President’s Message

Dear IFHIMA Colleagues and Friends.

The last time I had the pleasure of writing this message, the temperature was dropping and the snow was falling in Canada! Now Spring has sprung, and soon summer will be upon us. Other parts of the world are experiencing their own seasonal changes, and whether you’re layering up or paring down – your IFHIMA Board wishes you all the best!

It has been a busy time for the Board. We had our annual in-person meeting in April in Hamburg, Germany, and were able to accomplish a great deal!

One whole day was dedicated to the review and update of the IFHIMA Learning Modules. Each Board member was given the opportunity to create a task team and work on updating a module. These were presented for comment and feedback at the Board Meeting. Once the final modifications have been made, we will post them to the IFHIMA website for your viewing pleasure.

Speaking of which, have you seen the new website? It was recently launched, and we are working to ensure it is current and bringing timely and interesting information to the membership. We hope you find the structure logical and easy to navigate. Please do not hesitate to provide feedback. We are always looking for content, so please do not be shy about contacting your Regional Director if you have any articles or information that you feel would be of value to our HIM community. We continue to work towards building a robust and meaningful site, which will be of value to all!

Another focus of the in-person Board meeting, which I am proud to share with you, was a review and revision of the IFHIMA Mission, as well as the creation of a Vision and of Values.

I present them here for your interest.

MISSION

- IFHIMA represents and advances the global Health Information Management profession

VISION

- A healthy world enabled by quality health information
VALUES

- Leadership – in quality health information management
- Integrity – principled, honest and ethical
- Mutual Respect – embrace diversity and treat all with dignity and respect
- Collaboration – engage and maintain global partnerships

Now – you may think this was an easy task, but it was not as easy as one may think! There are a myriad of Values and Visions to consider. It takes a very dedicated and focused team to work through multiple iterations, and to come to a consensus. Personally, I am very proud of your Board and the results that I present to you here.

The other exciting news is the 2019 IFHIMA Congress, when Dubai welcomes the HIM world to this dynamic and exciting city!

We will be celebrating 50 years of IFHIMA, in Dubai. The Organizing Committee members are working towards an exciting program, and hard to believe, but we are only 17 months away!

Please begin making plans to attend, and watch the IFHIMA and Congress websites for ongoing updates. Just by way of a reminder, the Congress will be held:

November 18-21, 2019
Intercontinental Hotel and Conference Centre
Festival City
Dubai, United Arab Emirates

This will be one to remember, and we are all very excited and looking forward to providing you a fabulous experience, as well as connecting in person with our colleagues and friends! The program will be forward thinking, thought provoking and inspiring!

In closing, we know you will enjoy this June issue of the Global News, and thank all of you who have contributed to this publication. Please consider submitting articles to the Global News yourself! Everyone has an interesting perspective, process, employment role, etc. – and your international HIM family looks forward to hearing from you!

Warmest personal regards,
Marci MacDonald, CHIM
IFHIMA President, 2016 – 2019

Golden Jubilee Series

2018 marks the 50th anniversary of IFHIMA!! Activities highlighting this achievement began earlier in 2018 and will culminate at the 19th IFHIMA Congress in Dubai. Look for a grand, golden celebration as already evidenced in the gold tones to the Congress logo.

Over the next 18 months IFHIMA Global News and a new, special section on the IFHIMA website will carry messages from Past Presidents, National Directors, and key global HIM professionals. This issue includes messages from three Past Presidents on pages 15-17. I hope you enjoy their message and reminiscing as much as I have.

Happy 50th, IFHIMA!!

Lorraine Fernandes, RHIA
President Elect, IFHIMA
Editor, Global News

Have you perused the new IFHIMA website?

In early May IFHIMA quietly launched our new website after months of building and testing. We hope you are enjoying the new design, and if you’ve not had a chance to visit ifhima.org, please do so.

This was a significant undertaking requiring aligning the new design with our mission, major technology changes, and testing. IFHIMA's new website is now hosted in a cloud environment (as are most websites) with the latest technology to support security, easy access and quick click-throughs around the globe. Our membership processing will be streamlined as a result of this launch, along with the potential for new features as our organizational needs change.

Despite all the testing and review, there were a few errors and glitches, which is common to a website launch. Thanks to those who were patient as we resolved these issues. We’ve heard it said that a website is never finished, and we can attest to this truism.

We will continue to review and refine, add new and richer content, and appreciate being identified of any significant errors. And most of all, we appreciate new content!! Please send any comments to lfernandes54@gmail.com.
Our sincere thanks to Robb Raiskums, our webmaster, and the AHIMA staff including Jim Szymikowski, during our development, testing and transition.

Marci MacDonald, President
Lorraine Fernandes, President Elect

1. **Electronic Health Records - implementation advantages & challenges**

   Conclusion: The primary step for EMR/EHR is to understand the Organization needs and existing practices, then phase wise implementation will produce good results. EMR/EHR implementation success depends on the requirements of the individual organization and their readiness to the adoption.

2. **What Govt. should do to improve HIM systems and HIM professional status to get recognition like any healthcare provider in India**

   Conclusion: Implement standardized practices throughout the country, enhancing of education and training programs.

The conference was organized by HIMA India in association with Jawaharlal Institute of Post Graduate Medical Education and Research (JIPMER) Puducherry - India. It was inaugurated by the Director of JIPMER an institute of National importance, in the absence of Honorable Chief Minister of Puducherry.

JIPMER HIMA ASIA CONFERENCE - 2017 focused mainly on the theme “eHealth record from birth to death globally (One patient, one number, one record)”.

Thirty-one National and International renowned speakers with vast experience in HIM, IT, Healthcare management and allied fields have presented the papers.

Panel discussions were held on topics below by leading experts.

**Health Information Management Association (HIMA) India**

**Asia level Conference and Exhibit on HIM and IT**

**27th-28th Oct 2017**

**Jawaharlal Institute of Post Graduate Medical Education and Research (JIPMER) Puducherry - India**

**Keynote Speech, Dr Mogli**

Golden Jubilee Celebration: 50 years Golden jubilee of Medical Record Education and Execution in India was celebrated on 27th Oct 2017. More than 250 members including retired and working professionals participated in the celebration. Some of the retired professionals shared their personal experience and association with Prof. G D Mogli, who established MRD at JIPMER in the year 1966. The young generation was motivated by the inputs of senior professionals who shared the value of the HIM profession India and abroad scenarios. Everyone who participated in the celebration acquired new insight and stepped out with a fresh commitment. About 130 members who excelled in their HIM profession were felicitated with Medal, Memento and Appreciation Certificate and the celebration was followed by a Gala Dinner.

**Golden Jubilee Awardees**

Conference Participants: More than 350 participants from HIM and IT professionals, students, Doctors, Nurses, Quality assurance and administrative personnel across the country participated in the conference.
HIM Innovative Idea contest: To explore the innovative ideas on how to develop HIM education and practices, prior to the Conference an open invitation was sent to all the healthcare professionals to share their ideas through website. The submitted ideas were reviewed by four senior professional experts and six ideas were short-listed. Those six ideas were presented during the conference, with three ideas were awarded as best submittals.

Awards and Recognitions:
- HIMA India presents “Prof. Dr. G D Mogli’s Award” of the year to the professionals who excelled in the Profession from 2011 onwards. In this Golden Jubilee Year, the association honored ten members with this award for their excellence.
- On account of Golden Jubilee, the association also honored another ten professionals who have contributed selflessly to the profession development as “HIM Golden Jubilee” award.

HIMA Calendar 2018

Year 2018:
HIMA India 2018 conference will be held on 29th - 30th Sep 2018 at Amaravati, Andhra Pradesh, India.

Year 2022:
HIMA India proposed to host IFHIMA-20 Congress in India during the HIMA India Association 50th birthday ceremony (1972-2022)

Author:
Mr Subhakar Medepalli
Gen. Secretary, HIMA India
Manager, HIM
Apollo Hospitals, Hyderabad

Botswana Health Information Management 2017 Report

Botswana Health Information Management Association (BoHIMA) was formed and legally registered in December 2016. Its mandate was to bridge the perforation in the health information management sector, more or less the information governance in the country. The Association started operating early 2017 by unleashing its strategic compass and establishing ways of making people aware of the existence of BoHIMA.

BoHIMA started its journey by organizing an event which sought to unveil the association to students who are doing health information management and to recruit members to join the association. The event was held in Gaborone Botho University campus, the only institution which has health information management course in the curriculum since 2013 and most importantly where the pioneers of BoHIMA emanates (as post graduates). The event was graced by the Bokamoso Private Hospital coordination manager and three lecturers from Botho University health information management department. 350 health information management students attended the event. During the event we presented the significance of why BoHIMA was formed, the vision and mission, objectives, the strategic plan and the benefits of joining the association. In summation the event was a success as the response was positive from the attendees, with 16 members joining BoHIMA.

The second activity that BoHIMA hosted was a workshop
held in Francistown Botho University campus. The workshop also aimed at launching the association to health information management students in Francistown. The invited guest was a principal medical officer from Nyangabwe Hospital and two professors from the health information management department. 150 students thronged the event. The introduction to the association was made through the presentation of its mandate, objectives and the strategic plan and 15 members joined the association, and many promised to join. In encapsulation the association was highly received by both students and the lecturers.

BoHIMA ended its eventful year by hosting an event to launch a campaign titled “HIM WITHOUT WALLS.” This event was one of a kind as it was only attended by those who have subscribed to BoHIMA as members and those who were invited as stakeholders. The purpose of the event was to deliberate on the status quo of HIM in Botswana, telemedicine, health information governance and systems, HIM profession employability and opportunities and most importantly the unveiling of “HIM WITHOUT WALLS” campaign.

The invited stakeholders were from: Ministry of Health, WHO, Botho University, University of Botswana, Botswana Christian AIDS Intervention Programme (BOCAIP), Bokamoso Private Hospital, Gaborone Private Hospital, Botswana Defence Force, African Comprehensive HIV/AIDS Partnership (ACHAP), Central Medical Stores, Red Cross and National Blood Transfusion service. Guest speakers were Dr. Peter Sebina from the University of Botswana, Dr. Kabelo Mokgacha from the Ministry of Health and Dr. Leonard Mauco from health information management department. These speakers deliberated well on the key aspects of the agenda. The president of the association officially launched “HIM WITHOUT WALLS” which commenced in February 2018. This event was a success as it was covered and aired by the state television (Botswana television). Above all it gave our members a time to interact and network with their potential employers and helped them realise the worth of joining the association.

The purpose of the “HIM WITHOUT WALLS” campaign is to infiltrate the health information management sector in a quest to grow the association and fulfil its mandate through four diverse ways which are; benchmarking, hospital tours, research and piloting. The campaign which also is the association’s 2018 road map and strategic plan will run for a duration of six months.

In conclusion, BoHIMA has only been operating a year but has achieved a lot of things in the space of short time. BoHIMA has a good communication platform via our Facebook page (which now has 1300+ followers) where the updates of the association are communicated. We have 70 card-holding and fully registered BoHIMA members. Despite the financial challenges we face, we remain committed to execute our objectives. We cordially believe that next year building up to the IFHIMA Congress in 2019 we will see growth in our association and also strive to be part of the Congress.

Author:
Oaitse Hubona
Secretary General
Botswana Health Information Management Association

Health Information Management: Update Medical Classification Systems and Health Statistics

Spring symposium of the German HIM national association: DVMD e.V.¹

On March 2, 2018 in Duisburg, Germany, DVMD held its biennial one-day symposiums on most important current topics in the Health Information Management sector.

Around 110 attendees (HIM personal, researchers, educators and interested persons) mainly from Germany gathered for the symposium. Renowned speakers talked about latest news in the field of medical classification and health statistics.

Why medical classifications? Consistent coding of diagnoses and procedures in health care is not only of essential significance for accounting in the inpatient sector. Coding is also the basis
WHO FIC and Standards News

for general health statistics and important for epidemiological evaluations. Reliable, comparative analyses require standardized terminology – international classification systems, nomenclatures, ontologies, taxonomies and terminologies.

There are three World Health Organization (WHO) reference classifications:

- ICD (International Classification of Diseases)
- ICF (International Classification of Functioning, Disability and Health)
- ICHI (International Classification of Health Interventions).

ICHI refers to coding of operations and procedures. To date, there does not exist an international recognized classification system for this field. There are, however, national solutions, particularly in industrialized countries.

The plan is to have ICHI established as a coding system to be used worldwide for coding operations and procedures. ICHI has intentionally been kept “light”, so that those countries that do not yet use classification systems can easily implement it in their country. ICHI is being developed to provide a common tool for reporting and analyzing health interventions for statistical purposes. Moreover, ICHI contains a core structure and extension codes which can also be used for accounting purposes. A Beta-version will be released very soon followed by a review and finally, a voting process with WHO. It is planned that ICHI should be published by 2020.

Another focus of the DVMD spring symposium was ICD, the international classification system for diagnosis coding. ICD is the core internationally recognized instrument for coding diseases. ICD provides important information for prevention human diseases, patient treatment and research. In his presentation, Dr. Robert Jakob from WHO headquarter in Geneva, pointed out that about 150 countries worldwide use ICD-Classifications systematically. More and more countries are in the process to establish the ICD system.

Currently the ICD is undergoing its 11th revision. It is planned that at the World Health Assembly in 2019 that will take place in Geneva when ICD-11 should be introduced in its final version.

Translation, implementation and use of ICD-11 in the different countries around the world is considerable and will take some time. Utilization targets and the interpretation of health statistics, as well as their optimization potential, are issues for other experts.

Our spring symposium culminated after a rich exchange of information about the important tools and emerging trends in the field of HIM. As DVMD President, Annett Mueller summed up, “Classification systems are important tools for the indexing of health information and for investigating specific areas of health. ICD, ICHI or ICF is essential to making non-standardized data available for analysis purposes and health statistics. The DVMD conferences impart knowledge, specialist information on current topics, as well as competences for the changes and challenges that await us.”

Author
Angelika Haendel, M.A.
IFHIMA Immediate Past President

1: DVMD – The German Association for Professionals in the Field of Medical Documentation (Health Information Management, HIM)

ICD-11 for Mortality and Morbidity Statistics (ICD-11 MMS)

Joint Task Force Update

The Ninth meeting of the Joint Task Force (JTF) for ICD-11 MMS was held 18-20 April 2018 in Geneva Switzerland. The meeting followed a successful Statistical Stakeholders meeting held by the World Health Organization (WHO) Team with representatives from a number of WHO Family of International Classifications Member States on 16-17 April.

The objectives of the meeting were:

- Decide on a number of ICD-11 MMS content Issues
- Review of Quality Assurance Results
- Progress on Transition Planning and Materials
- Plan for the 2018 Release of the ICD-11-MMS

The JTF were briefed on the successful outcomes of the Statistical Stakeholders meeting held prior to the JTF meeting in Geneva. The WHO Team presented the ICD-11 MMS progress to date and future plans for the release for implementation version in June 2018. This version will allow countries to prepare for implementation.
WHO-FIC and Standards News

The WHO Team has field tested ICD-11 in 31 countries in all regions. A total of 1673 participants have performed more than 112,383 code assignments. Testing included reviews and coding trials by the scientific and classification communities.

Translations of the ICD-11 MMS into Chinese and Spanish are nearly complete and translation into other official languages is about to commence. Translation of the implementation materials will also be undertaken during the implementation version phase.

It is also expected that during this phase, Member States will inform the Secretariat about suggested improvements to user guidance. Therefore, ICD, for the first time in its history, will have received input based on practical experience and identified needs before its submission to the World Health Assembly (WHA), and be available in multiple languages, with a full set of manuals.

The final version of the ICD-11 MMS will be submitted to the Seventy-second WHA in May 2019 through the WHO Executive Board at its 144th session.

A report has been prepared for WHO's Executive Board on ICD-11 (EB143/13, https://protect-au.mimecast.com/s/esr-CoVzGQiKQzrxF68mb3?domain=apps.who.int) and has been published for public viewing. The Executive Board is one the WHO’s governing bodies and will meet 28-29 May 2018, just after the WHA being held 21-26 May 2018. Further information (including agenda papers, https://protect-au.mimecast.com/s/RNicCp8AJo578nXFJmk1S?domain=apps.who.int) can be found on WHO’s governing bodies website.

Author:
Vera Dimitropoulos
Co Director National Centre for Classification in Health, The University of Sydney
IFHIMA Director, Western Pacific Region
Member of the ICD-11 MMS Joint Task Force

WHO-FIC Education and Implementation Committee Meeting in Hamburg, Germany

The WHO-FIC Education and Implementation Committee (WHO-FIC EIC) met in Hamburg, Germany on April 11-12, 2018. Committee members were present from many countries worldwide including The Netherlands, Republic of Korea, Australia, Sweden, Italy, Japan, Canada, and the United States.

IFHIMA was well represented in the room. Carol Lewis and Joon Hong took on the WHO project several years ago of updating the question bank in the WHO-FIC Implementation Database. Issues include how detailed a future questionnaire should be--- a small number of basic questions or more detailed additional questions, and how to collect consistent data from the responding countries. In addition, data is collected from not only countries, but also territories and other areas. A robust discussion was held regarding the improvement of the questions and also how to best handle the issue of territories. Further work in revision of the Database questions will be done and a report will be given again in Seoul at the annual WHO-FIC meeting in October 2018.

IFHIMA Board members who were able to, stayed and joined this meeting since it started the day after the 2018 IFHIMA Board meeting. IFHIMA Board present at this meeting included Marci MacDonald, Hussein Ali Y Ashibi, and Vera Dimitropoulos.

Yukiko Yokobori is the co-chair of the EIC, and also a member of IFHIMA. She provided an update on the very detailed and complex EIC Strategic Work Plan.

There was no one present at the meeting from the WHO, but there was a call-in from Nenad Kostanjsek, Technical Officer, Classification, Terminology and Standards, Department of Health Statistics and Informatics from the WHO. He provided an update on the ICD-11 revision and the implications for ICD-11 implementation and education work. This work has nine (9) goals including:

1. Having ICD-11 as the latest ICD revision for internationally comparable statistics
2. Finalizing ICD-11 and preparing for the transition from ICD-10- to ICD-11 and promoting the development and use of the WHO-FIC training tools
3. Inputting Primary Care into ICD-11
4. Promoting the development of ICHI (International
WHO FIC and Standards News

Classification of Health Interventions) beta and tools. ICHI is being developed to provide a common tool for reporting and analyzing health interventions for statistical purposes.

5. Promoting ICD and ICF (International Classification of Functioning) education in general.

6. Promoting the development and use of WHO-FIC training tools.


8. Supporting users of the classifications with information resources and

9. Facilitating data collection related with the WHO-FIC implementation through use of electronic tools.

Joon Hong and Carol Lewis also reported on the International exam for Mortality Coders. This work had started in 2006 and the first exams were given in the Republic of Korea in 2007. Joon and Carol recently conducted a survey of National Directors of IFHIMA regarding conducting a “recertification of international mortality coders.” They received 16 responses without any strong conclusions evident in the summary. This item was introduced for discussion in Hamburg and there was support in the room for recertification to be done by interested countries. The Republic of Korea will proceed with this process. There was an expression of interest from Saudi Arabia to have a coder certification test ready that coders in that region could take while attending an upcoming fall 2018 conference in Abu Dhabi or maybe also in conjunction with the IFHIMA Congress in 2019 in Dubai. Margaret Skurka will work with Joon Hong and Hussein Ali Y Albishi on this process going forward.

At the end of the WHO-FIC EIC meeting, there was discussion of when ICD-11 might be implemented in countries around the world. Participants in the room felt this could take place no sooner than 2022 or 2023. Others felt it might not be until 2025 or later. All countries will need time for the roll out including education of coders, physicians, and others, updating of computer systems, and updating of all documents where codes will appear. Thus, it could take countries 5 to 10 years after final ICD-11 release.

The next meeting of the WHO-FIC EIC will take place in Seoul, Korea in conjunction with the next WHO-FIC Annual meeting. The meetings will be held the week of October 22-26, 2018. Details will be available on the WHO-FIC web site soon.

Author:
Margaret A. Skurka, MS, RHIA, CCS
IFHIMA voting member at the WHO-FIC EIC

WHO-FIC Morbidity Reference Group Meets in Banff, Canada

The WHO-FIC Morbidity Reference Group met for two days in beautiful Banff in Alberta, Canada in April 2018. Attendees represented Canada, Sweden, Australia, United Kingdom, Germany, USA, Japan, Thailand, Finland, and Korea.

Reviewing and revising the ICD-11 Reference Guide was a key objective of this meeting. Specific topics included the post-coordination feature in the ICD-11 browser and how it aligns with the definition of post-coordination. Cluster coding in general was discussed, as well as the codes that would comprise a cluster in the case of multiple injuries. Cluster coding refers to an ICD-11 convention used to show more than one code used together to describe a documented clinical concept.

Sequelae codes need to be part of the stem codes (i.e., codes that can be used alone) rather than extension codes since the extension codes are optional. Extension codes should never be used alone and must always be linked to a stem code. They are provided for use as supplementary or additional codes when it is desired to identify more detail than is included in the stem code. For example, when coding malignant neoplasm of upper-outer quadrant of the left breast in ICD-11, “malignant neoplasm of the breast would be the stem code,” whereas “left” and “upper-outer quadrant of breast” would be extension codes that may be linked to the stem code to capture additional detail about the site.

Various options for code placement for sequelae codes were considered, including the “personal history” code section. Some attendees objected to placing sequelae codes with “personal history” codes, as “personal history” has a specific meaning, referring to the fact that a patient’s past medical condition no longer exists and is not receiving any treatment, which is quite different from sequelae. A sequela is the residual effect after the acute phase of an illness or injury has terminated.

The group agreed that clear definitions of instructional notes are needed, such as “code also” and “use additional code” notes. Consistent use of unambiguous linkage terms is also important. For example, “due to” clearly indicates the existence of a causal relationship between two conditions, whereas “with” and “in” do not.
The implications of the new clinical definition of sepsis from the Third International Consensus Definitions Task Force were also discussed. The group recommended not updating ICD-10 to reflect the new definition.

A three-part model for coding healthcare-related harms, proposed by the ICD revision’s Quality and Safety Topic Advisory Group, was reviewed. This model involves a combination of codes (linked through clustering) to depict: a code describing the actual injury or harm that resulted from the event; a cause or context of harm; and a mode or mechanism of harm.

Results of a Canadian ICD-11 field trial were presented. Participants found classroom training in conjunction with coding practice on both short scenarios and complete charts very helpful in increasing their confidence in coding with ICD-11. Participants also felt more coding rules and guidance would be beneficial.

The meeting concluded with a discussion around ICD-11 transition planning. The need for a cost/benefit analysis was raised. Potential benefits of transitioning to ICD-11 relate to improved quality of healthcare data for making better decisions about patients. Cost savings from moving to ICD-11 are difficult to prove. Considerations as countries begin to plan for the transition to ICD-11 include:

- The need for modification of any casemix or Diagnosis Related Groups (DRG) classification systems
- Impacts on the clinical coder workforce
- Impacts on statistical systems
- Education of clinical coders, clinicians and other users and generators of coded data
- Use of ICD-11 with terminologies and electronic health records
- Technical requirements and lead time for the changes to health information systems, coding tools and casemix groupers

Author
Sue Bowman, MJ, RHIA, CCS, FAHIMA
Senior Director, Coding Policy and Compliance
American Health Information Management Association
sue.bowman@ahima.org
Empowering HIM Professionals through a Global Voice

A Congress and a 50th Anniversary celebration!

Dear Colleagues and Friends in Health Information Management:

On behalf of the International Federation of Health Information Management Associations (IFHIMA), and the Saudi Health Information Management Associates (SHIMA) we extend our sincerest invitation and welcome to join us in Dubai, United Arab Emirates, for the 19th IFHIMA Congress in 2019.

The IFHIMA Congress is held every three years in one of the 23 federation member countries spanning five continents, the last being held in Tokyo, Japan in 2016.

This upcoming Congress will be the first time to hold this event in the Middle East and will also serve as a celebration of the 50-year anniversary of IFHIMA! And for this special anniversary, we will make sure that we bring together top HIM minds and thought leaders from across the globe to the region to share knowledge and experiences and to celebrate together 50 years of IFHIMA!

In this special article, we will provide you with some exciting news and share with you great initiatives. Also, we advise you all to start saving a little budget to see Dubai with HIM friends from all over the world! Keep me updated: https://ifhima2019.com/

The IFHIMA 2019 Scientific Program and Committees

The Congress theme “Empowering HIM Professionals through a Global Voice” supports the work and importance of the profession and practitioners and highlights the ever-evolving technological changes and challenges faced throughout the healthcare industry.

Attendees can expect to be presented with a diverse program, attended by many disciplines within health information/informatics/care delivery. Delegates will have the opportunity to meet with representatives and attend presentations by educational partners, colleagues, related vendors, plus many valued stakeholders. The Congress also provides an opportunity for participants to not only learn, but to network and exchange information and ideas on an international scale.

A pre-congress education day program is designed by top HIM academic leaders from Canada, Australia and the USA. And as we are getting closer to the announcement of the new classification ICD-11, the Congress will have “keynote speakers” senior officials representing the World Health Organization for exclusive special announcements regarding the ICD-11, the ICHI and the electronic death certificates. “Stay tuned”!

Dr. Robert Jakob, Team Leader, Department of Health Statistics and Information Systems, World Health Organization, will give a keynote address on the launch of ICD 11 and its associated activities.

Pre-congress specialized workshops and pre-certification courses will be available for registration in November 2018.

An international Advisory Board for the IFHIMA 2019 Congress is under formation. They will work with the scientific and local organizing committees to bring you once in a life time HIM experience in Dubai. Social events that may be offered include a desert safari, sea cruise to enjoy the Dubai skyline, Tour of the Burj Khalifa, and many other options. Attendees, friends, and family will undoubtedly enjoy the diversity the area offers.

The IFHIMA 2019 Congress in Dubai will be an unforgettable event, welcoming many renowned and respected international speakers and participants.

We look forward to seeing you in Dubai!

<table>
<thead>
<tr>
<th>TASK</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abstracts Submission Open</td>
<td>July, 2018</td>
</tr>
<tr>
<td>Open Registration Portal</td>
<td>November, 2018</td>
</tr>
<tr>
<td>Abstracts Submission Close</td>
<td>June 1, 2019</td>
</tr>
<tr>
<td>Abstract Review, Scheduling , Acceptances</td>
<td>June 2-July 15, 2019</td>
</tr>
<tr>
<td>Earlybird Registration Deadline</td>
<td>September 1, 2019</td>
</tr>
<tr>
<td>Finalize the Congress Program</td>
<td>September 1, 2019</td>
</tr>
</tbody>
</table>

Author:
Hussein Al Bishi and the SHIMA Organizing Committee
An Introduction to Dubai, Host of the 2019 IFHIMA Congress

Dubai is known for its soaring architecture and the engineering achievements that make this spectacular skyline possible. The futuristic city is an expression of the forward-thinking leaders of this Emirate of the United Arab Emirates (UAE).

In recent decades, Dubai has been diversifying its economy. In the field of healthcare, several leading organizations in the world have established healthcare campuses in Dubai to provide services to and exchange knowledge with the people of the Middle East and beyond.

Dubai welcomes the 19th IFHIMA Congress to its beautiful city!!

Dubai impresses with its skyscrapers and luxurious beachline. The city is home to the world’s tallest building since 2008, the Burj Khalifa at 828-metre (2,717 ft.).

The Burj Khalifa is surrounded by fountains that create an incredible light show with music and water every evening. IFHIMA President Marci MacDonald and President Elect Lorraine Fernandes, along with several representatives from the SHIMA organizing committee and HIMAA leaders, experienced the beautiful water shows during their April 2017 visit.

Another impressive architectural achievement is the artificial island Jumeirah the Palm (pictured below) which hosts private villas and luxurious hotels. Rest assured, though, despite the elegance and luxury available, IFHIMA and the SHIMA organizing committee have arranged all levels of housing in and around the InterContinental Hotel Plaza in Festival City in order to support attendees' budgets.

With a history dating back millennia, Dubai has a rich and charming cultural heritage. Visit the Al Barsha, where all the old souks, authentic markets, are and

Calendar of events

**July 28 – August 1, 2018**

**AHIMA’S 2018 Conference for Educators**

Preparing Tomorrow's Healthcare Information Leaders.

Each year, more than 400 health informatics and information management (HIIM) educators attend AHIMA's Assembly on Education Symposium/Faculty Development Institute (AOE/ FDI). Register now to take your academic program to the next level and enjoy a rare opportunity to share ideas and network with fellow educators.

Indianapolis, Indiana
http://www.ahima.org/aoe
Language: English

**September 16-18, 2018**

**Canadian Health Information Management Association (CHIMA) Conference**

Niagara Falls, ON, Canada
http://chima-conference.com/
Language: English
you can explore the taste of exotic spices, and dive into a sea of exotic aromas and perfumes.

**Dubai is a friendly, welcoming community**

- One of the world’s most cosmopolitan cities
- English is widely spoken - especially in business, hospitality and retail
- Over 14.2 million international visitors in 2015

**Safety comes as standard**

- Home to over 200 different nationalities
- Dubai is an advocate for peace and stability
- Ranked within top 20 safest cities by Aon Hewitt
- Dubai Police dedicated a department entirely to visitors

*All photos courtesy Dubai Business and Events*

---

Gail Crook, CHE, CHIM  
IFHIMA Director, The Americas

Gail has been a certified member of the Canadian College of Health Information Management since 1982. She has also been a certified member of the Canadian College of Health Leaders since 1999. Gail has an extensive background in developing and applying the principles of privacy and security of patient records; the collection, dissemination and quality of health information; and work experiences regarding the transition to the Electronic Health Record. Gail sits on many National and Provincial committees and has published and presented both nationally and internationally on these subjects.

---

**September 20 – 21, 2018**

Japan Society of HIM Annual Conference  
Niigata, Japan  
Language: Japanese

**September 22 – 26, 2018**

AHIMA 2018 Convention and Exhibit  
Inspiring Leadership. Influencing Change.

Registration for AHIMA’s 90th Convention and Exhibit is now open! Plan to join over 4,000 healthcare professionals and leaders at the most anticipated event in health information. Connect with our engaging community, discuss best practices, learn innovative solutions, and network with peers while enjoying vibrant Miami, Florida.

Miami, FL, USA  
http://www.ahima.org/convention  
Language: English

**September 29-30, 2018**

HIMA India 2018 Conference  
Amaravati, Andhra Pradesh, India
Gail has worked with key stakeholders internationally including the Kingdom of Saudi Arabia (KSA), Dubai, and Jamaica to review and provide professional advice on Health Information Management standards and practices.

Gail became the Chief Executive Officer and Registrar for the Canadian Health Information Management Association in March of 2001. In this role, she works with the CHIMA Board of Directors, CHIMA members and external stakeholders. Collaboratively they ensure the quality of Health Information submitted to numerous Provincial and National databases, polices and position statements for the privacy of patient information, and the development of a sound e-HIM strategy to maintain the successful transition of records management principles from the paper to the Electronic Health Record in Canada.

The voice of the CEO:
CHIMA was a founding member of IFHIMA and since then, has continued to support IFHIMA. Currently a CHIMA member, Marci MacDonald is President and I serve on the IFHIMA BoD. Personally, I have attended eight (8) IFHIMA congresses throughout the world. These experiences have helped forge my HIM career paths: I have presented papers at most of these congresses, which were both exhilarating and scary. I did not think I would manage my very first presentation in the late 90's – but have since overcome my fear of public speaking – I can't encourage each of you enough to put in a paper and present at a congress.

But also volunteer to your own National Association or to IFHIMA. The work and volunteer experience is very fulfilling. I will be retiring as the CEO of CHIMA this year and will finish my IFHIMA BoD appointment in 2019! I have had a wonderful HIM career and proud to be a HIM!

Author:
Gail Crook, CHIM
IFHIMA Regional Director, the Americas

Educational Institution Membership

The General Assembly at the 18th IFHIMA congress in Tokyo approved a new category of membership, Educational Institution. This category was created to reflect the needs of educational institutions, particularly as curricula embraces the need for workforce development, distance learning, and the globalization of economies including healthcare.

Membership brings many benefits that are articulated in detail on the IFHIMA website including exhibitor discounts at IFHIMA Congresses, free article placement in Global News, and an ongoing presence on the IFHIMA website.

Note that to enroll in this membership category the educational institution must be accredited by their national association or accrediting body and the application must be approved by the IFHIMA Executive Board.
If you are interested in applying for this membership category and have questions, please contact Lorraine Nicholson, Membership Chair l.nicholson@zen.co.uk.

Authors:
Lorraine Fernandes, Global News Editor
Lorraine Nicholson, Membership Chair

Creating a health information workforce census that will enable global comparisons

Globally, little is known on the extent and impact of the health information workforce. Whilst countries differ in occupation titles and functions, many report the same thing: we simply do not know who and how many make up the health information workforce. With the rapid movement of innovative technologies in digital health, who are the invisible workforce that develops, maintains, or governs the systems for the management of health data, health information, or health knowledge?

Over the past two years, an Australian project has been developing a National census, to measure the health information workforce. With a focus on the people who work with health information, encompassing roles such as health information manager, clinical coder, health information specialist, health IT manager, clinical information officer, health informatician, data analyst, and health librarian, the census will enable a country to gain more information about the workforce, including its demographics, training history and functions, than ever before. This census is more comprehensive and examines more of the workforce than any previous study internationally.

Using a Delphi approach, the study engaged experts from across Australia and New Zealand to develop a minimum dataset, and associated questions. The dataset and questions underwent a number of rounds of review and testing, before the final census itself was pilot tested. The study also explored the issues and considerations with deploying a national census. Further information about the development of the census can be found at: http://ebooks.iospress.nl/publication/46964

In 2018 the census will be deployed for the first time in Australia this May. The census will then be repeated in Australia in 2020 (to obtain two immediate collections for comparison) and then every three years (2023, 2026, and so on). Whilst the census is a snapshot in time of anonymous data, the Census Project includes a longitudinal linked data sub-study to following the career progression of re-identified individuals. Further information about the Australian study can be found at: http://www.utas.edu.au/business-and-economics/hiwcensus

A number of other countries have expressed an interest in deploying the census. The project team have been working with them, and welcome an email from anyone who would like further information about how they can use this census minimum dataset in their own country. The dataset was developed to be easily adapted to other countries and will require minimal changes to responses, and translation where required. The Census Project has an open data policy and there is no cost to use the data dictionary in another country. International deployments will enable comparisons of the health information workforce across multiple countries. For further information, contact Kerryn.Butlerhenderson@utas.edu.au.

Authors:
Dr Kerryn Butler-Henderson¹ and Associate professor Kathleen Gray²
¹University of Tasmania, Launceston, Tasmania, AUSTRALIA
²University of Melbourne, Melbourne, Victoria, AUSTRALIA

IFHIMA Board, Hamburg Germany

Left to right: Hussein AlBishi, Gail Crook, Marci MacDonald, Carolina Conejo Gomez, Lorraine Fernandes, Angelika Haendel, Oknam Kim, Vera Dimitropoulos. Absent: Babale Garba Nafada
Anniversaries offer the opportunity for reflection. As I think about the 50 years of the Federation’s existence and the activities that preceded its establishment, I identify three different ways in which I was involved.

As a student (1953) one of the hospitals in which I did my clinical practice was participating in the first International Study Project which explored the feasibility of using the International Lists of Diseases and Causes of Death for indexing diseases in hospitals. I must confess that I knew little about the background of the study but valued the experience of working with an alternative to the Standard Nomenclature of Diseases and Operations which was in use at the time. The consideration of alternatives to current practice was an important lesson that has served me well over the years.

The second stage of my involvement was attending Congresses. The Second International Congress on Medical Records was held in Washington, DC in October 1956 and is a memorable event for me. I not only attended but was a member of the Publications Committee (my first volunteer activity for my national association). The Fourth International Congress on Medical Records was held in Chicago in October 1963 and I presented a paper describing medical record activities in Latin America. In September 1976 I attended the Seventh International Medical Records Congress held in Toronto, Canada. At all these Congresses I benefitted from the presentations but did not participate in any of meeting of the international committee (1956 and 1963) or of the IFHRO Grand Council (1976).

In 1980, the American Medical Record Association appointed me as its representative to the International Federation of Health Record Organizations. My active participation in IFHRO began that year at the Congress in The Hague where I attended the IFHRO Grand Council meetings, was elected Vice President, and began to participate in sub-committees and IFHRO-WHO joint projects. The sub-committees and projects included members from a number of different countries and we all learned from one another and developed lasting friendships.

As a result of my association with the Federation, my life has been enriched by the knowledge that I’ve gained and the friends that I’ve made. I hope that many others will experience the same.

Author:
Carol Lewis, MPH, RHIA
IFHIMA Past President
I was fortunate enough to travel the world as a Fellow of the University of Manchester and an independent HIM consultant to assist organisations and practitioners in many different countries in both the developed and the developing world. I have also been privileged to serve IFHRO/IFHIMA in a number of different roles, including President 2007-2010. I urge all HIM practitioners at all stages of their professional lives to join IFHIMA to support its global mission and to strive to attend future IFHIMA congresses in order to gain a global insight into their profession and to build a network of international contacts – believe me there is no better way to achieve these goals! The 19th IFHIMA congress in Dubai, 18-2 November 2019 is just around the corner and it will provide delegates with an excellent opportunity to become active members of the international HIM community.

Whilst drafting this article I found myself reminiscing about my time as Editor of the IFHRO Newsletter in the late 1980’s. I had to source articles by telephone or letter and they came to me in paper format! When the content was complete, I had to re-type it onto a Roneo wax stencil, duplicate sufficient copies for members around the world, assemble the content, staple the pages together, put the Newsletters in envelopes and take them to the post office for the correct value of stamps to stick on the envelopes and an air-mail sticker for overseas members affixed before posting…..how times have changed!

IFHIMA – 50th anniversary

In 1965 I graduated from a hospital-based school for Medical Record Librarians in Sydney, Australia and with a fellow graduate prepared a paper for presentation at the 3rd Australian Medical Record Conference. The title of the paper was the “International Growth of Medical Record Librarianship”. We were not sure where to begin but with the help of our Director of Training, Betty James, who was in the future to be the first president of the international federation, we started by sending letters to 20 countries seeking information about their medical record systems and education of medical record workers.

We received answers from 17 Countries and were amazed to learn that all had some form of Education/Training in 1966. We were delighted at the response and enjoyed working on the paper.

This was the beginning of my interest in our profession internationally. I was able to attend the 5th International Medical Record Congress in Sweden in 1968 and have had the good fortune to attend every Congress since.

A little piece of history

As we celebrate the 50th Anniversary of the formation of the Federation I would like to look back to where it all began.

Author:
Lorraine Nicholson, FHRIM
President of IFHIMA 2007-2010
Membership Chair, 2013-2019

Vicki Tichbourne (left, Canada) and Lorraine Ellis Nicholson (right, UK) at a panel discussion, 9th IFHRO International Congress in Auckland in May 1984

Lorraine Gay (USA) Vice-President and Betty James (Australia) IFHRO President, 1968-1972
In 1948 there were three known national medical record associations, one in the United States of America, one in Canada and one in the United Kingdom. In 1949 Elsie Royle, (later to become Elsie Royle Mansell) a medical record officer from Manchester, England, played a key role in initiating international awareness between medical record workers and eventually the establishment of an international federation. With her commitment she was able to gain support from around the world and the First International Congress on Medical Records was held in 1952 in London, England with 309 participants from nine countries.

Although interest and enthusiasm remained another three international congresses were held before an International Federation was formed at the Fifth International Congress on Medical Records in Sweden in 1968.

Since then we have seen many changes and challenges. The original name International Federation of Medical Record Organizations (IFMRO) was changed to International Federation of Health Record Organizations (IFHRO) in 1976 and to the International Federation of Health Information Management Associations (IFHIMA) in 2010. Although the name has been changed to reflect changes in the profession over the years, the main issues of concern have included professional recognition, lack of human resources, financial limitations, support for medical/health record workers in developing countries and the education of medical record/health information management personnel in both developed and developing countries.

Executive Committees/Boards were originally appointed for four years and changed to three years. These members work in an honorary capacity with full time paid employment elsewhere. In most cases they are supported by their national association but unfortunately some national associations, although supportive of their representative, were not in the position to support them financially - particularly if they were from one of the developing countries. Even in today’s world some committed members appointed by their associations may find it difficult to attend meetings, access the internet or correspond by e-mail. It is important that these individuals are not left out.

In 2018 as we celebrate our 50th anniversary we should look to the future but not forget the past. We should remember, with gratitude, all the people who worked to establish, develop and expand the Federation. There were many ups and downs but also substantial developments and achievements, managed by people from different countries who believe in the success and future of international cooperation. Further changes will undoubtedly be made but hopefully the original underlying philosophy of the Federation will be maintained and strengthened.

What can we do in the future?

- Look beyond our own work environment
- Consider helping HIMs in developing countries
- Join IFHIMA as an Associate member

Author
Phyllis J Watson AM
IFHIMA Past President

Reference
2018 Membership Dues

Thank you to all associate members who are recipients of Global News for their membership and their support for IFHIMA’s global mission. I hope that your membership has provided you with a greater insight into HIM globally. Member dues for all categories of membership fall due for on January 1st, 2018 - reminders will be sent to all members in due course and it would be very much appreciated if dues payments are made promptly. I hope that more readers of Global News will choose to join IFHIMA in 2018 and I look forward to welcoming you! You can apply and pay dues on-line via the IFHIMA website at http://ifhima.org/apply/

Enquiries about membership are welcome at any time

Lorraine Nicholson, Membership Chair, l.nicholson@zen.co.uk

Editorial Guidelines for IFHIMA Global News

IFHIMA publishes Global News two or three times per year with the intent to highlight national association news, share Board activities in support of the IFHIMA mission and strategic plan, and keep members abreast of other IFHIMA activities. IFHIMA recently updated Editorial Guidelines to assist authors in developing content for Global News.

Our intent is to encourage contributions by making the guidelines readily available, thus saving time and providing clarity to authors, while encouraging content from all our member nations. We anticipate this will also ease the editing process for both the authors and the editorial staff.

Please feel free to contact Lorraine Fernandes the current Editor for Global News at the address below, if you have questions or ideas. We welcome feedback and look forward to even more articles sharing health information successes and activities!!

A copy of the guidelines can be found at: https://ifhima.org/editorial-guidelines/

Lorraine Fernandes
Global News Editor
lfernandes54@gmail.com

Disclaimer:

Contributions to Global News are welcomed from members and non-members of IFHIMA and articles should be typed and sent by e-mail to the Editor, Lorraine Fernandes (lfernandes54@gmail.com) for consideration for publication. Responsibility for referencing in any article rests with the author. Readers should note that opinions expressed in articles in Global News are those of the authors and do not necessarily represent the position of IFHIMA.

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