

IFHIMA is committed to the advancement of health information management practices and the development of its members for the purpose of improving health data and health outcomes.

President's Address

Dear colleagues,

I am writing this address during my flight home from the in-person IFHIMA Board meeting in Manchester, UK, where we held a very productive meeting and enjoyed spending time together again, after not meeting in-person since the IFHIMA Congress in Brisbane last October. There is a more detailed report on the meeting later in this issue of Global News that provides an overview of what was discussed and achieved.



The past few months have been important for IFHIMA in preparing for this meeting to ensure we achieved important outcomes for the Federation. In addition to this, many of the Pillar Working Groups and Communities of Practice have been busy meeting and making plans to assist the Federation achieve its strategic objectives. My thanks to many of you who are active in these groups and continue to progress the aims and objectives of the Federation in these forums.

One of the other topics we have been exploring as a Board is the inclusion of the Health Information Management occupation in standardised national occupation lists. This is important as it allows members of our profession to be counted in national Census statistics. The International Labor Organization already has an [International Classification of Occupations](#) code "3252 - Medical Records and Health Information Technicians" in its classification that includes:

"Analyst, medical records | Clerk, coding: clinical | Clerk, information: health | Clerk, records: medical | Coder, clinical | Manager, information: health | Manager, records: health | Supervisor, medical records unit | Technician, disease registry | Technician, health information | Technician, medical records"

A number of our member countries have these occupation codes reflected in their national classifications, but we are keen to see more countries include our profession in their national occupation classifications and will be looking at ways we can help our members to promote this at a national level.

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Apart from the past 6 weeks where I was on leave enjoying a holiday in the European summer, Lorraine, Deneice and I have been meeting frequently with our colleagues from the Kingdom of Saudi Arabia (KSA) to progress the plans for the 2025 IFHIMA Congress. The 21st Congress is planned to be held in November 2025 in Riyadh, KSA, and as details are finalised, we will let you know more through all of our communication channels, so watch this space.

Author:

*Vicki Bennett, CHIM, FAIDH, CHIA
IFHIMA President
Unit Head at AIHW*



Deneice Marshall, Sharon Campbell, Hosizah Markham, Vicki Bennett, Guillermo Paluzie, Lorraine Fernandes, Marci MacDonald, Lynette Czarkowski. Attending virtually were Ahmed Alhatlan and Babale Garba Nafada.

Overview of Annual IFHIMA Board Meeting & Discussions

Once a year the IFHIMA Board holds an in-person meeting. This is usually held in conjunction with a WHO Family of International Classifications (FIC) meeting or hosted by one of our member nations. In-between these meetings, the Board holds quarterly virtual meetings to conduct the business of the Federation and drive actions and strategies per our Strategic Plan. Additionally, the President, President Elect, and Immediate Past President meet at least monthly to make decisions, discuss actions and challenges, and ensure we are delivering value for members in all categories.

Our July 2024 meeting was hosted by Mandy Burns and the Institute of Health Records and Information Management (IHRIM) at the National Health Service (NHS) Nowgen Research Centre in Manchester. IFHIMA is very grateful for the hospitality extended by Mandy and the entire staff of Nowgen. Here's a brief overview of the discussion and actions from our two and a half day meeting.

Finance

The Board reviewed the 2024 finances to date and approved an amended 2024 budget following the close of the 2023 financial year. IFHIMA is in a good financial position, with our reserves growing, which will allow us to invest strategically and into the future. The Treasurer presented detailed financial governance policies, and the Board approved these after discussion and slight modifications.

Communication and Document Management Platform

The Foundation Pillar proposed that IFHIMA use Microsoft Teams as the document storage and communication platform for all activities, which was approved by the Board, and the rollout of the various features is planned over the next year. This will allow us to retire some existing software licenses and facilitate the storage of IFHIMA documents in a centralized repository, with a document access and retention schedule underpinning our information governance.

Three-part Education series for 2025

A joint initiative of the Education, Training, and Research (ETR) and Foundation Pillars is a planned three-part virtual educational series to be held in early 2025. The Board heard the plans for organization, content, and the virtual platform. The theme is Focus on the Future of HIM. Members will have an opportunity to volunteer for various roles to support this series. Registration will open in late 2024, with scholarships being provided for a limited number of attendees from Low and Lower Middle-Income Countries (LMIC).

The ETR Pillar is also undertaking the review, update and creation of new Learning Modules available on the website, as well as content development in other areas.

Membership

Membership now stands at 22 nations, with other categories continuing to grow. Our membership now spans 56 countries.

Constitutional Review

The Board discussed reviewing the Constitution with the aim to modernize this to better serve the current and emerging needs of our members and operating in a technologically enabled world. The Board will continue this discussion and broaden the consultation to include the National and National Deputy Directors as those responsible for voting on any amendments.

Committee Reports

Reports were presented by Regions, Pillars, Communities of Practice, and the WHO representatives with discussion and suggestions ensuing.

In the upcoming months we will share more of the Board discussion and actions. Thank you for your continued interest in the work of our members, member nations and the support of our corporate and educational institution members worldwide.

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Vicki Bennett, CHIM, FAIDH, CHIA
IFHIMA President
Unit Head at AIHW

Lorraine Fernandes, RHIA
IFHIMA Immediate Past President,
Marketing and Communication Chair

2024 WHO-FIC Network Mid-Year Meetings

Mid-year meetings were recently held in Mexico City, Mexico from 13–16 May 2024. These were hosted by the Mexican Collaborating Centre (CC) and available for in-person and virtual attendance.

Informatics and Terminology Committee (ITC)

During the mid-year ITC virtual meeting, WHO provided an update on tools and technological developments including new languages, the release of ICF 2024 with a browser and coding tool, and API enhancements. Updates have been made to the coding tool, embedded classification tools, DORIS (Digital Open Rule Integrated Cause of Death Selection) tool, and CodeFusion



Mid-year WHO-FIC Network Meetings. Mexico City, Mexico 2024

tool. During a combined FDC and ITC session, an overall project update on Foundation content alignment and harmonization was given followed by presentations on 1) uses cases and integration; 2) the inventory areas of overlap in three classifications; 3) an example of harmonization. The discussion turned to the decision-making process for harmonization. Questions under consideration include who decides what to harmonize; the importance of considering benefits and cost, ease of harmonization, and the impact on classifications; and the need to identify who should be involved and what role the stakeholder plays (such as what responsibility does the Classification and Statistics Advisory Committee and other committees and reference groups have regarding content alignment and harmonization). Future discussion will emphasize governance arrangements for changes that impact multiple reference classifications. A report provided on the mapping included the mapping table validation work and tool evaluation that are in progress. Updates on other ITC strategic framework tasks were delivered on ontology linkage (Mondo/ICD integration), query and use of ICD-11 coded data, and international patient summary.

Morbidity Reference Group (Mbrg)

The Mbrg held a two-day mid-year meeting in Mexico City. The WHO is drafting neoplasm coding guidance for the ICD-11 Reference Guide. This will be circulated to Mbrg members before the 2024 annual meeting. While together, the Mbrg members worked through several ICD-11 obstetrical and injury coding exercises. Members recorded their selected codes in ICD-FIT

which then provided comparisons of everyone's answers for group discussion. Group members shared differing country specific requirements for sequencing that are driven by use case (e.g. reimbursement) and cases where additional guidance is needed were flagged for follow up. A small group of MbRG members will review participant comments on the coding examples and identify where clarity can be added to the Reference Guide or to ICD-11. The MbRG also discussed the need for guidance for ICD-11 national special needs. This included modifications versus linearizations and several other governance questions raised by workgroup members. More discussion is needed. The WHO will plan a technical workshop so members can better understand and visualize how a national linearization would work. Also, the subset of MbRG members will reconvene to think through the process and governance issues and collect examples of unique county-specific requirements. This group will report back to WHO-FIC at the 2024 annual meeting.



Morbidity Reference Group (MbRG)

WHO-FIC Family Development Committee (FDC)

The FDC met in Mexico City for their mid-year meeting with nine topics on the agenda. The Mapping Task Force (MTF) co-chair reported on the three main streams: 1) validation of the WHO mapping tables; 2) evaluation of mapping tools; and 3) results of the ICD-10/ICD-11 mapping questionnaire. Other work going on is the UHC indicator mapping work. WHO has published the mapping file on WHO webpage "Mapping of the global reference list of core health indicators to the WHO-FIC reference classifications." The next step is to update the mapping file, establish a feedback process from users, affirm ownership of FDC, develop a plan for maintenance, and publish a scientific paper describing the work. The next agenda item was a report on the joint use of reference classifications use cases stating the template had been revised based on the annual meeting feedback. A use case was presented using the template and a



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request will be sent to members for additional use cases and to modify earlier use cases. Further discussions on the four-year Foundation content harmonization project occurred. A summary report is in progress and will be presented at the annual meeting. The three areas addressed during the mid-year meeting were 1) mapping of anatomy entities; 2) inventory of areas of overlap; and 3) implications of a harmonized WHO-FIC Foundation for the update process. The remaining agenda items covered linked ontologies/terminologies, criteria and process for related classifications in the Family, International Classification of Health Interventions (ICHI) classification updates, and status of the revisions to the WHO-FIC Family paper.

Education and Implementation Committee (EIC)

During the mid-year EIC virtual meeting, the WHO provided an update on language translations for International Classification of Functioning, Disability and Health (ICF), and new ICD translations which have been started for Bulgarian and Mongolian languages. A new version of DORIS was released, and they are working on integrating DORIS in electronic medical cause of death systems. The rest of the meeting focused on strategic workplan (SWP) items. One such item is to improve the

ICD-11 Implementation or Transition Guide. The EIC put out a call for documenting country experience on ICD-based dual coding studies and on ICD-10 to ICD-11 mappings.

During the meeting, several countries gave an update. Following discussions and written feedback from WHO-FIC members, the EIC will create an outline of the dual coding and mapping sections to circulate before the 2024 annual meeting in October. The goal is to make the Implementation or Transition Guide more robust and reflect a balanced perspective that is useful not only for larger countries with a complex technology infrastructure, but also smaller, underfunded country perspectives as well. EIC members are also still engaged in efforts to review and update the WHO’s ICD-11 education tool and facilitating conversations on the WHO-FIC Implementation Forum. EIC members have reviewed and provided suggestions on the WHO’s ICD-11 education tool which are presently being incorporated into the tool by the Australian Collaborating Centre. Once those updates are completed, the EIC may perform a second round of review. Lastly, the strategic workplan includes a meeting between WHO and IFHIMA to discuss how the IFHIMA ICD-11 implementation Community of Practice could complement and support the efforts of the WHO-FIC implementation forum.



Functioning and Disability Reference Group (FDRG)

Progress was made towards the FDRG Strategic Work Plan, including the work that has been done regarding Reference Classifications content alignment and harmonisation, such as anatomical parts in ICF in relation to ICD-11, identifying and addressing areas of overlap and establishing a workflow. A small writing group was formed to advance the ICF Reference Guide and discussion of the compilation and analysis of current coding practices and use case descriptions. There was a presentation to introduce the 2024 ICF release, featuring the browser and

coding tool and training on applying qualifiers to ICF codes, and a practical session to review and apply existing terms to a template and consideration for inclusion in the browser and/or coding tool as inclusion or index terms.

Authors:

Updates on WHO-FIC Family Development Committee (FDC), Informatics and Terminology Committee (ITC), Education and Implementation Committee (EIC) and the Morbidity Reference Group (MbRG) were submitted by IFHIMA Representatives to the WHO-FIC, Kathy Giannangelo and Mary Stanfill.

The update on the Functioning and Disability Reference Group (FDRG) submitted by the ACC WHO-FIC representative Filippa Pretty.

IFHIMA Educators CoP

Background/focus

The Educators CoP has been established to facilitate networking and collaboration between IFHIMA members for our own benefit and the benefits of our national associations with no formal governance arrangements. This group meets quarterly.

Topics discussed in recent meetings

Generative artificial intelligence in HIM, resources for all HIM students, international student exchange agreements, global HIM skills and competencies, and global collaboration in the classroom.

Leadership

Convenor:

Charmaine Shaw - charmaine.shaw@andersoncollege.com

Co-Convenor:

Patience Ebuwei - tubosanders@yahoo.com

Secretariat:

Janelle Wapola - jwapola@css.edu

If you would like to join this COP please contact the Leadership team (listed above).

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Information Technology Drives Success During Major System Change

According to an early 2023 survey by Clinical Architecture, a health care IT solutions company, 69% of respondents said their organization's data was either mixed or poor quality. The majority of those surveyed also reported that their organizations had limited time and resources to keep data clean., a health care IT solutions company, 69% of respondents said their organization's data quality was either mixed or poor. The majority of those surveyed also reported that their organizations had limited time and resources to keep data clean.

During major system change events, organizations must build an effective data strategy, develop a rigorous best practice plan, correctly migrate information from legacy systems, and then validate transferred data within the new platform. Failure to do so places data integrity at risk and may compromise quality patient care.

Common Data Integrity Challenges During Major EHR Change

Significant data issues arise when organizations transition to new IT systems. This is a well-known reality in health care for several reasons.

1. Millions of terabytes of data are transferred from old to new systems.
2. Differences in field labels, metadata, and usage affect the transfer of data.
3. Duplication of data is common even within a single system. The problem is exacerbated when multiple systems are involved.
4. Crossmatch analysis often reveals up to 25% patient identity duplication rates.
5. Clinical terminology and vernaculars vary greatly, causing a multitude of data inconsistencies.

Given these challenges and many more potential risks, it’s essential to plan early and build a strong IT and HIM partnership. By combining IT and HIM expertise during system transitions, organizations improve their chances of achieving optimal data integrity and quality.

HIM Professionals Focus on Data Integrity for the Long Run

An upfront focus on data quality and integrity is essential for long-term success. Short-term decisions made by IT or finance to cut implementation costs may jeopardize data quality for years ahead. And it all starts with a solid approach to patient identity.

Duplicate patient identities – where an individual has more than one ‘record’ in an EMR - can occur during change events as a result of spelling differences, birth date differences, and more. These duplicate records compromise data integrity and can lead to a host of problems, including misdiagnosis, inappropriate treatment, and medication errors.

Two essential best practices yield significant improvement in long-term data accuracy. First, transfer only the most recent patient-level information. Pulling data from multiple clinics that have served a patient as opposed to information only from the patient’s most recent visit creates a multitude of downstream errors.

Second, validate accuracy after data is loaded into the new system. A quality assurance step is often ignored, leading to duplication of erroneous data and costly cleanup.

Call for Articles!

The IFHIMA Global News editorial team is requesting articles. We welcome 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 approximately three times per year based upon available content. Please send your articles (pictures or graphs add a lot of appeal) in a Word format (no PDFs) to editor@ifhima.org the Editorial Team, Global News.

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Stronger collaboration between HIM and IT supports better data integrity for the future. As data continue to be shared and exchanged through exchanges and networks, a stronger focus on getting accurate information into the EHR from the start is essential.

Six Practical Ways HIM and IT Work Together During IT Change

1. Develop new algorithms to identify low and high thresholds for patient identity duplicates.
2. Establish automated workflows for HIM experts to review potential patient identity duplicates and avoid “auto merging” of records.
3. Use data analytics to qualify the percentage of data that is accurate vs inaccurate as a system go-live metric.
4. Build a process for manually transferring any data that cannot be converted electronically
5. Tap clinicians as needed to verify decisions made by HIM and IT on clinical data discrepancies.

By continually learning and sharing with each other, HIM and IT professionals can successfully collaborate to improve the accuracy of health care data for all.

Authors:

Rich Amelio is an IT executive with more than 15 years of experience. Prior to joining e4health in 2017, he developed his knowledge through various IT management and leadership roles in the greater Philadelphia area, most notably at Einstein Healthcare Network and Universal Health Services. Amelio can be reached at ramelio@e4.health.

Todd Goughnour, RHIA, MBA, is an accomplished and proven health IT and HIM professional with a multitude of successful projects completed in a variety of scales and settings. He manages more than 200 staff members across 20 to 30 different clients and new IT system engagements. He can be reached at tgoughnour@e4.health.

Source: <https://clinicalarchitecture.com/2023-healthcare-data-quality-report/>

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HIMJ Announcement

Special Issue of the Health Information Management Journal: Selected articles from the Joint 20th International Federation of Health Information Management Associations (IFHIMA) Congress and 40th Health Information Management Association of Australia (HIMAA) National Conference, Brisbane, Australia, 30 October – 1 November 2023.

In consideration of our colleagues from Low and Middle Income countries, HIMJ's publisher SAGE has agreed to make the January 2024 Special Issue 'free to view' for 3 months – August, September and October 2024. The Issue presents the winning papers from each IFHIMA Region, that were presented at the Brisbane Congress.

The IFHIMA Special Issue can be accessed [here](#), or individual papers through the links to each below.

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Editorial

[Special Issue of the Health Information Management Journal IFHIMA 20th International Congress and HIMAA 40th National Congress: Advancing global health in pursuit of high-quality digital information](#)

Catherine Garvey, Vicki Bennett, and Joan Henderson

IFHIMA Regions:

Africa

The need for health information management professionals in Malawi health facilities

Teddie Chima, Esmie Mkwinda, and Stephen Kumwenda – from Malawi

Eastern Mediterranean

[Designing a comprehensive minimum dataset for patients with COVID-19 in Iranian hospital information systems](#)

Hosna Salmani, Sadegh Sharafi, Ahlam Almanie, Fatemeh Niknam, Zeynab Naseri, Sara Mobarak, and Saeed Jelvay – from Iran

Europe

Challenges and successes in implementing an integrated electronic patient record (HIVE) at the Manchester University National Health Service Foundation Trust, England: 1000+ legacy systems, 10 hospitals, one electronic patient record

Mandy Burns – from the United Kingdom

South-East Asia

[Telepsychiatry readiness assessment at the Department of Psychiatry, Dr. Soeharto Heerdjan Hospital, Indonesia](#)

Ifah Muzdalifah and Hosizah Markam – from Indonesia

The Americas

[Health information management and physiotherapy faculty collaboration to discover the use of health informatics hiding in plain sight in an entry-level DPT program.](#)

David Gibbs, Karen Gibbs, and Barbara Hewitt – from the United States of America.

Western Pacific

[The applications of Australian-coded ICD-10 and ICD-10-AM data in research: A scoping review of the literature.](#)

Merilyn Riley, Jenn Lee, Sally Richardson, Stephanie Gjorgioski, and Kerin Robinson – from Australia.

Lessons Learned from the National Pilot of ICD-11 Morbidity Coding in China

The transition to the ICD-11 represents a monumental shift in how we categorize and understand health conditions globally. We are delighted to share our insights and lessons learned from the national pilot of ICD-11 morbidity coding in China in 2022.

Initiated by the National Health Commission and conducted in collaboration with 59 hospitals across China, the pilot study explored practical approaches and strategic imperatives for

implementing ICD-11 on a large scale. All pilot hospitals were required to integrate ICD-11 coding software into their health information management systems (HIMs) for coding discharge diagnoses over two consecutive months. Upon the completion of the pilot program, 3,723,959 diagnoses for 873,425 patients were coded using the ICD-11, subsequently being reported to the national platform in a standardized format.

The pilot study demonstrated that adopting ICD-11 coding software on a system-wide scale is feasible. Key factors for smooth integration included evaluating IT infrastructure, providing training and reference resources, and maintaining communication with IT staff. Misinterpretations by IT staff frequently arose from the JSON (JavaScript Object Notation) string of the coded data, especially when nested postcoordination was involved. It is important to verify data formats before the formal coding phase. An automatic data verification tool is essential for future nationwide rollout.

Good accuracy and intercoder reliability of the ICD-11 coding were achieved in exams following a two-day comprehensive training curriculum, demonstrating the effectiveness and efficiency of well-structured educational initiatives. Coding instructions will likely be refined based on the input received and preliminary assessments of the coded data from pilot programs. Countries may consider developing detailed ICD-11 coding guidelines that reflect specific coding scenarios similar to ICD-10.

Enriching ICD-11 content is necessary to keep pace with the evolving landscape of medical knowledge. Addressing gaps identified in the mapping or content coverage evaluation between ICD-10 national modifications and the ICD-11 before pilot studies are conducted is imperative.

This effort would significantly increase the satisfaction of coders familiar with ICD-10 national modifications. A national platform has been set up for collecting and assessing proposals from Chinese users, which, if deemed meritorious, will be translated into English and forwarded to the WHO Proposal Platform for consideration. This aims to enhance the active involvement of Chinese contributors in the ongoing maintenance of the ICD-11.

The pilot revealed a need for enhanced clarity and detail in documentation to facilitate precise ICD-11 coding. Automated clinical coding using ICD-11 and improved clinical documentation are expected to benefit from the application of artificial intelligence. Training for mental health professionals in using the ICD-11 Clinical Descriptions and Diagnostic Requirements (CDDR) was also highlighted as necessary.

Additionally, the pilot emphasized the importance of downstream utilization of ICD-11 coded data, which has yet to be fully established. The value of the ICD-11 coding in healthcare becomes most apparent when these data generate insights and inform decision-making. Further communication with and training of data users are necessary to raise awareness and motivate exploring the data application. Coordination with various stakeholders to draw a clear roadmap and clarify the transition phase duration is essential for preparing and organizing resources effectively.

Calendar of Events

AUG 22 - 23 2024

50th Annual Meeting of the Japan Society for Healthcare Information Management

Fukuoka-city, Japan

Language: Japanese

AUG 22 - 25 2024

The 3rd International Scientific Meeting on Health Information Management (ISMohIM)

Semarang, Central-Java, Indonesia

Language: English

OCT 21 - 22 2024

2024 Pan-Canadian Conference on Health Information

Vancouver, British Columbia

Language: English

OCT 27 - 29 2024

AHIMA24

Salt Lake City, Utah, USA

Language: English

OCT 28 - 30 2024

HIMAA Annual Conference

Melbourne, Australia

Language: English

Learn more about IFHIMA events at:

<https://ifhima.org/events/>

The transition to ICD-11 is a transformative journey, requiring collective effort, visionary leadership, and a commitment to excellence in health information management. International collaboration and knowledge sharing are crucial in this journey, as they will ultimately lead to more effective and efficient healthcare systems globally. We hope that our experiences and lessons learned can be useful for other countries in similar initiatives, contributing to the global effort to improve healthcare data quality and standardization.

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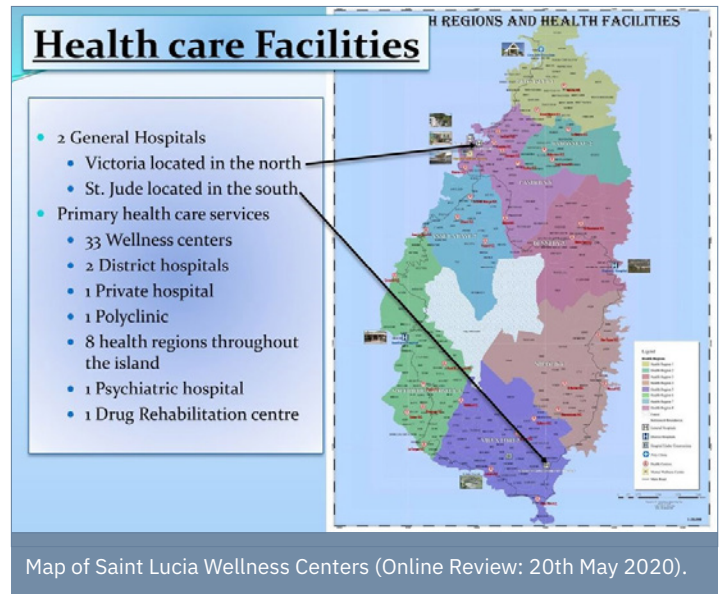
*Deputy Director of Department of Medical Records
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Digital Health Initiatives in Health Information in Saint Lucia



Map of the Caribbean – Locating Saint Lucia
(Online Review: 17th June 2024).

Saint Lucia is an island - 238 square miles found in the West Indies, the eastern Caribbean. The island has a population of 180,775 people (Wikipedia, the free encyclopedia, 2024). The island’s health system includes public and private care – 32 Community Wellness Centers, 3 public hospitals and 1 private hospital, with many private practices. The two major public hospitals are Owen King European Hospital (OKEU) the north and St Jude hospital in the south of the island. Saint Jude



Hospital serves 45% of the population, with OKEU serving the remaining 55%. Over the past 10 years the population has been challenged with chronic non-communicable diseases, specifically diabetes mellitus and hypertension. Between 2005 - 2011 Saint Lucia embarked on health care reform – reviewing of the health care system, with the introduction of the island’s first electronic health system (Jaime, p. 28, 2010).

In 2008 Saint Lucia undertook a health reform initiative for our health care system. This included reviewing of our health data collection, processing and analysis- improving of our health information system, creating an effective and efficient service to enable evidence-based decision making, and policy developing (Jamie, p. 34 2010). This initiative led to the introduction of electronic health records – the system was first piloted at the St Jude Hospital during 2008. The system was then tailored to for use at the island’s wellness centers where it is now currently deployed – St Lucia Health Information Management System (HMIU, no date). However, at the hospital we are currently using another software – the software has the capability for patients to access their information on any electronic device – patients will be able to schedule their appointments, view their medical records.

Digital health is vital to improving health service. According to the World Health Organization (WHO), it will not only ensure more efficiency in our system but also enable us to reach our patients outside of the hospital. Digital health initiatives for health information will enhance the quality of data collected, as well as strengthen the quality of service we provide to our patients (UNICEF, no date). PAHO has also embarked on initiatives within

the Americas, called - “The PAHO’s IS4H (Information Systems for Health)” (PAHO, no date). Strategic focusing on “1) Data Management and Information Technology, 2) Management and Governance, 3) Information and Knowledge Management and 4) Innovation” (PAHO, no date). The initiative focuses on the adoption of electronic health records – improving the process of health information management – which is geared towards better “data management, analysis and interpretation” (PAHO, no date).

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IFHIMA Membership Benefits – Associate and Individual

Join your HIM colleagues as we share knowledge and best practices and strive to foster initiatives that can improve health around the world.

Individuals from any country can join us and get involved with our events, workgroups, and committees. Fees are just USD \$35 for a year (January 1 – December 31), or USD \$100 for a three-year membership.

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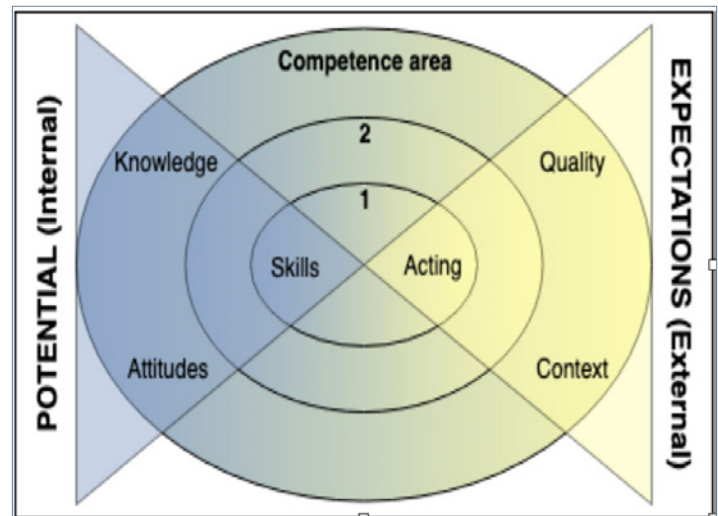
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- Receiving regular copies of IFHIMA’s Global News, which provides worldwide updates on the HIM profession.
- Certificate of Associate Membership of IFHIMA is issued upon dues payment.

Please contact our membership chair **Marci Macdonald** for more information.

How To Create A Competencies Framework

Competency is the ability of an individual to apply related skills, knowledge and abilities to perform professional duties successfully in a defined work setting. Competence can be summarised as contextualised capability involving an integration of knowledge, skills and attitudes. For instance, you may have the required competency in coding after completing relevant educational degrees. A HIM professional may have multiple competencies depending on their work experience educational background and other training programmes they undertook.

To address this complexity, the below framework was developed utilising the ‘[bow tie model of competence components](#)’ by George E.P. Box



1. Consider the purpose of the framework

Before you begin developing your framework, decide whether you want to use it to locate qualified candidates or to determine who receives an annual promotion or a raise. You can also use it to better understand the roles within the organisation where you work, allowing you to lead and manage others more effectively. Think about which employees are to use the framework you create and consider the situations where it might be useful. It is also useful to consider both the short- and long-term needs of the organisation. In addition, ensure that you only include relevant competencies for your framework.

For example, if you choose to create a framework for marketing and sales professionals, make sure you include competencies that relate to those roles rather than financial competencies. Writing a list of the positions you want to include in your framework can make it easier to determine which competencies might apply to those roles.

2. Engage in research and collect relevant information

Once you determine the purpose of your framework and the employees it applies to, you can begin researching different competencies and collecting information from employees who are familiar with the roles you listed. Here are some techniques you can use to obtain the required information for your framework:

- **Engage in observation:** Spend some time observing different employees to assess what their typical duties are and determine what might help them complete their tasks more efficiently.
- **Interview different employees:** Meet with individual employees and teams to discuss the competencies they feel are most important.
- **Develop surveys and questionnaires:** Surveys and questionnaires can be valuable methods for collecting more detailed information, especially if you work for an organisation that has a remote working arrangement.
- **Perform a job analysis:** A job analysis is the process of assessing a position to determine which qualifications are necessary for it.

3. Develop your framework

After you have the necessary information, begin grouping similar skills and qualities into a set of competencies. You can then group behaviours and skills into additional categories for greater specificity. Consider basic skills like teamwork, decision-making and interpersonal relations. After you have a basic structure, you can begin creating subgroups for your competencies.

For example, communication might include competencies like active listening, presentation skills and a willingness to accept and provide feedback.

Create a title for the competencies within a specific category to ensure that you include all the elements required for a specific role. The number of competencies you might include in your framework is likely to vary depending on the position, and jobs with greater responsibilities may have a more varied list.

4. Make necessary revisions

Review your framework to determine if the attributes within it are relevant to the position. As roles and business circumstances change, it may be necessary to revise your framework by removing unnecessary competencies and adding new ones. Consider developing another survey that allows employees to rate the relevancy of the competencies you listed in the framework.

5. Begin the implementation process

After communicating your plans to implement the framework, inform employees of the reason you developed it and what you want it to achieve. Share how often you plan to update it and explain how employees can use the tool to assess their individual strengths and weaknesses. Consider providing training or coaching to help employees implement the framework more easily.

A few of the primary benefits of creating these competency frameworks:

- **They help standardise performance.**
These frameworks provide an easily accessible outline of how each role within an organisation or department is relevant to the business.
- **They reduce skills gaps.**
Skills gaps occur when the skill sets of employees do not align with the organisation's current needs. Having a framework can help companies reduce skills gaps by making it easier for them to hire qualified employees.
- **They allow for more efficient work arrangements.**
Through these frameworks, organisations may discover that there are more efficient ways for employees to interact.



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Strengthening International Ties: Tung Wah College Visits Sydney Local Health District



SLHD staff sharing insights on working at RPA Virtual Hospital with Tung Wah College students.

Recently, I had the pleasure of welcoming students and academic staff from Tung Wah College (TWC) in Hong Kong to the Sydney Local Health District (SLHD) in Australia. This visit was hosted by the Digital Health & Innovation department (DH&I) as a reciprocal gesture following my visit to TWC’s School of Health Information Management last year.

The visiting group, which included students from Health Information Management (HIM) and Nursing along with academic staff, experienced several highlights during their visit including:

- Tour of the Royal Prince Alfred Virtual Hospital: Australia’s first virtual hospital, the tour provided insights from Nursing and HIM professionals on the delivery of virtual care.
- Presentations from the University of Sydney: The university showcased tertiary studies in AI, Data Science, and Digital Health available for postgraduate international students, along with career pathways.
- Capstone Project Presentation: Ms Janice Chung, a final-year HIM student from TWC, presented her capstone project to members of the Digital Health Informatics Network.
- Inspirational Talk: The Chief Information Officer of DH&I shared her career journey in HIM, inspiring the TWC HIM students and staff.
- Live Demonstration: A demonstration of the “Florence” and “eMR” systems illustrated the digital front door outpatient experience for patients and staff at SLHD.

Coming Soon!

Topics include ICD-11, Technology and Artificial Intelligence, and Developing the Future Health Information Workforce: Perspectives from Research and Practice.

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Tung Wah College students and staff with DH&I team members at the DH&I office.



Tung Wah College HIM student Ms. Janice Chung presenting her capstone project at the University of Sydney.



Ms. Alex Wagstaff, CIO, sharing her HIM career journey with Tung Wah College students.



Dr. Teddy Chan (L) presenting a thank you gift to Mr. Willy Chan (R).

Dr. Teddy Chan, a senior HIM lecturer at TWC who participated in the visit, expressed gratitude to the hosts at SLHD and the University of Sydney for their hospitality and broadening the students' horizons to the latest advancements in healthcare and provided inspiration to students in pursuing a career in Health Information Management.

Encouraged by the positive response from students and staff, TWC plans to make the visit a recurring event.

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Sue Walker: 30 Years with WHO-FIC

In early 1994, I was working in Queensland Health when I received a phone call from a colleague who told me about a position which had become vacant that she thought I might be interested in. The position was Director of the National Reference Centre for Classification in Health (NRCCH), which was a centre located at QUT but funded by the AIHW to support its work as the Australian WHO Collaborating Centre for the Classification of Diseases. The role was to work with WHO on morbidity and mortality coding issues. I was interviewed and got the job, commencing work on 11 July 1994. The NRCCH had been in existence for several years but its terms of reference were a bit unfocused and, as the previous incumbent had already left to move to Sydney and I was the only staff member in Brisbane,



The Mortality Reference Group at the 2013 WHO-FIC Network Annual Meeting in Beijing, China.

my first task was to work out what the job entailed! Working with Dr John Donovan, the principal medical advisor at the AIHW, we started work to support classification and coding activities in Australia and overseas. AIHW had no mortality coding experience so one of my first jobs was contacting the Australian Bureau of Statistics and understanding how mortality coding worked because to that point, I had only ever coded in hospitals. At the time, Australian hospitals were using ICD-9-CM for morbidity purposes and the ABS was coding with ICD-9.

My first exposure to the WHO-FIC Network was in October of 1994 when I attended my first annual ‘heads of centres’ meeting held in Caracas, Venezuela. What a revelation! It was attended by about 25 people – we could all sit around one single boardroom table! It was the first time I had attended an international meeting and I not only meet HIMs from other countries, but others who worked in Ministries of Health and statistical agencies on coding issues. I was so new to the role that much of the discussions went completely over my head. However, there were early deliberations about replacing ICD-9 with a more contemporary classification, to be the 10th revision of the ICD, and development tasks were distributed. These included creation of the index and tabular list. Subsequent work was completed and shared by post – incredible to think what was achieved when electronic communications were not possible!

Since that first meeting, I have attended 90% of the annual October meetings. Each meeting is hosted by one of the Collaborating Centres and have been in Australia twice – Canberra (1995) and Brisbane (2002), Tokyo (three times), Copenhagen, Cardiff, Rio, Cologne, Reykjavik, Tunis, Trieste, Seoul (twice),

Toronto, Cape Town, Brasilia, Beijing, Barcelona, Manchester, Mexico City and Banff. I missed meetings in Washington, New Delhi and Bonn but attended online during the COVID years in 2020-2022. The early meetings were single sessions that ran over a week (with a weekend in the middle). From discussing ICD-9 and the International Classification for Procedures in Medicine, we moved to development and implementation of ICD-10 and in more recently, progress on ICD-11.

In 1999, the concept of a ‘family’ of international classifications was initiated, consisting of three reference classifications – the International Classification of Diseases (ICD), the International Classification of Functioning, Disability and Health (ICF) and the International Classification of Health Interventions (ICHI) – and a series of derived and related classifications that capture information about different aspects of health. To manage the workplan for the development, translation and use of these classifications, WHO has supported the establishment of what are now 32 Collaborating Centres throughout the world, creating the WHO-FIC Network. As ICD-11 work has progressed, new collaborating centres have joined the family: WHO Collaborating Centres for Classifications, Terminologies, and Standards (WHO CTS CC), for Classifications Scientific Support (WHO CSS CC) and for Verbal Autopsy (WHO VA CC). The Network supports WHO in the development, maintenance, and use of a cohesive set of reference health classifications and related products that standardise the production and use of health information internationally. Participant numbers at the annual meetings have grown exponentially with several hundred classification experts now attending.



The Australian delegation at the 2018 WHO-FIC Network Annual Meeting in Seoul, Korea.



Australian delegation at the 2017 WHO-FIC Network Annual Meeting in Mexico City, Mexico

The work of the Network is carried out through committees which all meet at least once face to face annually in October but more regularly via electronic means:

- Classification and Statistics Advisory Committee (CSAC)
- Education and Implementation Committee (EIC)
- Family Development Committee (FDC)
- Informatics and Terminology Committee (ITC)
- Medical and Scientific Advisory Committee (MSAC)

There are also five reference groups which provide advice in the specialised uses of the classifications:

- Mortality Reference Group (MRG)
- Morbidity Reference Group (MbRG)
- Functioning and Disability Reference Group (FDRG)
- Traditional Medicine Reference Group (TMRG)
- Verbal Autopsy Reference Group (VARG)



Training course in the Pacific, 2023.

I have been co-Chair and member of the Education and Implementation Committee and a long serving member of the Mortality Reference Group. I have made many friends around the world through my involvement.

My work over the years has primarily been in education. Since the first course I ran in early 1996, I have conducted 62 training courses, both in Australia and overseas. Supported by WHO, AusAID, other aid agencies and governments of various countries, these courses have focussed on morbidity and mortality coding with ICD-9, ICD-10, ICD-10-AM and ACHI; medical terminology; death certification and basic medical record practices.

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Letter from the Editorial Team

The IFHIMA Global News Editorial Team proudly presents our second issue of IFHIMA Global News for 2024. Featuring articles from across the Globe, from Hong Kong, the United States, Saint Lucia, West Nigeria, China and Australia.

As a relatively new Health Information Management (HIM) professional, co-authoring for the IFHIMA Global News has been an incredible experience. It has allowed me to explore the wide range of work being done by HIMs worldwide. For this issue, there are a few articles from E4-Health and Saint Lucia that focus on the digital health space, which I find especially fascinating.

The article from E4-Health discusses the critical role of Information Technology (IT) and HIM in ensuring data integrity during major system changes in healthcare. Highlighting common challenges faced during Electronic Health Record (EHR) transitions and emphasises the importance of collaboration between IT and HIM professionals to maintain data quality and improve patient care.

The Saint Lucia article covers their current work to implement electronic health records, supported by the World Health Organisation and Pan American Health Organisation to further enhance healthcare efficiency and patient outreach.

ICD-11 is another area of interest for me, particularly as I am involved in the ICD-11 planning in Australia and the IFHIMA Community of Practice (COP). As a benefit of these involvements, I had the opportunity to listen to a presentation by Meng Zhang on the ICD-11 morbidity pilot in China. When contacted, Meng and Naishi Li agreed to write short piece for this issue of IFHIMA Global News. I hope readers find their article as interesting as I do, as ICD-11 implementation progresses globally.

This issue also features articles that touch on a variety of international HIM collaborations and professional competencies, as well as an impressive professional profile of Sue Walker, a HIM with 30 years working with the WHO-FIC Network.

The IFHIMA Global News Editorial Team would like to thank the authors who contributed to this issue, without submissions from our members this publication would not be possible.

The IFHIMA Global News team will continue to strive to bring our readers interesting, relevant, and informative content from across the IFHIMA regions through 2024. As always, we welcome contributions from members from around the world. A copy of the guidelines can be found [here](#).

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Our team is comprised of Health Information Managers (HIMs) with a diverse range of interests and experience. Brooke Macpherson and Filippa Pretty are our senior HIMs with more than 40 years of experience between them. Breanna Harnetty, Georgia Savvopoulos and Natasha Millerd-Stevens are recent graduates itching to experience everything HIM has to offer.

Disclaimer:

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