



A Global Overview of Patient Identification Strategies

Authors: Lorraine Fernandes and Michele O'Connor

Transforming healthcare to a wellness oriented and consumer centric system that is also cost effective is a global priority. Executing strategy to achieve these goals takes many different paths, but all the paths face a common challenge of defining who the consumer/patient is despite the variability in their identification information. At the 86th Annual American Health Information Association (AHIMA) Convention held late September 2014 in San Diego, California, Michele and I shared global learnings from our work over the past decade, with a focus on governance, process, and approaches from select countries.

Some of the process and technology contributors to the patient identification challenge include:

- Lack of standardized processes to capture and validate patient identification data
- Variability in data captured, and format of the captured data
- Inconsistent use of standards such as ANSI, HL7
- Human error in data capture

Frequently policymakers or strategy consultants will erroneously assume that the presence of a national identifier will negate the patient identification challenges, with the common misconception

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Dear members and friends of IFHIMA

I am pleased to present this first Global News with our new layout and format. It is a completely new design, consistent with our new website. It is here that we proudly present the latest activities related to HIM across the globe.

2014 began with a high level of activity, including establishing a Global Health Workforce Council to design a framework of an educational curriculum for HIM professionals globally. The IFHIMA SEAR Conference in Yogyakarta, Indonesia as well as the first HIM Conference for the Region of Africa, in Lagos, Nigeria were two very successful and important HIM congresses this year. Additionally, the IFHIMA engagement in the Education and Implementation Committee of the WHO Family of International Classification will further strengthen our relationship with WHO.

Thank you for your commitment to IFHIMA. I wish you all a happy holiday and a prosperous 2015.

Best regards,



Angelika Haendel

On behalf of the IFHIMA board



Lorraine Fernandes, RHIA is Global Ambassador for IBM's Information Management Group and IFHIMA Regional Director for the Americas.



Michele O'Connor, RHIA, MPA, FAHIMA, is Director of Sales Operations and Governance for Quadramed Corporation, and previously worked with Lorraine at IBM.

being “a national identifier is always accurate and accessible”. However, a national identifier may face governance challenges, as well as process challenges already outlined.

- The identifier may have been issued for purposes such as taxation, governmental services, or security, but healthcare data exchange is not one of the approved use cases. In fact many countries have legislation that prohibits using such a general governmental identifier to facilitate the interoperability of health data.
- The identifier is not routinely captured in a registration process or system
- Patients do not routinely carry their identification card with them when seeking healthcare
- Queries to determine a national identifier are cumbersome, and not easily integrated to registration workflow.
- If a healthcare identifier has been issued as the financial/payment tool, fraud may be a concern. In fact, we've heard anecdotally “you can buy a NHS card on any street corner in London”.

The countries we discussed, Wales, United States, Canada, Singapore, and Australia, have each taken very different approaches to executing their strategy to improve care and create a patient centric system, as well as how to address the patient identification challenge. Their successes may be limited, or in some cases, critics would say failure is really the outcome after years and billions of dollars. However, we believe there are some key lessons learned from a patient identification perspective.

- Governance first. Addressing data and information governance first, not as an afterthought, is critical to

executing successful transformation activities. This priority needs to include the viewpoints of the clinicians and the consumers, with no assumptions made about their preferences. The best, well executed healthcare transformation strategy may fail if these key stakeholders are not actively engaged in all aspects, including patient identification.

- Existing identifiers likely have inherent limitations or data quality issues. Explore these as part of the governance strategy. Even the best identifier will fail if multiple, rigid queries must be executed to secure an identifier, or these queries don't compliment today's workflows.

More details about the presentation, Accurate Patient Identification: It's a Global Challenge, can be found at <http://bit.ly/1uZja8S>

Save the Date

IFHIMA Congress in Tokyo in 2016

Date: October 12-14, 2016

Venue: Tokyo International Forum, Tokyo, Japan

Theme: A New Chapter in Global HIM Begins: Application, Implementation and Dissemination

www.ifhima2016.com

Educating Medical Records Officers (MROs)/HIMs in the 21st Century – the present and the future

Author: Professor Phyllis J. Watson, AM

The need for formal education programs for medical record personnel (MROs, HIMs and coders) today remains extremely important if we wish to further develop and extend the profession. The level of the program is not really so important. The content however is. We need to educate medical record personnel to meet the demands of the country's health care system to ensure that health care data is captured and maintained at the highest possible level and is available for the present and future care of the patient.

Given the variety of positions available in most countries today, MROs, HIMs and coders, need to have a sound knowledge of medical terminology and medical science; be competent in clinical classification, coding and DRG allocation and also be computer literate. MROs and HIMs also need to have a strong knowledge of health informatics, including good data management skills; be able to critically examine data output and assist in the development of electronic health records. They also require better than average organisation and communication skills and need to be flexible, adaptable, and capable of exercising sound judgement in the management of the medical record/health information services.



Professor Phyllis J. Watson, AM

IFHIMA/AHIMA GLOBAL BOOK Donation Project

IFHIMA and AHIMA are pleased to announce that the Global Book Donation Project is nearing completion.

Shipments to all recipients took place during week commencing Monday 1st December 2014 and confirmation that books had been received were arriving daily during that week!

A full report about the shipments along with photographs will appear in the next edition of Global News.

Co-chair Election

Ms. Yokobori, elected to co-chair of WHO-FIC Education and Implementation Committee

The annual meeting of the WHO Family of International Classifications (WHO-FIC) Network was held in Barcelona, Spain from Oct 11 to 17 in 2014.

Newly appointed chairs are Mr. Huib Ten Napel from the Netherlands Collaborating Center and Yukiko Yokobori, IFHIMA director in charge of Southeast Asia.

What makes MROs/HIMs Unique

There is a core set of knowledge, skills, and competencies which are essential in all MRO/HIM programs regardless of the country's development and the level of the program offered. Our knowledge base and competencies make us who we are. As well as the information components such as computer science, it is the **Health** and **Management** aspects of our competencies and knowledge base that set us apart from nurses and other allied health professionals, librarians or persons with an information technology or health informatics background (Watson 2014). Studies in the three areas of **HIM, health/medicine - information technology/health information** - and **management** are important education requirements for MROs/HIMs. Within these three areas, subjects should be presented at the right level to ensure that graduates are prepared for the demands of the health care environment in which they will be employed.

Many Medical Record/Health Information Management Associations have identified the need for a comprehensive set of entry-level competency standards with which to measure whether graduates meet the requirements for membership to the national association. The standards should also provide a strong framework for curriculum design and content to enable the assessment of students and the performance of new graduates (HIMAA, 2013). Associations need to ensure that the list of competencies and standards are kept up-to-date and educators need to continue to review, develop and maintain their program content to make certain that graduates have the knowledge and skills required of a competent professional.

Each country will have specific requirements for their education programs and specific MRO/HIM needs. On a global perspective they need to keep in mind that the present and future of our profession is in the area of e-health and electronic health records, and the need to control the quality of health care data. The importance of a well documented, accurate and accessible health record available immediately for patient care however, should remain our primary aim.

References:

Health Information Management Association of Australia, (2013): *Health Information Manager (HIM) Entry-level Competency Standards, Version 2.0*. HIMAA, Sydney, NSW.

Watson Phyllis J. (2014) *Evolution of the health information management profession in Australia: from Medical Record Librarian to Health Information Manager*. HIM-Interchange, Professional Practice Journal of the Health Information Management Association of Australia Ltd. Vol 4 - 2. HIMAA. Sydney, NSW.

Watson Phyllis J. (2014): *Educating MROs/HIMs in the 21st Century – the present and the future*. Extract from paper presented at the 25th PORMIKI and 3rd IFHIMA SEAR Conference - March 2014.

Global Health Work Force Council – an International Venture!

IFHIMA was approached towards the end of 2013 by AHIMA (the American Health Information Management Association), to participate in an international collaboration to build a framework of expected educational curriculum, for HIM professionals globally. As the IFHIMA membership had expressed interest in a global template in a recent survey and at past Congresses, the IFHIMA Board were pleased to have this opportunity.

A Planning Committee worked for many months, with IFHIMA well represented. The objective of the Planning Committee was to establish the structure, process and logistics of how to gather information and present a truly global perspective. Once the Planning Committee had completed its task, a larger Global Health Workforce Council was struck, co-chaired by AHIMA and IFHIMA – with representation of global HIM educators and leaders – tasked with creating international HIM educational guidelines, and expected competencies. The WHO-FIC curriculum work that was developed in 2005-2006 was referenced, as well as national programs such as those well established in the United States, Australia and Canada.

The entire project is expected to last 3 years, with regular teleconferences, and one in-person meeting held annually. The first in-person meeting was August of 2013, and another is planned for late January 2014. Once the curriculum guidelines are created, they will be available for use by any national HIM association, who may wish to measure their own HIM education system against same, to ensure they are covering all areas of education and training that are considered necessary to ensure capable HIM professionals in the work place.

As well, these guidelines may be utilized to develop new HIM programs.

The council has been established to include membership from each WHO region, and members are:

- | | | |
|---------------|-----------------------|--------------|
| 1) Africa | Adio Rasaq Adetona | Nigeria |
| 2) Americas | Lincoln A. Moura | Brazil |
| 3) East Med. | Hussein Ali Y AlBishi | Saudi Arabia |
| 4) SE Asia | Sabu Mandapam | India |
| 5) W. Pacific | Sue Walker | Australia |
| 6) Europe | Claudia Pagliari | Scotland |

Additional Members At Large Include:

- 7) Yukiko Yokobori:
to represent the country of Japan and due to her country wide oversight and work on educational global initiatives via WHO-FIC
- 8) Angelika Handel:
additional support to Europe and IFHIMA President
- 9) Rachele Blake:
Omni Micro Systems/Solutions
- 10) Fatima Abdulla All Valoushi:
Al Ain Hospital, United Arab Emirates
- 11) Francis Kirubagaran:
Qatar Orthopedic Sports Medicine Hospital, Qatar
- 12) Mary Cleary:
Irish Computer Society/ICS Skills, Ireland
- 13) Bill Rudman:
Executive Director, AHIMA Foundation, Co-Chair
- 14) Marci MacDonald:
IFHIMA President-elect Co-Chair

As well as the support of senior AHIMA Foundation personnel Michelle Dougherty, Desla Mancilla, Bonnie Aguda and Kate Jackson.

Funding for the project is provided by AHIMA and the USA Department of Commerce, with the expectation that AHIMA will develop course outlines meeting those determined within the final product, and market them to countries that do not have well established HIM programs or associations. IFHIMA will make this same document available to all members, both individual and national, who can also apply this knowledge to enhance and market their own educational programs, if they so desire.

As the work moves forward, there will be country level work groups established to provide regular input and to ensure global involvement.

The first draft has just been completed in mid-November 2014, and IFHIMA will be engaging National Directors for input. The structure of the document is modular and competency based, aligning competency levels utilizing Bloom's Taxonomy. This modular format permits flexibility and is organized in the academic levels

of "Entry", "Intermediate" and "Advanced", and has been organized by the categories of Health Information Management, Health Informatics, and Health Information and Communication Technologies – which recognizes the close relationship between HIM and HIT.

If you are asked by your IFHIMA National Director to review this draft – please do so! Your input is invaluable! If you wish to be provided the draft document to submit comment, please contact:

Marci MacDonald at
mmacdonald@haltonhealthcare.on.ca

We will be pleased to share this with you and look forward to as much feedback from the HIM community as possible!



The 18th IFHIMA
International Congress Tokyo 2016

Save the Date for the IFHIMA Congress in Tokyo in 2016!

Date: October 12-14, 2016

Venue: Tokyo International Forum, Tokyo, Japan

Theme: A New Chapter in Global HIM begins: Application,
Implementation and Dissemination

Visit our website: www.ifhima2016.com

Highlights WHO-FIC Education and Implementation Committee (EIC) Meeting

Author:

*Margaret Skurka,
Immediate Past President,
IFHIMA.*



From left to right:

Margaret Skurka

IFHIMA representative to the WHO-FIC and sits on the Education and Implementation Committee.

Aimin Liu

Head of the WHO- FIC Collaborating Center of the People's Republic of China.

Joon Hong

Co-Chair of the International Exam for Morbidity Coders--New Question Development Group

Yukiko Yokobori

IFHIMA representative to the WHO-FIC, a Co-Chair of the EIC

I had the privilege of representing IFHIMA at the 2014 Annual Meeting of the WHO-FIC, and specifically attending the EIC meeting held during that conference. It was good to see our own Yukiko Yokobori elected as a Co – Chair of the EIC going forward, sharing that role with Huib Ten Napel from the Netherlands. Their 2 year term of office started at the close of the Barcelona meeting and will end at the WHO-FIC meeting in Tokyo, Japan in October of 2016. That’s the meeting where the WHO-FIC meeting will be held concurrently with the IFHIMA meeting. Hope to see all of you there!

The EIC always reviews its’ Strategic Workplan (The SWP) at every meeting. A key part of the SWP of the EIC is the training materials and tools used in ICD-10, ICF and ICD-11. Also reviewed at every meeting is the International Training and Assessment Program, of which IFHIMA will now take a larger role.

Our own Joon Hong presented at the meeting on the international examination for morbidity coders and gave an overview of the development of morbidity questions for each chapter of the ICD-10. A morbidity coding volunteer group was established at the IFHIMA Montreal Congress in 2013 and more individuals joined later. The results of the coding of the questions by the respondents, error rates, and comments on the questions identified a number of areas for further consideration. The morbidity exam is available for WHO-FIC Collaborating Centers that want to assess the coders in their jurisdiction. The examination guidelines are available for Centers interested in holding the examination. The EIC asked IFHIMA to consider managing this project going forward. At our IFHIMA Board meeting later that week, the board did agree that we will manage this project for morbidity coding for the upcoming year and reassess next Fall. You will read more details on the IFHIMA web site as we begin to promote the exam. We are grateful to Joon Hong and Carol Lewis from IFHIMA who have done ALL the work to date on the project. They have agreed to continue in their development role and more and we are thankful for that.

Angelika Haendel had developed an excellent poster for the WHO-FIC meeting that was proudly on display throughout the event. The poster was a status report of IFHIMA countries and their coding-training programs in place. Angelika is to be commended for this great work.

Finally, Carol Lewis is also very involved in WHO-FIC work and has agreed to provide comments on the Reference Manual that is in development by the WHO-FIC for ICD-11. This is an important document for future ICD-11 work as the Manual describes the architecture of ICD-11 and more. There is also a section on how the different chapters are structured and how coding differs between ICD-10 and ICD-11. Instructions on how to code using ICD-11 and the various use cases are also addressed.

The meeting was very good as usual and IFHIMA has a significant place at the table and a vote. Best to you all.

Summarization of IFHIMA In-Person Board Meeting, Oct 17 – 19, 2014

The IFHIMA Board had their first in-person Board Meeting, since the May 2013 IFHIMA Congress, held in Montreal, Canada, in May 2013.

The meeting was held in Barcelona, Spain, and was well represented by Regional Directors, IFHIMA President, Past and Elect-Presidents, and the Chair of Membership/Treasurer.

Please see herein a summarization of topics discussed. It was a full 3 days, and there was excellent dialogue on multiple global health information management issues. Considering the Board is comprised of unpaid volunteers, the deliverables and work done is truly amazing!



IFHIMA Board October 2014 Key discussion / activities

Yukiko Yokobori of Japan was congratulated on her recent appointment as Co-Chair of the WHO-Family of International Classifications, Education and Implementation Committee. Yukiko will be Co-Chairing with Huib ten Napel of the Netherlands.

IFHIMA presented a poster at the Annual WHO-FIC in-person meeting, which was held earlier this week in Barcelona. The poster displayed all the IFHIMA member National Associations around the world, and gave an explanation of IFHIMA and its relationship to WHO as an NGO in official relations.

Membership dues are coming in, and the financial picture of IFHIMA appears on budget.

Discussion surrounding creating an Educational Memorial Fund, in the honor of Ulli Hoffmann, a life long IFHIMA supporter and Past-President, who passed away earlier this year. Other IFHIMA members have stated they wish to contribute to a fund to honor Ulli and her contribution to the profession. The Board all support this idea, and will work out the details, and agreed that as per Ulli's personal interests, the fund should be used to support developing country delegates to attend IFHIMA functions, such as Congresses.

IFHIMA reminder notices were recently sent out to National and Associate members, with 91 Associate (individual) members, 20 countries, and one corporate member. As stated above, dues payments are coming in. Consideration should be given to removing countries that do not pay, within 30 days, from the National Members in Good Standing roster.

In order to support smaller member nations, there was discussion as to further breaking down the number of members for such nations. For example, less than 100 would become 1 – 50 members and 51 – 100 members. This could be applied to the 2015 calendar year membership drive. Adjusted pay structure will be posted on the website.

The IFHIMA/AHIMA Book Donation Project is hoping to have the books physically sent out before Christmas 2014. This has been a major undertaking, but felt to be well worth the benefit of providing support to our developing country colleagues.

Global Health Workforce Council has had their first in-person meeting, and the draft curriculum is coming along well. When completed, it will be circulated for comment.

Congratulations to The Americas Regional Director, Lorraine Fernandes, for winning the AHIMA Pioneer Award!

IFHIMA Facebook – this has not turned out to be representative of what was hoped for, and as such, will be disabled after issuing a suitable shut down notice.

The website has been completely redesigned, and a “Members Only” section will be created in the near future. A National Organization Profile template for member nations will be sent out in the near year, and once completed, will be posted on the website. Each National HIM association will be displayed, with a link to their individual websites.

Discussion was held over how to utilize the new website as a source of material to the world, rather than reliance on the traditional “Global News” publication. Consideration will be given to creating a smaller newsletter to support the website, rather than the multi-page document currently produced.

Discussion over member benefits, and what can be done to enhance and support our members. Also, discussion over increasing outreach to other global organizations, and to engage and keep active IFHIMA Volunteer Work Groups,

addressing issues of interest to the membership and utilizing volunteers.

Following along this same theme, in 2015, to circulate an IFHIMA membership survey, and gain feedback, suggestions and opportunities, from the membership.

Opportunities to enhance corporate membership will be explored.

Discussion over how IFHIMA can further support the administration of the WHO-FIC developed coding exam, developed by IFHIMA members and offered to countries with no HIM association or existing examination credentialing process. All agreed this is an opportunity for IFHIMA, and the details of how to transition this work from WHO to IFHIMA, will be worked out.

Generalized discussion on strategic planning, to be shared via the website.

The 18th IFHIMA International Congress will be in Tokyo, Japan – October 12 – 14, 2016. The Planning Committee is well underway, the website launched, and will be held in conjunction with the Japan Hospital Association annual convention, and the World Health Organization annual in-person conference. Opportunities to attend presentations will be both in Japanese and English. All are encouraged to view the website.

Call for abstracts will begin in October 2015.

Respectfully submitted by M. MacDonald



Our Regions (please click and follow)



1st HIM Conference for the Region of Africa “Knowing It Better”

Held at the Sickle Cell Foundation, Surulere, Lagos, Nigeria 12th – 14th August 2014

Authors:

*Mr. Wole Ajayi, IFHIMA Regional Director for Africa &
Mrs. Lorraine Nicholson, IFHIMA Membership Chair & Treasurer*



Panel Discussion, Sickle Cell Centre, Lagos 14/8/14



Group with Chief Olusegun Obasanjo (former President) & Oba Ogunleye, Abeokuta 13/8/14

The 1st HIM Conference for the Region of Africa was held in Lagos, Nigeria 12th-14th August 2014 – it was a wonderful, dynamic conference filled with energy and enthusiasm with productive networking and educational sessions during which many professional contacts were initiated and cemented, new friendships formed and old ones renewed.

On the first day, the Honourable Minister of Health, Professor Onyebuchi Chukwa, sent a personal apology for not being able to open the conference because an emergency meeting had been called in relation to the Ebola outbreak in West Africa. Instead, Dr A.O.J. Kolajo, Head of eHealth and Telemedicine at the Federal Ministry of Health delivered his speech and also actively participated in an interactive session focussed on “Improving the Quality of Data in Health Information Systems in Africa”. He reassured delegates that their work on HIM is vital for the efficient delivery of healthcare services and to provide invaluable information for epidemiology and disease surveillance, monitoring and prevention. He also urged them to engage in continuous professional development, to believe in themselves and their valued and valuable profession. Dr Robert Jakob from WHO made the first presentation via Webex from Geneva about “Innovative Approaches to ICD Training”, which was followed by a question and answer session. Lorraine then made a presentation entitled “A Vision of Better Health for Africa Enabled by EHR”. A press conference was held and an article was subsequently published in the Nation newspaper in Nigeria on 19th August 2014. The afternoon programme consisted of scientific sessions on “Developing Human Resources for HIM in Africa”, “Actualising the Goals of EHR” and “Transforming the HIM Workforce for New Roles and Elevated Positions”.

1st HIM Conference for the Region of Africa “Knowing It Better”
The conference excursion on the second day was to Olumo Rock in Abeokuta (meaning "rock") in Ogun state. After a three hour journey

from the conference venue we arrived at a place called Akinale, meaning "place of the king" and we were received by Oba (King) Olufemi Adewunmi Ogunleye who invited us into the Palace of Towulade. Both of us were invited to address him and to sign his visitors' book and then traditional refreshments were served. Oba Ogunleye had then arranged for the former President of Nigeria, Chief Olusegun Obasanjo, to receive a few of us at his beautiful residence in Abeokuta, which was amazing! Afterwards we drove to Olumo Rock, watched a cultural show with traditional music and dancing followed by a meal after which we set off on the long journey back to Lagos - it had been a very special day and we were all tired but pleasantly so!

On the third day, conference sessions included an international panel discussion focussed on the topic of "Transforming from Paper-Based to Electronic Health Records System: Issues and Options", a presentation on "The Role of Patient's Consent in Ethical Research Practices", a panel presentations on "HIM in Africa". Lorraine made a presentation on "IFHIMA at a Glance – IFHIMA and its Global Mission to advance HIM" and then there was a final review session on the conference lead by Wole. After the close of the conference students made presentations to tutors and mentors in appreciation of their support during their years of study and their help and support during their

examinations to become qualified HIM practitioners.

HIMAN produced a special conference magazine entitled "Building Bridges", which included articles from HIM colleagues in Botswana, Cameroon, Ghana, Kenya, Mauritius, Namibia, Nigeria, Swaziland, Tanzania and Uganda and an article about the joint IFHIMA/AHIMA project to establish the Global Health Workforce Council and a global curriculum for HIM. The magazine was given to all attendees in their delegate bag. A multi-national IFHIMA Regional Team for Africa chaired by Wole was formed during the conference with membership from Cameroon, Kenya, Namibia and Nigeria and Lorraine was invited to join the team. The team met during the conference to explore what needs to be done to take HIM and EHR implementation forward in the Africa region. Training, collaboration between countries, sharing resources and strengthening the relationship with WHO are just some of the priorities identified. The team's first resolution is to host another HIM conference for the Africa region! There is much to be done now but with the high level of commitment there is no doubt that the team will be able to move forward positively on its agenda to improve the quality of health information in the region - it is certainly a challenging but very exciting time for HIM in Africa!



Conference Report

25th PORMIKI & 3rd IFHIMA SEAR Conference, Yogyakarta, Indonesia 24-27 March 2014



References:

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Report of 25th PORMIKI & 3rd IFHIMA SEAR Conference. March 2014 (not published).

Sumato Siswati, (2014):

Review of Professional Standards. International Conference Proceedings, 25th PORMIKI & 3rd IFHIMA SEAR Conference, March 2014.

Watson, P.J. (2014):

Conference Report, 25th PORMIKI & 3rd IFHIMA SEAR Conference 'Enforcing the strategic role of HIMs in developing better countries'. Yogyakarta, Indonesia, 24-27 March 2014. HIM-Interchange, Professional Practice Journal of the Health Information Management Association of Australia Ltd. Vol 4 - 3 HIMAA. Sydney, NSW.

In late March 2014 I attended the 25th Conference of the Indonesian Professionals on Medical Records and Health Information Organization (PORMIKI) and 3rd IFHIMA SEAR Conference and their Silver Anniversary celebrations held at the Sheraton Mustika Yogyakarta Hotel. The conference was originally planned for the 18th of February, the anniversary of the establishment of PORMIKI but had to be postponed following the eruption of Mount Kelud. With the postponement unfortunately a number of international representatives were unable to attend.

The conference was held over four days and I congratulate the PORMIKI conference committee who did a marvellous job – the papers were excellent, the venue great and the hospitality superb. The first day started with an address of welcome from the PORMIKI President, Elise Garmelia. The meeting was then officially opened by the Vice Minister of Health, Ministry of Health, Republic of Indonesia, Prof. Dr. Ali Gufron Mukti. He was followed by Dr. Sjahjehan, WHO Representative to Indonesia who welcomed participants on behalf of the World Health Organization. The keynote address was given by Prof. Dr. Syed Al Junid from the United Nations University – International Institute for Global Health (UNU-IIGH), Malaysia who had designed Indonesia's Case Base Group in Health Care Financing for the new Social Security Administration Agency (BPJS) system (Hatta, 2014).

The first plenary session topics related to *Universal Health Coverage* given by Prof. Ali Gufron Mukti. The second paper covered the *Enhancement of Medical Records Systems to Support Universal Coverage in Developing Countries* by Prof. Dr. Aljunid. The third paper was one prepared by Carol Lewis (USA) on *Evaluating the Quality of Coded Morbidity Data*. Siswati Sumarto presented the last paper of the morning on the *Review of Professional Standards*. The *Professional Standard of Medical Record and Health Information* is a boundary of minimal competency regulated by the professional organization that 'must be mastered by the professional to do a medical record and health information job professionally' (Siswati, 2014).

The afternoon sessions commenced with a presentation by the main sponsor, MercyCorps followed by three streams covering *National Health Coverage*, *Electronic Health Records* and *Improving HIM Quality*. These three areas plus Clinical Classification and Coding were covered extensively over the two days of the conference.

An IFHIMA SEAR Meeting was held at the end of the day but unfortunately, as the other international representatives were unable to be there the discussion was limited to IFHIMA's Strategic Direction for 2013. The three areas were covered with most interest directed towards education and the electronic health record.

The Gala Dinner was held on Monday evening and was a highlight of the conference. The dinner was hosted by HRH Sri Sultan Hamengku Buwono X, at the Royal Palace 'Ngayogyakarta Hadiningrat'. The 140 guests enjoyed the lavish dinner prepared and served by special royal staff. We were also entertained with several performances by musicians playing traditional music instruments followed by four traditional royal dances. Elise Garmelia, President of PORMIKI welcomed members and guests and Gemala Hatta thanked the Sultan on behalf of PORMIKI and guests. As the Sultan was unable to attend his youngest daughter HRH Gusti Kanjeng Ratu Bendara warmly welcomed guests on his behalf and presented the Sultan's speech of welcome to Yogyakarta with its ancient history. (Hatta, 2014). The second day started with the theme *Application of Technology and Electronic Health Records* the first presentation was by Dr. Sjahjehan representing the World Health Organization who spoke on **Indonesian Context and Realistic Steps**. Other papers followed with topics related to Indonesia's strategies for health information systems. Education and Communication for HIMs papers were then offered by PJ Watson and three local HIMs. The afternoon was divided into the same three streams and presented by local HIMs. After the sessions the PORMIKI's Silver

Anniversary Jubilee celebrations began with dinner followed by speeches, traditional music with Indonesian actors and dancers. At the end I officially closed the conference.

The third day was dedicated to two specific streams – Education and Coding. The first stream was a "Student's Corner" which I had the pleasure of attending. This session was organised specifically for students with nearly 100 students in attendance. They asked many questions, particularly about other HIM programs and how they compared to the Indonesian Diploma. The stream on coding was an interesting discussion on the results of the International Coding Examination organised under the IFHIMA banner and undertaken by 105 Indonesian coders. Gemala Hatta explained about the experience in conducting the ICD10 Pilot Test prepared by the Joint Collaboration between WHO Family International Classifications Network Education and Implementation Committee and IFHIMA. Gemala explained the benefit and problems for Indonesian coders as well as the marking scheme (Hatta, 2014).

On the fourth day we visited two hospitals and one College offering a HIM program. The Hospitals were RSUP Sardjito and Rumah Sakit Bethesda and were very interesting. The College, STIKES Jenderal Ahmad Yani, Yogyakarta, was new and quite impressive with a comprehensive HIM program, one of 38 in Indonesia. Overall, given the need to postpone and rearrange, speakers, exhibitors, entertainers and the venue plus hospital visits the PORMIKI Committee did an outstanding job. They had prepared International Conference Proceedings (in English), with the original dates, which included most abstracts and some full papers. Many participants who had originally registered could not attend but the spirit of the PORMIKI members was not dampened and I salute them.

Author:
Professor Phyllis J Watson, AM



Goodbye Ulli - Dear Friend

The sudden passing of Ulli Hoffmann has left many people from all over the world remembering a life well lived.

Personally I have lost a very dear and loved friend. We met in Toronto in 1976 at the 7th International Congress on Medical Records when the German association, the DVMD, was welcomed as a member of the International Federation of Health Record Organizations (IFHRO) now the International Federation of Health Information Management Associations (IFHIMA). Ulli was the alternate member and Ruth Zwick, her friend and mentor, was the national director. Ulli could not speak English very well but from that time set about learning and becoming fluent in English over the next 4 years.

We met again at the Congress in The Hague in 1980 and then in Auckland, New Zealand in 1984. It was from this time we worked on the IFHRO executive committee together with Carol Lewis and our friendship really began. With her fluency in English we were able to communicate with each other and the friendship blossomed along with our friendship with Carol and other members of the international community.

Ulli enjoyed travelling to different countries and meeting new people. She was passionate about the profession and IFHRO/IFHIMA and extremely competent in her roles over the years as Councillor (1976-1986), Secretary-treasurer (1986-1988), Vice-President (1988-1992) and President (1992-1996). From the beginning of her international involvement her enthusiasm for the profession was profound. When she became secretary-treasurer in 1986 she did an outstanding job. Her enthusiasm for the international movement was so infectious that many of her German friends wanted to be involved. For instance, Helga Brandt attended a number of international congresses with Ulli, and at the congress in Munich in 1996 when Ulli was president and congress convenor, two workshops were held and one of her friends, Johanna Barth brought us freshly baked pretzels for morning and afternoon tea!! However, one of the most impressive occurrences was the bequest by Ulli's long-time friend Helene Riccius-Volk to IFHRO for education purposes. This was a direct result of Ulli's infectious passion for IFHRO and the need for help with medical record education in the developing world.

Ulli attended every international congress since 1976 and was planning to attend the next Congress in Tokyo, Japan in 2016. During the IFHRO Congress in Washington in 2004 she received the Founders Award for her continuous and invaluable support and her unselfish dedication to IFHRO and at the Congress in Milan in 2010 was awarded honorary membership status of IFHIMA.

Ulli came to Sydney, Australia for 6 months in 1990 as a visiting fellow in the School of Health Information Management at the University of Sydney. She stayed with my mother and me and fell in love with Sydney and Australia and my

family fell in love with her. In her many visits to Australia we were able to travel to places far and wide and meet many friends and members of my extended family and the Australian health record profession all of whom loved her and are saddened by her passing.

We have received messages of condolences from health information professionals and others from Australia, Canada, China, Denmark, England, Germany, Indonesia, Jamaica, Japan, Nigeria, Oman, St. Lucius, South Korea, The Philippines and the USA all of whom knew Ulli and remember her as unique in many ways, with a wonderful smile and laugh who made friends wherever she went and knew how to keep friendships.

Ulli leaves a legacy of a loving, caring and competent person who touched the lives of so many people around the world. Along with Helga, Carol Lewis and me her international colleagues are finding it very hard to say goodbye to a very dear and loved friend who came into our lives by chance and with whom we had the opportunity to come to know and love. We will miss her so very much. May she rest in peace.

Phyllis J Watson AM

8 October, 2014

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