Celebration Issue

40\textsuperscript{th} IFHRO Anniversary
1968 - 2008
IFHRO

International Federation of Health Records Organizations
A Non-Governmental Organization affiliated with the
World Health Organization (WHO)

The Link for Health Records/Information Management
Around the World
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Lorraine Nicholson, President of IFHRO

CONGRATULATIONS TO IFHRO ON ITS 40TH ANNIVERSARY

It is a great pleasure to congratulate IFHRO on its 40th Anniversary and to wish the Federation every success in the future. The Federation has come a long way since its inception and I would like to share with you something of its history. The historical information in this article is derived from “The Story of IFHRO, An historical overview 1949 to 2004” by Phyllis J. Watson, AM, Past-President of IFHRO.

In 1948 there were just three established national medical record associations with limited international cooperation between them. One in the United States of America, which was formed in 1928 as the Association of Medical Record Librarians of North America (which also included medical record librarians from Canada) and which is now known as the American Health Information Management Association (AHIMA). In 1942 the Canadians formed their own association the Canadian Association of Medical Record Librarians (CAMRL) and became the second country to establish a national medical record association. This is now known as the Canadian Health Information Management Association (CHIMA). The third association was my own national association, the Association of Medical Record Officers of the United Kingdom known as AMRO. AMRO became the Institute of Health Records and Information Management (IHRIM) and IHRIM continues to strongly support IFHRO and uphold its values now as it did in the very beginning.

Elsie Royle, (later to become Elsie Royle Mansell) was the Medical Record Officer from The Christie Hospital in Manchester, England. She played a very significant role in the development of AMRO in the United Kingdom, which in turn played a major role in raising international awareness between medical record practitioners around the world and she was a key driver in the establishment of an international federation.

During 1948 Elsie Royle visited the USA and Canada and met with professional colleagues in the American and Canadian Associations and she returned to the UK full of enthusiasm and with the idea of possible cooperation between medical record personnel around the world. In 1951 she wrote to existing National Medical Record Associations about the possibility of a global linkage between medical record keepers. She received enthusiastic responses to her ideas and after many months of hard work and international correspondence the First International Congress on Medical Records, organised by AMRO, was held at King’s College in London from 8 to 12 Sept. 1952.

Much activity and a great deal more correspondence took place in subsequent years and as a direct result of the energy and drive of the early pioneers of international collaboration, International Congresses on Medical Records were held in Washington in 1956, Edinburgh in 1960, Chicago in 1963 and in Stockholm in 1968.

Significantly on 29th May 1968 at the international business meeting during the Fifth International Congress on Medical Records held in 1968 in Stockholm, Sweden the International Federation of Medical Records Organizations (IFMRO) was formed. This was sixteen years, five international congresses and many thousands of letters after the idea was first discussed during the first international meeting in London in 1952. The meeting in Stockholm was opened by Mary Rose (USA), Chairman of the International Medical Records Committee, who spoke of the strong ties formed since 1952 and how international meetings gave participants much to think about and many valuable ideas to exchange. Following her report one delegate from each of the seven nations represented (Australia, Canada, Sweden, the United Kingdom, the United States of America, Israel and The Netherlands) presented a short account of their association, the role of medical record professionals in their own countries and existing medical record education programmes. With strong encouragement from Elsie Royle Mansell from the United Kingdom, Mary Rose (USA) and Dr. Skrinjar-Nerima of the World Health Organization (WHO) there was no hesitation in reaching unanimous agreement to the formation of an international organisation.
Since the Fifth International Congress in Stockholm there have been International Congresses held around the world at four-yearly intervals, which was reduced to three years in 2004. My first IFHRO Congress was the 9th Congress held in New Zealand in 1984 and I have attended every congress since then. My experiences in Auckland really energised me and gave me great enthusiasm to become involved in the international dimension of our profession. After the congress in New Zealand I participated in a WHO Project on “Health Records in Developing Countries” and contributed to the first revision of the IFHRO Learning Packages, which have since become IFHRO’s Education Modules. I was on the Editorial Board for the IFHRO Newsletter for many years from 1984 and also a member of the Education Committee for many years. In 1996 I became the UK IFHRO Director and became a member of the Federation in 2000. In 2004 I became President-Elect and assumed the Presidency at the 15th International Congress in Seoul in May 2007. Over the years I have been very fortunate to have undertaken many assignments around the world, many of them in developing countries. Through these assignments I have met many new colleagues, worked in numerous different healthcare systems and made many true and dear friends many of whom are involved in IFHRO. My own involvement in IFHRO gave new direction and focus to my professional life.

AIDOS-IMERA, the Italian Medical Records Association, is hosting the 16th IFHRO International Health Records Congress, which will be held at the Stella Polare Convention Center, Milan, Italy 15th – 19th November 2010 (www.IFHRO2010.it). During the Congress IFHRO will hold its General Assembly and I hope that representatives of as many member nations as possible will be present together with individual Associate Members. The theme of the congress is “Better Information for Better Health: The way forward to a safe, responsive and integrated healthcare”. The Congress in Milan will provide an unrivalled opportunity for health records/health information management professionals from around the world to meet in a superb venue to strengthen their commitment to their profession, participate in educational activities, professional networking, information exchange and social activities. This opportunity only comes around every three years, so I urge all readers of “Global News” to make every effort to attend and be part of this very special event. I know that it will be a fantastic personal and professional experience and one that delegates will never forget.

Given the involvement of the UK Association (AMRO) in the formation of IFHRO it has been a special honour and a great privilege for me to be President of IFHRO at the time of its 40th Anniversary. I knew Elsie Royle Mansell and was personally inspired and motivated by her dedication and commitment to IFHRO and the values and principles that it represents. I know that she would have been delighted with the current number of member nations of the Federation representing countries in all of the WHO regions and with the growth of IFHRO’s Regional Teams. She would also have had great pride in IFHRO’s Joint Collaboration with the WHO Family of International Classifications (WHO FIC) which is working to produce an international certification programme for mortality and morbidity coders and with the truly remarkable progress that this project has made.

IFHRO is a non-profit organisation affiliated with the World Health Organization (WHO) as a non-governmental organisation (NGO). The Federation sends representatives to WHO meetings and works closely with WHO on specific projects of particular concern or interest to WHO in the field of health records and information systems. IFHRO values its special relationship with WHO and looks forward to continued collaboration and more successful projects in the future.

The work of IFHRO and the sustained growth of the Federation very much depend on effective team working, the commitment and dedication of the small band of hard-working volunteer officers who serve on the Executive Committee, which is IFHRO’s governing body, and the work of the National IFHRO Directors and their supporting national associations. They are all vital to the continued success of the Federation and I offer them my sincere thanks for their efforts. I am also gratified that IFHRO Past Presidents continue to support the work of the Federation and IFHRO is also very grateful to them for the support that they provide. We must not forget either the individual associate members, who continue to provide a valuable presence for IFHRO in many countries where there is no national association or where such an association is not yet a member of the Federation. They all do such important work in keeping the Federation’s profile high in their own countries and IFHRO is indebted to them.

There are lots of exciting things happening in our profession all around the world and IFHRO looks forward to continuing to support the profession and the people who work in it. I hope that readers of “Global News” will take the opportunity to become more involved in IFHRO’s activities and if you want to find out how you can make a contribution please contact the IFHRO Director in your region or your national IFHRO Director who will be pleased to help you. Please visit http://www.ifhro.org/executive.php

Yours sincerely,

[Signature]
It is a pleasure to be amongst those, who offer congratulations to IFHRO on its 40th birthday.

Denmark has during many years been attached to IFHRO, either through representation to international congresses or through national membership of the Federation. Also Danish representatives have been represented in a number of IFHRO committees such as The European Regional Team and The Membership Team.

The history of the Danish relations between IFHRO and Denmark starts in 1968. From this year, the Danish Organization of Medical Secretaries has taken part in IFHRO activities, but many years passed, before membership of the Federation became a reality. In 2001 the Danish Association SadL became a national member and, this membership was subsequently taken over by the Danish Association HK/DL, when the two associations merged in 2007, thereby representing approximately 11,000 Danish Health Record Professionals.

Preparatory to the national decision to apply for membership in 2001, an article about the history of IFHRO was published in SadL’s journal, and it was interesting to see how the names of IFHRO and SadL have been connected through many years. SadL was a participant amongst the 700 delegates from all over the world who attended the 5th international congress in Stockholm in 1968, where IFHRO was officially established.

During the last 30 years and more, Denmark has been represented at International and European Congresses in 1986 and 1988, 1990, 1992, 1996, and after 2000, one or more Danish representatives were sent to all the international congresses. It has always been regarded as a great privilege to attend the scientific program and to participate in the business meetings of IFHRO as well as in the social events during the congresses. For me personally, many friendships have grown over the years.

Over the years many articles about IFHRO conferences and committee work have been published in the Danish journals to give our Danish colleagues knowledge of IFHRO and to read about international relations and development within our professional field.

After the establishment of the European Regional Team in Germany in January 2001, Denmark has been part of this team. Up to 2008 I personally represented the Danish Association HK/DL in this team. When HK/DL unfortunately did not choose to renew national membership, I continued as a guest-member of the team, taking part in the meetings and the work of the Team as often as possible.

Denmark has played a role in the IFHRO Membership Team since the Team was established in 2003. Right from the start of the work of the Team, Denmark has tried to attract other European countries to the international network, which IFHRO represents. The Nordic countries meet regularly and there are regular Nordic congresses, and we hope, that the future vision of these countries will include national membership of IFHRO.

So, from Denmark we send our greetings to all IFHRO-readers around the world, together with our hopes that IFHRO will live strongly for many, many years to come.
Happy 40th Anniversary IFHRO

Professor Phyllis J. Watson, AM

It does not seem 40 years since the day in 1968 I heard Elsie Royle Mansell ask participants at the 5th International Congress on Medical Records “to have the courage to form an International Federation without further delay seeking membership from ten national associations”.

The formation of the Federation was a great achievement and has come a long way in the past 40 years.

With changes following the introduction of electronic health records in many countries, and the existing problems relating to manual medical/health records in developing and also some developed countries, health information/record professionals are needed even more today than ever before. IFHRO, with strong supporting national associations and individual members, needs to remain at the forefront of health information developments as we progress into the next decade. I wish the Federation well for the future and look forward to celebrating our 50th anniversary in 2018!

Professor Phyllis J. Watson, AM
Past President and Honorary member of IFHRO

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The report from IFHRO Membership Team (IMT) at the General Assembly in 2007 indicated that the team members were ready for some changes in structuring the IMT-function. The suggestion was made, that instead of having a group for “IMT free lance members”, the group should consist of the Regional Directors, giving these individuals a working tool for promotion of IFHRO in their individual regions.

During the last chairman’s period the IMT work was divided according to:

WHO Regional Offices:

WHO Member States are grouped into six regions. Each region has a regional office. The map shows the WHO regions and the location of the regional offices.

:: Regional Office for Africa
:: Regional Office for the Americas
:: Regional Office for South-East Asia
:: Regional Office for Europe
:: Regional Office for the Eastern Mediterranean
:: Regional Office for the Western Pacific

The IMT chairman took care of the European region and coordinated the work in other regions globally.

IFHRO Regional Directors’ tasks 2007 - 2010 Purpose:

• To increase numbers of members for all membership categories from all countries of the world, with a concentration on memberships and categories that can assist IFHRO in optimally achieving its purpose to:
  a) Promote the development and use of health records in all countries
  b) Advance the development and use of international health records standards
  c) Provide for the exchange of information on health records education requirements and training programs
  d) Provide opportunities for communication between persons working in the field of health records in all countries; and,
  e) To identify, determine feasibility, and recommend services that could facilitate communication and increase membership.

Characteristics:

• The boundaries of the activities will be all countries of the world, with concentration on the following four categories of membership:
  o National
  o Associate
  o Affiliate
  o Corporate

Initial Activities:

• Review purpose and related objectives, refine Terms of Reference as appropriate
• Determine deliverables and time frame for each objective.
• Gather IFHRO materials, e.g. information profiling current IFHRO activity, to initiate or enhance any existing “Media/Communications Kit” to be used in membership recruitment activity.

Objectives:

Membership Recruitment

a) To determine the framework to be used to target and recruit new members to each membership category from all countries of the world.

b) To determine appropriate recruitment strategies for each membership category, and establish process and supports required to achieve a substantial increase in the numbers of members, e.g. identify national and international magnet organizations/institutions to target for corporate or affiliate membership and determine specific recruitment strategy for each Regional Director.

c) To establish and execute a work-plan and communications strategy to initiate and maintain the recruitment process for each membership category.
d) To ensure recruitment strategies are executed in context with other IFHRO activity, e.g. European Task Group for Harmonization, and complement these activities. Membership Services

e) To review existing services, e.g. newsletter, congress, and identify and explore the Development of new services specific to each membership category.

f) To report viable new services to the Executive Committee for development and implementation.

Conclusion:
As in 2007 the IFHRO constitution has been changed, and the Executive Committee now has members from all regions (except one), and these members being identical with Regional Directors, it might be the right time for integrating IMT functions into EC members’ work. The coordination of the work – and reporting - would find a natural place within the EC. A chairman might not be needed – but a Regional Director could be assigned for the coordination of functions.

As mentioned, many functions within the former IMT will be identical with the functions of the Regional Directors’ within the EC, I find that it might concentrate the information line and enhance motivation for Regional Directors to work within individual regions and give the Regional Directors a working tool and terms and references for their tasks.

As new standing committees I could recommend development of Regional Teams as we have in Europe. This might be a fine and profitable network for each Regional Director.

Best wishes,
Darley Petersen
REPORT FROM THE EUROPEAN REGIONAL TEAM (ERT) from beginning in 2001 up to 2009

Lorraine Nicholson FHRIM, President of IFHRO, Chairman of the ERT
&
Darley Petersen Member of ERT, Chairman of the Membership Team

Introduction

A proposal from the German Association DVMD (Deutscher Verband Medizinischer Dokumentare - DVMD) for European Associations to join an IFHRO project for Europe was approved by the Executive Committee of the International Federation of Health Records Organizations (IFHRO) at its meeting in Melbourne, Australia in October 2000. The European Task Group (on harmonisation of health information management), known initially as the ETG, was established in January 2001.

The vision of the four founder European national associations from Germany, Denmark, United Kingdom and The Netherlands as National members of IFHRO was as follows;

“Recognizing that the European Community is becoming a day by day reality, each country must look beyond its own borders. This not only includes countries usually known as ‘Western Europe’, but also the former Eastern European countries, which will join the European Union in the near future.”

The first meeting was held in Frankfurt on Thursday 11th January and Friday 12th January 2001 and this meeting was generously hosted by the German national association DVMD. Using IFHRO as the governing body, these four founding countries took the initiative to collaborate on this exciting initiative to encourage and facilitate cooperation and coordination of Health Information Management across European boundaries i.e. “Harmonisation”. The meeting was an excellent dynamic meeting, full of energy and it was very productive particularly as this was the first time that this group of people had met and worked together.

Setting up the Project, Early Activities & Meetings

Harmonisation of Health Information Management across European Boundaries was an enormous task and the Task Group knew that it had to be realistic about how it would aim to achieve this, particularly as there was no funding attached to the project. The following is a list of the objectives of the project and the Group agreed to approach the EU for funding:

- Enabling standardisation of policies and procedures
- Integrating education and qualification structures
- Providing a forum for the exchange of knowledge and information for Health Information Management professionals
- Providing the EU with a clear picture of the current status quo in respect of Health Information Management/ Health Records Management
- Assisting the EU in the development of future policies and procedures
- Assisting in the development of a transferable workforce in the field of Health Information Management

The Group knew that this was a very ambitious programme of work which could not happen overnight!

In 2002 the Irish Organisation: The Irish Services Management Institute joined the ETG and then in 2005 The Italian Organisation AIDOS (the Associazione Italiana Documentazione Sanitaria (AIDOS) - Italian Medical Records Association (IMEIRA) became a member of IFHRO and was included in the Group. The Steering Committee now had representation from six European countries: The Netherlands, United Kingdom, Germany, Denmark, Ireland and Italy, and representatives from these countries are invited to each face to face meeting and the group works by e-mail in between these meetings. Meetings of the Team from 2001 – 2009 were as follows:
1. 2001 January in Offenbach, Germany  
2. 2001 July in Hoorn, The Netherlands  
3. 2002 April in Copenhagen  
4. 2002 August, Dublin, in conjunction with the European Conference  
5. 2003 February in Hoorn, The Netherlands  
6. 2003 July in Berlin, Germany  
7. 2004 April, Ulm, Germany, in conjunction with the national German congress  
8. 2005 March in Hoorn, The Netherlands  
9. 2005 September in Peterborough, England, in conjunction with the national UK conference (IHRIM)  
10. 2006 May in Copenhagen, Denmark  
11. 2006 October Milan, Italy, in conjunction to national Italian congress (AIDOS)  
12. 2007 May, Seoul, Korea, in conjunction with the 15th International Congress of IFHRO  
13. 2008 June, Amsterdam, The Netherlands, in conjunction with the NVMA national congress  
14. 2009 April, Mannheim, Germany, in conjunction with the DVMD national congress

On-Going Activities and Progress over the Years

The Steering Committee of the ETG met in Dublin in 2002 during the 10th European Congress on Health Records. Members of the Group hosted a positive workshop on the work of the ETG on 28th August 2002. Twenty-one participants attended the workshop representing nine different countries from Europe (Germany, England, Denmark, The Netherlands, Iceland, Republic of Ireland, Northern Ireland, Sweden, Scotland) and four other participants were from New Zealand, The Philippines and the USA. The workshop aimed to provide participants with information about the work of the European Task Group and the intended proposal for submission to the EU for funding to support the work of the Group. It was anticipated that this workshop would encourage other European countries to become involved in the work of the ETG and that it would encourage future ownership of the Health Information Passport, being developed in the Republic of Ireland, throughout Europe. Lorraine Nicholson and Willem Hogeboom also presented conference papers about the various aspects of the work already undertaken by the Task Group and its plans for future work. Group members also undertook detailed work to finalise a proposal for project funding from the European Union’s Leonardo da Vinci Fund.

The Group met in Hoorn in The Netherlands in February 2003 and then again in Berlin in July that year. At this latter meeting it was agreed that IFHRO should contribute to the development of a Health Supplement to the European Computer Driving Licence and Lorraine Nicholson was nominated to take this work forward in collaboration with Michael Rigby from the University of Keele in the UK. It is gratifying that this work has come to fruition and the “ECDL / ICDL Health” is an end-user qualification for health informatics systems users, including doctors, nurses, other health professionals, and support staff using patient data systems. The European Computer Driving Licence (ECDL) is known as International Computer Driving Licence (ICDL) outside Europe. http://www.ecdl.com/products/index.jsp?plD=102&nID=764b

The work of the Task Group was reviewed in 2003 and it was agreed that every effort should be made to move the work forward at a faster pace and to move with the times although it was accepted that this could be difficult without a dedicated funding stream to support the work. The Group acknowledged that developments in Europe could have applications worldwide and that it needed to work collaboratively with the IFHRO Membership Task Group to strengthen the work of both groups. The Group had a vision of an accessible European Conference to promote its work in Europe and to widen the membership of the Group to include more members from western Europe and to encourage membership from countries in eastern Europe. Priorities for action were identified as follow:

- Standardisation of policies and procedures for Health Information Management (Europe)
- Harmonisation of educational qualifications to enable a transferable HIM workforce
- Securing funding from the EU and investigating the possibility of commercial sponsorship
- Developing products that would be relevant to the EU
- Identifying other countries to participate in the work of the Group
- Working with Ministries of Health
- Raising IFHRO’s profile as a professional association
- Gaining experience in e-Health and e-Government.
The next informal meeting of the Group took place in Washington DC at the time of the 14th International Congress in October 2004 and the Group produced a poster for the congress illustrating the work that had been done to date and plans for future work. Group members also helped to man the IFHRO booth in the congress exhibition.

In March 2005 the ETG met in Hoorn in The Netherlands and at this meeting the ETG was renamed the European Regional Team (ERT) at the request of the current IFHRO President, Jean Clark. This was in keeping with the IFHRO Executive Committee’s concept of regions and regional working within the Federation. Topics under discussion at this meeting included engaging with new countries and encouraging them to join the Team, retaining the support of the existing national member associations, the student exchange programme and the possibility of a European Conference. In September 2005 the Team met again in Peterborough, England at the time of the national IHRIM conference. Willem Hogeboom had resigned as Chairman of the ETG shortly before this meeting and Lorraine Nicholson was unanimously elected as his successor.

Reviewing the Work of the Team and Next Steps
At the meeting in Peterborough the Team reviewed its aims and objectives for 2005 – 2007 in the light of progress to date and financial constraints and these were revised as follows:

1. To keep ourselves and our national associations aware of changes in professional practices and standards
2. To raise the profile of our profession throughout Europe
3. To facilitate and encourage individual members to further their professional knowledge
4. To help all countries in Europe to raise standards for health records and health information management, to form national associations and professional networks
5. To provide a European focus on IFHRO’s global plan

Because of the limited resources that were available to the ERT team members agreed that their efforts should be clearly focussed to maximise the impact of the work that would be done. Team members then determined priorities for action 2005 – 2007 and these were as follows:

i. To secure continued financial support for the work of the ERT. It was agreed that securing financial support was a high priority
ii. To increase membership of the ERT from the national associations
iii. To increase awareness of IFHRO in Europe
iv. To increase membership of IFHRO

The Team met next in Copenhagen in May 2006 and a very warm welcome was extended to representatives of the new Italian Association (AIDOS/IMERA), which had recently joined the ERT. The Danish Association (SadL) merged with the Danish Association “Dansk Laegesekretaerforening” (DL) and the DL-association had expressed interest in taking over the Danish national membership of IFHRO and an Observer from this association attended the meeting in the afternoon in order to seek information to enable her to compile a report for the DL Board. However, Darley Petersen retained her personal associate membership of IFHRO and she indicated her willingness to continue to work for IFHRO as Chair of the IFHRO Membership Team.

Team members agreed that it was strategically very important to re-establish contact with the WHO European Regional Office in Copenhagen but that this would best be done by engaging WHO in a European project.

The Italian representatives reported that the new Italian association had been established in response to the national situation regarding health record/information management where there are different working practices in the various regions of Italy. At the time it had a few enthusiastic members with strong ideas and their objectives were to help to standardise practices around the country, provide professional networking opportunities and to increase membership. It was therefore agreed that the IFHRO ERT would make a series of short presentations about professional practices in their own countries followed by an short presentation about IFHRO at the first conference of the association to be held in Milan in October 2006. IFHRO would also have a presence in the conference exhibition.
In October 2006 the ERT met in Milan, Italy as planned. At the meeting Darley Petersen reported that DL would take over national membership of IFHRO for Denmark from 1st January 2007. Other topics discussed at the meeting included a Harmonisation Project at the University of Dresden to provide an educational framework for non-academic professions and ERT activities at the forthcoming international congress to be held in Seoul, Korea in May 2007. National updates were also provided by all of the national representatives.

The Team took the opportunity to meet during the time of the 15th International Congress held in Seoul, Korea 26th – 31st May 2007. This meeting was an interim meeting to assess progress, to identify actions required before the next full team meeting and to agree dates and locations for the next meeting.

In 2008 the Team met in Amsterdam in The Netherlands at the time of a national conference on Electronic Patient Records organised by the national association NVMA and the Association generously sponsored the meetings of the IFHRO Executive Committee and the European Regional Team. IFHRO Executive Committee members collaborated with ERT members to present an International Session describing progress on Electronic Health Record development in Germany, The Netherlands, the United Kingdom, Denmark, Canada and the USA. A further paper entitled “Rethinking the Application of Electronic Patient Records in Poor Resource Settings: The Case of Kenya” was produced by Robert Wamalwa, Regional IFHRO Director for Africa to complement this session and it was subsequently published in Global News.

The 2009 meeting of the ERT was held on 5th April 2009 in Mannheim Germany and the meetings of the IFHRO Executive Committee and the European Regional Team were generously sponsored by the German Association DVMD. Executive Committee members and ERT members jointly delivered an International Session at the DVMD congress on 3rd April and this session included presentations about IFHRO, HIM Training and Education, the IFHRO/WHO Family of International Classifications Joint Collaboration and Electronic Health Record Development.

The Future - Going Forward

As you will see the ERT has met regularly over the last eight years and even now the original action plan is still a valuable guide to the work that needs to be done. In the early days Team members dealt with the original objectives agreed in 2001, but it soon became clear that EU funding for the work of the Team was going to be difficult to secure and the consequent lack of funding has meant that there has been a limitation to what could realistically be achieved. However, much work has been done and the Team continues to reach out to associations and individual practitioners in other European Countries to encourage them to become involved in the work of IFHRO. The Federation is grateful to the national associations of the current member countries for their continued and loyal support for the work of the European Regional Team.

Experience over the years through membership and other campaigns and continuing dialogue with European associations has confirmed that IFHRO and its European activities can be most effectively promoted by a presence at and input to national association meetings around the various countries in Europe and, as you will have read earlier in this article, the European Regional Team has successfully delivered international sessions at national conferences in Italy, The Netherlands and Germany. The topic for the sessions has been chosen by the host country and they have included Electronic Health Records and Health Information Manager Roles and Training. The sessions to date have been very well-attended by delegates who have found them to be relevant and of great interest and this activity will continue in the future.
IFHRO is delighted that the 16th International Congress will be held in Europe and it is with enthusiasm and great excitement that the Federation invites Health Records and Health Information Managers from around the world to participate in this Congress to be held at the Stella Polare Congress Centre in the magnificent city of Milan 15th – 18th November 2010. The theme of the congress is “Better Information for Better Health; The way forward to a safe, responsive and integrated healthcare”. The Congress will provide an unrivalled opportunity for health records/health information management professionals to meet and strengthen their commitment to their profession; participate in educational activities, professional networking, information exchange and social activities. The IFHRO international congresses only come around every three years, so we urge you to make a special effort to attend and be part of this important event. We are certain that the Congress will also provide a strong impetus for the European Regional Team and that the work and influence of the team will grow as a result.

www.ihrim.co.uk
www.nvma.nl
www.dvmd.de
www.aidosimera.it
HEALTH INFORMATION AGENDA – ADVANCING CHANGE

Bryon D. Pickard, MBA, RHIA

Vanderbilt University Medical Group, Nashville, Tennessee, United States of America

Healthcare is a global commodity, and new developments and innovative strategies to improve health and healthcare at a sustainable cost will require global solutions. Around the world, advances in health information technology is seen as a credible means to enhance clinical decision making, improve quality and patient safety, and boost efficiencies to take unnecessary costs out of the system. We have seen that most successful healthcare and healthcare improvements often begin and occur at the local level, and frequently as a result of the ideas and steps taken by individuals.

Responding to the preferences of large cross-sections of the American public, a new Federal administration was elected into office and has hit the ground running, raising the bar in putting forth policy initiatives which center on an agenda of change. As one component of this new change agenda, US President Barack Obama has announced policy objectives targeted at making health care accessible for all Americans, and at the same time, in a manner which must be more affordable. The use of health information technology and continued expansion of electronic health record systems is a centerpiece to this revitalized commitment for lowering the cost of healthcare and overall reform of the health care industry. There is a renewed energy to put into operation a nationwide health information network, and for all citizens to have electronic health records within five years – by the year 2014.

In February, as part of a massive financial stimulus package to deal with existing upheaval in the economy, the US Congress passed and President Obama signed the American Recovery and Reinvestment Act (ARRA) of 2009, also known as public law 111-5. While the overall legislation is designed as an initial step to promote job growth and economic recovery from the current recession, a significant piece of the Act ($19 billion) invests in expansion of electronic health records and other health information technology (IT). Not only will the health IT investments assist in jumpstarting electronic health record implementations, this will have longer-term benefits in building the necessary health IT infrastructure to transform healthcare for the 21st century.

An important piece of the 400-plus page ARRA legislation is to make permanent the Office of the National Coordinator for Health Information Technology in the Department of Health and Human Services. Key objectives outline the purpose and assigned duties of this Office for building a nationwide health information technology infrastructure, allowing the interoperable exchange of information. These objectives include:

- Ensure that each patient’s health information is secure and protected, in accordance with applicable law.
- Improve health care quality, reduces medical errors, reduces health disparities, and advance the delivery of patient-centered medical care.
- Reduce health care costs resulting from inefficiency, medical errors, inappropriate care, duplicative care, and incomplete information.
- Provide appropriate information to help guide medical decisions at the time and place of care.
- Ensure the inclusion of meaningful public input in such development of such infrastructure.
- Improve the coordination of care and information among hospitals, laboratories, physician offices, and other entities through an effective infrastructure for the secure and authorized exchange of health care information.
- Improve public health activities and facilitate the early identification and rapid response to public health threats and emergencies, including bioterror events and infectious disease outbreaks.
- Facilitate health and clinical research and health care quality.
Promote early detection, prevention, and management of chronic diseases.

Promote a more effective marketplace, greater competition, greater systems analysis, increased consumer choice, and improved outcomes in health care services.

Improve efforts to reduce health disparities.

Another major piece of the Federal stimulus package is the Health Information Technology for Economic and Clinical Health (HITECH) Act. The goal of this legislation is to encourage greater efforts and accelerate development of electronic health records for every US citizen. To further emphasize the importance of these policy initiatives, additional funding will be distributed through the federally funded Medicare and Medicaid insurance programs by way of incentive payments directly to physicians and hospitals that use certified electronic health record systems. A total of $17 billion is allocated under the Act, with incentive payments to begin in 2011.

The interpretation of Federal regulations surrounding key issues of confidentiality, privacy and security, along with development of standards to insure the integrity of electronic health information systems and processes are all essential elements in successfully implementing these new pieces of legislation. Understanding the many issues and deciphering potential differences between Federal and State privacy protections, and ensuring quality and accessible health information will go far in building the public trust amongst all stakeholders.

Health Information Management (HIM) professionals are uniquely positioned as the operational experts and will be instrumental in contributing to this transformation – advancing change at the local and regional level in healthcare organizations throughout the nation.

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http://www.ahima.org
Electronic Medical Record (eMR)

Stuart Green
Assistant General Manager Hospital Services.

Here in Bradford in the United Kingdom we embarked on an option appraisal to tackle our current storage of Health Records within the Trust. Whilst there could have been cheaper “quick fix” solutions we felt we were only delaying a further storage crisis several years down the line. With this in mind we as a Trust opted for an Electronic Medical Record (eMR) option which for the UK is still quite a revolutionary choice considering the volume of notes involved in the project.

The BTHFT (Bradford Teaching Hospitals Foundation Trust) currently sees in excess of 350,000 out patient attenders, 110,000 in patients and 106,000 A&E attenders each year.

BTHFT has a requirement to migrate from paper based medical records to Electronic Medical Records. We are doing this now for the following reasons:

- Current Storage facilities at critical point.
- Technology available to permit use of devices in clinical environments.
- Other Initiatives being pursued i.e. Voice recognition technologies that it can be integrated with.
- Move to an electronic Patient Record

Statistically the current scale of the medical records:

- 560,000 General records
- 180,000 ENT / Eyes records
- 100,000 records stored off-site
- 200 Images per record
- Equating to 148 million images
- 5000 records pulled and re-filed each week

The benefits to be made available include:

- Improves Patient Safety, as notes will be available at all times and instantaneously.
- Be more efficient than the current process as lower space and manpower required for an improved service.
- Provide a more effective care process (i.e. it is workable within a clinical environment). The use of electronic records together with other technologies such as a wireless connection will ensure the process is effective and may provide enhancements (e.g. notes available in off-site settings).
- Make all required medical records available in clinics and wards, as searchable indexed digital images, viewable simultaneously in different parts of the Trust.
- Vastly reduce or dispense with altogether the current paper archives
- Improved availability
- Enables simultaneous viewing
- Reduction in lost records
- Reduction in cancelled operations
- Greater Security & Control
- Provides Audit Trail
- Improved working environment
- Frees up space
The Electronic Medical Record is a stepping stone enabling BTHFT along the path to a full Electronic Patient Record (EPR). This will consist of both electronic capture and electronic retrieval of structured data that can then be used for operational decision support, Interoperability & information for audits on top of the benefits already realised from the eMR.

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Patient medical records serve two principal purposes. The first is to support direct patient care by acting as an aide memoir for clinicians and supporting clinical decision making. The second is to provide a reliable source of data to support clinical audit, research, resource allocation and performance planning. In the UK, the link between the two is the coding of diagnoses and procedures during a hospital stay that is then returned centrally for analysis and publication in the Hospital Episode Statistics. We describe how the Health Informatics Unit at the Royal College of Physicians in London has co-ordinated the development of nationally agreed standards for the structure and content of medical records that have been agreed for all hospital specialties.

The programme emerged from a project aiming to compare the performance of gastro-enterology services between hospitals by analysing Hospital Episode Statistics. We describe how the Health Informatics Unit at the Royal College of Physicians in London has co-ordinated the development of nationally agreed standards for the structure and content of medical records that have been agreed for all hospital specialties.

The development of the admission, handover and discharge record keeping standards started with a poll of practising hospital doctors to gauge the enthusiasm for standardising notes structure. The question asked was ‘Should the same, standardised headings be used in the proforma for acute medical admissions in all NHS hospitals?’ In the first of these, conducted by Doctors.net, 2:1 responded in favour, a second poll, of Members and Fellows of the RCP found 4:1 in favour. Both polls were closed at 1,000 responses (Carpenter et al, 2007).

With evident support for the proposal confirmed, examples of admission clerking documents from 36 NHS hospitals were used to produce draft headings.
which were then revised in a series of workshops and then put out to consultation in on-line questionnaire. The workshops and on-line questionnaires included patients and carers from the RCP Patient Carer Network. Over 3,000 doctors responded to the questionnaire and contributed over 1,500 written comments. Of those who responded to the questionnaire, over 90% were in favour of a common structure for the whole NHS.

A further series of workshops and an updated literature review developed headings for use in documents to support handover between medical teams and in discharge documents for when patients leave hospital, the latter with specific input from General Practitioners in primary care. The online handover and discharge consultations each generated around 1,500 completed questionnaires.

At the same time, the Presidents of the all the UK Medical Royal Colleges and specialist societies were contacted and asked to identify nominees who would examine, with their colleagues, the headings for the different types of records from the perspective of their own specialty. Their responses were fed into revised headings which were then used to structure paper proformas to test the headings in practice. The product of the exercise was piloted in hospitals [admission (10), handover(11) and discharge(8)], the discharge summary pilot included GPs who received discharge summaries using the standardised headings.

On April 17th 2008, the final revised standards were ‘signed off’ by the Academy of Medical Royal Colleges, attended by the Presidents from all colleges, including surgical, mental health and child health. They were passed as fit for purpose with observations from psychiatry and paediatrics that although the information that they required was different from and additional to that covered by the standardised headings, their requirements could be accommodated within the proposed structure standards.

The standards have now been submitted to NHS Connecting for Health which is responsible for the development of the EPR in England. Work on definitions that will meet the rigorous requirements for IT implementation is underway. Once completed they will be submitted to the NHS Information Standards Board for Health and Social Care following which all IT system suppliers will be required to use them for their EPR solutions. Many hospitals and IT suppliers are already implementing them in both paper and electronic format.

The project has been enthusiastically received by a very wide range of organisations including the IT industry which see them as the means for rationalising their clinical information system applications. The NHS Litigation Authority, which provides the clinical incident indemnity for NHS providers, are incorporating them into their Risk Management Standards for providers and the NHS Care Quality Commission who register all NHS providers will reference them in their standards required for registration. They are being incorporated into the medical undergraduate and post graduate training curricula and will likely be referenced in the General Medical Council ‘Tomorrow’s Doctors’ standards document that describes the standards for knowledge, skills, attitudes and behaviours that medical students should learn at UK medical schools. The standards are recommended for use in IT systems in Scotland and are being introduced in Wales.

The NHS Digital and Health Information Policy Directorate has published a two part clinician’s guide to the standards.

- **Part 1** describes the rationale for the process of developing and introducing the national professional record keeping standards. It also lists the expected benefits from their introduction.

- **Part 2** contains the Generic Medical Record Keeping Standards and the structure and content standards for admission, handover and discharge documents.

The Guide can be downloaded as pdf’s or free hardcopies ordered online at: www.rcplondon.ac.uk/clinical-standards/hiu/medical-records/Pages/clinicians-guides.aspx

© Royal College of Physicians of London (roof top view)
The Needs of Developing Countries in Health Records & Information Management

Laxman Sharma Paudel, Medical Recorder (6th Grade Officer) Western Regional Hospital (Government) Ramghat-10, Pokhara Nepal

Job entry education for Medical Records Officers (MRO) should be linked with basic Medical Science. This is particularly important for Morbidity and Mortality (cause of death) coding, data keeping and collection, data analysis and documentation. Most of the developing countries require standard educational qualifications (except basic knowledge of medical science) as job-entry criteria. Following recruitment of staff basic in-service training is needed to develop new entrants into a competent and appropriately skilled workforce.

Up to the present time the need for standard in-service training for specific jobs had not been identified in various developing countries. Because of this job descriptions and recruitment strategies for new members of staff have had gaps. Each country should address these issues through an effective human resource development plan to fill the gaps in skills and knowledge. If this is not done new recruits to the health service will take a very long period of time to become effective and efficient.

Accordingly each country’s human resource development plan should be sound and have clear long-term and short term visions. The required number of human resources should be identified depending on their program/specialty area, its goals and objectives and its particular ways of working. Most developing countries have very limited numbers of MRO or Medical Record Staff working in hospitals and there is no minimum standard of numbers of hospital beds and required numbers of MRO’s to support activity. For example; we see in many countries, 1 MRO (or Medical Record staff) for 25 beds as a common standard but the example of Nepal, 350 bedded hospitals have only 3 medical record staff including one substantive MRO post, which does not follow the international standard. Also job descriptions for MRO’s are not clearly defined at the policymaking level. The national government and donor agencies are unaware of these issues and participatory management approaches are very weak, particularly in the Health sector.

Most of the developing countries do not have their own training centers for Medical Record/Health Information Management and those countries do not have separate plans for training in ICD-10 for both morbidity and mortality coding and they do not immediately update the mortality coding for underlying cause of death. So far, donors have not acted on the strong recommendations and feedback to Governments about this important issue.

Standard training curricula for morbidity and mortality (underlying cause of death) coding have been formulated and published by the IFHRO/WHO-FIC Joint Collaboration but its implementation plan needs to be clear to all the countries around the world for it to be effective. In developing countries standard training curricula for morbidity and mortality coders should be a compulsory to facilitate comparison and robust evaluation of national health information management plans and their implementation status to form a basis for assessing the need for additional donor aid in future.

In most developing countries the status of ICD-10 coders is very low. The standard of ICD-10 training is poor and it does not link to available essential training documents for ICD-10. Consequently existing training provision does not currently provide the means for coders to achieve minimum standards of competence and its outcome is not effective. We support the overall goal of the Joint Collaboration to improve the quality of coded mortality and morbidity data and the status of ICD coders in all countries around the world.

Unfortunately national training needs for health service staff are not clearly defined in many developing countries and some countries do not even provide basic in-service training for these staff. The strength of government accountability, responsibility and performance evaluation in the health
sector in the developing world varies widely. This means that the priority of health programs is not always fully understood and political instability means that the full potential of health sector initiatives may not always be fully realized.

So the level of social development is consequently slow in the developing nations. It is the responsibility of all who work in the health sector in the developing world to better understand the health needs of their own countries and how their personal contributions through their daily work is as important as that of their government and that by working together much can be achieved.

Training and Development Events in Nepal

Laxman Sharma Paudel,
Medical Recorder (6th Grade Officer)
Western Regional Hospital (Government)
Ramghat-10, Pokhara
Nepal

Training Needs Workshop, 15th – 16th October 2008

A Training Needs Workshop for Medical Records Officers, Statisticians, Computer Officers and their Assistants was organized by Department of Health Services (HMIS Management Division) from 15th - 16th October 2008. During the workshop I participated with the medical records colleagues from the western development region of Nepal and I submitted and presented the national training needs documents during that session. The Director of the Management Division was also inaugurated at the workshop.

I discussed and raised the issues of Medical Records Management in Nepal and I drew the attention of my colleagues to the IFHRO Education Modules for Basic Health Records Practice, which provide educational materials and best practice guidelines for health records/health information management professionals around the world. They are available free of charge on the IFHRO website. These materials support the needs of practitioners in Nepal and the training material are a very important source of help and support.

During my presentation I recommended that the materials should be used for medical records training purposes and I displayed all the printed documents from the modules. Professionally appreciation was expressed to all the authors who contributed to the development of the modules. Also during my presentation I also suggested the use of a manual for Medical Records Practice for developing countries that was developed and published by the WHO Regional Office for South East Asia.

Data Management Workshop 6th – 8th February 2009

A Data Management Workshop was organized by the Department of Health Services (HMIS Management Division) from 6th to 8th February 2009 in Pokhara, Nepal. There were participants from all of the development region's selected related professionals. I was appointed as a resource person for the Medical Records section of the programme. There were three sessions for medical records and each session was of 1.5-hours duration. The holistic data management program comprised ten sessions in total.

The first session was an introductory session on Medical Records and Reports and it included some practical exercises. This introductory session also covered the importance and uses of medical records, collection of hospital records, consequences of incomplete records, the significance and meaning of different reports, type of reports e.g. monthly, quarterly and annual and how they are compiled.
The second session was about ICD-10 and it covered the following points:

- history of the development of ICD-10
- the different volume of ICD-10, the chapters in ICD-10 and the important points in those chapters
- the importance of the alphabetic Index
- the structure of the ICD 10
- basic coding guidelines
- sources of morbidity data for coding
- the importance of coded data
- causes and sources of poor data quality in coding
  - The Health care provider
  - The Coder
  - The classification system
  - General Points: Concepts of Efficiency, Efficiency of Human Resources, Efficiency of Financial Resources
  - Operating Audit of Machines and Equipment
- Measures of Hospital Efficiency: Hospital Based Indicators

The third session was on medical records policy, which covered the following topics:

- Record Identification system
- Indexing, filing and numbering of Medical Records
- Filing and retention of Health Records
- Filing: Systems and Methods
- Responsibility for Patient Identification
- Development of Medical Record Policies
- Policy on Retention of Medical Records
- Policy of the Destruction of Medical Records
- Privacy, Confidentiality and the Release of Patient Information
- Patient Access to their Medical Records
- Roles & Responsibilities for Medical Recorders
The 1st Conference of International Federation of Health Records Organizations South East Asia Region (IFHRO – SEAR)
21 - 24 October 2008
The Patra Bali Resort & Villas - Indonesia

Gemala Hatta (INA)

BRIEF NOTE FOR RECORD OF IFHRO – SEAR CONFERENCE
The first Conference on International Federation of Health Records Organization, South East Asia Region was organized in Bali from 21 - 24 October 2008, at The Patra Bali Hotel. The theme of this conference was “Consolidation and Strengthening in Health Information Management for the benefit of Health and Safety Environment to Support the Millenium Development Goals among IFHRO SEAR Countries in the 21st century”. The aims of the conference was to bring together health information professionals in the South East Asia countries to reinforce their commitment toward their profession, sharing ideas and experiences as well as enhancing collaboration in this matter in the region.

The conference had been officially opened by Mrs Rachmi Oentoro, the Senior Adviser to Minister of Health of Indonesia. The conference attended by Indonesian Medical Organization, Indonesian Dentist Association, and Indonesia Medical Record Association (PORMIKI) members. The 104 registered participants from SEAR countries as well as IFHRO delegates and about 30 non registered participants attended the conference with active involvement.

Keynote speeches were presented by several multilateral organizations. WHO Representative to Indonesia (Subash Salunke), presented “Trends in Health Information Management and Ways Forward in SEAR Countries” and UNICEF Representative to Indonesia also presented experience in using medical record for monitoring of reproductive health activities at grass root level. The WHO HQ Geneva (T. Bedirhan Ustun), presented “Health Record In Digital Age: Managing Knowledge Meaningfully. Meanwhile Farid W. Husain*, Director of Medical Support Services, Directorate General of Medical Care, Ministry of Health of Republic of Indonesia also presented the importance of medical record and Indonesian experience of using them.

Several issues in education Health Information Management (HIM) were presented and discussed i.e.: Planning and Developing Sustainable Coder Education facilitated by Garry Waller – Australia; Virtually Simple: New Terminology Implementation Training Using Internet Resources facilitated by Rita Scichilone - United States of America and the Building Worldwide Capacity for the Health Information Management Workforce facilitated by Margaret A. Skurka - United States of America.

With regard to Human Resources Development on HIM some topics were observed and discussed such as Innovation on Developing Health Professional (HIM) Active Database for Life facilitated by Gemala Hatta – Indonesia. Meanwhile the issue of Quality Assurance Program in Health Service and Reporting and Recording Health Manpower in Health Centre were also presented and discussed.

The conference participants also discussed on the rules and regulation on HIM, classification System & clinical coding, and the issues of data quality, management and public health reporting. Representatives from SEAR countries (Indonesia, India, Sri Lanka and Maldives) and from other parts of the world explored the theme in the series of topics they presented and discussed. With the vast knowledge of participants conversation and sharing experiences was smoothly undertaken.

On the last day of the conference, special training session was held on Morbidity and Mortality Coding: What's the Difference facilitated by Garry Waller – Australia. Field visit to health care facilities (Sanglah Bali Hospital Sanglah Hospital and Surya Husada International Hospital were also organized.

During the conference exhibition of great value was also offered, demonstrating the progress of health information management. Information management has come a long way, from the ancient method of recording by scratching details of medical treatment on the mural wall into our present computerized, digital system as part of the information technology (IT) system.
THE QUESTIONS ABOUT HEALTH INFORMATION MANAGEMENT (HIM) FOR IFHRO SEAR’S PARTICIPANTS

1. a) Does your country have a Health Information Management (HIM) Association?  
b) If so, how many members does it have?
2. a) How many hospitals and health centers are there in your country?  
b) How many hospitals and health centers are using HIM’s activities?  
c) Who is responsible for performing HIM’s activities in both places as mentioned above?
3. What usage do you make of medical record data?
4. What classification system is used in hospitals and health centers (morbidity, mortality and procedures)?
5. a) What HIM education programs does your country have?  
b) What kind of programs do you need?  
c) How many HIM staff are estimated to require training to meet the country’s need?
6. a) When was the first course of HIM education established?  
b) What is the duration of the HIM program/courses?  
c) How many students have graduated from the HIM education programs/courses?
7. a) Do all hospitals have internet access in your country?  
b) Are all HIM hospitals in your country connected on-line to local/regional/national MOH?  
c) What kind of feedback does your hospital receive regarding the submitted reports?
8. Is there any specific act/law/charter to regulate HIM?
9. Is there a specific job classification for HIM staff?
10. What is the biggest challenge facing HIM in your country?

These above questions were used for IFHRO SEAR Business Meeting with the following result.

SUMMARY OF COMMON PROBLEMS AND RECOMMENDATIONS

On the 21st and 22nd October 2008 representatives of each of the countries participating in the SEAR IFHRO conference met to discuss the current Health Information Management (HIM)/Health Records status in their countries, based on the above questionnaire that had been circulated prior to the meeting.

At this business meeting participants agreed to use the term of the profession as HIM and the personnel as HIM personnel. From this active discussion common problems were identified and recommendations for addressing them at global, regional, national, and local levels were developed. These are shown as follows (see next page):
<table>
<thead>
<tr>
<th>Common Problems</th>
<th>RECOMMENDATIONS</th>
<th>Global</th>
<th>Regional</th>
<th>National</th>
<th>Local</th>
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<tbody>
<tr>
<td><strong>Human Resources Development</strong></td>
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<tr>
<td>- Insufficient training and education</td>
<td>- Develop Generic Curriculum Modules</td>
<td>- Develop/adapt Generic Curriculum Modules</td>
<td>- Develop/adapt Generic Curriculum Modules</td>
<td>- Adapt Curriculum Modules</td>
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<td></td>
<td>- Seek financial support</td>
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<td></td>
<td>- Promote the development of trainers</td>
<td>- Promote the development of trainers</td>
<td>- Promote the development of trainers</td>
<td>- Conduct training</td>
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<tr>
<td><strong>No Job Classifications for HIM Personnel</strong></td>
<td>- Provide guideline of job classifications for HIM personnel</td>
<td>- Provide guideline of job classifications for HIM personnel</td>
<td>- Develop Job classifications for HIM personnel</td>
<td>- Adapt Job classifications for HIM personnel</td>
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<tr>
<td><strong>Jobs retention</strong></td>
<td>- Guidelines for career pathways</td>
<td>- Guidelines for career pathways</td>
<td>- Design career pathways</td>
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<tr>
<td><strong>Lack of recognition</strong></td>
<td>- Acknowledge contribution of HIM personnel e.g. Research work, published materials</td>
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<td>- Acknowledge contribution of HIM personnel e.g. Research work, published materials</td>
<td>- Acknowledge contribution of HIM personnel e.g. Research work, published materials</td>
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<td></td>
<td>- Promote accreditation and certification</td>
<td>- Promote accreditation and certification</td>
<td>- Promote/adapt accreditation and certification</td>
<td>- Promote accreditation and certification</td>
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<tr>
<td><strong>Documentation needs improvement</strong></td>
<td>- Develop generic guidelines for medical records documentation</td>
<td>- Develop generic guidelines for medical records documentation</td>
<td>- Develop/guidelines for medical records documentation</td>
<td>- Adapt guidelines for medical records documentation</td>
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<td>- Facilitate dissemination of best practices</td>
<td>- Facilitate dissemination of best practices</td>
<td>- Conduct training on documentation</td>
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The participants recognized that they could learn much from one another’s successes (and failures) and encouraged benefiting from this through person to person communication and through postings on IFHRO website.

**Action to be undertaken**

Every country to review the data included in the matrix and submit corrections / additions to Lily Wijaya by email to: lilywi@cbn.net.id or onsite to OC.

A.M. Meliala (INA)  
Aishath Samiya (MAL)  
Carol Lewis (USA)  
Garry Waller (AUS)  
Gemala Hatta (INA)  
Lili Wijaya (INA)  
Lourdes Palapal (Philippines)  
USH Gamage (Srilanka)  
Vicki Bennet (AUS)
Update on IFHRO Executive Committee & European Regional Team Meetings
Held in Mannheim, Germany April 3 - 5, 2009

Marci MacDonald (left), Regional IFHRO Director for the Americas & Lorraine Nicholson (right), President of IFHRO

International Session at the DVMD National Congress - Conference Theme “The World of Documentation”

The IFHRO Executive Committee developed and delivered an International Session at the German national congress at the request of the German Association DVMD (Deutscher Verband Medizinischer Dokumentare). The congress was held 1st – 4th April 2009 at the Heinrich Pesch Hauses Conference Centre in Ludwigshafen am Rhein and it was attended by just under 500 delegates.

The programme for the international session held on 3rd April, which was jointly chaired by Angelika Händel, Regional IFHRO Director Europe and Ulli Hoffmann, IFHRO Past President, was as follows:

- Introduction and IFHRO Update - Lorraine Nicholson, President of IFHRO
- Health Information Management Education in UK – Lorraine Nicholson
- Health Information Management Training and Health Information Management Roles in Denmark – Darley Petersen, Chairman, IFHRO Membership Team
- Electronic Health Records in the Netherlands – Wybe Dekker, Member IFHRO European Regional Team
- IFHRO/WHO Family of International Classifications Joint Collaboration Project – Margaret Skurka (USA), President Elect of IFHRO
- Health Information Management Education in Kenya – Robert Wamalwa, Regional IFHRO Director for Africa

The feedback from delegates indicated that the presentations were interesting and they were very well received. The conference room was very full during the session with delegates standing at the back and along the sides!

2. IFHRO Executive Committee Meeting

The IFHRO Executive Committee (EC) held its annual face-to-face meeting in Germany on Saturday 4th & Sunday 5th April 2009. The following EC members were present:

- Robert Wamalwa
  - Kenya
  - Regional IFHRO Director (Africa)
- Margaret Skurka
  - USA
  - President Elect of IFHRO
- Darley Petersen
  - Denmark
  - Chairman IFHRO Membership Team
- Angelika Händel
  - Germany
  - Regional IFHRO Director (Europe)
- Lorraine Nicholson
  - England
  - President of IFHRO
- Marci MacDonald
  - Canada
  - Regional IFHRO Director (The Americas)

Apologies were received from:

- Keneti Vaigafa
  - Samoa
  - Regional IFHRO Director (Western Pacific)
- Gemala Hatta
  - Indonesia
  - Regional IFHRO Director (South East Asia)

The agenda was full and wide-ranging and topics discussed included the following:

- Thanks to DVMD
  Thanks were formally recorded to DVMD for its generosity in sponsoring meetings of the IFHRO Executive Committee and the European Regional Team.

IFHRO – South East Asia Region - 2009

It was noted that the 2nd IFHRO – SEAR Conference will be held in Perth, Australia 13 – 16 October 2009 and it will be hosted by the Health Information Management Association of Australia (HIMAA). All national associations are asked to promote this conference on their websites and in their membership journals. Lorraine Nicholson confirmed that she will be attending the conference as IFHRO President.
IFHRO Budget
The 07/08 Budget was reviewed and it was noted that the year ended on budget. The 2009 Budget was reviewed in detail, and agreed. IFHRO’s finances are managed by the American Health Information Management Association (AHIMA) as per a formal agreement and they are maintained in US dollars. Margaret Skurka reported that the financial audit was performed this year by a Chicago based CMPA, in February 2009 and no concerns were raised. The final report will be forwarded to the President in due course.

Membership Committee
Darley Petersen of Denmark explained her involvement in maintaining the current membership listing, in collaboration with AHIMA. Now that Denmark has not renewed its membership of IFHRO, having merged two professional organisations together, she no longer sits as an EC member country representative but as an individual, self-funding Associate Member. It was confirmed that membership dues reminders were being sent out by AHIMA.

The national membership listing was reviewed and it was agreed that this list would be rigorously reviewed in advance of the IFHRO General Assembly to be held in Milan in November 2010 to ensure that only those representatives of member nations who are fully paid and therefore have voting rights are seated at the Assembly. The feasibility of making an on-line payment facility available for dues payments was discussed and this will be investigated and it was agreed that the Membership Form will also be revised. The form will require that the number of members per country be entered to help ensure that the correct dues payment is received. A preliminary review of the payment bandings was undertaken.

Regional and Other Updates
Detailed and interesting updates were provided on the IFHRO Regions by the Regional Directors present and a written report on the South East Asia Region was received from Gemala Hatta.

Margaret Skurka updated the EC on the IFHRO/WHO-FIC Joint Collaboration Report Meeting held in Raleigh, North Carolina, USA. Margaret attended the meeting on April 1st, and then jetted across the globe to give her presentation at the German Conference on 3rd April, with no sleep! There continues to be a vacancy for a Director for the Eastern Mediterranean Region on the Executive Committee and efforts will continue to be made to fill this post.

Educational Credits
Lorraine asked for feedback as to how the countries in attendance implement continuing educational credits for their membership. The UK is trying to promote this and would like some feedback from countries that have successfully implemented such a system. Marci reported that Canada would be happy to share their experience with Lorraine. NB. Canada requires 30 Educational Credits over 3 years and the USA requires 30 Educational Credits over 2 years.

16th International Congress, Milan, Italy – 15th – 18th November 2010
The conference will be held at the Stella Polare Convention Centre in Rho a city approximately 20 minutes away from Milan. It is one of Europe’s largest exhibition centres. It is comprised of eight pavilions and is 34,000 square metres. This venue is considered preferential for access and technological set up and there could be as many as 1000 delegates in attendance.

Lorraine reported that she met with the Italian Planning Committee in November 2008. Most of the members of the Italian association (AIDOS/IMERA) are physicians, a large number working in the Oncology field. Leonardo La Pietra is the President of the association, and he has been the main contact for IFHRO. Lorraine presented a progress report on Conference Planning, provided by the association and the plan is on schedule.

The IFHRO General Assembly will be held on 15th November 2010 and it was noted that as per the WHO directive, all international and IFHRO business and presentations will be conducted in English.

Discussion took place regarding promoting attendance at the General Assembly. It was agreed that the Assembly should be publicised in Global News and Regional IFHRO Directors will be asked to take an active role in promoting IFHRO membership and active participation by National Directors at the General Assembly, which provides an excellent opportunity to stimulate global HIM discussion and encourage cooperation between member nations. Following discussion it was agreed that there should be a special meeting for all the National Directors after the IFHRO EC Meeting on 14th November to encourage them to become active workers for IFHRO and to encourage collaboration between them for furtherance of the HIM profession globally. This meeting will be followed by a reception to allow them to meet one another in an informal setting.

Possible speakers for this National Directors Meeting were discussed and topics included the implementation of a national mandatory educational
credit programmes, collaborative working between national HIM associations and the IFHRO/WHO-FIC Joint Collaboration. Any other suggestions for topics and/or speakers were requested to be forwarded to Lorraine who will consider all suggestions, and develop a draft programme for discussion with EC members and the Italian Planning Committee. Lorraine also asked EC members to give some thought to possible global sponsors, which will be passed on to the Planning Committee.

**IFHRO Website**
Past President Jean Clark has asked IFHRO to find a new Webmaster to maintain the IFHRO Website. Angelika will check if there is interest in this post in Germany and Margaret will obtain all the relevant information from the current web master to pass over once a new one has been identified. She will also verify the amount IFHRO is paying in hosting costs. It was decided that IFHRO should give a gift of appreciation to Johan Eiskes, the volunteer who has been maintaining the website for the past 3 years and Margaret will coordinate this. Formal thanks were recorded to Johan for his work on behalf of IFHRO.

**Strengthening WHO Linkages**
Lorraine continues to work with WHO to obtain contact information of relevant contacts in the various regions who could work with the Regional IFHRO Directors.

**Global News**
Angelika reported that 2 editions of the newsletter have been sent out and the second edition had just recently appeared on the IFHRO website. The third edition is near completion, and will be a special 40th Anniversary Edition. As this third edition will be a celebration issue, Lorraine has supplied an article on a brief history of IFHRO, and made mention of the book on this subject written by Phyllis Watson, Past President of IFHRO. Publication of Global News is targeted for end of June 2009.

**IFHRO Strategic Initiatives**
As agreed at the 2008 EC meeting, it was noted that Clinical Coding and Privacy and Confidentiality could fall within the other three initiatives. Specifically, Privacy and Confidentiality will be umbrella statements covering all areas of HIM. Lorraine then reviewed IFHRO’s three key strategic initiatives:

1. EHR
2. HIM Education
3. Needs of Developing Countries

**Kenya’s Thanks to AHIMA**
Robert asked Margaret to extend his thanks back to AHIMA for sharing the journal, which he uses for educational purposes.

**2010 Scandinavian Congress**
Darley reported that this is held every 3 years for all the Scandinavian countries, the next one being 2010. It rotates throughout the participant countries, and is next scheduled for Denmark. The month has yet to be determined. Darley also mentioned that she continues to try and persuade all the Scandinavian countries to join IFHRO, and it would be great to have Sweden back as they were a founding member of the Federation and IFHRO was established in Stockholm.

**ICF – International Classification of Functioning, Disability and Health**
Margaret reported that the same type of training information being developed for mortality, and now morbidity, is also going to be created for ICF. IFHRO will create a link to ICF on the website, for any interested parties.

**Action Plans**
Each Director was asked to create an “Action Plan” post meeting, and forward this to Lorraine. At each EC teleconference, Directors will report on activity related to their Action Plan. Lorraine will maintain a master list to record progress.

**Election Advisory Committee**
It was decided to create an advisory committee prior to the General Assembly in 2010 to ensure that all rules and regulations for voting, balloting etc are strictly adhered to avoid any challenges or complaints related to the conduct of business at the Assembly.

**Future Meetings**
The EC agreed that at least one more in person meeting is required, prior to the 2010 Congress. The next WHO-FIC meeting is scheduled for Cologne, Germany in the last week of February, 2010. As Marci and Margaret will already be in attendance, it was decided that the Executive Committee should take this opportunity to meet in person as well. In addition, it was decided to also conduct the European Regional Team In-Person Meeting at the same time.

Next In Person: February 2010, Cologne, Germany (piggy backed with WHO- FIC)
Next Teleconference: Mid July 2009
2010 Congress In Person: November 2010, Rho (outside of Milan), Italy

**Adjournment**
Meeting adjourned at 1100 hours on Sunday, April 5, 2009.
3. European Regional Team Meeting (ERT)
The IFHRO ERT met in Mannheim, Germany on Sunday 5th April 2009. In addition to ERT members the President Elect of IFHRO, Margaret Skurka, and the Regional Directors for the Americas and Africa (Marci MacDonald and Robert Wamalwa respectively) also attended the meeting where the following items were discussed:

**Nordic Countries**
Darley Petersen (DP) continues to promote IFHRO to the Nordic Countries. There is a clinical coding group in Sweden interested in becoming a national member of IFHRO and DP will continue to liaise with the group, which is connected to Dr Olaf Steinum, who is a member of the IFHRO/WHO FIC Joint Collaboration.

**Spain**
Angelika Haendel (AH) is pursuing contacts in Spain regarding national membership of IFHRO.

**Contacts in Poland, Czech Republic, Bulgaria, Romania and Russia**
Lorraine Nicholson (LN) indicated that she has been seeking high level contacts in the above countries and will circulate the details on receipt.

**IFHRO International Congress, 15-19 November 2010, Milan**
A progress report from the Organising Committee for the above congress was presented to the meeting. LN will be providing feedback on the report from the IFHRO Executive Committee and the ERT to the Committee. It was agreed that the ERT should make a presentation during the conference in Milan in order to engage with individuals from European countries which are not yet members of the Federation. It was noted that National IFHRO Directors would be invited to a reception held by the IFHRO Executive Committee before the IFHRO General Assembly in Milan. The congress will also enable meetings of regional teams such as the ERT, the South East Asia Regional Team and the team that is currently being established by Robert Wamalwa in Africa.

**Update on Kellen Europe Meeting in Brussels in November 2008**
AH had attended the above meeting to represent IFHRO and will have further meetings with Sandy Fuller and Robert Nelson from AHIMA at the AHIMA convention in Texas in October 2009 to discuss possible AHIMA activities in Europe.

**Retaining the Support of the National Associations**
It was agreed that the support of the national associations was crucial to the continuation of the work of the ERT and LN will write to the relevant organisations to thank them for their continued support.

**IFHRO Membership Issues**
Detailed discussions about a number of membership issues had taken place at the Executive Committee meeting the previous day and these were summarised for ERT members. Issues included arrangements for sending out member dues reminders to national, commercial and associate members by AHIMA and how this process could be streamlined, updating the roll of national members, arrangements for reminders for members whose dues remain unpaid, implementation of online payment facilities for member dues and amendment of the current dues structure to narrow the payment bands to make it fairer for all countries.

It was felt that the IFHRO Global News Newsletter and promotion of the congress in Milan will help in efforts to increase membership of IFHRO, particularly in Europe, which will, in turn, assist the ERT in working towards its goal - “Harmonisation of Health Information and Health Record Management across European Boundaries”.

**Date, time and place of the next ERT meeting**
The next ERT meeting will be held in Cologne, Germany around the time of the IFHRO EC and IFHRO/WHO FIC meetings in Cologne in early 2010. Details will be circulated in due course.
In our lifetime we can count ourselves lucky to have had the opportunity to meet and get to know some very special people. As a medical record/health information manager and educator I have been blessed with knowing many remarkable professionals, particularly Elsie Royle Mansell, who, in 1949 had a dream of international cooperation between medical record workers around the world. Her vision, supported by other medical record workers, resulted in the establishment of the International Federation of Medical Records Organizations (IFMRO) in 1968. Over the years many more national medical record associations have been formed, not only with the help of IFHRO, but also by the enthusiasm and vision of an individual within a country who believed in the need for better medical records and qualified medical record personnel.

One such individual was Dr. Feng Chuan-yi from The People's Republic of China (PRC). A person who many would not know, but who was a strong supporter of medical record personnel and helped significantly in the development of the medical record profession in China. Dr. Feng was a Neurosurgeon and after retiring as a surgeon headed the International Office of the Chinese Academy of Medical Sciences (CAMS) in Beijing, PRC. During 1982 negotiations were undertaken between the Cumberland College of Health Sciences (CCHS), Sydney, Australia and CAMS during which staff from the Schools of Physiotherapy, Nursing, Medical Record Administration (MRA) and Education Services visited Beijing and presented a series of workshops. This was the beginning of a strong liaison between CCHS and CAMS and particularly between the School of MRA and our Chinese colleagues.

I first met Dr. Feng in 1983 when I presented a workshop for medical record personnel in Beijing as a member of a team from CCHS. This was my first visit to China and I was not sure what to expect, however, we were made very welcome. Dr. Feng translated for me during the workshop. His English was excellent. He was precise in his translations, even adding a small piece of information sometimes when he felt it necessary!! He also had a vast knowledge of Chinese history and when we were taken sightseeing (which was always included during workshops) he explained in detail the area and the historical significance of each monument. He was extremely enthusiastic about the possible development of medical records and Chinese medical record personnel. During the first workshop he strongly encouraged two staff members from CAMS, young medical record workers, Lui Aimin and Zou Wenxiong, to apply to come to the College on a staff exchange.

Both were successful in their applications and arrived in Sydney in July 1984. The purpose of their visit was to observe advanced techniques in hospital medical record departments and undertake a training programme at the College leading to the development of skills to prepare and teach training courses in medical record administration on their return to Beijing. The original six month visit was extended a further six months. During this time, Mr Liu Aimin, with the assistance of School staff, prepared a course outline for a programme in medical record administration at the Chong Wen Health District School in Beijing. With some minor changes the course was the first to be offered in China and flourished.

In his quiet way, Dr Feng, continued to encourage the development of the medical record profession in China, particularly in educating medical record workers. With his support more medical record workers were sent to CCHS for study and more schools developed throughout the country. He was unassuming and gentle of nature but had a wonderful presence that encouraged the young to seek to improve the medical record services for which they were responsible. The profession in China grew remarkably in the late 1980’s, establishing a professional association which was accepted as a member nation of IFHRO in 1992.

Dr. Feng was a wonderful friend and colleague and although unknown to many, a great supporter of our profession and the International Federation. I was saddened to hear of his death earlier this year and hope he will be remembered for his vision by the medical record people he so proudly encouraged.

Professor Phyllis J. Watson, AM
Calendar of Events:

- **AHIMA Convention & Exhibit:**
  - **AHIMA National Meeting**
  - October 03 – 08, 2009
  - Dallas / USA
  - [http://www.ahima.org/events/convention](http://www.ahima.org/events/convention)

- **2nd IFHRO SEAR Conference**
  - October 13
  - Perth/Australia
  - Followed by the
  - **HIMAA National Conference**
  - October 14 – 16
  - Perth/Australia

- **16th IFHRO Congress**
  - November 15 – 18, 2010
  - Milan / Italy

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Announcement:

Joint Message from the President of IFHRO and the President of AIDOS:

It is with enthusiasm and great excitement that we invite Health Records and Health Information Managers around the world to participate in the 16th IFHRO International Congress to be held at the Stella Polare Congress Centre in the magnificent city of Milan 15th – 18th November 2010. The theme of the congress is “Better Information for Better Health: The way forward to a safe, responsive and integrated healthcare”.

The 5th National Convention of AIDOS (Italian Health Documentation Association) will be held to coincide with the 16th IFHRO Congress. The Stella Polare Congress Centre was inaugurated in 2006 and its innovative design makes it unique among European conference centres. It is described as a jewel of contemporary architecture by Massimiliano Fuksas and it is situated inside the new Milan Trade Show complex. It is easy to reach with the Metro, which stops right inside the complex, and from 2008 Stella Polare will be directly linked to two new hotels.

Further information:
- [http://www.ifhro2010.it](http://www.ifhro2010.it)

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Editorial Board:
- Lorraine Nicholson, UK
- Margaret Skurka, USA
- Bryon D. Pickard, USA
- Darley Petersen, Denmark
- Angelika Haendel, Germany