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 Message

As I write this message amid the COVID-19 pandemic I consider the stark contrast to January when I wrote my last message. Today, May 11, globally we have 4.3M people who are confirmed COVID-19 cases and 285K deaths attributed to COVID-19.¹ The numbers are viewed with some skepticism and rapidly changing.

This pandemic has highlighted the importance of accurate, consistent, and timely health information, and the role health information management professionals can and do play amidst a public health crisis.

With that thought, IFHIMA conducted a survey in early April to gather insight from our members. 180 respondents shared the impact COVID-19 has had to their roles, HIM practice and much more. IFHIMA shared insights in a webcast on May 20 and 22, with respondents noting the following work impact:

- 32.9%—business as usual
- 11.6%—business as usual, but at an accelerated pace
- 40.6%—most or all of the functions are conducted remotely/virtually
- 10.3%—staff doing other functions such as registration, screening
- 4.5%—staff helping with privacy management, data analysis, tracking, coding and other areas not previously within our scope

Comments from survey participants, representing challenges and new opportunities, were aggregated to the following themes.

- Data
- Technology
- Communication
- Behavioral Impact
- Organizational Development and Management

In this issue

President’s Message ........................................ 1
Resignation of Lorraine Nicholson as Membership Chair ........................................ 2
WHO-FIC Network Annual Meeting 2019: Health Information Meets Health Informatics ........................................ 3
World Health Organization’s Family of International Classifications (WHO-FIC) ...... 4
Introducing the Regional Director from Australia ........................................ 5
Examining HIM Workforce for the Future ... 6
Social Media Workgroup ........................................ 7
IFHIMA Launches ICD-11 Whitepaper Workgroup ........................................ 7
HELINA 2019 ........................................ 8
Special issue on Clinical Coding and the Quality and Integrity of Health Data .............. 10
MEDRECON 2020 the 20th National Annual Conference ........................................ 11
Capturing Social Determinants of Health-related Activities in Electronic Health Records ........................................ 13
The Position of Research Among Health Information Management Professionals in Africa Region: Issues, Challenges and Prospects. ........................................ 14
Update from Saudi Arabia during COVID-19 ........................................ 16
Australia during a time of COVID-19 .......... 16
A Memorable Visit by Honourable Guests .... 17
Our Journey to the OHIMA 2020 Virtual Conference ........................................ 18
California Health Information Association (CHIA) Pivots to Virtual Convention......... 19

Lorraine Fernandes, RHIA
IFHIMA President
2019-2022

www.ifhima.com
Many respondents pointed out the “silver lining” to this crisis, including the ability to demonstrate HIM’s strong skillset and knowledge in diverse areas including data collection and data integrity, and privacy management. One of the Survey respondents shared—“This crisis has enhanced our role in the hospital as a nuclear department. We have had to rapidly adapt our focus and work out how we can best help the hospital from our position.”

If you weren’t able to join the webcast, please listen to the recording here.

The webcast gave IFHIMA the opportunity to launch our new LinkedIn group and promote our global contributions. Please join the IFHIMA LI group here to follow our member and association activities.

The past (and I suspect upcoming) months illustrate the importance of an agile, adaptable workforce amid the switch to a virtual business approach in many countries. In this issue you can read the article Vera Dimitropoulos shared about WHO FIC EIC holding their April meeting via Zoom. Many national, regional and global associations are pivoting to virtual meetings to keep their membership abreast of trends, new requirements, and new opportunities. I hope you will take advantage of these opportunities.

It is spring in northwest Montana as this picture illustrates; demonstrating the resilience and adaptability of mother nature after winter. I hope this resilience and spirit is within each of you as we do our part in creating and promoting individual and global health. This is perhaps best illustrated by the IFHIMA Vision crafted during Marci MacDonald’s Presidency—“A healthy world enabled by quality health information.”

Stay safe, be well.

Lorraine Fernandes, RHIA
IFHIMA President
2019-2022

---

Resignation of Lorraine Nicholson as Membership Chair

IFHIMA as a volunteer organization relies on the time and talent of our volunteers, as we have no paid personnel. Lorraine Nicholson from the United Kingdom, and volunteer extraordinaire, has served as the Membership Chair for the past six years and has recently resigned this position.

We extend a hearty “thank you” to Lorraine for her years of service to IFHIMA in her role as Membership Chair, as well as her many years in serving as the unofficial IFHIMA Board liaison to Africa, where she is affectionately known as “The Mother of HIM.” Her decades-long commitment to Africa has nurtured new leadership in the five African national members, as well as new HIM professionals in these and other countries.

Her tenure on the Board as Regional Director, President Elect, President, and Past President was from 2000-2013. Of note, Lorraine attended her first IFHIMA Congress in 1984 in Auckland, New Zealand, which sparked a lifelong commitment to the Federation. During her term as President she led us down a progressive path, overseeing the Federation name change from IFHRO to IFHIMA at the 2010 Congress in Milan, Italy.

During recent years Marci MacDonald (Canada) has shadowed Lorraine in IFHIMA’s commitment to succession planning, and Marci assumed the Membership Chair role in early 2020.

Lorraine is continually sought after as an international consultant in all areas of Health Information Management, being widely respected professionally for her knowledge and expertise.

This is not “bon voyage” to Lorraine’s IFHIMA involvement. Rather, it’s wishing her well in the next phase of her retirement and we look forward to her feedback, advice and wisdom to the Federation she influenced and shaped!

---

1 https://www.worldometers.info/coronavirus/about/
The 2019 annual meeting of the World Health Organization Family of International Classifications (WHO-FIC) Network took place in Banff, Canada in October. The theme was Health Information meets Health Informatics. The WHO-FIC annual meeting sessions provide the framework for intensive face-to-face meetings of each of the WHO-FIC committees and reference groups; a conference component, which provides the opportunity to share experiences related to the conference theme; and for the WHO-FIC Network Advisory Council to meet to review progress in relation to the strategic work plan of the WHO-FIC network and plan for the future.

ICD-11, especially transition planning, was a major topic. ICD-11 has been updated for the 21st century, reflects critical advances in science and medicine, and offers many improvements over ICD-10. New and improved electronic tools have been developed to facilitate the use of ICD-11, including coding, browsing, and mapping tools. One change in ICD-11 when compared to ICD-10 is that it includes some functioning and disability concepts in order to raise awareness of the International Classification of Functioning, Disability and Health (ICF) and introduces functioning and disability concepts in information systems. The expanded quality and safety content are also a significant change in ICD-11 when compared to ICD-10, but that means coding quality and safety concepts is more complicated in ICD-11.

ICD-11 will accelerate the automation of coding, which will present new roles or opportunities for coders. ICD-11 will liberate coders from mundane work and allow them to use more advanced skills and expertise. One potential new role for coders to transition into is that of an auditor. Coordination with clinical terminologies is also expected to accelerate with the implementation of ICD-11.

During a roundtable discussion around what countries need to be thinking about when planning for the ICD-11 transition, it was noted that national governments need to have a strong commitment to adopt ICD-11. The ICD-11 transition

roundtable discussion produced some common planning and preparation activities.

- Demonstrate the benefits of ICD-11 to all stakeholders, including clinicians;
- Engage stakeholders;
- Estimate transition costs;
- Develop crosswalks (e.g., between ICD-11 and national modifications and quality measurement instruments);
- Ensure comparability and quality of statistics during and after the transition;
- Translate ICD-11 into native languages; and
- Prepare and train workforce (coders, clinicians, other affected stakeholders).

It was noted that training programs are difficult to develop without first defining the scope of individuals performing the coding function.

Countries shared activities they had undertaken in preparation for moving to ICD-11. In Canada, an ICD-11 field testing project involved a small group of coding experts who coded
3000 randomly selected medical records from three hospitals. These coding experts received 20 hours of classroom training in ICD-11 and 40 hours of homework. Eighty-eight percent (88%) agreement was achieved on coding the main condition. More coding practice and opportunities to discuss coding scenarios were found to increase coder confidence. In Rwanda, a pilot project involving incorporation of ICD-11 into an electronic health record system was undertaken. With only basic ICD-11 training (1-2 hours), a reasonable level of coding accuracy was achieved using "smart search" functionality.

A status report was given on the International Classification of Health Interventions (ICHI). Field testing of ICHI will end in early 2020. ICHI was developed by the WHO to provide a common tool for reporting and analyzing health interventions for statistical purposes. A health intervention is an act performed for, with or on behalf of a person or population whose purpose is to assess, improve, maintain, promote or modify health, functioning or health conditions. ICHI covers interventions carried out by a broad range of providers across the full scope of health systems and includes interventions on: diagnostic, medical, surgical, mental health, primary care, allied health, functioning support, rehabilitation, traditional medicine and public health.

Authors:
Sue Bowman, MJ, RHIA, CCS, FAHIMA
Senior Director, Coding Policy and Compliance
American Health Information Management Association (USA)
Margaret A. Skurka, MS, RHIA, CCS, FAHIMA
IFHIMA WHO FIC EIC and MbRG representative
Chancellor’s Professor Emeritus
Indiana University Northwest (USA)

World Health Organization’s Family of International Classifications (WHO-FIC)

Education and Implementation Committee (EIC) Mid – Year Meeting Report

The WHO-FIC EIC met for its mid-year meeting via a two hour Zoom videoconference on Thursday 23 April 2020. Due to COVID-19, the Zoom meeting was organised to replace the cancelled mid-year face to face meeting in Canberra, Australia which was scheduled during the first week of April 2020.

The videoconference was well attended by EIC members and observers from all over the world and was used to report on finalised tasks from the EIC’s strategic work plan as well as to virtually progress outstanding tasks for finalisation by the annual WHO-FIC meetings scheduled in October 2020 in Bangkok, Malaysia. At this stage it is unknown as to whether the Bangkok annual meetings will take place face to face due to international travel bans in place related to the COVID-19 pandemic.

As well as finalising the meeting minutes from the EIC meeting held in Banff, Canada, last October, Members from the WHO classifications team provided an update on their work related to ICD-11 which was released as the implementation version in June 2019. As well, they reported on the progress of finalising the International Classification of Health Interventions (ICHI) and the modernisation work which is continuing on the International Classification for Functioning and Disability in Health (ICF). The WHO team also provided a brief update on ICD-11 implementation around the world that was informed by submissions from several countries to the EIC prior to the meeting. This was followed by two short presentations on the classification of patient quality and safety using ICD-11 and the use of ICF in Spain.

A number of EIC sub-groups have been established to finalise some outstanding tasks on the EIC strategic work plan. The sub-groups tasks include:

1. Finalising the development and coding of term sets and scenarios in ICD-11 for ICDFit (ongoing work from the Banff meeting).
2. Preparation of the use case for the new WHO-FIC Implementation Database (being developed by the WHO Team) as well as the development of a succinct questionnaire template on implementation (ICD-11, ICF and ICHI) for the WHO-FIC Implementation Database. This EIC sub-group (established during this conference call) is to also provide detail on the output requirements of the WHO-FIC Implementation Database.
3. Establish a gold standard for WHO-FIC education materials and review and update international assessment/certification strategies. EIC volunteers are needed following this mid-year Zoom conference to virtually work on the following tasks:

- Develop performance criteria/algorithm for creating new education materials as well as for the assessment of existing materials with a focus on ICD-11 curricula development
- Identify international clinical coder competencies for both mortality and morbidity
- Develop morbidity exam questions and scenarios for ICDFit including a review and recoding of the ICD-10 training material into ICD-11
- Develop mortality case scenarios for identification and coding of cause of death applying the ICD-11 mortality rules
- Develop a sustainable process for clinical coder recertification exams for both mortality and morbidity

If you are interested in finding out more about the EIC and its work within the WHO-FIC, please visit the new EIC website at: https://hscic.kahootz.com/connect.ti/WHO_FIC_EIC/grouphome

The EIC website provides many useful WHO-FIC educational resources (e.g. WHO-FIC Information Sheets, the Beta Version of the ICD-11 Education Tool) as well as links to various resources available from the WHO website.

Author:
Vera Dimitropoulos
Co-Chair, WHO-FIC Education and Implementation Committee
May 2020

Introducing the President Elect from Australia

Dr Kerryn Butler-Henderson is the Associate Professor for Digital Innovation in Health and Health Pedagogy at the University of Tasmania in Australia. She is known for her passion and dedication to the promotion and advocacy of the health information workforce in Australian and internationally. She is Co-Chair of the HIDDIN Workforce Research Collaborative, which undertakes research examining the Health Informatics, Digital, Data, Information and knowledge workforce and the impact of digital health on health professionals in general.

As a leader in health information management and health informatics in Australia, Kerryn is a Fellow of the Health Information Management Association

Calendar of events

Ghana Health Information Management Association
Transforming the Health Systems in Ghana; the role of Health Information Managers
October 6-9, 2020
Tamale, Northern Region
Language: English

American Health Information Management Association
October 14-17, 2020
Georgia World Congress Center
Atlanta, Georgia, USA
Language: English

CHIMA - Collected and Curated - Empowering accurate thoughtful health information
Winnipeg, Manitoba, Canada
October 5-6, 2021
Language: English

Please visit IFHIMA.org for most recent events.

Webcast COVID-19

On Demand

IFHIMA is pleased to share the webcast recording from our May 2020 webcast “IFHIMA COVID-19 Survey Results.” This recording and the questions participants shared during the webcasts are a culmination of the survey work conducted in late March through mid April 2020. We thank the IFHIMA members for their strong participation and rich comments shared.

Watch the Webcast >
Examining HIM Workforce for the Future

The world of work is changing. This is true across the globe with the advent of big data, machine learning, and artificial (or augmented) intelligence, as well as other ever-accelerating technological advances. It is also true for health information management professionals. To help the HIM profession prepare, IFHIMA convened a volunteer Workforce Workgroup in early 2020. The goals of the workgroup are to:

- Provide a snapshot of the history of the Health Information Management profession, globally and with national highlights that have progressed the profession.
- Undertake an environmental scan of the current workforce and the systems the workforce services.
- Examine the literature about the workforce, the systems the workforce services, and technological trends to enable forecasting for the future workforce configuration and needs.
- Provide recommendations on how the profession needs to transform on a global scale to remain contemporary and relevant.

The Workforce Workgroup recruited volunteers in January and February of 2020, holding the first meeting on March 10, 2020. Joining Drs. Butler-Henderson and Fenton in writing the white paper will be the following the Workforce Workgroup members:

- Cassandra Rupnik, Australia
- Kelly Abrams, Canada
- Ramona Kyabaggu, Canada
- Deepa Nair, India
- Sooneeraz Monohur, Mauritius
- Hussein AlBishi, Saudi Arabia
- Guillermo Paluzie, Spain
- Mandy Burns, United Kingdom
- Debra Primeau, United States

Kerryn Butler-Henderson

Dr. Kerryn Butler-Henderson is a Fellow of the Australasian Institute of Digital Health (AIDH) and Chair of their Fellowship and Membership Committee, and Deputy Chair of the Certified Health Informatician Australasia Board Examination Committee.

Kerryn is an Associate Editor on the BMJ Health and Care Informatics journal and a reviewer for several journals. She supervises PhD and higher degree research students and is involved in several industry projects. Her research specialisation is in workforce analysis, where she leads a large National study with international collaborations, maintaining the first national census of the HIDDIN workforce. Her numerous publications and presentation on the workforce makes her one of the leading experts in this area internationally.

As such, she co-chairs the IFHIMA workforce white paper working group, examining what is required to position the health information management workforce to be sustainable in the 21st century. Kerryn is also part of a leadership group establishing a global research community of practice, with further information to be provided in a future Global News. As President Elect, Kerryn is working closely with the President, Immediate Past President and Board to provide IFHIMA with a strong foundation for the next five years.
In addition, several volunteers have agreed to serve as readers to thoroughly review the white paper once it is drafted. They are:

- Tania Tarabay, Australia
- Carol Adam, Canada
- Karima Lalani, United States

When the workgroup met in March they established subgroups to divide and conquer the work. They will focus on HIM history, the HIM workforce literature, current educational trends, a global view of the HIM role in health care systems, current and future technological trends, closing with a discussion and specific recommendations. Their goal is to have a completed white paper in spring 2021.

Authors:
Susan H. Fenton, PhD, RHIA, FAHIMA
Kerryn Butler-Henderson, PhD

Social Media Workgroup

Exciting News! On 24th February, 2020, the IFHIMA Social Media Workgroup was formed!

The goal for the IFHIMA Social Media Subgroup is to enhance social media tools to improve membership collaboration and build the IFHIMA brand and image. Wide deployment of social media tools will catalyze organizational communication and support growth goals through educational opportunities and continuous professional development.

Members include Sandy Bissen (Co-Chair, USA), Sally McIntosh (Co-Chair, Australia), Deneice Marshall (Board Liaison, Barbados), Isah Rufai (Nigeria), Isaac Eyram Tegbey (Ghana), Kelsea Auguillard (USA), Emily Kiermele (USA), Elisha Dawkins (USA), Mustafa Aljarrah (USA), and Nathan Suber (USA).

A survey was sent to workgroup members on 30th March, the responses to which revealed that LinkedIn was used by all members, with most preferring this application for communication. Other social media applications used frequently by a majority of members include Facebook, Twitter, Instagram, YouTube, and WhatsApp. Responses to other survey questions indicated that these social media applications were used to login to other websites, all members used a chat application (most on a daily basis), such as WhatsApp, Facebook Messenger, Instagram, Skype, and SnapChat, and most preferred LinkedIn to engage other IFHIMA members.

The first piece of exciting news from the workgroup is that an IFHIMA LinkedIn page has been launched! The page can be accessed via the below link: https://www.linkedin.com/company/65371411

The first workgroup meeting was scheduled for 13th May, 2020 where the roles and responsibilities of members, as well as the next actions for the group, were established.

If you have any queries or suggestions concerning social media, please contact Sandy (sabbissen@centurytel.net) or Sally (sallyemac@gmail.com).

IFHIMA Launches ICD-11 Whitepaper Workgroup

As all HIM professionals know, ICD-11 is the eleventh revision of the International Classification of Diseases. It will eventually replace ICD-10 as the global standard for coding health information and causes of death. In May 2019, ICD-11 was officially endorsed by all WHO members during the 72nd World Health Assembly. It will officially come into effect on January 1, 2022 at which time member nations may begin reporting morbidity and mortality statistics using ICD-11.

Given that ICD-11 is looming on the healthcare horizon, the IFHIMA Board of Directors approved forming a workgroup charged with creating a whitepaper to educate IFHIMA members and other key stakeholders on ICD-11 and the role of health information professionals. Chaired by Ann Chenoweth, MBA, RHIA, FAHIMA, this workgroup includes representatives from around the globe, including Canada, Australia, Barbados, Africa, Indonesia, United States, Japan, Spain, Saudi Arabia and South Korea.
The goals of the ICD-11 whitepaper are the following:

1. Demonstrate Health Information thought leadership in this core practice area,
2. Influence industry stakeholders to include health information professionals in ICD-11 planning and implementation (by demonstrating our credibility, skills and expertise),
3. Advance the global understanding of the value of ICD-11 throughout the world,
4. Help countries prepare for ICD-11, and
5. Educate audiences on ICD-11 development/implementation strategies and how they vary throughout the world, including developing nations.

During the workgroup’s kick-off meeting in April, the target audiences for the whitepaper were identified:

1. World Health Organization (WHO) leadership team and other key stakeholders
2. Ministries of health, statistical agencies and government officials responsible for ICD planning, implementation and reporting
3. Health information professionals around the globe

Many countries are in the process of reviewing projected timelines and resources needed to prepare for the transition to ICD-11. Health information professionals play a critical role. Now is the time to become knowledgeable about ICD-11 and inform the conversations within your countries and your organizations.

IFHIMA’s ICD-11 Whitepaper is expected to be published in October 2020.

Author:
Ann Chenoweth, MBA, RHIA, FAHIMA
AHIMA National Director to IFHIMA

The 2019 edition of the Pan-African health informatics conference (HELINA) took place in Gaborone, Botswana from 20th November 2019 to 22nd November 2019. The HELINA 2019 conference was hosted by the University of Botswana (UB) through the eHealth Research Unit in collaboration with the Botswana Ministry of Health and Wellness (MoHW), Ministry of Transport and Communication (MTC), Botswana Institute for Technology Research and Innovation (BITRI), Botswana Health Information Management Association (BoHIMA), and Kenya Health Informatics Association (KeHIA). The main focus of the conference was how digital health can be harnessed to “...achieve Universal Health Coverage” in Africa. 175 delegates attended the HELINA 2019 who represented 18 countries worldwide and various professions with a keen interest in health Informatics.

HELINA 2019 conference also featured 3 parallel pre-conference workshops on the 19th November, 2019, namely:

1. Drone Technologies for public health and related fields
2. Data Science in Healthcare
3. Scientific Writing workshop

UB and Botswana International University of Science and Technology in conjunction with the Botswana Civil Aviation Authority (CAA) co-hosted the Drone Technologies pre-conference workshop which was aimed at exploring drone technologies for public health and related fields with the goal of developing a draft policy on the use of drones for healthcare product/service delivery. The one day drone workshop was conducted on the 19th November, 2019 and was hugely successful with delegates spoilt for choice on content and demonstrations of varied drone technologies.
One of the key pre-conference activities was on Data Science officiated by CDC Atlanta. Data and information are the lifeblood of public health. Rapid advances in information and communications technology are creating profound changes in how the public health workforce collects, manages, shares, analyzes and uses data and information, at the molecular, organ, patient and population levels, to inform decision-making and improve health outcomes. Designing, implementing and reproducing these value-generating processes require interdisciplinary knowledge and skills, and collaborative problem solving. During this workshop, attendees explored the development and use of digital case studies in public health using Jupyter Notebook, an open source data science platform for working with reproducible, shareable computational narratives about solving problems in public health informatics. Participants gained practical knowledge in using the Jupyter Notebook ecosystem of tools and increased capabilities to utilize data using descriptive, diagnostic, predictive, and prescriptive analytics and visualization methods to inform program implementation and improvement, identifying gaps and/or needs, and support decision making.

The third pre-conference workshop was on Academic Scientific Writing by the HELINA Education Working Group (EWG), titled “Academic writing: from concept to publishing”. This one day FREE workshop was held at the University of Botswana before the main HELINA 2019 conference. It was hosted by two Fellows of the International Academy of Health Sciences Informatics. Professors Frank Verbeke, Vrije Universiteit Brussel, Belgium and Graham Wright, Rhodes University, South Africa. They are both active researchers with Clinical, Management and Health information systems backgrounds. Delegates were involved in an intense exercise but enjoyable. The aim was to produce a journal paper to which all contributors will be named as authors.

Overall the HELINA conference got positive feedback from participants, indicating that it was valuable, informative and well organized.

The HELINA 2019 theme was “From evidence to Practice: The Implementation of Digital Health Interventions in Africa for Achievement of Universal Health Coverage”.

Officiating at the event, Minister of Health and Wellness, Dr Lemogang Kwape, outlined his ministry mandate and reiterated its commitment to the improvement of healthcare in the country. Dr Kwape therefore underscored research, data access and analytics for decision making as critical to building a sustainable health system for universal health coverage. He said there is need for real time data and its use were paramount if his ministry were to realize its mission of delivering quality health services, policy formulation, standards and guidelines of health services. Dr Kwape added that the conference was timely in that it was coming at a time Botswana was gearing up to embrace the fourth
industrial revolution. He said that was because the choices made today about how the country managed, controlled and utilized its healthcare would shape the future of its healthcare management and patient care. As such, Dr Kwape said given the steady development of Botswana’s e-Health environment, the Ministry of Health and Wellness recently finalized an e-Health Strategy to ensure that e-health contributed to the strengthening of the health system and health outcome of Batswana. He observed that the strategy was aligned with the 71st World Health Assembly Resolution on Digital Health adopted in May 2018 which urges member states to assess their use of digital technologies for health to identify areas of improvement to promote universal health coverage (UHC).

Authors:
Mr. Kagiso Ndlovu, Dr. Aubrey Mokotedi
Dr. Gontlafetse Mosweunyane
Tebo Leburu, Star Chibemba
Mr. Steven Wanyee
Ms Susan Gathu

The focus of this first Special Issue should be Clinical Coding, and the quality and integrity of health data. The Special Issue is published as Issue no. 1 of Volume 49 (January 2020), and showcases 10 national and international papers discussing many of the issues that affect data quality both currently and in the future. These include computer assisted coding, the role of clinical documentation specialists, barriers to coding quality and the resulting impacts of these barriers in such areas as DRG assignment.

The papers are introduced in an Editorial by Jennie Shepheard, who has decades of experience as a HIM and Principal Health Information and Classification Advisor for the Department of Health and Human Services, Victoria (Australia). This collection of papers raises awareness of how important the clinical coding function is to the quality and integrity of our health data, and as Jennie says. “challenges us all to find solutions that will improve the quality of coded data, protect its integrity and support the clinical coding workforce.”

The Editorial and papers are available through the hyperlinks below.

Editorial
Clinical coding and the quality and integrity of health data
By Jennie Shepheard

Narrative Review
Computer-assisted clinical coding: A narrative review of the literature on its benefits, limitations, implementation and impact on clinical coding professionals
By Sharon Campbell and Katrina Giadresco

Research Articles
A qualitative evaluation of clinically coded data quality from health information manager perspectives
By Chelsea Doktorchik, Mingshan Lu, Hude Quan, Cathy Ringham, and Cathy Eastwood
Health records as the basis of clinical coding: Is the quality adequate? A qualitative study of medical coders’ perceptions
By Vera Alonso, João Vasco Santos, Marta Pinto, Joana Ferreira, Isabel Lema, Fernando Lopes, and Alberto Freitas

Suicidal and self-harm presentations to Emergency Departments: The challenges of identification through diagnostic codes and presenting complaints
By Jerneja Sveticic, Nicholas CJ Stapelberg, and Kathryn Turner

Importance of coding co-morbidities for APR-DRG assignment: Focus on cardiovascular and respiratory diseases
By Julio Souza, João Vasco Santos, Veronica Bolon Canedo, Amparo Betanzos, Domingos Alves, and Alberto Freitas

Validation of ICD-10 codes shows intracranial venous thrombosis incidence to be higher than previously reported
By Joel D Handley and Hedley CA Emsley

A review of the complexity adjustment in the Korean Diagnosis-Related Group (KDRG)
By Sujeong Kim, Chaiyoung Jung, Junheum Yon, Hyeonseon Park, Hunsik Yang, Hyeon Kang, Dongjin Oh, Kukhwan Kwon, and Sukil Kim

Commentary
The importance of clinical documentation improvement for Australian hospitals
By Patricia Hay, Kathy Wilton, Jennifer Barker, Julie Mortley, and Megan Cumerlato

Forum Article
Malnutrition definitions in clinical practice: To be E43 or not to be?
By Wendy Phillips, Jennifer Doley, and Kelli Boi

Author:
Joan Henderson, BAppSc (HIM) (Hons 1), PhD (Med)
Senior Research Fellow (Hon), University of Sydney
Editor, Health Information Management Journal (HIMJ)
Joan.henderson@sydney.edu.au

MEDRECON 2020 the 20th National Annual Conference

MEDRECON 2020 - the 20th annual national conference of the Health Records Association of India (HERAI) organized and hosted by Health Informatics and Health Information Management Association (HIIM) Kerala State was held at Nihara Resort, Kochi, Kerala on 7th & 8th February 2020. The theme of the conference was “Value of Data in Health Care Ecosystem, its quality and eloquent uses in healthcare practices, delivery and decision making”. MEDRECON 2020 was a remarkable milestone for HIM profession in India, as it was for the first time a national level HIM conference held in the presence of the honorable IFHIMA president.

The grand inaugural ceremony witnessed a special address on the importance of big data and Artificial Intelligence in emerging healthcare scenarios by the Chief Guest Dr. Madhu Raikwar, Director - Central Bureau of Health Intelligence, Ministry of Health & Family Welfare, Govt. of India. Ms. Lorraine Fernandes, the President of International Federation of Health Information Management Associations (IFHIMA) was the Guest of Honour and delivered keynote address titled “The new decade: What lies ahead for the HI and HIM Professions” on the first day of the conference. HERAI President Mr. Suresh Carlton and Dr. Sabu Karakka Mandapam, President HIIM association welcomed the MEDRECON 2020 Meeting. Data Privacy Panel deliberations.
gathering and emphasized about the significance of HIM profession in India. Mr. Mujeeb C Kandy and Mr. Selvakumar Swamy, President HERAI- International also spoke about the importance of the conference theme and highlighted the excellent support received from HIM professionals from across India and the Gulf region for the successful conduct of MEDRECON 2020. Ms. Lorraine officially released the MEDRECON 2020 souvenir during the inaugural session.

The conference was attended by around 500 delegates from all over India, including a sizeable number of international delegates from United Arab Emirates, Qatar, Kingdom of Saudi Arabia and Sultanate of Oman. The professionals from diverse fields of healthcare such as Directors, CEO’s, Health Information Managers, Healthcare IT experts, Revenue cycle managers, Medical records officers, Executives, Hospital administrators, and Clinicians participated in the conference. More than 100 HIM students from various institutions across India made the conference sessions more vibrant. MEDRECON 2020 was also awarded with 4 AAPC CEUs, which added more value for the conference sessions and beneficial for the participants.

In two days of the conference, 30 scientific sessions were held under eight themes with lots of meaningful deliberation. A special panel on ‘Data Privacy’ led by Ms. Lorraine Fernandes was well received by the delegates. Dr. Osama Elhassan, Dubai Health Authority was the keynote speaker for the second day and he spoke about ‘eHealth Implementation in United Arab Emirates - Case Study’. Eminent 30 speakers from national and international level shared their expertise through various sessions held under following themes:

- Emerging Data Uses, Information Governance & Resource Needs
- Revenue Cycle Management & Clinical Coding
- Clinical Documentation Improvement & Patient Experience
- Governance, Leadership & Laws on HIT
- Data Standards, Data Uses & Data Quality
- Accreditation, Healthcare Settings & Process Flows
- Documentation & Data for HIM

On the first day, several HIM professionals were recognized for their contributions towards the HIM profession during the awards ceremony. An exciting cultural show depicting the traditional art forms of Kerala and performance by HIM students was the center of attraction during the award ceremony held at the end of the first day of the conference.

A post conference workshop on ‘Clinical Coding and Clinical Documentation Improvement’ for HIM professionals was held on 9th February. AHIMA qualified trainers conducted the workshop on Cardiovascular CPT coding, CDI program implementation for IP and OP settings, ICD-10-CM and ICD-10-PCS – practical approach. Around 25 HIM professionals participated in the workshop and the workshop has been credited with 5 CEUs approved by AHIMA. All the scientific sessions of the conference and workshop were video recorded and made available for the benefit of registrants who were not able to attend the conference and workshop. Subsequently, the recordings of the sessions will be made available in the public domain as educational modules. The MEDRECON organizers would wish to place on record the support received from various exhibitors and sponsors, especially the MEDRECON 2020 learning partner – Centre for Health Information Studies and Solutions (CHISS) Kerala, India.

Author:
Dr. Sabu K M, M.App.Sc, PhD,
Professor of HIM, MCHP, MAHE, Manipal, India
President – HIIM Association- Kerala State, India.
sabu.km@manipal.edu
Capturing Social Determinants of Health-related Activities in Electronic Health Records

The impact of social determinants of health (SDH) on the health of Canadians is well documented. Yet few health organizations routinely collect SDH and related interventions in electronic health records (EHRs). Even for those wanting to collect such data, there is no common SDH terminology or implementation guidance in place to ensure the data are encoded consistently with the same meaning across systems. Different SDH factors and related interventions have been reported in the Canadian literature, such as the use of PROGRESS as an equity lens from the University of Ottawa and the stratifiers for measuring health inequity from the Canadian Institute for Health Information. These variations are largely driven by local contexts, priorities and available resources to address SDH-related needs.

In the United States, the PRAPARE (Protocol for Responding to and Assessing Patients’ Assets, Risks and Experiences) initiative is a national effort to assist health organizations to collect the data needed to better understand and act on patients’ SDH. The initiative has created a suite of resources that includes a set of core and optional SDH measures, an action toolkit, training materials, studies underway and lessons learned. For SDH terminology, Arons has examined coding schemes for 20 SDH domains in six published assessment tools and found 1,095 existing screening, assessment/diagnosis and treatment/intervention codes that can be used to document SDH related activities. In Canada, a similar initiative led by Dr. Andrew Pinto et al. is underway to reduce inequities through the routine collection of SDH in primary care with promising results. Outstanding work ahead include reaching consensus on the SDH measures, terminology and coding schemes for the EHRs, how the SDH-related information is used, and the extent to which patients’ voices are represented. Having standardized SDH terminology will enable the collection, use and exchange of SDH information across EHRs and organizations. Canada needs to increase the capacity of HIM professionals knowledgeable in health terminology standards.

Author:
Francis Lau PhD, FCAHS, Professor
School of Health Information Science, University of Victoria
fylau@uvic.ca
@francislau1 #HealthTerminologyStandards #CCHIMCTSS #HINF

References
The Position of Research Among Health Information Management Professionals in the African Region: Issues, Challenges and Prospects

Research is an academic tool for the advancement of knowledge and practice in all human endeavours. Earl (2016) conceptualized research as a systematic inquiry to describe, explain, predict and control the observed phenomenon. Research brings about essential changes for the development of any nation. The required changes in Health Information Management (HIM) entails formulation of related policies and regulation on education and practice in health sector. This paper highlights the position of research among HIM Professionals in the African Region - issues, challenges and prospects.

The issues in form of questions are: what are the positions of HIM researcher towards influencing government affairs in the region? Do HIM professionals carry out scientific research that could stand the test of time? To what extent does the governments feel the impact of HIM research activities?

The challenges includes weak educational drive, misplacement of priority, poor funding, and inadequate HIM educational structure to mention but a few.

The prospects of HIM research in the region of Africa include measuring health sector performance, providing quality data to determine educational standard, assist in policy direction of governments and enhance standardization of medical practice, governmental assurance of informed planning, implementation, monitoring and evaluation of its programs and projects (Lawal, & Oluwatoyin, 2011).

The Staff strength of HIM professionals in Africa, for example Nigeria is about 35,000 and are found more at the operational level than at the tactical, strategic level or at the academic circle in the Universities. This therefore, informed a positional research setback and more palpable in all the developing Countries across the globe. Literature has shown that most of the research work being carried out are mere academic exercise for the purpose of bagging a certificate(Abdullahi, A. A., Senekal, A., Zyl-Schalekamp, V. C., Amzat, J & Saliman, T.,2012). Pat Utomi (2018), at an international conference in Nigeria, opined that Nigeria (the giant of Africa) has about 170 public Universities but are rated almost the last in Africa in terms of research outcome and implementation for National development. Despite that no single University is offering BSc. HIM;

Special interest group (SIG)

A special interest group (SIG) is being formed for those with an interest in health information research. The HIM Research SIG is currently in the planning stage with several leaders across the globe involved. Central to this initiative is the development of the research skills of HIM practitioners. The SIG will include podcasts and community forums, and shared resources to support people who are interested in undertaking research. Further information will be distributed via IFHIMA when the online SIG platform is finalized.

If you are interested in participating, please contact:

Dilhari DeAlmeida
Global News Editor
drd7@pitt.edu
why? May be because of the limited interest/ignorance or misplaced priority; although private Universities are taking the lead. Babcock University has produced 7 PhD holders in Nigeria as of 2017. Ghana, Botswana, Kenya and Tanzania have started making headway. Observation and records also shows that the academic staff of Universities are promoted only based on the number of articles they publish in academic journals or else remain stagnated but unfortunately HIM Schools in most countries of the African Region are termed Monotechnics and being managed under State Ministries of Health and Teaching Hospitals, which is service oriented organizations (Orbach, (2001). As a result of these, research work by HIM professionals are not determinants of their promotion.

It is difficult to say that the government in Africa feels the impact of HIM research findings and the their recommendations. Scholars like Obikeze (1979); Jimoh (1998); Omodia (2006); Kamba (2008); Dauda (2010); Odia and Omofonmwan (2013) and Mapolisa & Mafa (2013) identified the problems bedevilling the progress of research in Nigeria, could be viewed under the following categories: Absence of a clear cut philosophy of national development, Cultural and Ethical Issues, and political atmosphere. Achebe, C. (1958) in his book "things fall apart" opined that if the appropriate personnel were not put in place, the centre cannot hold. Example is that no single HIM professional was ever made a Director of planning, research and statistics at the apex Federal Ministry of Health or as a Minister of Health from 1960 to date despite the fact that the Health Records Officers Registration Board of Nigeria was established since 1989 through degree 39 to regulate the training and practice of the profession.

Literature, observations and experience were used to determine the issues, challenges and prospects of HIM research position in African Region. The issues, challenges and prospects of HIM research are all manmade, although HIM knowledge managers if identified could bring about the desired changes and set the stage for Health sector innovations in Nigeria as a case study (Kamba, 2008).

Advance your career with a degree or certificate
At The College of St. Scholastica, our students not only earn a top-ranked degree, but they also join a close supportive network that opens doors to success.

100% online programs and certificates
- BS HIM
- MS HIM
- Post-Baccalaureate HIM Certificate
- MS Health Informatics
- Health Informatics Certificate

Scholarships available!
go.css.edu/IFHIMA2019

Having known the University and Monotechnic status in Africa, IFHIMA, being the global voice of HIM profession in official relationship with WHO could influence the country Governments to accord HIM research the priority it deserves.

Authors:
Babale G. N.
BSc (HIM), BSc (Data Mgt), MHPM, MSc (I. T.);
Paul A. Oyebanji
BSc (HIM), PGD (Edu), MHIM
Babagana A. K. G.
BSc (Anatomy & Physiology), PGD (Edu)
School of Health Information Management, University of Maiduguri Teaching Hospital, PMB 1414, Maiduguri
Update from Saudi Arabia during COVID-19

Since the World Health Organization (WHO) declared COVID-19 outbreaks as a global pandemic on March 11th 2020, the number of COVID-19 cases continued to increase globally at an alarming rate. As of April 21st 2020, the number of confirmed COVID-19 cases in Saudi Arabia was around 10,484 and over 2.4 millions worldwide.

“As healthcare professionals and scientists around the world are fighting the pandemic, the role of Health Informatics and Health Information Management (HIM) professionals is very crucial for the understanding and containing the spread of COVID-19. Access to high-quality data can speed up the process of knowledge and scientific discovery. It is extremely important to document and code COVID-19 cases in a consistent, accurate, and complete manner” said Abdulrahman Jabour, PhD, the chair of the Saudi Health Information Management Association (SHIMA).

“At SHIMA, we are committed to increase awareness and improve the practice among HIM professionals and the healthcare community. Our approach is to provide the support and education related to Clinical Documentation and Coding” Said Hussain Albishi, SHIMA president.

In response to the pandemic, SHIMA is working on advancing the HIM and Health Informatics professions through advocacy, communications, education, and research, by disseminating knowledge and information to accurately document and code COVID-19. Also, SHIMA announced launching an email for answering coding inquiries. SHIMA also conducted a live webinar about Influenza surveillance systems and coding standards of COVID-19 delivered by Abdulrahman Jabour, PhD and Nasser Al Balawi. This came as a part of a series of free webinars planned by SHIMA featuring experts discussing various HIM and Health Informatics topics during the COVID-19 pandemic.

Link to the webinar:
https://youtu.be/RAyhQWm_4ok

Australia during a time of COVID-19

“Without doubt the best quality we observe across the entire Australian community is a natural willingness to pitch in and have a go, to help others. We see it of course whenever there is an emergency or a worthy cause. We see it in every community volunteer organisation from the lifesavers to the bushfire brigades through to the thousands of youth and mature age sporting clubs and those great international service organisations like Rotary and many others. We see it in our professional bodies such as the police, fire and ambulance services and of course in the defence force. It is a generosity of spirit and a selflessness that is perhaps our most precious heritage to hand on to younger and newer Australians - a nation of people who care for and look out for each other.”

- Peter Cosgrove, the Australian Governor General
The words of Peter Cosgrove aptly summarise the spirit of Australians during this difficult time of COVID-19, and the Health Information Management profession epitomises this.

HIMs are involved in the planning and set up of COVID-19 clinics across the nation, implementing systems to support the capture of COVID-19 data, and analysing or reporting the data to support our nation’s COVID-19 strategy. Whilst these are challenging, and often sad, times for everyone, the response from health organisations have highlighted the importance of HIM.

The 2020 national conference for the Health Information Management Association of Australia (HIMAA) and the scheduled one day forum with the Australian College of Health Service Managers have both been deferred until 2021. HIMAA is now organising a series of webinars to continue the professional development opportunities, with the first one addressing Clinical Documentation Improvement (CDI) held at the end of April. In addition to the valuable information gained through the webinars, members are able to obtain Continuing Professional Development (CPD) points for their attendance.

The HIMAA Special Interest Groups (SIGs) such as the National and NSW Private Hospital, eHealth and Scanning, International HIM, Rural and Remote, Victorian Mental Health Advisory, and newly formed CDI SIG, continue to ensure efficient and continuous shared knowledge and professional networking between health information professionals. In addition to these groups, the tireless work of our State Branches continues to strengthen our profession. Other vital work continuing in Australia include the development of a National Health Information Strategy, with HIMAA and HIMs providing input at several workshops around the country (pre-COVID-19).

Most exciting is the upcoming HIM Awareness Week (11-17 May 2020), where members from across Australia promote the profession in their organisations and across industry. It is also a great opportunity for students to get involved through poster presentations. We look forward to sharing some of the wonderful displays from HIM departments and students in the next edition of Global News.

Authors:
Kerryn Butler-Henderson (Australian Director)
Sally McIntosh (Australian Deputy Director)
participants based on the annual Hospital Review Paper, which I prepared for the annual hospital review program.

During the session our honorable guests raised queries about the AMA program’s status in the hospital, the hospitals patient catchment area and the Health Insurance program. They also asked if the hospital had any issues with the AMA program, patient satisfaction and overall hospital issues and whether they were taken seriously.

The second component of the interactive program was for Female Community Health Volunteers (FCHV’s). This session was followed by a program of direct observation starting with the hospital maternity department. This session comprised monitoring of service delivery and dialogue with patients in the ward.

There followed short visits to the Emergency Department, The Laboratory, the Pharmacy, the central counter electronic billing section, phase one of the newborn care unit and all-service section in the hospital. Our Honorable Guests also valued their opportunity to view the hospital site and to engage directly with front-line staff.

We all have very happy memories of this special and important visit by our Honorable Guests. We offer our sincere thanks to the British Ambassador to Nepal, the DFID Advisor and the British Government for making this visit happen.

Author:
Laxman Sharma Paudel,
Medical Records Officer
Matrishishu Miteri Hospital, Nepal

While there were cases of COVID-19 on the west coast, there were zero cases in Ohio as of start of business on Monday, March 9th. The global HIMSS conference in Florida and the Arnold Classic in Columbus, Ohio had been cancelled; but both had international presences while 90+% of OHIMA attendees and exhibitors were from within Ohio and 100% were from within the United States. OHIMA leadership discussed the concerns surrounding COVID-19 at-length and repeatedly the weeks approaching the conference. Any decision to change or cancel the OHIMA Annual Meeting & Trade Show would have a dramatic impact; therefore, such a decision could not be made without justifiable and serious reasons. Late Tuesday, March 10th – five days before the conference was scheduled to begin – the OHIMA Board of Directors made the difficult decision to cancel the in-person portion of the OHIMA Annual Meeting & Trade Show. The situation in Ohio began changing hour by hour which made it impossible to accurately assess risk and the health of attendees, exhibitors, speakers and staff was a top priority. Several new developments occurred in Ohio the day that the decision was made:

- Cases of COVID-19 were confirmed in Ohio
- A state of emergency was declared by Governor DeWine
- More and more employers are prohibiting travel including several large employers who had intended on sending many employees to the OHIMA annual conference
- Several colleges suspended in-person classes
- There were discussions about prohibiting mass gatherings of over 100 people; later that week, Ohio Governor DeWine would issue an Executive Order banning mass gatherings.

Because of the OHIMA conference size, there are only two venues in Columbus large enough to host an OHIMA Annual Meeting & Trade Show (the current venue of the Hilton at Easton and the Columbus Convention Center). Both venues book events 3-5 years in advance. This fact, coupled with limited exhibitor and speaker availability and staff resources, it was impossible to simply postpone or reschedule the OHIMA 2020 Annual Meeting & Trade Show. Cancelling the in-person portion of the OHIMA conference presented serious financial implications for OHIMA. If attendee registrations and exhibitor booth fees were refunded – in addition to paying all expenses (which was a likely occurrence due to cancelling so close to the event) – as a small association, OHIMA may no longer
exist due to the long-term financial impact of this decision. This financial concern – along with the fact that members still needed CEUs – it was decided to offer the educational content of the OHIMA Annual Meeting in a virtual format!

Over the next week, OHIMA Board Members and Staff implemented and executed a plan to record over 30 hours of educational sessions and provide them to meeting attendees in a virtual, recorded format to watch at their convenience. On March 23rd, access instructions for the OHIMA 2020 Virtual Conference were provided to conference attendees. With a robust Learning Management System implemented just a few months prior, the educational session recordings were posted so that the system tracked which presentations were viewed by individual users and CEUs were automatically added to the users’ OHIMA profiles. Because attendees could listen to the General Session and all breakouts available on the day(s) they purchased, at least 10 CEUs were available each day, with over 30 for the entire conference. This number of CEUs offered was double the usual 5 per day, 15 per conference available at the in-person Annual Meeting. While it was a whirlwind two weeks, overall, the conversion of the OHIMA Annual Meeting into a Virtual Conference was a true success! Registration was re-opened and the total registration count exceeded the number that would have attended the in-person conference. Contact the OHIMA Central Office if you’d like to register and attend the OHIMA Virtual Conference (www.ohima.org).

Author:
Lauren Manson, RHIA
Executive Director – Ohio Health Information Management Association (OHIMA)

California Health Information Association (CHIA) Pivots to Virtual Convention

Q&A with Sharon Lewis, Executive Director

How and when did the association decide to go virtual?

With only two months prior to the planned face-to-face event, the status of shelter-in-place unknown, and the health and well-being of California’s health information professionals a top priority, the CHIA Board of Directors made the decision to pivot to a virtual convention. The team is committed to offer a first-class learning experience and is working with the speakers and exhibitors to deliver the content both in live and pre-recorded sessions. There are several different moving parts to this endeavor. Sharon has been attending and meeting with
other association professionals and other component state association leaders to learn more about the steps involved with transitioning the program from in-person to virtual.

**What type and extent of the discussions did you/association have?**

As an Executive Director, Sharon is actively involved in an organization within the state of California dedicated to association professionals. Through that association, Sharon has been discovering a variety of ways to offer virtual programs and learning from other professional associations who are experiencing the same challenges during this unprecedented time. She has also been in contact with the OHIMA and other component state associations to discover how those health information associations are transforming their events. Additionally, CHIA continues to hold regular Board and other meetings to discuss the best path moving forward.

**What were the logistics of reaching out to all the speakers/vendors and how did you convey to them about the changes? When did you make these decisions (how close to the date of the actual in-person meeting?)**

Sharon and team are still finalizing some of the logistics. To date, the majority of communication has been via email; however, many telephone calls have been made to both speakers and exhibitors. The plan is to pre-record approximately forty (40) track sessions and offer the general sessions via live webinar on the originally scheduled dates. CHIA is planning to offer a virtual House of Delegates. The team is in discussion with their exhibitors as the staff are very interested in incorporating exhibitor offerings into their program.

**Lessons learned? Positive/Challenges?**

We all realize that this is completely new and unchartered territory and are committed to providing value to California’s health information professionals as we work through the details. Having minimal experience in providing virtual educational events; looking back it would have been extremely beneficial to have completed the research prior to identifying the need to pivot the association’s offerings. We are discovering there are varying degrees of virtual offerings. Does it include live synchronous sessions? Pre-recorded content? What works best? What type of technology platform is most beneficial to use, what type of technology is needed to house the content? At this time, there appears to be more questions than answers; however, we are learning rapidly.

With all this been said, the ‘light’ is at the end of the tunnel and the association recognizes the potential benefits to this pivotal shift. We are learning that out of adversity comes opportunity, and that CHIA can provide new and innovative solutions for increased engagement, member interaction and enhanced learning offerings for California’s health information professionals.

**Author:**
Sharon Lewis, MBA, RHIA, CHPS, CHPQ, CAE, FAHIMA
Executive Director
California Health Information Association (CHIA)

**Interviewed by:**
Dilhari DeAlmeida, PhD, RHIA
Global News Editor
Note from the Editor

Welcome to our second GN issue for the year. I hope you all are staying safe and healthy during the pandemic! Hope you found this issue to be interesting, relevant and informative. As a reminder, IFHIMA publishes Global News two or three times per year with the intent to highlight national association news, share board activities in support of the IFHIMA mission and strategic plan, and keep members abreast of other IFHIMA activities.

I encourage contributions from all of our member nations to make it a truly global newsletter. Please feel free to contact me with your ideas and questions. A copy of the guidelines can be found at:

https://ifhima.org/editorial-guidelines/

Dilhari DeAlmeida, PhD, RHIA
Drd7@pitt.edu

Disclaimer:

Contributions to Global News are welcomed from members and non-members of IFHIMA and articles should be typed and sent by e-mail to the Editor, Dilhari DeAlmeida (drd7@pitt.edu) for consideration for publication. Responsibility for referencing in any article rests with the author. Readers should note that opinions expressed in articles in Global News are those of the authors and do not necessarily represent the position of IFHIMA.

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