**DVMD National Conference**

**Duesseldorf, Germany**

On March 05. and 06. 2019 the 15th symposium of the German Association for Documentation and Information Management in Medicine (DVMD) took place.

The conference under the motto “Building bridges between medicine, informatics, biometrics and epidemiology” covered a variety of subjects linked to health information management, such as:

- Clinical research
- Clinical documentation
- Clinical data management
- Tumor documentation
- Statistics and epidemiology

The DVMD conferences are an informative cross-section of all relevant topics relating to documentation and information management in medicine. Each symposium always deals with one main topic. In 2019, it was the influence of digitalization in medicine. Due to the large amount of data from heterogeneous sources, which are produced in different quality and in different formats, the interaction of information technology and medical knowledge will take on a new significance.

The keynotes and presentations at the conference highlighted how medical information management can build bridges between medicine, computer science, biometrics and epidemiology and thus provide a basis for further medical development. During the congress, the possibilities from the point of view of biometrics and epidemiology were also demonstrated. This year, the workshops were increasingly in the field of clinical research. However, there was also a workshop on classification, which took up the topic of ICD-11. This workshop gave a good insight into the current status.

The session on “Process support through IT systems - opportunities and challenges” provided insight into current developments in health IT. In addition, the session entitled “DVMD Working Group: Further Development of the Consolidated Document List (KDL) – pointed out the Status Quo and Best Practice” of this topic.

Within this conference DVMD launched a Position paper on the topic “Strengthening training in medical information management.” The recommendations of the DVMD were not only strengthen the professional
image, but also contribute significantly to the ability of healthcare institutions to meet challenges such as eHealth, Digitization, Big Data, Interoperability, Terminology, Classifications, etc. Information Managers in Medicine are Essential in Healthcare.

Angelika Haendel, MA
IFHIMA Immediate Past President

President’s Message

Dear IFHIMA Colleagues and Friends.

Hello to all! Coming to you from the province of Ontario, in the country of Canada. The snow is all gone and we are sitting at a balmy 9 degrees Celsius – yahoo! For Canadians, that means Spring is sprung and it is time to put away the winter woolies!

November 2019 is steadily approaching, and we hope you are planning to attend the IFHIMA Congress – to be held November 17 – 21 – in the stunning and multicultural city of Dubai! The Congress will be held at the Intercontinental Hotel, located in downtown Festival City. The theme of this year’s Congress is “Empowering HIM Professionals Through a Global Voice”, a very apt and appropriate statement for our global family. Abstract submissions will have closed by the time you read this, and the Scientific Committee will be undertaking the task of evaluating and slotting the abstracts and constructing the final program. For updates, please the Congress website https://ifhima2019.com/

The Congress website is laid out in an easy to follow format, and will assist you in gathering the information you require. The various tracks of the Congress are:

- Clinical Coding/Classifications and Terminologies
- Education for the Future of the HIM Profession
- Healthcare Finance/Value Based Healthcare
- Healthcare Privacy, Quality and Patient Safety
- Healthcare Transformation
- Health Information Management
- Health Informatics/Digitization of Health
- Research and Studies
- Workforce Development

You will also note that the Congress Registration information is posted. Our hosts are committed to ensuring this is an opportunity for fun and exploration for the whole family, so please take note of the Social Functions and Tours provided for your friends and loved ones.

Please access the Congress website for hotel rates and registration processes, special rates for flights on Emirates Airlines. Details regarding the IFHIMA sponsored scholarship for individuals from developing nations can be found on the IFHIMA website.

Additionally within this Global News Issue, you will note that your IFHIMA Board has made updates and modifications to our own website. We believe these changes and the new design are more visually appealing and engaging, user friendly and better serve the needs of our membership.

As excitement builds as we approach our 2019 Congress, please peruse our “Golden Jubilee Series”, within this issue, where we celebrate our 50th IFHIMA Anniversary and take our final walk down memory lane as some of our members share their past Congress and IFHIMA experiences. All contributions to this series can be found on the IFHIMA website.

Of note as well, we highlight DVMD, the German Association for Documentation and Information Management in Medicine. DVMD’s March 2019 conference “Building Bridges Between Medicine, Informatics, Biometrics and Epidemiology”, speaks to all HIM’s and focuses on the influence of digitalization in medicine.

As always, a BIG thank you to our contributors, Editor and Assistant Editors. Without you, none of this would be possible. We owe you a debt of gratitude.

Thanks again to each and every IFHIMA Member, for your global contribution and personal commitment to advancing the global HIM profession! Please consider sharing your own professional story and experiences by submitting an article to the Global News.

See you in Dubai!

Warmest personal regards,

Marci MacDonald, CHIM
IFHIMA President, 2016 – 2019
Health Information Management Association (HIMA) India

4th National Conference HIMA India Conference - 2018 - 02nd & 03rd Nov 2018 at Basavataram Indo-American Cancer Hospital & Research Institute, Hyderabad, Telangana State - India

The conference was organized by HIMA India in association with Basavataram Indo-American Cancer Hospital & Research Institute (BIACH&RI), Hyderabad - India. It was inaugurated by the Chief Executive Officer of BIACH&RI.

HIMA INDIA CONFERENCE - 2018 focused mainly on the theme “Implementation of EHR for effective patient care”. The Conference was packed with exciting scientific session formats and a plethora of expert speakers from national and international areas addressing timely topics.

The objectives of the conference were:
1. Presentation of scientific papers, panel discussion to enhance the knowledge of the participants.
2. Building network among the HIM professionals
3. Discuss the challenges encountered by professionals and the solutions adopted
4. Select the State secretaries to expand the activities in various states in the country

About 40 national and international renowned speakers with vast experience in HIM, IT, healthcare management and allied fields presented papers on the following topics.

1. Implementation of Electronic Health records, its problems & solutions
2. HIM Professionals contribution in 21st Century in achieving Digital India
3. Physician treats patient and HIM treats hospital
4. HIM Professionals meet the challenges of revolutionized healthcare system
5. Future of HIM education and required skills in the 21st century
6. High quality documentation with legal requirements & its benefits
7. Cost benefit analysis for effective governance of EHR
8. Role of HIM in Quality Assurance and Patient Safety

More than 15 practicing doctors presented and shared their experience with regards to EHR practices in patient care.

Panel Discussion: One fantastic case presentation and panel discussion was held related to availability of Health Information lead by an Engineering professor who survived cancer.

More than 280 participants from HIM and IT professionals, students, doctors, nurses, quality assurance and hospital management/administrative personnel across the country participated. All the presented articles were compiled and printed in the proceedings (Souvenir) and distributed to the participants.

Selection of State Secretaries
The general body meeting was conducted on 02nd Nov 2018, between 5.00pm and 7.00pm to select the State Secretaries, those who work for the HIMA India and expand the activities
of the Association. Over 280 gathered for the conference, with about 125 HIMA India members and delegates who came from different states of the country participated in this meeting. The job responsibility of State Secretary and 2019 roadmap was discussed, and necessary decisions were taken.

Awards and Recognitions:

- Mementos were given to all speakers and Participation certificates were given to all the participants
- Prof. Dr. G D Mogli’s Award for Professional excellence in HIM 2018 was given to three members. This award was instituted in the year 2011, and presented every year to the professionals who excelled in the HIM profession.

Conclusion: The Conference was a grand success due to the extraordinary efforts of organizing committee, all the participants applauded that “papers presented were of high standard” the same was published in the newspapers.

Author:
Subhakar Medepalli
Gen. Secretary - HIMA India
Deputy National Director of HIMAI for IFHIMA

Join IFHIMA as we introduce our new whitepaper

“Privacy of Health Information, an IFHIMA Global Perspective”
General session at 3 pm Tuesday, November 19

Workgroup members presenting their case studies include Mujeeb Kandy, MS, RHIA, CPHQ (India, on assignment to Qatar), Dr Sabu K M, M App., Sc., PhD (India), Dorinda Sattler, MJ, CPHS, RHIA (US), Lorraine Fernandes, Board Liaison and moderator

KHIMA is the new name of KMRA

On December 20, 2018, a ceremony was held to declare the new names “Korean Health Information Manager (KHIM) and Korean Health Information Management Association (KHIMA)” at COEX in Seoul.

Since the Korean Health Information Manager is a national license / certificate, the name change is based on the revision of the related law. As healthcare information is digitized, the role of HIM in charge of patients’ personal information protection is also highlighted as the patient’s data is frequently inquired and utilized. As a result, Korean laws related to healthcare information management have also changed.

More than 200 HIMs and guests attended the ceremony, and a new vision and mission of the KHIMA was announced. Our mission is to promote the development of public health and healthcare industry through health information management, with a vision to:

- Lead the best health information management through producing high quality healthcare information based on international standards,
- Protect the healthcare information privacy through safe and ethical management,
- Contribute to the better healthcare services with valuable health information.

Ethics, accuracy, affordability, respect, leadership were presented as the core values of KHIMA.

Gratitude was expressed to eight former presidents who with dedication and outstanding leadership laid the foundation of KHIMA for development of health information management. Three HIMs who contributed to the name revision were awarded the Achievement Award and were the winners of the public User Created Content contest.

Gratitude for former presidents from left to right: HW Lee(19th), YG Boo(17th), ON Kim(16th), SH Kang(president), JY Park(1st), JH Hong(6th)
The main content of conference following was to reflect the importance of health information management in a changing health environment and fulfill its responsibilities as a professional health information manager.

In particular, KHIMA’s slogan “Quality Up, Value Up” aims to provide a foundation for realizing various values in healthcare field by presenting healthcare providers with measures that reflect performance through high quality health data/information.

As a long-term plan, KHIMA intends to enhance HIM’s expertise and expand its work scope by developing KHIM’s specialized curriculum and operating the qualification (credentialing) system. In addition, KHIMA will continue to supplement relevant laws and systems in line with the changing trends in information technology, so that HIM can fulfill its roles and responsibilities.

Author:
Oknam Kim, former president of KHIMA
Southeast Asia Regional Director, IFHIMA

In 1949 Edna Huffman, from the USA, was recruited by the Australian Hospital Association to advise on the development of medical record services at Royal Prince Alfred Hospital in Sydney. During her stay Mrs. Huffman organised a program of special lectures for medical record clerks and at informal meetings spoke of the American Association of Medical Record Librarians, established in 1928. During these sessions she encouraged medical record clerks to take the initiative and form an Australian association. With her support and the support of a number of hospital administrators they set about organising two State associations and establishing the medical record profession in Australia. A national association was needed, but although the desire to set one up was strong, both State associations were keen to maintain their individuality.

In 1949, while consolidating their associations, each Association was invited, by Elsie Royle from Manchester, England, to send a delegate to the First International Congress on Medical Records to be held in London in 1952. Seven Australian Medical Record Librarians (MRLs) attended and participated in both the Congress and the Business Meeting. The need for a national association became paramount if Australia wanted to continue to participate on an international level. This gave the MRLs the momentum they needed to go ahead and form a national organisation. With two State associations and six signatories as members, the Australian Federation of Medical Record Librarians (AFMRL) was formalised in December, 1955. Their subsequent application to the International movement was successful and Australia joined Canada, the UK and the USA as the 4th member nation on the Interim International Committee.

In 2019, IFMRO/IFHRO/IFHIMA will celebrate 70 years since the international movement began. It was not until 1968, however that the International Federation of Medical Record Organizations (IFMRO) was formed, although there had been four congresses since 1952. At the Fifth International Congress on Medical Records in Stockholm, Sweden, Betty James, Australia’s National Director was elected first President. Australia also won the bid to host the 6th International Medical Records Congress in Sydney in 1972. The strong link between the development of the medical
record profession in Australia and that of the International Federation was apparent. The Health Information Association of Australia (HIMAA), has continued to participate in IFHRO/IFHIMA activities over the years with a second Congress, the 11th, held in Melbourne in 2000. In addition, Australia has had a National Director on all, but one, of the IFMRO/IFHRO/IFHIMA Council/Boards since 1968.

I have had the good fortune to be involved with both associations now for over 50 years and look forward to more years ahead and hope to meet many old friends and new international colleagues in Dubai in November at the IFHIMA Golden Jubilee celebration!!

Professor Phyllis J Watson, AM
IFHIMA Past President

Five categories of questions were surveyed:

- Value of Membership
- Website and Resource Use and Needs
- Global News
- Future Trends and Expectations
- 19th IFHIMA Congress

Actions Already Taken:

Survey results have informed changes with the website, as well as the Learning Modules that were updated and published in March 2019. The IFHIMA Privacy Whitepaper Workgroup was formed, appointments made, and content influenced by survey results. This Paper will be released at the Dubai Congress.

Conclusions and Next Steps:

The IFHIMA BoD looks forward to sharing the results with our members in several different forums at the Dubai Congress in November 2019. The survey will be summarized at the General Assembly. The Board will host a session for delegates to further review the survey questions and results. In particular, the Boards wants to pay close attention to the Section on “Future Trends.” Our members had a lot of comments in this section and there certainly appears to be a lot of opportunities to develop new HIM materials to serve to our members.

Respectfully submitted by
Gail Allan Robinson (Crook)
IFHIMA Board Director for the Americas
Paula Weisflock, MA, CHIM, CHIMA

IFHIMA Member 2019 Survey

The Board of Directors for IFHIMA developed a membership survey which was distributed in October 2018. The intent of the survey was to assist the Board in understanding if the IFHIMA Board of Directors (BoD) is meeting member needs. The Canadian Health Information Management Association (CHIMA) offered to host the survey questions on their “survey platform”. The CHIMA staff posted the survey on the CHIMA website and analyzed the results for the IFHIMA Board of Directors. We extend our thanks and appreciation to CHIMA for assisting with the survey.

Each participant was asked to take the survey based on their own experiences with IFHIMA.

The results of the survey were reviewed by the Board at their February 2019 meeting. The results of the survey will also be a topic for discussion at the 2019 IFHIMA Congress being held in Dubai in November 2019. All of this information will be taken under consideration by the IFHIMA BoD as they plan their initiatives for the term 2019-2022.

IFHIMA Member Survey Results

Who Participated: The Board asked National and Deputy Directors; Board and Committee/workgroup members and individual IFHIMA members to participate. Of the approximately 150 invitees, 56 participants responded, which is an excellent response rate when compared to typical surveys.

IFHIMA Website Updates

Almost a year ago IFHIMA launched a new website using the newest website platform and design which is licensed to us by WordPress and hosted by MidPhase. This move enables better website support through our new webmaster, as well as structure that will support new features in the upcoming years. If you haven’t visited the website recently, https://ifhima.org/ take a few minutes to review new features and content.
Global News. When Global News (GN) is published it is loaded to the website homepage, and select articles are thereafter posted to the appropriate pages of the website.

Golden Jubilee series. The articles written by members of IFHIMA to celebrate the Golden Jubilee can be found on the homepage with a link to all articles elsewhere on the site. We hope you will take the time to read some of them; they are touching and reflect the commitment of our global volunteers over the past 50 years.

Homepage updates. We are rotating content on the homepage to reflect the latest, most important news. If you look today you will see the article written for the Journal of AHIMA that highlights IFHIMA’s Golden Jubilee, the upcoming Dubai Congress, and IFHIMA accomplishments.

Congresses and Events. We regularly update this page to reflect the national and regional events our national members are organizing. If your event is not listed, please send a note to editor@ifhima.org and give us the details to publish.

Honorary members. The honorary member page has been updated to share a picture of each recipient, along with a little about each of these important individuals.

Membership. We’ve newly designed the membership form to collect member renewal information either on-line or in the paper form.

We have heard that search is still less than optimal and are developing frequently asked questions that can aid in easier searching.

We welcome new content for Global News and our website. The richness and timeliness of content in these two communication mediums is dependent on you, our member. Don’t be shy about sending proposed content, even if not in a final state. We have editors ready and willing to help in finalizing content.

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

IFHIMA Privacy Whitepaper Announcement

“Privacy of Health Information, an IFHIMA Global Perspective”

Increasing demand for privacy by individuals as health data is digitized requires principled stewardship by HIM professionals and policy makers. This stewardship requires implementing good privacy practices from private, public, and community healthcare providers and data users across the healthcare continuum.

In responding to this global trend, IFHIMA appointed a global workgroup in late 2018 to develop a whitepaper addressing this very important HIM practice. The workgroup has collaborated over the past nine months as the topic has been iterated to reflect the diverse perspectives and challenges of privacy.

Case studies from Qatar, India, USA, Australia, the EU, and Republic of Korea highlight unique challenges that HIM

Welcome, Dilhari R. DeAlmeida Ph. D, RHIA, Global News Editor

I am pleased to introduce Dr. Dilhari DeAlmeida as the new Global News Editor. Dilhari is an Associate Professor, Department of HIM, School of Health and Rehabilitation Sciences at the University of Pittsburg in Pittsburgh, Pennsylvania, USA. Dilhari was born in Sri Lanka, immigrated to Canada as a teenager, and completed her graduate and doctorate work in Pittsburgh.

Given Dilhari’s extensive science, publishing, and HIM background, I know she will execute her role with skill and enthusiasm. I look forward to new ideas she may have for improving Global News. Dilhari assumes editorship of Global News after this (June) issue and I will be her Board Liaison.

Please join me and the IFHIMA Board in welcoming Dilhari. I hope you will be providing even more content to her for future issues of Global News. Please contact her at Editor@ifhima.org with suggestions or question.

Lorraine Fernandes, RHIA Editor, Global News IFHIMA President Elect 2016-2019

Welcome, Dilhari R. DeAlmeida Ph. D, RHIA, Global News Editor
professionals are currently engaged in as they advocate for patients' privacy and sound privacy governance.

Privacy in healthcare topics that will be discussed in the whitepaper include:

- Global privacy trends including legislation
- Technology and privacy – enablers and challenges
- Education and privacy awareness
- Auditing and compliance in privacy
- Access to own information

Case study topics include:

- Health Information Exchange Implementation-Qatar, HIE Consent Model & Privacy Concerns (Qatar)
- Developing a Global Standard for Health Information Privacy Workforce Education (Republic of Korea)
- Health Care Privacy: An Indian Scenario (India)
- Laying the Foundation for Privacy Practice and Compliance in the Outpatient Setting: Policies and Procedures (USA)
- My Health Record – the Australian Experience (Australia)
- General Data Protection Regulation (GDPR), the European Union (EU)

This paper recognizes the current role of the HIM professionals in privacy design and management, and recommendations for the continuing development of the profession. Whether you are new to the profession or a seasoned professional, this paper has relevant content.

The paper will officially be released at the 19th IFHIMA Congress in Dubai and thereafter an IFHIMA presentation covering the whitepaper will be available for presenting at member national conferences.

Jean L. Eaton, CHIM
IFHIMA Privacy Workgroup Leader

Lorraine Fernandes, RHIA
Board Liaison to the Privacy Workgroup
Southern India and Middle East countries participated in this one-day seminar held on 22 February 2019. The resource persons and speakers for various sessions were from India, United Arab Emirates and Qatar. A mini-workshop on ICD 10CM/ICD PCS Codes a practical approach was also conducted as part of the seminar.

The following topics were covered during various sessions.

- Increasing datafication and strategies for Healthcare Information Governance
- Health Intelligence, a new frontier of HIM
- HIIM Educational & Training: The past and present Kerala
- HIIM Skill and Competencies: A future perspective
- Clinical Documentation Improvement in EMR
- Health Information Management, a close ally to Healthcare strategic planning and operations.

An overview about HIIM Association

HIIM (Health Informatics & Health Information Management) Association of Kerala State, registered under Society Act, was launched in the year 2017 with a mission to become principal body recognized by Healthcare sector in Kerala State to seek guidance, standards, advocacy and assistance in HIIM education, professional development and best practices in the state. This is an initiative of a group of highly qualified and experienced HIM professionals from Kerala State working in India and globally. The HIIM association envisage many activities, such as promotion of HIM & HI systems and standards for the Kerala state, collaborate with Institutions to support members for education and training, create networks among HIIM professionals and students, provide a platform for professionals to showcase innovations, experience and reflections, offer expert consultation and service to providers and Government, and Supports & Advocate applied research in the field of HIM and Informatics. The HIIM association currently has a membership strength of around 250 members. The HIIM association with qualified and dedicated team comprises of office bearers and registered members strives to grow as one of the prominent Health Information Management and Health Informatics Associations in India.

More details about the association, its professional activities, and membership details are available on: http://www.hiimkerala.org/index.php

Author:
Dr. Sabu K M, President
HIIM Association Kerala State, India
Professor of Health Information Management
MCHP, Manipal Academy of Higher Education (MAHE), India

Put your fingers to the keyboard, please!

IFHIMA Global News welcomes contributions from individual members, as well as member countries.

We appreciate short articles, 400-700 words that share HIM activities, meeting summaries, or key events.

Please honor this word limit to avoid extensive editing or rejections.

We publish two or three times per year based upon content available, and volunteers who will help edit.

Please send your articles (pictures or graphs add a lot of appeal) in a word format (no PDF) to:
editor@ifhima.org
Editor, Global News

Upcoming submission deadlines:
August 1, 2019 for late September issue
December 15 for February 2020 issue
The Current State of Global Clinical Coding Education and Training

Are Educational and Training Programs in IFHIMA Countries Ready to Transition to ICD-11?

Dr. Mervat Abdelhak and a graduate student from the Department of Health Information Management (HIM) at the University of Pittsburgh in Pittsburgh, Pennsylvania, U.S.A. are conducting a research study to assess the current status of clinical coding education and training in IFHIMA countries. As the implementation of ICD-11 nears, the baseline data collected from this research study, will also enable the researchers to assess the educational program readiness to transition to ICD-11.

The deliverable from this research is to provide current, up to date baseline data on the state of global clinical coding education and training in IFHIMA countries. The overarching goal of this research, however, is to assess if the quality of clinical coding education and training can support and facilitate the transition, implementation and use of ICD-11. Having such baseline data may also allow for recommendations regarding the clinical coding education that is needed to facilitate the successful implementation of ICD-11.

A survey was administered in May 2019, to educational and training programs in IFHIMA countries. Data has been collected from program directors/educational coordinators regarding the faculty and staff who are affiliated with the program, the curriculum that is offered, how is the curriculum delivered, the educational resources used in the program, the length of the program, as well as the readiness of the educational/training program to transition to ICD-11.

We are asking and encouraging all clinical coding educational and training programs in IFHIMA countries to participate in this study. If you offer clinical coding education and/or training and have NOT received our survey and wish to participate in this study, please email Grace (xiw127@pitt.edu) for a copy of the survey. Thanking you in advance for our global voice regarding clinical coding for the betterment of health care data.

Aggregate results will be shared with those responding to the survey, the IFHIMA community, the WHO, and others that are interested in the state of global clinical coding. Publications and international conference presentations will be the venues for dissemination of results.

Authors:
Mervat Abdelhak, PhD, RHIA, FAHIMA, Associate Professor, HIM Department, University of Pittsburgh, abdelhak@pitt.edu

Xiaoya (Grace) Wang, HIM graduate student, University of Pittsburgh, xiw127@pitt.edu

WHO-FIC Education and Implementation Committee (EIC) Mid-year Meeting Report

The 2019 WHO-FIC EIC mid-year meeting was held 5-7 April in Malmo, Sweden, with a joint meeting of the EIC and the Morbidity Reference Group (MbRG) held on the afternoon of the 5 April. During the joint meeting, participants discussed how best to proceed with working together to garner MbRG feedback on education materials being developed. The WHO priority for education materials required is firstly for the ICD-11 for Mortality and Morbidity Statistics (MMS) which is being submitted to the World Health Assembly (WHA) in May 2019 for approval. Secondly, the International Classification of Health Interventions (ICHI) is in its final stages of development
WHO FIC and Standards News

and requires education materials to facilitate field trials to be undertaken during June and July 2019. It is anticipated that work on ICHI will be concluded by the Annual WHO-FIC Network Meeting in October 2019 and will be submitted by WHO to the WHA for approval in May 2020.

WHO has contracted the National Centre for Classification in Health, University of Sydney to develop an ICD-11 electronic training tool and draft modules of the tool were demonstrated during the joint EIC and MbRG meeting. Feedback received during this demonstration will help improve the tool during its development.

**Update from the Morbidity Reference Group (MbRG) Meeting**

**April 3-5, 2019 Malmo, Sweden**

I attended and participated in the mid-year meeting of the MbRG of the WHO recently. We received a report from Dr. Robert Jakob from the WHO, who indicated that ICD-11 will be presented at the World Health Assembly in May of this year for adoption by Member States and will go into effect January 1, 2022. The release is now as an advance preview that allows countries to plan on how they will use the new version, prepare translations, and begin training of health information management and other health professionals all over the various countries. An ICD Coding Tool is available on line, as well as some basic training videos. Interested individuals can browse the internet and find a variety of information already.

The Australian Collaborating Centre gathered information from many countries before the meeting to inform the discussion about ICD-11 transition. Country reports came from Australia, the Netherlands, Thailand, Sweden, Norway, Denmark, the UK, Germany, and Canada. Similar approaches are being taken in all countries, with various analyses being performed. Decisions on implementation timelines are yet to be determined. There is agreement that any implementation plan should include impact assessment, risk analysis, resource planning and a strong communication plan. In Germany for example, the physicians do the coding, so that training would be different than training a coding workforce such as in the US, Canada, or Australia.

Japan reported being quite far along in its plans for implementation, maybe 3 years away. Most countries represented at the meeting were envisioning a 5-8 year plan. Australia is developing an electronic training tool. Canada has had ten coders trained to code 3000 cases in ICD-11. 40 hours was spent on the training, and a test bank of questions was developed. It was good to hear that after training, and practice, a coder spent an average of 12 minutes on a chart. The ICD-11 system was built to be used electronically and it is assumed that most countries will do all coding electronically.

Much of the discussion involved quality and safety issues in coding. Coders will be able to code any injury or harm that occurred to the patient, the cause or context of the harm occurring, and the mode or mechanism of the harm. Causes

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**During the EIC meeting 6-7 April, participants were very productive with the following work undertaken:**

- Review of the WHO-FIC classifications website with recommendations to be made to WHO for updating and improvement of its functionality and usability
- Review of the current EIC website including how best to provide up-to-date education related information on the WHO-FIC to the public and the acquisition of an EIC website platform to progress the EICs background work
- Determination of a ‘gold standard’ for WHO-FIC education materials
- Review of a draft ICD-11 Flyer with feedback to be provided to WHO
- Coding of disease term sets using ICD-11 and agreement from participants to provide country specific disease term sets to WHO for improving the indexing in ICD-11
- Discussion focusing on ICHI and education materials developed to date with a view to developing an ICHI electronic training tool, once ICHI has been finalized. The tool would be developed on the same platform used in the development of the ICD-11 electronic training tool.

It is planned that the EIC work listed above be progressed for finalization at the EIC meeting to be held as part of the annual WHO-FIC Network meetings to be held in Banff, Canada between 5-11 October 2019.

There was also discussion around a future EIC mid-year meeting to be held in late March, early April 2020, possibly in Australia.

**Author:**

Vera Dimitropoulos
EIC Co-Chair
IFHIMA Regional Director, Western Pacific

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of the harm could be a procedure, device, substances, medicaments, etc.

Work will continue with the next face to face meeting in Alberta, Canada (Banff) from Oct 5-11, 2019.

Author:
Margaret A. Skurka, MS, RHIA, FAHIMA
IFHIMA Representative to MbRG
IFHIMA Past President

WHO FIC EIC Functioning and Disability Reference Group (FDRG)

April 4-5 2019, Kuwait

The FDRG committee of the WHO Family of International Classifications (FIC) strives to monitor the ongoing updates of the International Classification of Functioning, Disability and Health (aka ICF).

The FDRG meets twice a year, at the annual WHO-FIC meeting and again mid-year, most often to discuss updates from the WHO and potential new codes for the ICF.

ICF is used in clinical practice (WHO A Practical Manual for using the International Classification of Functioning Disability and Health) in the consideration of health and functioning, setting goals, evaluating treatment outcomes, communicating with colleagues or the person involved. It provides a common language across clinical disciplines and with patients or clients. It is considered complementary to ICD. Additionally, it can be used for additional purposes such as:

- Support services and income support
- Population statistics education
- Policy and programmes
- Advocacy and empowerment

The FDRG group met in Kuwait in April. The WHO Collaborating Centers and Non-governmental organizations updated activities in their areas. In addition, open proposals for ICF-Youth (CY) were discussed. There was a discussion of WHO Disability Assessment Scale (WHODAS) education modules. The overview of a new project, KIDDAS, was also discussed. Draft use cases for International Classification of Health Interventions, ICF, and ICD were discussed as well. More information on these groups can be found at https://www.who.int/classifications/icf/en/.

One area discussed during the meeting included the mICF work and the continued development of mobile applications that focus on ICF. “mICF is a person-centered user-friendly solution to help people to describe their lived experience of service needs. It is a paradigm shifting platform for personalized health and social care that will facilitate individualized, predictive care by utilising big data models.” Information about mICF and work in Kuwait can be found on the website https://icfmobile.org/

ICF education is a large part of the focus of FDRG. Following the FDRG meeting the 3rd International Symposium on ICF Education was held in Kuwait. Information on the educational work on ICF can be found at the following website http://www.icfeducation.org/. The theme of the conference was “ICF: Measurement for Better Participation.” The program topics were:

- ICF-related tools to evaluate functioning
- Educating on ICF
- ICF-based evidence informing policies

Author:
JoAnne Valerius, PhD, MPH, RHIA
Assistant Professor
Department of Medical Informatics and Clinical Epidemiology
Oregon Health Sciences University (USA)

Save on Your Airfare to Dubai

Emirates Airline is the preferred air carrier to the IFHIMA Congress. Discounts are available per the details on the IFHIMA2019 website below.

Elise Garmelia Receives Doctoral Degree

Convocation Ceremony, 23-24 February 2019

I would like to introduce myself - I am Elise Garmelia, past president of PORMIKI (Indonesian Medical Record and Health Information Association). For 37 years I worked in Harapan Kita Hospital-Jakarta, including 12 years in Medical Record and Health Information Department. For the past two years, I have worked as a Lecturer at the Polytechnic at the Ministry of Health in Semarang, Indonesia.

I studied for the degree of Doctor of Philosophy (Management / Business) since 2014 at the Management Science University, Shah Alam, Selangor, Malaysia. In 2018 I took the examination in the research area of management. My thesis was entitled “The effect of coding quality measurement for in-patients coding concern of coder on hospital coding in Jakarta and Yogyakarta Indonesia”. My supervisor was Prof. Dato’Dr. Md. Gapar Md. Johar.

The Result of my thesis:

The result of the Different Test Analysis between DKI Jakarta and Yogyakarta (regions of Indonesia) coders is that there are key differences in the way the coders manage coding quality. The differences include the following factors; Employee Involvement, Process Management, Team-Based Problem Solving, Measurement of Results, Closer Relationship with Customers and Management Commitment. Regarding the competency of the coders (research included 147 coders from Jakarta and 73 from Jogyakarta) there is a difference between the two coding regions which can be seen from the impact of Cause of Coding Error, Reason for Coding Error and The Contribution of Documentation of Coding Errors. In total the analysis of the different tests between the quality and competency of DKI Jakarta and Yogyakarta coders revealed significant differences regarding the area of competence.

Recommendations from the results of my thesis are:

1. There should be a recognized curriculum for Student Diploma III and IV to improve the quality of coding and coder competency for the future through APTIRMIKI (Indonesian Higher Education for Health Information Management Association – IHE-HIMA) and PORMIKI.

2. Facility guidelines on coding (ICD 10 and ICD 9 CM) should also be reviewed at least annually as part of an organization’s information governance work.

Calendar of events

SEDOM National Conference
Toledo, Spain
June 13-15, 2019
Language: Spanish

AHIMA Annual Convention
Chicago, Illinois, USA
September 14-18, 2019
Language: English

Japan HIM Association
Osaka, Japan
September 19-20, 2019
Language: Japanese

Health Data Management Planning for HIM Practice
Daemyeong Resort Main Hall in Sokcho-city, Gangwon Province, Republic of South Korea
October 18-19, 2019
Language: Korean

HIMAA and NCCH Annual Conference
October 23-25, 2019
Sydney, Australia
Language: English

HIMA - India Annual Conference
NIMHANS Hospital
Bangalore, India
November 8-9, 2019

IFHIMA 19th Congress and Golden Jubilee Celebration
Intercontinental Hotel Plaza
Festival City, Dubai, UAE
November 17-21, 2019

Please visit IFHIMA.org for most recent events.
with support from the Ministry of Health; The program is designed to provide information and it’s ICD component has the capability to connect to the Electronic Medical Record (EMR) to enable coders to analyse the accuracy of their coding. This capability will be essential in an increasingly electronic healthcare environment.

3. The Certified Codes of Conduct are valid for assigning and validating codes and assist in the development of policies that rely on coding accuracy and Universal Health Coverage in Indonesia.

Hopefully what I have done can be useful as a medical record and health information tool and used more widely in Indonesia as well as for PORMIKI members.

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Sepsis in ICD-11

Sepsis is a global issue causing concerns in increased mortality rate and economic consumption regardless of the geographical location. In low-resource settings and where preventive measures are minimal, the maternal and neonatal sepsis raises epidemiological burden (World Health Organization [WHO]). According to the Global Sepsis Alliance, only 15% of sepsis diagnoses is appropriately coded which means patients are either under-diagnosed or under-coded. Increasing awareness and education will not only improve care delivery but will also prevent the worsening outcome.

How can we improve the appropriate coding? By following the current ICD-10 guidelines, and eventually the ICD-11 guidelines when the system is adopted by the various countries. Additionally, it requires a thorough understanding of the disease process, ability to clinically validate the diagnosis, creating institutional policies, ongoing education, and collaboration among various governing bodies that brings uniformity in coding.

Unlike other disease conditions, sepsis is a disputed topic that makes clinicians end up in a controversial debate for many years. Hence, the Surviving Sepsis Campaign, which was established as an international evidence-based program to develop guidelines, published sepsis-3 definitions in 2016.

Niccolo Machiavelli, a noted philosopher of 16th century, in his recognized work The Prince, said “as the physicians say it happens in hectic fever, that in the beginning of the malady it is easy to cure but difficult to detect, but in the course of time, not having been either detected or treated in the beginning, it becomes easy to detect but difficult to cure.” This is so true with sepsis.

ICD-11 will be available for adoption by countries from 2022 forward. Its release now in May of 2019 gives countries time to begin to work on adoption, do translations if necessary, and take necessary steps for implementation.

In ICD-11, the concept of severe sepsis does not exist; and the codes are simplified to “sepsis with septic shock” and “sepsis without shock.” It means, when the patients have already progressed to severe sepsis (in Sepsis-2 definition), they are diagnosed as sepsis (in Sepsis-3 definition).

Whether an organization adopts a Sepsis-2 definition or Sepsis-3 definition, it needs to translate to a universally accepted code-able format. This is essential for research purpose. However, some countries also use ICD coding for quality reporting and reimbursement. If countries start adopting the sepsis-3 definition for coding purposes, are we going to compromise patient care by under-diagnosing the condition? Or are the clinicians going to continue to identify and treat sepsis early, but it is going to be under-coded?
As we are yet to see the future, all healthcare professionals across the globe should start preparing for the upcoming ICD-11 coding changes and develop an institutional guideline as to what is best for the patients. Regardless of when countries start implementing changes and whether the changes are intended for statistical compilation of diseases or quality/revenue impact, “patients always come first.” Sepsis is a medical emergency.

References:

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Editor’s Note
The following articles are the final Global News installment in the IFHIMA Golden Jubilee Series. All articles (some are only on the website) can be found on the IFHIMA website: https://ifhima.org/golden-jubilee-series/

Congratulations to ALL the volunteers through the 50 years to make it possible for IFHIMA to turn 50!! Budgets have been lean, volunteer time is precious with the demands of full time positions, families and other life commitments. The IFHIMA Presidents before and those long after me have and will have a profound dedication to the HIM profession. Much time is volunteered, and sacrifices made, all to advance the state of the HIM profession globally. I am honored to be in the group of Past Presidents.

I had the good fortune of studying HIM under Rita Finnegan at the University of Illinois in Chicago in the 1970’s. She instilled in every one of us that it was right and an obligation to give back to the profession. She was very clear on this. Get involved. One student in my class pushed her a bit until Miss Finnegan finally said—“there will be no more discussion” And there wasn’t. I was listening! To those whom much is given, much is expected. Give back.

I was lucky to attend my first IFHIMA meeting early on in my work life, in Toronto in 1976. It was a combined meeting. I remember being in awe of all the knowledge of those involved in international activities for the profession. I was then also able to attend an international meeting in Dallas some years later in 1988. I was elected to the board of IFHIMA, representing North America, in Washington DC in 2004 and served 3 years on the board, was elected President Elect, and then served the next 9 years in the roles of PE, P, and PP. There were so many highlights of meetings and hard work in places like Bali, Seoul, Montreal, Milan, and more. The profession has gone from Medical Record Administration to Health Information Management—and that is what we do—we manage the information in all types of health care arenas. The data is analyzed and coded. Statistical analysis is done, and research, and in some countries coded data impacts revenue for hospitals, physician practices, surgery centers and the like. The data must be accurate—and that is one of the key principles of our work. We are significant contributors to accurate health care data throughout the world.

It has been a privilege to represent IFHIMA, with the financial support of the American Health Information Management Association, at the table at WHO-FIC meetings since 2005. IFHIMA has a voice and a vote at that table through the years on the Education and Implementation Committee and now the Morbidity Reference Group, and we have been recognized in this regard. I’m proud to represent us and thank you for the opportunity. We have had great presidents along the way. May we all continue to have the dedication and passion for the profession like Ulli Hoffman, Carol Lewis and Phyllis Watson.

Here's to the next 50 years!! May our organization continue to grow and hold its place firmly in the world as the only international organization dedicated specifically to the Health Information Management profession.

Best to all,
Margaret A. Skurka, MS, RHIA, CCS, FAHIMA
IFHIMA President 2010-2013
USA
My Experiences Attending IFHIMA Congresses

IFHIMA Congresses, what can I say? Truly a life changing experience, and some of my most treasured IFHIMA memories.

The very first Congress I ever attended was after I joined the Board as the Regional Director for the Americas, in 2010. It was held in Milan, Italy. It was so incredible and amazing to meet HIM’s from all over the globe, people that all do the same job as I do in Canada, and that all share the same issues and challenges! It was also a great opportunity to connect with people I had only ever emailed or teleconferenced with, and to finally put friendly faces to many of our National Directors. Friendships established at this meeting still exist today, and the international fellowship within our profession was very evident! Plus the city itself – gorgeous! As anyone that knows me well will tell you, I love footwear, and a pair of boots I bought in Milan are still with me, though last year I had to get them re-soled! Learning about our Italian hosts, while at the same time the cultures and professional concerns of the international participants, meant more to me than I can put into words. I learned that in Italy, many of the HIM functions are performed by physicians. This is quite a departure from my home country, and it was interesting to discuss coding with physicians – who actually understood the nuances of how it works!

The next Congress I attended was in Montreal, Canada, in 2013. Being on the Board and also the CHIMA planning committee, offered a 360° perspective of both planning and attending a Congress. There is an immense sense of pride when you open the doors and invite in the world! It was also a great opportunity for many HIM’s within Canada to attend a Congress, with healthcare funding to attend an international Congress not readily available to many of us. I was very fortunate, as the organization I work for agreed to fund the attendance of one on-staff HIM. She still speaks of this opportunity and the impact it had on her. In Montreal we planned for “break-out” sessions at the General Assembly, focusing on the strategic directions of IFHIMA. It was fabulous to have international members all meeting together to address common issues, giving their perspectives on the HIM world in their host nations. AND – it was great to see some folks that I first met in Milan!

2016 was the third Congress I have attended thus far, held in Tokyo, Japan. This was simply amazing. I never thought I would ever have the opportunity to visit Japan. All delegates were party to the warm welcome and kindness of the hosts. For me personally, this Congress had a special meaning. I got to personally meet Dr. Margaret Chan, who at the time was the Director General of the WHO. What an amazing and inspirational woman! She held my hand and praised the HIM profession, stating the WHO would be lost without such a dedicated work force, providing them with vital information. I really can’t explain it, but she has this great energy about her, and it is infectious. Some delegates approached me later to say that they had worked at WHO for years, and never had the chance to meet her. But she took the time to sit with Angelika Haendel, Margaret Skurka and myself, the present, past and incoming IFHIMA presidents – and I know we were all touched by her generosity of spirit.

IFHIMA Congresses stoke the HIM fire, they provide you with an international support group, they inspire you to do more, and they make you proud of our profession!

The next Congress is later this year, and we are all so excited to both welcome a Middle Eastern Association into the

IFHIMA Ulli Hoffman and Japan Scholarships to 19th Congress

- Applications are being accepted until July 15 for scholarship(s) to the 19th Congress.
- Applicants must be from developing nations per World Bank designation and be an individual member of IFHIMA, or from an IFHIMA member nation.
- Requirements, details, and the application can be found at https://ifhima.org/ifhima-sponsored-19th-congress-scholarship-application/
- Recipients will be notified in late July 2019.
IFHIMA family, and to attend the first ever IFHIMA Congress in this part of the world, in the fabulous city of Dubai! It also marks the celebration of our Golden Jubilee – 50 years of IFHIMA is a remarkable anniversary.

I know the profession will continue on for another 50 and beyond, and that the flames will continue to be fed. Please consider joining us at this monumental Congress, where I know that this infectious and positive energy will encourage you all to be inspired and proud!

Respectfully submitted,

Marci MacDonald, CHIM
IFHIMA President 2016-2019
Canada

Traveling to Dubai

Perspectives on Planning for Your Travels

Multiculturalism

Dubai is one of seven emirates that make up the UAE, and it has quickly emerged as a global hub for business, transport, and culture in the region. Today, fewer than 15 percent of Dubai’s population are native Emiratis, while the majority, 85 percent, comprise a cornucopia of immigrants from all corners of the globe, bringing with them numerous religions, cultures, and languages. They make up a unique population of citizens who have all come to Dubai in search of economic opportunities, business growth, and cultural development.

Islamic Law

Islamic law is followed in the Dubai and UAE, but, certain leniency is granted for non-Muslim adults. Dubai is arguably the most tolerant of all the Emirates.

While drinking alcohol is a no-go for Muslims in Dubai, alcohol is legal in Dubai and (>21 years) non-Muslims are indeed allowed to consume alcohol in licensed venues such as hotels or private homes whose owners have alcohol licenses; however, you can’t drink in public as public drunkenness and drinking and driving are prohibited.

Public Displays of affection are considered inappropriate, and premarital relations are illegal. Hotels may ask for couples travelling if they are married.

As long as visitors to Dubai abide by the local customs and have respect for citizens of the UAE, they typically do not have any problems while traveling within the country.

Safety

Yes, Dubai is safe for tourists. Dubai is, in fact, one of the safest Middle Eastern countries for tourists. The crime rate in Dubai is much lower than comparable countries in other regions in the world.

Though the city is quite safe, visitors should still be alert in leaving their belongings or bags unattended, and they should be aware of their surroundings and continue to practice safe traveling skills throughout their visit as they would during a visit to any other big city.

Language

Though Arabic is the official and national language of the UAE, a multitude of foreign languages are regularly spoken in the streets.

English is a dominant language, and all signs, directions, and other materials are also published or spoken in English as well.

Being a tourist in Dubai doesn’t require any knowledge of Arabic or other languages in addition to English.

Food

One of the benefits of having such a huge expat population is a wealth of dining choices: Dubai has an exciting food scene. And it’s not all about luxury restaurants, either – although there are plenty of those. Malls have food courts and there is a large range of fast food outlets as well as restaurants.

What to Wear

Dubai is actually very relaxed and open-minded when it comes to clothing. As the public is very international, so is the clothing. You will see people wearing all imaginable sorts of clothing in Dubai – from shorts and sleeveless t-shirts to burqas. As you pack your vacation wardrobe, lean towards conservative over revealing and flashy. You see in the following picture, the SHIMA Board, along with individuals
from Australia, Canada, and the US had a wide variety of attire during one of our fun events two years ago.

Don’t forget your ‘glad rags’ for the Gala Dinner (cocktail), we all like an excuse to dress up or take advantage of the amazing shopping opportunities.

**Travelling alone (female)**

Some of the biggest misunderstandings between Middle East and people from other parts of the world occur over the issue of women. Half-truths and stereotypes exist on both sides.

- You don’t have to wear a burka, headscarf or veil.
- You are allowed to rent and drive a car.
- You won’t be constantly harassed.
- It’s safe to take taxis, stay alone in hotels and walk around on your own in most areas.

Traditionally, the role of a woman in this region is to be a mother and matron of the household, while the man is the financial provider. However, as with any society, the reality is far more nuanced. There are thousands of professional women in the UAE, who, like their counterparts elsewhere in the world, juggle work and family responsibilities.

**Tipping**

Tipping isn’t really expected in Dubai, but it’s a common practice. Many restaurants will add a tip to your bill. Taxi drivers don’t expect to receive a tip, but luggage carriers and supermarket baggers are normally given a small tip for their services.

**Author:**

Kylie Axford

SHIMA Organizing Committee

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**Dress code at Dubai hotels, restaurants and malls**

Most malls, restaurants, and hotels in Dubai ask customers to ‘dress modestly’ and advise to cover your knees and shoulders. Most upmarket restaurants require that men wear long trousers and closed shoes; women can wear sandals at any time.

Women’s clothing is considered indecent if it’s too short, too tight or transparent. A light summer scarf or shawl to cover shoulders is a handy piece of clothing to pack not only for the flight and conference rooms, or if you find yourself in a more conservative part of town.

Men should never walk around without a shirt on and shorts should be closer to knee length.
2019 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 on January 1st, 2019 - reminders were sent to all members and it would be appreciated if dues payments are made promptly. I hope that more readers of Global News will choose to join IFHIMA in 2019 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

Disclaimer:

Contributions to Global News are welcomed from members and non-members of IFHIMA and articles should be typed and sent by e-mail to the Editor, Dilhari DeAlmeida 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 messages or editions of Global News please let us know and we will remove you from the mailing list (marci.macdonald@cogeco.ca).

Editorial Guidelines for IFHIMA Global News

IFHIMA publishes Global News two or three times per year to highlighting national association news, sharing Board activities in support of the IFHIMA mission and strategic plan, and keeping members abreast of other IFHIMA and member nation 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 the editor 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/

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