Health Record, Data Quality, and the Needs of Developing Countries. You'll see focus in our Global News going forward, on these specific Initiatives. This Global News has professional articles from the UK and Africa - enjoy learning from these articles.

There will be increased cooperation and work with the WHO as well, in their Regional Approach to improving HIM and coding and classification. Significant information has been distributed to our country and regional representatives from the WHO - all in the aim of improving all aspects of HIM practice. Ask your country representative or Regional Director for more information and a copy of the CD

provided by the WHO. Marjorie Greenberg from the National Center for Health Statistics in the US and I will be presenting on the Regional Approach and related activities at the WHO-FIC Annual Meeting in Cape Town, South Africa in October of this year.

I look forward to hearing from you, and it is not too soon to start thinking about your trip to the next IFHIMA Congress, in Montreal in May of 2013. See you there if not before.

Best regards,

Margaret

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Where do HIMs sit in the Landscape of Healthcare Delivery, Management and Research?



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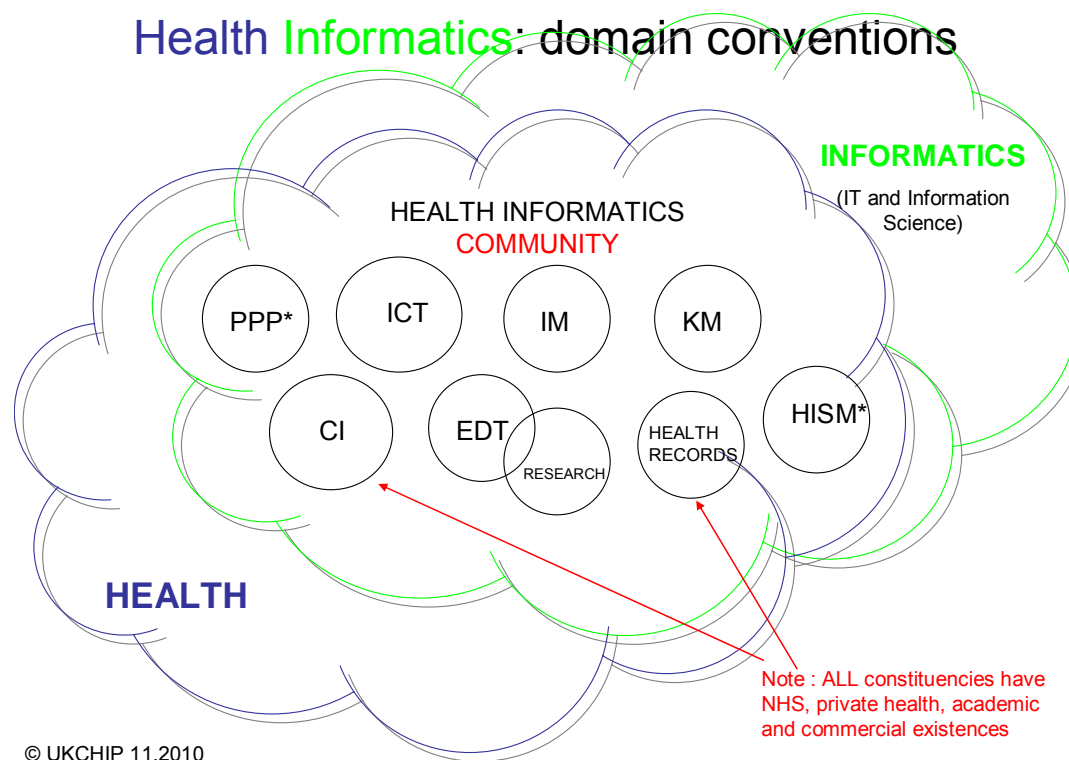
The 16th international congress hosted by IFHIMA (International Federation of Health Information Management Associations) held recently in Milan demonstrated a wide range of professional activity that all had relationships to 'patient records' in some stage of development and use. The content covered a spectrum from very localized operational projects to blue skies thinking about policy and innovation from 34 different countries. The conference presented a truly complex mix which, over the course of 4 days, alerted me to question where the professionals participating in the congress actually could be positioned to best effect in the health space. This article puts forward an option that is grounded in the development of the UK Council for Health Informatics Professions and a definition of the Health Informatics community per se.

My presentation at the congress was looking to organizational convergence and the ethical and professional implications of

data sharing; but organizational shape-shifting always involves some re-orientation of the human resources within those environments. So can the discussion which I hope to prompt by this paper offer a pathway to some stability?

Context

The UK Council for Health Informatics Professions (UKCHIP) was established in 2002 with its voluntary open register being launched in 2004, with the Institute of Health Records and Information Management (IHRIM) as one of the supporting organisations. Since that point, UKCHIP has developed standards of professional competence, a code of conduct and continuing professional development recognition which underpin its Vision. The Vision is that health informatics is recognised as a valued profession and that all persons who spend a substantial proportion of their role or time working in health informatics shall be registered and thereby certified as professionals who meet defined standards of professional conduct and competence. UKCHIP actions stemming from the Vision 'enable better patient safety and protection of the public; increased public confidence in health advice and information and more efficient and effective development and delivery of health services'. More information on UKCHIP per se can be found at www.ukchip.org.uk. One of the challenges frequently faced by UKCHIP is 'who is in and who out' of the scope of health informatics. The cloud diagram below is frequently used as a basis for discussion to suggest the main constituencies and a model that will be able to flex amoeba-like to accommodate emerging areas like genomic informatics and compunetics.



The constituencies are as follows:

- PPP - Portfolio, Programme and Project Management (P3M)
- HISM - Health Informatics Service Management
- CI - Clinical Informatics (including user experiences)
- ICT – Information and Communications Technology including Computer Science/ Studies, help desk staff and techno-specialist
- KM – Knowledge Management
- Health Records – management of medical/clinical records and/or corporate/business records created, maintained and stored by healthcare organisations, such as personnel, finance, estates
- IM – Information Management including business statistical analysis
- EDT – Education, Development & Training and Research
- HISM – Health Information Services Managers

Throughout the IFHIMA congress, the terms 'Health Information Managers' (HIM) and 'Health Informaticians' (HI) were referred to frequently, but inconsistently linked as 'HIM includes HI'; or 'HI includes HIM' as shown above. Looking at the schematic, there is also a tension between those who are (a) IFHIMA-affiliated coming from the health records and health information management direction and (b) the Information Analysts, typically doing performance monitoring and business statistics for health organisations. In addition, there may be a growing pressure for a distinction between those who have responsibility for patient / client records and those who increasingly handle the 'corporate' records of the business of health. We believe that professionals can move between constituencies during their career but will find resonance with a primary constituency at any time.

Implications internationally and professionally

For the model to be adaptable and adoptable internationally, it relies also on the European Commission principle of 'subsidiarity' (where nothing is done collectively that is best done by a specialist group). The UKCHIP standards (used to determine the level of a potential registrant or to confirm eligibility to higher level after more experience) can be divided into four quadrants, relating to – 1. general professionalism, 2. general informatics competence, and in the health space – 3. specialist professional requirements and 4. specialist informatics. Membership of, for example IHRIM in the UK, and the achievement of the IHRIM certificate or diploma qualifications will meet some of the components of each quadrant explicitly. However some of the IHRIM traits will be outside the scope of the 'informatics' area and are evaluated by IHRIM itself. Where components are within the scope of UKCHIP whether you are a qualified IHRIM member or member of any other body, the overlapping standards are judged under the same terms because you will be expected to carry out the same tasks to the same level.

For any other professional body it is feasible to explore mapping the qualifications and vocational experiential criteria of registration similarly. UKCHIP is already in discussion with the Health Informatics Society of Ireland and other national organisations.

Conclusion

In a health environment, patient safety is paramount. I would contend that the healthcare landscape of organisational priorities, policy and resources is never tranquil. Whether you are facing the Obama 'meaningful use' challenges, the NHS in England 'Information Revolution' or day to day clinical care and health management support requirements, all the constituencies can best work together synergistically. I have no doubt that looking at the diagram above, members of IFHIMA-affiliated associations could substitute their own terms for some of the constituencies; and I would be pleased to hear about them. If a lexicon could be built of synonyms and constituency domain scopes from different countries then the term 'Health Informatics' would be one step closer to an identity that would help to position 'us' to gain recognition for Health Informatics as a critical component of effective care delivery, health research, performance monitoring and health policy development.... but if you want to challenge my hypothesis I would also be happy to debate it with you further!

Creating a Core Body of Knowledge for Health Informatics



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Who is a health informatician? How can we define the health informatics profession?

These are two of the questions the UK Council for Health Informatics Professions has had to consider since its inception in 2002. One of the most used definitions of health informatics was coined by the Department of Health (England) in 'Making Information Count: a human resources strategy for health professionals'¹ in 2002, and is the one that UKCHIP standards are based on:

'The knowledge, skills and tools which enable information to be collected, managed, used and shared to support the delivery of healthcare and to promote health.'

It follows that anyone working predominantly in a role that encompasses one or

¹ Making Information Count: a human resources strategy for health professionals (2002)
http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4073078

more of these functions should be considered a health informatician. The types of roles that are generally considered to be health informatics usually fall into one of the following categories:

- IT / ICT Services
- Information Management
- Knowledge Management
- Portfolio/Programme/Project Management
- Clinical Informatics
- Delivery of Education/Training/Development/Research in HI
- Health Records Functions
- Operational management of Health Informatics Services

Initially, UKCHIP registration was based on a 'grand-parenting' application scheme, where the applicant's qualifications and experience in health informatics in one of the above constituencies, were used to judge whether they should be admitted as part of the profession. This may be considered a rudimentary measurement as it does not specify the skills and competencies necessary for an individual to be fit to practice but was necessary to start to build the health informatics community and allow further work on standards to take place.

The Health Professions Council (HPC), a UK-wide regulatory body which controls 15 health professions including physiotherapy and radiotherapy, outlines 10 criteria which a new profession needs to meet² (although since 2010 HPC itself is no longer taking on new professions) and these include:

- Cover a discrete area of activity displaying some homogeneity
- Apply a defined body of knowledge

The definition given above from 'Making Information Count' and the eight key con-

² <http://www.hpc-uk.org/aboutregistration/newprofessions/criteria/>

stituencies adopted by UKCHIP appear to cover the criteria of 'a discrete area of activity'. So UKCHIP has been working on the second criteria - a defined body of knowledge. The first UKCHIP set of standards was published in 2006 and described the basics of health informatics, with reference drawn from other standards partially covering this area, such as;

- NHS (England) Knowledge and Skills Framework (KSF)³
- (UK) Health Informatics National Occupational Standards (NOS)⁴
- SFIA (Skills Framework for the Information Age)⁵
- Recommendations of the International Medical Informatics Association (IMIA) on Education in Health and Medical Informatics⁶

After a great deal of additional work, UKCHIP published in June 2009 a revision and refinement of their registration standards, set out as competencies upon which a new registration system could be designed. These standards are comprised as follows:

Generic Standards:

Generic Professional Standards:

- Knowledge, skills and competencies that all health informatics professionals require.
- For example; autonomy, planning your work, presentation skills, communicating.

Generic Informatics Standards:

- Informatics knowledge, skills and competences that all health informatics professionals require.
- For example; principles of data quality, information governance, data collection.

Specialised Standards:

Specialised Professional Standards:

- Knowledge, skills and competences that may apply to professionals working in particular constituencies in health and social care.
- For example; understanding the structure of health services, developing health policy, leading a multi-disciplinary team

Specialised Informatics Standards:

- Knowledge, skills and competences specific to the Health Informatics constituencies.
- For example; confidentiality of health information, legislation relating to patient data and audit trails in health care systems.

This forms a unique set of standards for health informatics professionals in the UK. They are the only ones that cover the full range of informatics knowledge (not just, for example, ICT), as well as the professional skills, and place both of these firmly in the context of health and care.

UKCHIP next went on to design and deliver an online assessment tool and registration system based on the refined standards. This was launched on 1/1/11 and

³ NHS Knowledge and Skills Framework (NHS KSF), Department of Health, October 2004. http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4090843

⁴ Available in various formats from www.hinos.org.uk

⁵ www.sfia.org.uk (requires registration)

⁶ www.imia.org

can be seen at www.ukchip.org under the section 'Competency Assessment and Registration'. The tool requires users to rate themselves against each of the competencies, and then produces an overall report of areas for further development that can be used for planning continuing professional development (CPD), and also feeds directly into a CPD planning tool and diary within the same system. The assessment tool also provides an indication of which of the three levels of UKCHIP registration⁷ an applicant may be suitable for. However, applicants' other details such as qualifications, health informatics experience and other development activities are all still taken into account when an application is assessed.

The standards are, nevertheless, a starting point and they will be revised and refined in the light of the practical experience of using them for assessing candidates for registration, and of developments in health, healthcare and informatics, as these occur. Other developments may also be considered, for example,

whether to expand the standards to cover higher level specialist standards in areas such as information management. The online tool itself will also be refined through experience, with one proposed development being to map common qualifications to the competencies so that an applicant, who initially claims a certain qualification, will not be presented with assessment questions in the areas that qualification covers.

Overall two things seem certain, firstly that defining a core set of standards is essential to the development of the profession and secondly that reviewing and refining these standards will be an ever ongoing process.

For more information on UKCHIP, the definition of health informatics and professionalism, and to access the self-assessment tool see www.ukchip.org.

To contact UKCHIP, please email admin@ukchip.net

⁷ <http://www.ukchip.org/?q=page/Registration-Levels>

An example of the online self-assessment tool

UKchip Self Assessment

Logout Hello Diane (Registrant - Expires on 19/04/2012 15:22) Logout in: 1:57:1

Home

View Public Register

Start New Self Assessment

Manage My Self Assessments

Manage My CPD Plans

Diary

Change My Details

Change My Password

Self Assessment

Progress

Generic Professional Competences

This section seeks to establish awareness and competence in a range of generic professional areas that complement your skills in informatics. All health informatics professionals require some knowledge in these areas and the questions you will be asked take account of your previously stated qualifications.

1. How would you describe your level of autonomy and accountability at work?

I work under direct supervision in accordance with established practices and procedures

I work under broad direction in accordance with established practices or procedures

I work autonomously and in a leadership role in accordance with established practices and procedures

2. Which of the following best describes how you plan and manage your own work?

I plan and schedule my work with direction from others

I use appropriate methods, procedures, tools, and standards with only occasional reference to others

I use strategic and advanced management skills and manage my own work.

3. To what extent do you believe your work has an effect on patient safety and the safety of the public?

It has no effect

It has some effect

It has a significant effect

The UK Council for Health Informatics Professions is the registration body for health informatics professionals working or aspiring to work in the United Kingdom.

UKCHIP's vision is:

That health informatics is recognised as a valued profession in both the public and private health care sectors throughout the United Kingdom.

That all persons in the United Kingdom who spend a substantial proportion of their role or time working in health informatics will be registered with UKCHIP and thereby certified as professionals who meet defined standards of professional conduct and competence.

All UKCHIP's activities are directed towards achieving this vision which will enable:

- better patient safety and protection of the public;
- increased public confidence in health advice and information;
- more efficient and effective design, development and delivery of health services.

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Health Records in Ghana, Isn't it Feasible?

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Many health journals indicate that Electronic Health Records (EHR) are materializing in healthcare settings. Gradually, collaborative efforts are being put in place to adopt EHR's to facilitate the enhancement of healthcare quality processes and improve the safety of medication management, support patient information flows, improve healthcare decision making and prompt reimbursement of health insurance claims in countries such as the United States, Canada, Australia, Kenya, Pakistan and others. This is eventually a strategy to purge the traditional paper-based health records which exist in Ghana and other countries. The comparative advantages of e-health records over paper health records are numerous though there are still challenges to be faced.

Sandy Fuller, Chief Operating Officer of the American Health Information Management Association (AHIMA) said "As the paper records migrate to electronic format, the HIM professional will see a gradual but drastic change in the way she/he performs their job. We are moving further away from what we are mostly tied to; the paper medical records. We can no longer think of ourselves as managers of paper patient records". As e-health records accelerate in other countries how can a country like Ghana, "catch-up" with this emerging industry?

Through the Health Information Technology for Economic and Clinical Health Act

(HITECH), the federal government of United States has committed unprecedented resources to supporting the adoption and use of EHRs. It will make available incentive payments totaling up to \$27 billion over 10 years, or as much as \$44,000 (through Medicare) and \$63,750 (through Medicaid) per clinician. This funding will provide important support to achieve liftoff for the creation of a nationwide system of EHRs. This is President Obama's administrative provision for the health care community with a transformational opportunity to break through the barriers to progress the adoption of EHR nationwide. This suggests that the federal government has evaluated the amount of revenue which will be saved if EHR's are established nationwide as compared to the paper-based record.

Health Information which is a milestone of quality healthcare delivery is overlooked in Ghana. Expectations of this global world are technology. As technology advances, healthcare systems in Ghana must move along with it. It is quite unfortunate that health information in Ghana is curtailed in terms of using technology to render services. The adoption and adaption of EHR in Ghana, despite the cost involved, is more beneficial than paper-based records due to lack of continuity of patient care across the transition of healthcare settings and losses in revenue of health insurance. There are also long waiting times for clients/patients at health insurance offices to receive their chits before accessing healthcare, duplication of medications, duplication of patients' master index card, needless use of office stationery, congestion of office space, non flexibility of access to health information in some places and long waiting times for clients/patients at health facilities.

The Ministry of Health addresses the challenges affecting health information in Ghana. In their draft paper, March 2008, they have listed the existing laws governing data collection and reporting but they have not been enforced. They have stated that, for effective Health Information Management, the introduction of Health Information Technology has to be adopted as well as strengthening of the legislative instrument supporting the laws. It is therefore recommended that it is important to transform the adoption of EHR as a legislative bill in order to serve as a policy for all stakeholders involved in Health Information Management to adhere to.

There are challenges in the adoption of new systems to replace the existing ones. Implementing EHR in Ghana requires that all professionals who deal with patients' medical information and health information in general have to upgrade themselves to familiarize themselves with the new systems. Physicians and clinicians have to learn new methods of e-diagnosis and e-treatment, and more importantly the government has to develop and train prospective health information professionals through the revision of their curriculum to pursue programs in Health Information Technology, Health Information Systems, Health Information Management and Health Service Management which are essential to EHR. This may take years and can hinder EHR implementation due to capitalization, ethical, political and familiarization constraints but without commitment there can be no betterment of a nation.

EHR implementation is important yet has major challenges but the debate is **"Isn't it feasible to adopt Electronic Health Records in Ghana?"** The policy makers must, through cost-benefit analysis, weigh the adopting EHR and Paper-based Records in Ghana, as this is crucial.

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Health Information Management (HIM) in Nigeria



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The Africa region has hundreds of thousands of HIM practitioners scattered all over the continent. They only need to speak with one voice, which is that of IFHIMA, before their voice can be heard. However, there are some current challenges that the African continent is facing which need urgent attention. These are discussed below:

Education:

HIM education in most African countries is purely professional education. There are few, if any, indigenous African universities offering HIM as a course at B.Sc. and postgraduate levels and that is why it is rare to see a PhD holder or Professor in HIM in Africa. This is not to say that HIM practitioners do not have ambitions to further their education. There are Masters and PhD holders among HIM practitioners but in their degrees are in other related disciplines. For us to have the much needed recognition there must be academic and professional education i.e. after graduating from university, individual practitioners should then register for profes-

sional examinations that will qualify them to practice HIM. The Board of HIM in each country should serve as the accrediting body for the courses in the universities. For example, in Nigeria there are schools of HIM all over the country for acquiring professional training in HIM under the coordination of the HIM Board but this is not done in collaboration with the National University Commission (NUC). Qualification increases recognition.

Awareness:

IFHIMA before and those who have heard about it do not even see the need to become member. Consequently the awareness level regarding IFHIMA must increase before practitioners will begin to show a positive response to becoming a member.

The Status of Health Information Managers in Nigeria

The practice of Health information management in Nigeria dates back to the colonial era i.e. the period before 1960 when few Nigerian were sponsored abroad to study medical records management as a course in order to be able to manage a few Medical Records Departments in Government Hospitals. The Nigerian version of the national association came into existence in 1966 and is called the Nigeria Health Records Association (NHRA) then, and in 1989 the Nigeria Health Records Officer Registration.

Board (NHRORB) was formally established by the federal Government through the constitution of the federal Republic of Nigeria to oversee the affairs of the profession and the coordination of the School of Health Information Management formerly known as the school of Health Records Management. Since then the Board has been at the helm of affairs until the present time.

The various certificates awarded by the Board are Technician, Ordinary National Diploma (OND) and Higher National Diploma (HND) in Health Information Management. Presently, there are over twenty thousand (20,000) practicing members in Nigeria with the bulk of them working in Government Hospitals.

1. The majority of the schools are Hospital based 'monotechnic' schools where Health Information Management is run as a professional course not as an academic course.
2. No universities in Nigeria are offering Health Information Management as a course.
3. Currently the highest qualification for the profession is the HND, with the exception of a few people who gained their B.Sc. overseas. It is therefore difficult for professionals to progress to a Doctorate degree. Those who have additional postgraduate certificates tend to move to other related disciplines of their choice.
4. The profession lacks uniformity of nomenclature. The profession has gone through series of changes in nomenclature. In 2010 the name of the association was changed to Health Information Managers Association of Nigeria (HIMAN) which one would commend as a good transition but the designations of practicing members still bear the title Health Records. Before the change can occur there must be a constitutional amendment by the Board.

5. The profession lacks adequate political will because nobody is representing the profession among policy makers.
6. The profession is yet to be fully professionalized in Nigeria. Non professionals or professionals with low qualifications occupying vital posts in the Health Information Department in Hospitals.
7. The profession still has a lot to do in the area of Electronic Health Records because no Hospital in Nigeria has a fully computerized HIM Department.

The Challenges

Health Information Management (HIM) is an enviable profession because "information is power and a man who has information is a man of power" but in Nigeria the profession still lacks the recognition and status that it deserves even among other health professionals because of the following reasons:

All the problems mentioned above are some of the critical challenges faced by the profession which are peculiar to most African countries. However, there are drastic improvements in the profession in Nigeria presently due to the unrelenting efforts of the incumbent president of HIMAN and other executive members of the association in the area of awareness, changes in nomenclature and establishing an infrastructure to withstand future challenges.

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Activities of Asia-Pacific Network



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I. APN and IFHIMA

As a member of Japan Hospital Association (JHA) and Japan Society of Health Information Management (JHIM), I have been consistently engaged in the activities of WHO-FIC Asia-Pacific Network (APN), which aims to promote ICD implementation and improve the quality of healthcare in the Asia-Pacific region. I also have the honour of being appointed IFHIMA Director in charge of South East Asia region. The activities of IFHIMA, whose purpose is to promote the use of HIM and establish the status of HIM, and those of APN are very often related. I hope to work on further developing HIM and improving HIM's standing with the support of many countries and organizations, while maintaining smooth cooperative relations between the two organizations of IFHIMA and WHO-FIC APN.

II. WHO-FIC APN

WHO-FIC APN is WHO-FIC's regional network established to strengthen the WHO-FIC Network in the Asia-Pacific region. In 2005, Japan Hospital Association began supporting WHO and improvement

of ICD, and it was decided that the support would go towards ICD revision and implementation. As for ICD revision, the revision is now under way for the production of ICD-11. On the other hand, APN was launched in 2006 to promote ICD implementation.

The purpose of APN is to (1) strengthen the WHO-FIC Network, (2) understand the current state of affairs and establish common goals applicable across the Asia-Pacific region while focusing on global strategies and objectives, and (3) share knowledge and information for promoting the use of classifications in health information systems (HIS) in the region.

APN is made up of 17 countries⁷ with officials and health information researchers participating. It meets regularly at annual meetings, with the last 5th APN Annual Meeting held in Tokyo in December last year. Its activities include reporting, presentations, and exchange of opinions on ICD implementation and research in each country. It set up three WGs on mortality, morbidity, and HIS, to conduct its activities. Since its foundation, I have served as its secretariat within Japan Hospital Association.

III. Report of the 5th WHO-FIC APN Meeting

The 5th WHO-FIC Asia-Pacific Network Meeting was held in Tokyo last year for three days from December 4 to 6. The theme of the meeting was "Mobilizing the Next Generations." It was attended by 45 persons from six countries and Dr. Robert Jakob from WHO. In addition, to reflect the meeting's theme, 16 medical students from Japan and South Korea were invited to represent the next generation. Dr. Kenji

⁷ Japan, Australia, Cambodia, China, Hong Kong, Fiji, India, Indonesia, Republic of Korea, Laos, Malaysia, Mongolia, Nepal, Papua New Guinea, Singapore, Thailand, and Vietnam

Shuto (Japan) and Prof. Sukil Kim (South Korea) served as co-chairs.

At the meeting, there were presentations and active discussions on the following topics:

- Reports (WHO-FIC, WGs)
- Basic concept of APN
- Situation in respective countries
- Training
- Information sharing
- Academic activities
- Collaborating with related institutions
- Cancer registration and activities in respective countries
- Education of health information managers in respective countries
- Report on the activities of WGs
- New developments in information science
- Discussion with medical students

A brief report on some of the specific items of the meeting is shown below.

(1) Reports

Report by WHO

Dr. Robert Jakob, from WHO, provided an overview of WHO-FIC and reported on WHO-FIC Network meeting held in Toronto in October 2010. He presented ICDMOVE-IT and SWHISH to the participants, and noted that only about 30% of data were reported in the Asia-Pacific region. He underlined the need for a simplified version of ICD in the region and requested APN to consider this.

Report of the Mortality Working Group

Dr. Wansa Paoon (Thailand), chair of the Mortality WG, reported on the activities in Maldives and Myanmar and on the WG's project for improving the quality of mortal-

ity data in Thailand, Laos, Vietnam, and Indonesia. He said that improvement of the mortality data quality in the four countries was one of the goals of the WG and that the WG would assess training tools over the next 24 months of the project.

(2) Keynote Speech

Dr. Tsuneo Sakai, President of Japan Hospital Association, made a keynote speech on the topic of "My Hopes on APN as President of Japan Hospital Association." He emphasized that APN should serve as a model for other WHO-FIC regional networks. Mr. Kan Suzuki, Japan's Senior Vice-Minister of Education, Culture, Sports, Science and Technology and a member of the House of Councillors of the Diet, then gave a keynote address on the topic of "Use of IT to Improve the Quality of Healthcare." He expressed hopes for the potential that WHO-FIC APN holds in terms of the excellent cooperation that the network has in carrying out its activities.

(3) Discussion Session

During the session, participants held discussions on a wide range of issues as much as time allowed. In particular, regarding the topic of "information sharing," Dr. Jakob explained the facebook approach to information sharing. There was an active exchange of opinions on the possibility of promoting information sharing between meetings, and it was decided to further consider this issue so that information, such as the results of Japan Hospital Association's survey on the state of education in Asia-Pacific countries, could be provided and shared.

On the topic of "collaborating with related institutions," the meeting discussed cooperation with IFHIMA. Other topics covered included cancer registration and use of cancer registries and education of health information managers in respective countries.

Tour of the secretariat for HIM education and society in Japan

In Japan, Japan Hospital Association prepares the curriculum and teaching materials for training health information managers, and administers a certification program for health information managers. Its secretariat also manages Japan Society of Health Information Management (JHIM) and Japan Medical Record & Information Management Association (JMRIMA). Before the start of the meeting on the final day, participants went on a tour of the secretariat, which included presentation of and explanation on the curriculum, teaching materials, and test questions. Many questions were asked by the participants.

Agenda item on collaboration with IFHIMA

For this meeting, I requested WHO and the co-chairs to include “collaborating with related institutions” in the agenda and was able to introduce APN members to IFHIMA. With the cooperation of Ms. Lorraine Nicholson, the Immediate Past President, and Ms. Margaret Skurka, the current President, I made a presentation on IFHIMA’s history and activities. I also presented and distributed information sheets summarizing ICD-10 and ICF, among others, that IFHIMA and WHO-FIC developed in a joint collaboration.

While some delegates were IFHIMA members, the majority of the attendants knew little about IFHIMA as they were in fields unrelated to it. The information on IFHIMA, therefore, was very useful.

After the presentation, participating countries expressed hopes for future collaboration with IFHIMA in carrying out many of APN’s projects, such as ICD implementation in developing countries and research and surveys. It was decided that APN would consider ways to promote collaboration with IFHIMA.

I am convinced that we can quickly and efficiently administer projects through collaboration between APN and IFHIMA and that the collaboration will also open up new potential for larger projects.

Future activities of APN

The next APN meeting is scheduled for June 2011 in Beijing, China. I hope to inform IHFIMA and APN about the activities of each of the other organization from time to time, while exploring opportunities for collaboration between the two.

Official APN website

(<http://www.whofic-apn.com/index.html>)



Presentation of IFHIMA’s activities in Elizabeth Rose Conference Hall at the United Nations University



Keynote speech: Dr. Tsuneo Sakai, President, Japan Hospital Association



With Mr. Kan, Vice Minister of Education, who gave the keynote speech



Last day of the meeting: Tour of the Distant Training Division, Japan Hospital Association

IFHIMA

Project plan on South East Asia (SEAR) and Developing Countries (Tentative) (Period: December 2010 – May 2013)



Yukiko Yokobori
IFHIMA Director
Head, Distant Training Division, Japan Hospital Association

Purpose

- Human Resource Development
Research on environment surrounding human resource development in each country
Finding out problems and their solution
- Developing environment for Health Information Management
Fact-finding on each country
Finding out problems and researching on future direction
- Communication with each country's representative and sharing of information

Initial works

1. Research on the previous activities (Collecting Information from the predecessor Ms. Gemala Hatta)
2. Finding out representatives of 11 countries and list them up
3. Preparing of 3- year plan
4. Collaboration with related institutions

Reported about IFHIMA in the 5th Asia-Pacific Network Meeting (December 4-6, 2010) and discussed the possibility of their collaboration on overlapping activities.

Project Plan

1. SEAR Meeting (F to F)
Plan for the next years:
 - Host nation: Indonesia (2011)
 - Host nation: Thailand (July 2012)
 - Host nation: Montreal, Canada (May, 2013)
Topic: Report on activities of 3 years
2. Research and Information sharing
Collecting, creating and providing database information via Internet
3. Exchange of e-mails and teleconference

Report of Saudi Arabia



Sallyanne Wissmann

Australian National Director
Western Pacific Regional Director
International Federation of Health Information
Management Associations (IFHIMA)
Email: sallyanne.wissmann@mater.org.au

The following has been reported in the month's Health Information Management Association of Australia (HIMAA) e-Newsletter in relation to Training in the Kingdom of Saudi Arabia that I thought I would pass on.

Training in the Kingdom of Saudi Arabia

Last July, HIMAA & MedFormatix established a strategic alliance to deliver HIMAA's courses in the Kingdom of Saudi Arabia and the Middle East region. Since then, the two organizations have collaborated to deliver HIMAA's Comprehensive Medical Terminology and Introductory ICD-10-AM, Australian Classification of Health Interventions (ACHI), and Australian Coding Standards (ACS) courses for residential (i.e., face-to-face) students from governmental and private healthcare institutions. To fulfil this mandate, Ms. Regina Weber, has joined MedFormatix as a Clinical Coding Consultant. Regina arrived in Riyadh in early April 2011, after spending a month in Sydney with HIMAA's team preparing training material for residential delivery in Saudi Arabia. The health training

regulator in Saudi Arabia has just accredited both of HIMAA's Comprehensive Medical Terminology and Introductory Clinical Coding courses. This accreditation clears the way for residential training in Saudi Arabia, which is expected to commence within the month.

In addition, the recent launch of the Excellence Health Institute is another significant development facilitated by this strategic partnership. Being a licensed health training institute in Saudi Arabia, the Excellence will be responsible for the promotion of the Australian clinical coding system in the region as well as streamlining HIMAA's distance learning registration, course delivery, assessment, as well as the certification of students upon the successful completion of their residential or distance learning programs.

Furthermore, a campaign launch for clinical coding training in the region will be initiated soon in partnership with the Saudi Clinical Coders Society, a unit of the Council of Health Services, and the Saudi Arabian Health Information Management Club (SAHIM Club).

On May 29th to 31st, 2011, MedFormatix with Excellence Health Institute was represented at the HIMSS Middle East'11 Conference in Riyadh.

For more information see www.theexcellence.com or contact MedFormatix at info@medformatix.net.

Sallyanne

2011 IFHIMA Europe Meeting



Lorraine Nicholson,
Immediate Past President of IFHIMA &
Chair of IFHIMA Europe
Email: l.nicholson@zen.co.u

Present:

- Ann Dooley, Republic of Ireland
- Stuart Green, United Kingdom
- Angelika Haendel, Germany
- Leonardo La Pietra, Italy
- Lorraine Nicholson, United Kingdom
Chair & Rapporteur
- Darley Petersen, Denmark
- Margaret Skurka, President of IFHIMA,
USA

Apologies:

- Irene Bohlin, Sweden
- M. Luisa Tamayo Canillas, Spain
- Wybe Dekker, The Netherlands
- Sara Marchisio, Italy
- Luigi Molendini, Italy
- Ramon Carlos Romero Serrano, Spain
- Davida Shalti, Israel
- Marcel van der Haagen, The Netherlands

The 2011 meeting of IFHIMA Europe took place in the Sede del Congreso in Malaga, Spain on Thursday 2nd June.

Lorraine Nicholson, Chair of IFHIMA Europe, welcomed all IFHIMA Europe members to the 17th meeting of the team and extended a special welcome to Ann Dooley from the Republic of Ireland who was attending her first meeting. IFHIMA Europe members were guests of SEDOM, the Spanish National HIM Association and thanks were recorded to SEDOM for its hospitality. Mrs. Nicholson also thanked Angelika Haendel (Germany) for her help in making arrangements for the meeting through the Spanish Association SEDOM.

The minutes of the meeting held in Milan, Italy on 18th November 2010 were reviewed and accepted as a correct record. Action points from the minutes were also reviewed and the status of each action point was noted.

Developing a Skilled workforce for Europe

Lorraine Nicholson had previously circulated notes of a conference call held on 19th May 2011 to discuss the development of a skilled workforce for Europe. The issues raised during the conference call will be further discussed and actions identified at a face-to-face roundtable meeting in Brussels on 22nd June 2011. Mrs Nicholson will attend and provide feedback to IFHIMA Europe members and the IFHIMA Executive Board by e-mail.

Following discussion, it was agreed that it would be useful for information about all the training programmes in Europe to be collected by IFHIMA e.g. the training programme in Denmark. This will help to establish a "vision for the profession" and a baseline against which additional training provisions can be measured. Mrs. Nicholson will raise this at the meeting in Brussels on 22nd June. It was noted that there are no HIM's in either Italy or Spain. In

Italy most members of the national association are medical doctors and in Spain those responsible for the HIM function need a medical qualification initially before they become involved in HIM. Ann Dooley indicated that in Ireland many doctors are moving into management roles.

Working relationship with the European Federation of Medical Informatics

Angelika Haendel indicated that the German Association DVMD is now working closely with the European Federation for Medical Informatics (EFMI) and she has been working to strengthen the connections between the two organisations through Professor Rolf Engelbrecht who is a Board member of EFMI and a supporter of IFHIMA and he would like to see closer working between EFMI and IFHIMA. IFHIMA Europe members agreed that co-operation with EFMI was in the best interests of IFHIMA as IFHIMA Europe and EFMI are likely to be involved in common projects and international affairs. Professor Engelbrecht has close connections with colleagues in Russia which may also be helpful to IFHIMA Europe.

Professor Engelbrecht is suggesting the establishment of a working group on Health Information Management in Europe (HIME), which IFHIMA Europe would be invited to join and Ms Haendel had previously circulated a paper about this proposal. A decision on whether this working group will be established is awaited from the EFMI Board. Ms Haendel will keep members informed of developments. This working group could be as good source to find speakers for future conferences, would help to promote IFHIMA Europe in the Czech Republic and Russia and would also help with the IFHIMA Europe team with networking opportunities.

Confirmation of the format and content of the ERT poster

IFHIMA Europe members reviewed the latest draft of the poster developed by Darley Petersen (Denmark) and they agreed the contents. Angelika Haendel agreed to put the poster into IFHIMA's corporate style.

European Standards for Coders

Margaret Skurka, President of IFHIMA and Co-Chair of the WHO-FIC/IFHIMA Joint Collaboration, joined the meeting for this agenda item. Thanks were extended in their absence to Irene Bohlin (Sweden), Wybe Dekker and Marcel van der Haagen (The Netherlands) for their discussion papers. Ms. Skurka felt that the papers produced by these IFHIMA Europe colleagues were suggesting a duplication of work already done. The core curriculum for mortality coders is completed and is published on the WHO-FIC and IFHIMA websites. Olafr Steinum, a Physician in Sweden, is working on setting up a pilot test for coders through the World Health Organisation. Ms. Skurka will respond to IFHIMA Europe colleagues and she will also contact Dr. Steinum.

The transition from paper to Electronic Health Records – Discussion Paper by Davida Shalti (Israel)

Thanks were recorded to Davida Shalti in her absence for production of her discussion paper on the transition from paper to electronic records. The paper was reviewed and discussed fully and the situation regarding the points raised in the paper in member countries was identified in countries represented at the meeting and the outputs of discussions are shown below:

- In-house training programmes for different professional groups/roles are offered in Denmark, UK, USA, Germany, Ireland

and Italy and often programmes are delivered by the in-house IT Department.

- Electronic signatures are at different stages of development around the world and it was noted that a national identifier is used for electronic signatures in Denmark. In Ireland radiology reports are signed off electronically by Radiologists in hospitals where Radiology information systems (RIS) are in place. In Germany many doctors in their private offices are reluctant to progress with electronic signatures but there is a pilot programme using electronic signatures for prescribing. In Italy the situation differs from region to region. In Lombardy all doctors have a “provider card” for electronic signatures and this card provides both read and write access to the Patient Health Record and for prescribing. The card only works in Lombardy and not in other regions of Italy. Doctors can access records using the card in an emergency situation and patients would then be notified that their record had been accessed. Citizens have an identity card which gives them read-only access to their Patient Health Record. Work is currently underway to align hospital systems to the provider card but the biggest resistance to this is coming from GP’s.
- ICD coding is undertaken in some countries such as the UK and Ireland by clinical coders (or Secretaries in Denmark) after doctors have assigned the codes with doctors then being responsible for Quality Assurance (QA) of coding. In German hospitals the majority of doctors do the coding for in-patients and administrative staff undertake the coding for ambulatory care. In Italy it is a legal requirement that doctors undertake coding. The codes are sent to a “Central Office” where they are then reviewed for completeness by coders.
- The issues relating to the legal periods for retention of records, safety and confidentiality of data in electronic systems and

retrievability of data from future technologies in the long term are similar in IFHIMA member countries represented at the meeting. In the UK there is an Information Governance Framework to address these issues.

- The transition from paper to electronic systems and the staging of the changes in all departments in the hospital depend largely on the agreed method of systems implementation agreed with the supplier (vendor). These issues are common in all IFHIMA Europe member countries represented at the meeting. Although the implementation of electronic reporting of diagnostic test results should eliminate the need to print out and file results some physicians require that the results are printed out and filed in the patient’s health record. Computerised Order Entry and Results Communication/Reporting Systems may help to reduce the need to print off test results because diagnostic test results can be “signed off” within the computerised system.

Role of HIM’s in other European Countries – raised by Tarja Makitalo (Finland)

A list of the roles and responsibilities of HIM staff in Europe is being compiled into a matrix by Stuart Green as Regional Director for Europe and this will be shared with colleagues in Europe. Roles and responsibilities vary from country to country. Leonardo la Pietra will send a matrix specific to Italy to Mr. Green.

Voice recognition technologies are in use in the European countries represented at the meeting including the UK. There is a pilot project in Denmark and voice recognition is used mainly in radiology in Ireland. The technology has been trialled in Germany but is not widely used. In Italy the use of voice recognition technology is more widespread. Dr. la Pietra commented that implementing these technologies hospital-wide is a change management issue.

This issue could be incorporated into the European Matrix mentioned in the paragraph above.

Any other urgent business

1. Darley Petersen (Denmark) has been undertaking a “mini campaign” to the Board and the Education Committee of the Danish National Association (DL) to try to encourage the organisation to rejoin IFHIMA.
2. Darley Petersen reported that HIM students in Denmark produce project reports at the end of their training course and efforts are being made to get them to contribute summaries of their reports to the IFHIMA student web page.
3. Leonardo la Pietra (Italy) indicated that the 6th national Italian HIM conference (to be conducted in Italian) will be held in Florence on 6th and 7th October 2011 and all are welcome to attend. During the morning of 6th there will be four tutorials (Documentation of Medications by Gabriella Negrini, Medical Records and Patient Safety by Luigi Molendini, Clinical Audit and Medical Records by Sara Marchisio and Standards for doctors – comparing models). In the afternoon the conference will be formally opened and there will be an endorsement by the Ministry of Health in Tuscany and the latest training movie produced by the Italian Health Information Management Association (which will be shot in Florence) will be shown. There will be sessions on documentation for Emergency Services, Pathways of Care, Hospice Care and Home Care. There will also be a social dinner. On 7th there will be sessions on New Trends, The Government’s Digital Agenda, Electronic Signatures for Multi-Professional Activities, New Archives and Professionals for HIM, a session by the Ministry of

Health and the results of a research project on records integration amongst multiple professionals will also be presented. This year there will be the launch of an award for the best HIM paper at the conference.

4. Dr la Pietra indicated that he and Gabriella Negrini had written the first book on Medical Records and HIM in Italy and it will be launched on 10th June 2011 in Bologna. It is 250 pages long with 22 chapters as follows:

Part 1 – General aspects

1. Defining Documents
2. General Requirements
3. Hospital Records
4. Beyond the Hospital Record – a Universe to Explore
5. Evaluation of Records
6. Life-cycle of Records
7. Professionals for Records and HIM (Worldwide and for Italy)
8. Confidentiality, Privacy and Access
9. Scanning (transforming paper records to electronic records)
10. EMR/EHR

Part 2 – Deepening some issues

11. Records and Patient Safety
12. Records and Continuity of Care
13. Records and Medical Decision-Making
14. Records and Accreditation
15. Records and Clinical Trials and Epidemiological Studies
16. Records and Reimbursement (Economic)

Part 3 – New Scenarios

17. Integrated Records
18. Patient-Entered Records (diary, experiences etc)
19. Satellite Records (incident reports, medico-legal reports, certification, complaints)
20. Role of the Patient
21. Reflections on Multi-Cultural Society
22. Experiences Abroad (France, UK, Canada, USA)

Date, time and place of the next IFHIMA Europe meeting

To be agreed (either Gothenburg or Brussels).



Members of IFHIMA – Europe together with the IFHIMA Executive Committee

From left to right (sitting): Lorraine Nicholson, United Kingdom, Margaret Skurka, President of IFHIMA, USA, Angelika Haendel, Germany

From left to right (standing): Leonardo La Pietra / Italy, Joon Hong / Korea, Yukoki Yokobori / Japan, Sallyanne Wissmann / Australia, Ann Doole / Republic of Ireland, Marci Mac Donald / Canada, Darley Petersen / Denmark, Stuart Green / United Kingdom

XII Congreso Nacional de Documentación Médica | XIII Jornadas Andaluzas de Admisión, Documentación e Información Médica



Málaga del 2 al 4 de Junio de 2011

información de calidad para la Calidad asistencial



Alfonso Martínez, Carolina Conejo, Rosé del Río Mata

The XII national congress of the Spanish organization of clinical documentation and medical information SEDOM (Sociedad Español de Documentación Médica e Información Médica) took place in Málaga, a lovely place at the Mediterranean coast of Spain in Juli 2-4th, 2011. This congress was held in conjunction with the 25th anniversary of the Department of Medical Documentation of the University Hospital “Virgen de la Victoria” in Málaga.

The scientific activities of SEDOM developed around the topic “quality of information for quality of care”.

We understand that the strength of the quality of the health information systems are a basic requirement to analyze the quality of care.

More than 350 participants attended this congress in Málaga. The majority of the participants are professionals in the field of

health information management working in following areas:

- Management and development of health information system
- Diagnostic Related Groups (DRG)
- Clinical documentation
- Management of health records archives & digitalization of patient records
- Management and improvement of the workflow around patient care
- Quality of care analysis
- Development, implementation and exploration of electronic health records

During the general assembly of the association SEDOM Carolina Conejo was elected president of SEDOM for the next four years.

carolina.conejo.sspa@juntadeandalucia.es



From left to right: Francisco Morente, Ramon Romero, Angelika Händel, Margaret Skurka, Alfonso Martínez

IFHIMA Membership Team



Darley Petersen

Chair of the IFHIMA - Membership Team

During the last months the IFHIMA membership lists have been given a thorough revision. Especially the list of associate members has given a lot of contacts to individual members all over the world. This has been a very friendly and welcomed dialog with IFHIMA friends being interested in IFHIMA activities. Thank you for that.

Through the years many members have experienced some lack of communication from IFHIMA in relation to renewal of the period of their membership. Apparently, it is welcomed to get a short reminder of the date when our memberships expire in relation to payment periods.

Therefore the Executive Committee during Malaga meeting in June 2011 decided that each membership now will be followed by documentation in form of an IFHIMA cer-

tificate. On this certificate one can see, when it is time for renewal.

A membership for one year is \$35 US. An updated application form for 2011-2012 is to be found on line at our web site. The application form can be E-mailed to the address given on the formula. Credit card payment is also an option through the web site www.ifhima.org.

As soon the membership due is registered to be seen on financial reports, a certificate should show up in your mail box. – So please always add your E-mail address.

You know an associate membership is an individual contribution to IFHIMA and helps us to promote the development and effective use of the health record around the world, - be it electronic or paper.

We hope that many more of our readers would help us advance HIM in developing countries, help us work on data quality, accurate coding, and help us promote quality HIM education throughout the world. – So please join us and sign up for an individual membership!

Kind regards,

Darley Petersen
Health Information Manager
Odense University Hospital, Denmark
IFHIMA - European Regional Team
IFHIMA - Membership Team (Chair)
IFHIMA – Executive Board ex Officio



IFHIMA Executive Committee 2010 - 2013

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IFHIMA
International Federation of
Health Information Management Associations

Save the date

**IFHIMA 17th Congress and
General Assembly
"Health Information Management - Making a World of Difference"
13th -15th May 2013, Montreal,
Canada**

The 17th IFHIMA International Congress will be held at the Palais des Congrès in the beautiful city of Montreal 13th – 15th May 2013. Montreal is so accessible, so efficient, so connected, so safe and it is the number one host city in North America for international meetings. Montréal ranks among the top convention cities in the world (ICCA Statistics 2009) and the city has all the right ingredients to ensure the success of the 17th IFHIMA International Congress in 2013:

- A truly cosmopolitan city where French, English and over 80 other languages are spoken in a unique Euro-American atmosphere;
- Easy access by air from most European, Asian and US cities;
- A conveniently-located international airport, only 20 minutes away from 15,000 downtown hotel rooms and the convention centre;
- A modern convention centre of human scale, the Palais des Congrès de Montréal, located in the heart of the city close to everything, offering:
- All suggested hotels in close walking distance to the Palais des Congrès;
- Low hotel rates and living cost compared to other cosmopolitan cities.
- Over 5000 restaurants city-wide offering some 80 different types of regional and international cuisine;
- A tremendous arts and entertainment scene with a line-up of special events and festivals, indoors and out;
- Incredible circus arts and street performances (home to the Cirque du Soleil and Cirque Éloize);
- A city of contrasts and cultural pluralism, North America's first UNESCO City of Design;
- A safe city with a low cost of living used to hosting major international events;
- Most European City in North America, famous for its Joie de vivre;
- A strategic base for pre- and post congress tours in beautiful Eastern Canada.

**So – save the dates and
make your plans to attend the
17th IFHIMA Congress in Montreal!**

Please visit www.echima.ca
for additional information



