Health Information Management Association of Australia Limited

ABN 54 008 451 910
RTO ID 91660

Annual Report for the Financial Year
2016 - 2017

November 2017
About HIMAA

The Health Information Management Association of Australia (HIMAA) is the professional association for health information management professionals in Australia. Our members work in a variety of roles within and supporting the healthcare system, with primary occupations being qualified Health Information Managers (HIMs) and Clinical Coders. HIMAA recognises that the health information management profession is broader than HIMAA itself. However, HIMAA considers itself to be the key influencer and definer of the profession. We have been serving the profession in various iterations since 1949.

HIMAA is a not-for-profit organisation governed by a Board of Directors who are HIMAA members. The Association has a national office in Sydney, staffed to deliver functionality in operationalising the HIMAA Vision, Mission and Strategic Plan in accordance with HIMAA Values.

Our peer-reviewed *Health Information Management Journal* is the only academic health information management journal in the world to achieve an international Thomson Reuters impact rating and DOI (digital object identifier) international citation referencing. HIMJ’s sister Journal, *HIM Interchange*, provides practice-based analysis and case studies for members of the profession. Our *Australian Dictionary of Clinical Abbreviations, Acronyms & Symbols* is the industry’s authoritative text.

HIMAA relies on the volunteer contribution of members to achieve its objectives and deliver organisational governance. Membership support is provided at the local level through networking and continuing professional development (CPD) provided by State and Territory branches and networks, and nationally through our annual conference which is of international standing. We are the major provider of education and training for Clinical Coders in Australia and the national authority for the accreditation of HIM tertiary courses. Our Professional Credentialing Scheme offers practitioner quality assurance to the profession and employers. Our Clinical Coder Certification is the industry’s advanced standard.

HIMAA also attracts members from a number of other countries, including New Zealand.

Vision

HIMAA positions the profession to foster leadership in health information best practice to support quality healthcare.

Mission

HIMAA promotes and supports our members as the universally recognised specialists in information management at all levels of the healthcare system. We do this through positioning and advocacy, education and training, quality standards, publications and resources, and HIMAA membership networking activities at local and national levels, including an annual national conference of international standing.

Values

<table>
<thead>
<tr>
<th>Values</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Member Focus</td>
<td>We exist because of and for our members, offering them value in products, services, networking, advocacy and support</td>
</tr>
<tr>
<td>Professionalism</td>
<td>We provide high quality, ethical services based on well-informed judgement and expert knowledge of the Health Information domain</td>
</tr>
<tr>
<td>Ethical Practice</td>
<td>We are ethical in all our operations and are good stewards of our resources</td>
</tr>
<tr>
<td>Equity</td>
<td>We are equitable in the provision of services to our members and treat everyone with respect</td>
</tr>
</tbody>
</table>

This Annual Report for the 2016-2017 Financial Year was distributed to the 52nd Annual General Meeting of the Association held in Cairns on 3 November 2017.
FROM THE PRESIDENT

This is my second and final report to members of the Association as I step down from my two year term as National President. Last year I expressed what an honour it was to serve as your National President and I echo those sentiments again in 2017.

During the period July 2016 to June 2017 the HIMAA Board considered an average forty-two agenda items for noting, discussion, action, approval and consideration per meeting. And that does not include the fifteen to twenty items of correspondence requiring noting or action. The work plan schedule and action list in the same period from Board meeting 349 to 355 records multiple decisions in accordance with the 2014-2016 Strategic Plan initiatives. It is good for us to reflect sometimes on the amount of work that the HIMAA Board undertakes on behalf of the Association.

The Board members themselves chaired or were represented on multiple committees, working groups and special interest groups.

The Board commenced face-to-face meetings in February and these have proved beneficial in getting through very large agendas in one day and sometimes one and a half days. This has also enabled the Board to meet with the HIMAA National Office staff and members.

PROFESSIONAL PRACTICE

I remind all members of the Association to reflect on the Oath they took at the AGM in 2016 and what that meant to them, and to also reflect on what practice quality means to you in your workplace and in dealings with colleagues and members of your own Association. The Board will need to make decisions that will not please all, but the direction the Board takes is governed by the strategic direction developed by members, committees, working groups and informed sources, including our stakeholders.

One of our challenges in this reporting period has been engaging members with correct information without compromising matters still before the Board. As Board Directors we have a fiduciary duty to the Association to ensure the conduct of the meetings meets the requirements of the Australian Charities and Not-for-profits Commission. This Board has taken those requirements seriously and in doing so they are to be congratulated.

Misinformation around the Board’s intent is not helpful and does not meet with our own ten professional practice principles. I urge all to keep informed, ask the questions, engage with the Association and if you are not a member, join – do not be an armchair critic. Your Board members are there to provide you with the information you need. Involvement at a Branch level is vital as the Branches provide an important conduit into the Board, informing them of State and Territory activities and achievements.

STRATEGIC PLAN 2017-2022

The five-year strategic plan has had one of the longest consultation periods I have known and the most intense scrutiny from its beginnings in 2016 when a Strategic Plan Advisory Working Group commenced their deliberations based on membership survey data, workforce summit report, member feedback and expert advice from the working group itself. A strategic planning day was held by the Board in November 2016 followed by an intense development period by a working group of Board members. The resulting plan is intended to give the Association a direction for the next five years with a mid-plan review and is with the membership for consultation as I write.

The foundations of the plan are the health information management profession (particularly its two main occupations: Health Information Manager and Clinical Coder) and workforce. Those foundations hold up the pillars of Advocacy, Education, Research and Standards. You will also have noted our emphasis on future-proofing the profession and the organisation as well as contextualising the profession. What does all this mean? It means that to continue as we are as a
niche profession protecting our own narrow view of the world and demanding a say in Australia’s future in health will not cut it if we do not change and create a sustainable profession, and this will need to include reforms.

Research is also a necessary adjunct to sustaining our profession as our Universities are faced with difficult choices when they cannot attract enough people with a Doctorate to sustain academic delivery of health information management courses.

The Strategic Plan 2017-2022 has been developed to provide the Association with a direction in a rapidly changing environment. As stated by Dr Kerryn Butler-Henderson in her paper Health Information Management 2025: a time of digital transformation and ongoing health reform requires the profession to strategically position itself from the health information technicians to information strategists, and demonstrate its ongoing important contributions to improve patient care and outcomes, and the effective management of health care.¹

My question to the health information professional and the educators is why can’t we insert ourselves firmly into the digital space and become the leaders who inform the informaticians, data analytics and information technicians? Education reforms that will shape our profession are needed as are reforms to our membership.

MEMBERSHIP

Being a member of the Association is one way our profession can shape the health information workforce. Sitting on the sidelines and providing unhelpful commentary that is less than informed is not going to grow us into the strong membership organisation we can be.

The Association has grown its membership and some time ago changed the membership categories to support our colleagues working in the clinical coding space to have a voice. I must say this has been one of the more positive moves from a membership perspective and I congratulate previous Boards who saw this through despite some opposition and necessary debate. It is exciting to hear from our Senior Associate members and to see them engage at a Board level and through committees, working groups and special interest groups. It has been such a successful move, I suggest that the Constitution may be revisited to remove this category of membership and change it to a Full membership category as long as the tradition of HIM professional is recognised at a leadership level.

Encouraging a growth in Associate members will also provide the Association with a major source of members who bring different perspectives to our working groups and SIGs. Clinical Documentation Specialists, billing staff, informaticians, quality managers - the list is endless.

It has been my greatest pleasure throughout the reporting period to be able to meet with and present to members. I visited Queensland, South Australia and the ACT, met with the NSW Branch and had quite an entertaining night amongst our Victorian members at a trivia night (I do think pitching each State and Territory against each other at a trivia night would be interesting – those Victorians are very competitive!)

These meetings and involvement with members at a committee, working group or special interest level is one of the joys of being National President. The enthusiasm and engagement by you all is outstanding.

STAKEHOLDER ENGAGEMENT

During the reporting period it was my pleasure to travel to Tokyo and present a paper on workforce at the 2016 IFHIMA Congress and to sign a Memorandum of Understanding including a reciprocal agreement for recognition of qualifications with the Canadian Health Information Management Association.

Further international engagement has included a visit to Dubai, in the company of our Vice President, Cheens Lee, and CEO, Richard Lawrance, to attend and present at a conference. Also to meet with some of our active stakeholders in the education space and formalise a Memorandum of Understanding with the Saudi Health Information Management Association. Building relationships in the Middle East has consolidated our education presence there as well as developed valuable relationships through SHIMA as we congratulate them for being the next hosts of the 2019 IFHIMA Congress in Dubai.

We have also engaged with many stakeholders in the past financial year resulting in further Memoranda of Understanding being signed, most significantly the two listed above, and one with the Australasian College of Health Service Management. This adds to our existing understandings with the Australian College of Health Informatics (ACHI), the Australian Library and Information Association, Health Libraries Australian Group (ALIA/HLA), Health Informatics Society of Australia (HISA) and the National Centre for Classification in Health (NCCH).

We look forward to building on the existing relationships which have been of benefit to the Association especially as we can now speak with a united voice on workforce research, a national capability framework and recruitment and retention.

Speaking of research, it is exciting to announce that through an arrangement with the University of Melbourne and the University of Tasmania there is a project underway with the aim of producing accurate national data sets of the current health information workforce (HIW) to inform workforce planning. This project commenced in the first half of 2017.

The Universities remain amongst the strongest of many important stakeholders and further engagement is planned with them through the life of the 2017-2022 Strategic Plan and beyond.

THE HIMAA BOARD

As this is my last report as the National President I wish to thank the HIMAA Board for their work undertaken on your behalf devoting many voluntary hours outside their own work days and fitting these hours into their already huge workloads. I cannot express enough my gratitude to each Board member for their commitment to the Association and the work undertaken by them on your behalf.

There are never the right words to thank selfless people with good hearts, but that is what this Board means to me.

THE HIMAA STAFF

As your National President it has also been my pleasure to work with a fine group of professionals who serve HIMAA as Education Officers, in finance, information management and technology, professional development, publications and resources, marketing and events, membership, standards, quality and risk, and administration. I congratulate Richard Lawrance our CEO for his leadership and admire his vast knowledge in the education space at a VET and Tertiary level, his writing skills and ability to juggle so much on our behalf. Richard has had the able assistance of our wonderful Executive Support Officer, Helen Thurtell, who is one of those no worries people in the eye of a storm.

To all the staff my heartfelt gratitude and thanks for all that you do. YOU ARE AMAZING!

CONCLUSION

My challenge to the new Board is to keep standing up for what is right for this Association and its members. You will have critics, and a difference of opinion is a good thing and leads to great debate if it is done in a spirit of collegiality and is not destructive and hurtful.

The Association has a long and proud history that must never be forgotten but the foundations of that long and proud history must continue in a new era of rapid change, digital transformation and
planning for jobs that we don’t know exist yet. Our educators must also keep pace, our research must be spot-on with good data, we must inspire our members to take on the big jobs and become the future leaders.

I wish the Association well as it forges a new future for its members. Keep up the good work and in Professor Phyllis Watson’s words sometimes it seemed to take a long time to reach the goals early members had set but they never seemed discouraged and did eventually succeed in accomplishing most of what they set out to do. Do not be discouraged; make sure that anything you do for the Association is in the spirit of ensuring its growth and strength to take on the challenges of the future.

Jenny Gilder, HIMAA President

---

2 Professor Phyllis J Watson AM The First Fifty Years 1949-1999 Medical Record Librarian to Health Information Manager A History of Medical Record Information Management Profession in Australia. February 2013 ISBN 978-1-876443-18-4
FROM THE CEO

HIMAA business operations are organised across four functional units:

- Education Services
- Membership Services
- Standards, Publications and Resources (including Professional Development)
- Office of the CEO and Finance & Operations

The year has been one of both continued innovation and consolidation in all areas.

EDUCATION SERVICES SUCCESS

An enrolment target of 245 over two intakes in the new 22274VIC Certificate IV in Clinical Classification was exceeded by 94 students. This successful outcome was complemented by more modest successes in our Introductory Clinical Coding course, Accelerated Program, Refresher Course and Challenge Exams to generate a financially buoyant year for HIMAA Education Services during FY17. See Lyn Williams’ report below.

The Board agreed at the beginning of FY17 to regard it as a year of running in for the Education Services’ Certificate IV program, as course development proceeded into the financial year and the recognition of prior learning (RPL) demand was an unknown quantity until the first enrolments came in for the July intake. The Board approved the appointment of a new Education Officer based on mid-year profit projections and this extra human resourcing, in the form of HIM Clinical Coder Kirrilee Gray, is already more than proving its value to the Education Services team.

In recognition of the high level of responsibility and performance demonstrated by the Education Services Training Manager, including high level change management and operational management in the face of considerable business change, Lyn Williams’ role has been recognised by a reclassification as Director Education Services from the commencement of FY18.

STANDARDS, PUBLICATIONS AND RESOURCES

Budgeted income from publications and resources, while $82,000, is small (4%) compared to the total target revenue of $2,030,500. By comparison, budgeted FY17 expenditure on the publication and online hosting of HIMAA’s two journals, and subscription to Pulse+IT for members, is high ($66,100) for just $11,700 income in advertising. These journals, however, with Pulse+IT are seen as membership benefits by the HIMAA Board, the HIM Interchange presenting quality information on professional practice and the Health Information Management Journal, the members’ international academic and research flagship.

Cyber security demands in FY17, involving a major cyber attack on the national office IT system late in 2016 and a further attack on our website host in May 2017, along with the need to operationalise EventsAir with the departure of its primary anchor, HIMAA’s Membership Officer, in April 2016, and an increase in standards activity for HIMAA, has led to a busier-than-expected year for Ralph La Tella’s business unit.

In the standards arena, the establishment of HIMAA’s lead agency involvement in the AS2828 electronic scanning standards project with Standards Australia, led by Leanne Holmes on behalf of HIMAA’s eHealth and Scanning Special Interest Group, in addition to the run out of the AS039 Digital Hospital standards project and start up of a Health Contact Centres standards development project (HE034), have placed excessive demands on the then Manager IMIT and PD. HR challenges in Membership Services have also required Ralph La Tella to take on the online registration role for HIMAA’s branches.

As a result of these additions to his role, and the delegation of the CEO’s role on the Editorial Board, along with ongoing IT infrastructure development, national online Professional Development services and HIMAA resources and publications, Ralph was recognised in FY17 with a promotion to Director Standards and Resources from the commencement of FY18. The re-
introduction of the IT and Quality Support Officer role retired in FY15 will reinstate essential support for Ralph and for Quality and Compliance Manager Annemarie Arends in FY18.

See Ralph’s IT report below.

**OFFICE OF THE CEO / FINANCE & OPERATIONS**

Human resourcing remained almost stable in the Office of the CEO for FY17, the exception being the departure of Stephanie Zbik as Executive Support Officer in August 2016. Helen Thurtell has ably and admirably stepped into the role, however, and rapidly become a dependable member of HIMAA staff.

The CEO spent most of the financial year researching membership needs, developing the 2017-2022 Strategic Plan with the Board and preparing and reporting on a second Health Information Workforce Summit to engage employers in outcomes of the 2015 HIW Summit. Stakeholder engagement was also high on the CEO’s agenda during the reporting period, with a Health Information Workforce Alliance of HIMAA, HISA, ACHI, ALIA HLA and ACHSM emerging from the 2016 HIW Summit.

Quality and Compliance Manager, Annemarie Arends, has contributed strongly to the implementation of the Certificate IV by Education Services, validating and moderating assessments and assisting with recognition of prior learning (RPL) alongside her routine RTO quality reporting. A revision of HIMAA operational policies is also underway.

The Finance and Operations department, led by Philida Chew and supported by Anderson Hu, continued to manage pressures from the Membership area and to meet the demands of growth in the Education and Conference areas in FY17. Anderson Hu was promoted to Accounts Officer in 2016 and has been providing invaluable support in many facets of the accounting and finance operations.

Philida’s role in facilities involved her in renegotiating our office lease with North Sydney Local Health District. After an excessive heat burden in the FY17 summer which required staff to work from home and one staff member needing to be sent home with heat stress, HIMAA has negotiated a 3 month sunset clause in the lease and will, after 22 years at the old Macquarie Hospital in North Ryde, seek new accommodation in FY19.

In recognition of extra responsibilities taken on by Philida in FY17, she had assumed the title of Director Finance and Operations from 1 July 2017, formalising the role of Deputy CEO on operational issues when the CEO is off site.

**TEMPERED MEMBERSHIP SERVICES PERFORMANCE**

Compared to a strong performance in FY16, Membership Services has returned a shortfall of 10% shy of the budgeted income in FY17, while sustaining a 3% increase in numbers overall. The main reason for this has been securing the necessary human resourcing to meet the demands of the Membership Officer role. An upside of this eventuality is that the Finance and Operations department has learnt enough about our new membership database, EventsAir, to pick up the slack, and a restructure of the Membership Services function to bring it under Philida Chew’s management is underway.

The shortfall in membership fee income is tempered substantially by the continued and increasing success of the national conference HIMAA presents each year, in partnership with the NCCH (National Centre for Classification in Health) since 2014. HIMAA is a lead organising and sole budgetary agency for this conference, and in the capable hands of the Marketing & Events Coordinator Milla Krivozhnya, the 2016 conference in Melbourne returned another healthy income of $65,500 above target – an increase of 18%.
I am pleased to report that Milla accepted a well-deserved promotion in FY17 to Marketing and Events Manager.

My thanks to all HIMAA staff, both on and off site. They continue to contribute way beyond the call of duty, and deserve the unreserved thanks and recognition of both the HIMAA membership and the profession at large.

Richard Lawrance, Chief Executive Officer

<table>
<thead>
<tr>
<th>Category</th>
<th>For FY2016</th>
<th>For FY2017</th>
<th>Increase</th>
<th>% Growth</th>
</tr>
</thead>
<tbody>
<tr>
<td>Full</td>
<td>502</td>
<td>468</td>
<td>-34</td>
<td>-7%</td>
</tr>
<tr>
<td>Associate</td>
<td>162</td>
<td>141</td>
<td>-21</td>
<td>-13%</td>
</tr>
<tr>
<td>Senior Associate</td>
<td>63</td>
<td>61</td>
<td>-2</td>
<td>-3%</td>
</tr>
<tr>
<td>New Graduate</td>
<td>42</td>
<td>24</td>
<td>-18</td>
<td>-43%</td>
</tr>
<tr>
<td>Organisation</td>
<td>22</td>
<td>20</td>
<td>-2</td>
<td>-9%</td>
</tr>
<tr>
<td>Student</td>
<td>234</td>
<td>342</td>
<td>108</td>
<td>46%</td>
</tr>
<tr>
<td>Life</td>
<td>9</td>
<td>9</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td><strong>Total Membership</strong></td>
<td><strong>1034</strong></td>
<td><strong>1065</strong></td>
<td><strong>31</strong></td>
<td><strong>3%</strong></td>
</tr>
</tbody>
</table>
FINANCIAL REPORT - PERFORMANCE HIGHLIGHTS

For year ending 30 June 2017

From the Treasurer

The results of the 2016-2017 financial year represent the mid-way point of our three year budget strategy and supporting business plan. The budget has performed to plan and with some progress made in targets for key revenue-generating initiatives a little earlier than anticipated, particularly in our Education sector. The Board, the Finance, Audit and Risk Management Committee (FARM) and the Executive team are closing out on the strategic finances associated with for HIMAA Strategic Plan for 2014-2016 and have commenced on the required business plans associated with the incoming 2017-2022 Strategic Plan.

Work on the membership business models since our last Annual General Meeting has turned around a period of shallow growth by focussing on reinforcing retention as well as growth drivers. Business re-modelling in HIMAA's Education sector has justified HIMAA's investment, with the additional investment in this last financial year to establish a psychometrically valid Aptitude Test that would improve the national credibility of the HIMAA product as well as placing HIMAA in the position of achieving an industry first.

Our Director of Finance and Operations managed very effectively our interest-earning investments over this last twelve months, with accounts maturing at varying rates, and contributing to our overall fiscal confidence as we advance with our 2017-2018 activities. Overall, our three year financial forecast continues to provide a robust foundation for our business objectives and strong corporate governance to deliver firm business as well as strategic outcomes for the Association.

Our Chief Executive Officer and Director, Finance and Operations continue to exercise strong and risk-averse business management whilst concurrently maintaining vigilance on the fiscal horizon and innovating business opportunities. The FARM Committee members have contributed greatly throughout the year to the pragmatic financial reporting requirements whilst testing all business propositions for value and the ongoing security of our Association. As Treasurer, I extend my warmest appreciation and gratitude to all our staff, FARM and Board members for their input to our financial safekeeping during this past year and onward into the future.

Keystone investment update

Members will recall from our last Annual General Meeting that the Board had invested in the establishment of the VET-level 22274VIC Certificate IV in Clinical Classification course project; conducted between 2014 and end of financial year 2016. Our first year return-on-investment has given us a very solid result with a strong uptake of the course. The staff of Education Services have worked tremendously hard in not only the development of the modules to achieve compliance with the Australian Skills Quality Authority (ASQA), but also in engaging with the many registered students. Our Quality and Compliance Manager has been particularly diligent in ensuring all our Registered Training Authority (RTO) risks and compliance requirements are anticipated and well supported to achieve ongoing endorsement as a compliant RTO. This has resulted in a full return of our $175,000 investment in this reporting financial year 2016-2017, one year ahead of our initial timeline set. We continue to improve and deliver our education courses to meet industry demands.

Membership growth of 3% is up from last year to a total of 1,065 members, subscribed and registered with our Professional Association. We have seen an increase in the number of members, about 21%, who have selected the hassle-free direct debit renewal option. Since the introduction of the online membership renewal in 2016 delivery of membership services and communication to members have improved significantly. As part of our 2017-2022 Strategic Plan, a greater emphasis on membership and related services will be managed through a new Membership Committee. It is expected this new Committee of the Board will realise some new
initiatives and also continue to improve products and services we offer as part of membership.

HIMAA FARM Committee, in consultation with the Board, continues to maintain vigilance of our risk environment, monitoring for any downturns or unfavourable impacts on our financial and organisational wellbeing. Being a Not-for-profit organisation, we return any surplus to the strategic advances of HIMAA, identifying a broader range of business opportunities aligned to our core constitutional function and strategic advantage. Some of our members have taken up one such opportunity, being part of a new register of consultants, to promote and offer HIM-related skills into business opportunities which will bring about a greater HIM awareness in the Health sector especially, but also to as many sectors as have opened up for us and where as professionals we readily assimilate with our skills, qualifications and competencies.

**Overview**

Although our end-of-year financial report shows a small deficit of $46,985, overall we are well positioned with a strong liquidity ratio of 1.28 at the midway point of our three year business plan. Our auditors, Moore Stephens, have, as you will see from the Financial Report for 2017, conducted our independent financial audit for this year. The resulting report demonstrates all the necessary accountancy treatments per Australian Accounting Standards - Reduced Disclosure Requirements under the Australian Charities and Not-for-profits Commission Act 2012 and the Corporations Act 2001. The disclosure also includes the carrying forward of a substantial financial value (currently classified under Current Liabilities in the Statement of Financial Position) relating to payments for studies partially completed during the period reported on. This deferred income will be realised in 2017-2018 reporting year, when the studies are fully completed.

**Financial Highlights**

*(Refer Statement of Profit or Loss and Other Comprehensive Income, Statement of Financial Position)*

- Total Equity is $399,420 down by 11% due to the current year loss of $46,985.
- Total Assets is $1.6 million, up by 15% from prior year, a significant increase mainly from the Receivables account.
- Total Cash and Term Deposit held is up 4% from prior year to $1.21 million despite the $175,000 drawdown in 2015-2016 and a further $40,981 withdrawal from our reserve for the development of VET level 22274VIC Certificate IV in Clinical Classification.
- Other Financial Assets and Cash Equivalents of $1.21 million, held in various term deposit accounts and online saver accounts, have continued to earn a modest interest of $22,492, which averages at about 2.5% per annum. This is despite a significant movement in the cash rates in the last twelve months.
- Total Liabilities have increase to $1.21 million, up by 28% from prior years due to increase in the holdings of prepaid enrolment fees (made up of 60% of the Current Liability shown) for our education courses.
- Total Operating Revenue was up by 2% from prior year to $2.14 million (Refer Table 1) mainly due to an increase in revenue in Education and Membership sectors.
- Total Operational Expense this year has increased to $2.19 million (Refer Table 1) or by 6% compared to prior year. Taking into account the project cost for 22274VIC Certificate IV in Clinical Classification in both reporting years (2016: $175,000 and 2017: $40,981), the real rate of increment is 14%, which was mainly due to the employment of an additional staff member in Education Services in response to course demand, and an increase in expenses for our advocacy and strategic planning activities.
The Association maintained its strong liquidity position throughout this financial year and has continued to monitor its net asset balance (See Table 2) at a comfortable level. 2016-2017 has reported a very strong and solid financial outcome and balance sheet for the Association despite a deficit. The HIMAA Board has approved the budget for 2017-2018 and with the current level of asset holdings and projected revenue, the Association will be showing a year-on-year upward growth. Whilst we continue to improve our membership services and grow our membership base, and our annual conference continues to draw interest from our industry and industry partners, achieving strong attendance in 2016 (nearly 300 delegates), the direction is in line with our ongoing commitment to building diverse lines of income and maintaining a strong balance sheet to ensure financial stability for future investment in our organisational strategies.

The 2016-2017 audited financial report can be found on our HIMAA website www.himaa2.org.au.

Catherine Garvey, Treasurer
Summary of Financial Performance
Statement of Profit and Loss and Other Comprehensive Income
For the Year Ended 30 June 2017

<table>
<thead>
<tr>
<th></th>
<th>2017</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Revenue</td>
<td>2,138,043</td>
<td>2,088,683</td>
</tr>
<tr>
<td>Expenses:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Employee benefits expense</td>
<td>(1,359,171)</td>
<td>(1,394,574)</td>
</tr>
<tr>
<td>Bad Debts</td>
<td>34,517</td>
<td>45,058</td>
</tr>
<tr>
<td>Doubtful debts provision</td>
<td>10,400</td>
<td>3,875</td>
</tr>
<tr>
<td>Depreciation expense</td>
<td>956</td>
<td>1,450</td>
</tr>
<tr>
<td>Utilities (Printing, journal and postage expenses)</td>
<td>29,080</td>
<td>40,876</td>
</tr>
<tr>
<td>Consulting expense</td>
<td>58,513</td>
<td>49,171</td>
</tr>
<tr>
<td>Conference and Event expense</td>
<td>283,582</td>
<td>223,105</td>
</tr>
<tr>
<td>Rent</td>
<td>58,101</td>
<td>61,800</td>
</tr>
<tr>
<td>Staff training and development</td>
<td>7,843</td>
<td>12,951</td>
</tr>
<tr>
<td>Audit and legal fees</td>
<td>39,802</td>
<td>10,148</td>
</tr>
<tr>
<td>Travel</td>
<td>78,509</td>
<td>24,152</td>
</tr>
<tr>
<td>Sundry expense</td>
<td>224,554</td>
<td>191,748</td>
</tr>
<tr>
<td>Profit/(Loss) before income tax</td>
<td>(46,985)</td>
<td>29,775</td>
</tr>
<tr>
<td>Income tax expense</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Net profit/(loss) for the year</td>
<td>(46,985)</td>
<td>29,775</td>
</tr>
<tr>
<td>Other Comprehensive Income</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Total other comprehensive income for the year</td>
<td>(46,985)</td>
<td>29,775</td>
</tr>
</tbody>
</table>

Extracted from the full Financial Report for year ending 30 June 2017
Summary of Financial Performance

Total Operating Revenue and Operating Expense: 5 years in comparison

<table>
<thead>
<tr>
<th></th>
<th>FY2013</th>
<th>FY2014</th>
<th>FY2015</th>
<th>FY2016</th>
<th>FY2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Revenue*</td>
<td>1,458,000</td>
<td>1,774,000</td>
<td>1,691,000</td>
<td>2,089,000</td>
<td>2,138,000</td>
</tr>
<tr>
<td>Total Expenses*</td>
<td>1,454,000</td>
<td>1,604,000</td>
<td>1,810,000</td>
<td>2,059,000</td>
<td>2,185,000</td>
</tr>
</tbody>
</table>

Table 1 (*rounded to the nearest thousand)

Figure 1: Total Revenue vs Total Expenses in the last five years

Figure 2: Operating outcome in the last five years
### Summary of Financial Performance

#### Statement of Financial Position as at 30 June 2017

<table>
<thead>
<tr>
<th>ASSETS</th>
<th>2017</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Current Asset</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cash &amp; cash equivalents</td>
<td>$434,697</td>
<td>$488,106</td>
</tr>
<tr>
<td>Account receivable and other debtors</td>
<td>$331,366</td>
<td>$169,560</td>
</tr>
<tr>
<td>Inventories on hand</td>
<td>$3,423</td>
<td>$7,322</td>
</tr>
<tr>
<td>Other Current Assets (pre-payments)</td>
<td>$61,311</td>
<td>$49,914</td>
</tr>
<tr>
<td>Other financial assets (Term Deposits)</td>
<td>$772,489</td>
<td>$674,164</td>
</tr>
<tr>
<td><strong>Total Current Assets</strong></td>
<td><strong>$1,603,286</strong></td>
<td><strong>$1,389,066</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Non-Current Assets</th>
<th>2017</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Property, plant and equipment</td>
<td>$5,417</td>
<td>$5,204</td>
</tr>
<tr>
<td><strong>Total Non-Current Assets</strong></td>
<td><strong>$5,417</strong></td>
<td><strong>$5,204</strong></td>
</tr>
</tbody>
</table>

| **TOTAL ASSETS** | **$1,608,703** | **$1,394,270** |

<table>
<thead>
<tr>
<th>LIABILITIES</th>
<th>2017</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Current Liabilities</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Trade &amp; others</td>
<td>$932,508</td>
<td>$689,179</td>
</tr>
<tr>
<td>Provision for employee benefits</td>
<td>$267,592</td>
<td>$196,316</td>
</tr>
<tr>
<td><strong>Total Current Liabilities</strong></td>
<td><strong>$1,200,100</strong></td>
<td><strong>$885,495</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Non-Current Liabilities</th>
<th>2017</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provision for employee benefits</td>
<td>$9,183</td>
<td>$62,370</td>
</tr>
<tr>
<td><strong>Total Non-Current Liabilities</strong></td>
<td><strong>$9,183</strong></td>
<td><strong>$62,370</strong></td>
</tr>
</tbody>
</table>

| **TOTAL LIABILITIES** | **$1,209,283** | **$947,865** |

<table>
<thead>
<tr>
<th>NET ASSETS</th>
<th>2017</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Retained Surplus</td>
<td>$399,420</td>
<td>$446,405</td>
</tr>
</tbody>
</table>

| **TOTAL EQUITY** | **$399,420** | **$446,405** |

### Summary of Financial Performance

#### Net Assets for the Past Five Years

<table>
<thead>
<tr>
<th>Financial Year</th>
<th>FY2013</th>
<th>FY2014</th>
<th>FY2015</th>
<th>FY2016</th>
<th>FY2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>Net Assets ($)</td>
<td>368,197</td>
<td>536,239</td>
<td>416,630</td>
<td>446,405</td>
<td><strong>399,420</strong></td>
</tr>
</tbody>
</table>

Table 2

![Figure 3 - Five year comparison](image-url)
EDUCATION SERVICES

HIMAA Education Services provides training in Medical Terminology and Clinical Coding both nationally and internationally. As a Registered Training Organisation HIMAA provides nationally recognised clinical coder training to its students in Australian up to the advanced level. In addition we offer an Elementary and a Comprehensive Medical Terminology course to non clinical coders and a Refresher clinical coding course and Clinical Coder Certification.

Activity and Achievements

Most of the focus in the past twelve months has been on delivering the 22274VIC Certificate IV in Clinical Classification. Enrolments for this new qualification commenced on 1 July 2016 with another intake in March 2017.

There has been an overwhelming interest in the course with 360 enrolments in the first year. Most students are new to the clinical coding industry but there have been a number of existing clinical coders upgrading their skills to the new qualification.

We have also had a busy time updating all clinical coding coursework to 10th edition. This is the last edition we will be updating our Intermediate clinical coding coursework to as the material is now included in the 22274VIC Certificate IV in Clinical Classification. We will have three more intakes for the stand alone Intermediate clinical coding course, that being May 2018, August 2018 and February 2019. Any clinical coders wishing to complete the Intermediate clinical coding course should plan their study now.

The Advanced clinical coding course and the Clinical Coder Certification (CCC) are still attracting high numbers. The CCC 10th Edition Currency exam is planned for February next year. Details for the exam will be available at the end of 2017. The Refresher clinical coding course and our two Medical Terminology courses are also still performing strongly.


We had a successful Clinical Coding Stream at the 2016 HIMAA NCCH Conference in Melbourne. The clinical updates were well received with clinicians covering the topics of pressure injuries, cardiology, interventional neuroradiology and spinal injuries.

A new Clinical Coding Aptitude test has been developed with the assistance of a Clinical Psychologist and is currently being tested in collaboration with Dr Kerryn Butler-Henderson from the University of Tasmania. We hope to have the tool available in the second half of the next financial year.

Issues and Challenges

Access to the workplace during entry level training continues to be a barrier for new graduates in gaining the experience employers are wanting. We are continuing to work with hospitals and members to provide graduates with the hands-on experience that they require. We welcome any interest from industry personnel in assisting us with this process.

Conclusion

HIMAA Education Services is passionate about providing quality training to our students and supporting members to up-skill their staff. We continue to monitor and evaluate the services we provide and improve the quality and outcomes of our training. We look forward to working with the industry over the next twelve months to meet the workforce demand for highly skilled and competent clinical coders.

Lyn Williams, Director Education Services
IMIT AND PROFESSIONAL DEVELOPMENT SERVICES

HIMAA IT Services provides internal and external IT services to support both the strategic and operational needs of the Association. These services extend to:

- Design and implementation of PD courses
- Application programming
- Sales and support of applications to clients
- IT support to national office staff
- Representation on various national committees

Activity and Achievements

- Ensuring high availability and security of HIMAA IT infrastructure
- A move to an MS Windows server network
- Ensuring that Work Web recruiting services are appropriate to the needs of clients and delivered in a timely way
- Ensuring State Branch PD events by providing registration services tailored to each event
- Actively advocating for the profession by ensuring HIMs are recognised and consulted in the drafting of Health IT standards.
- Development of new CPD courses

Issues and Challenges

Internally we face the same global issues as other businesses: the fast pace of technology and the move to Cloud-based services for both infrastructure and applications. Then there is the need to keep up with the latest HIM tools and technologies. Technology such as Blockchain will drastically change how EHRs are created, stored and accessed. We need to keep members informed and educated via professional development courses to ensure members have the skills required to bring their expertise to the HIS development table.

Conclusion

While the past twelve months have been at times quite hectic, we continue to lay the foundations for future enhancements. We do this by proactively keeping up-to-date with trends in IT and seeking new and more efficient ways of providing IT services to your Association. We live in very exciting times both technologically and for the profession.

Ralph La Tella, Director of Standards and Resources
COMMITTEES OF THE HIMAA BOARD

Committees of the HIMAA Board include:

- Clinical Coding Advisory Committee
- Conference Committee
- Editorial Board
- Education Committee
- Finance, Audit and Risk Management Committee
- Positioning and Advocacy Committee
- Practice Quality & Safety Standards Committee
- Research Advisory Committee

CLINICAL CODING ADVISORY COMMITTEE

The Clinical Coding Advisory Committee has continued with its purpose to develop, implement and educate members on matters related to Clinical Coding keeping in sync with HIMAA’S Strategic Plan.

CCAC membership comprises HIM/Clinical Coders of jurisdictional-based clinical coding committees, HIMAA State Branches and Private Hospitals

Activity and Achievements

The Clinical Coding Advisory Committee (CCAC) has had another successful year of operation

- Meetings were held quarterly by teleconference
- Continuing work on the CCAC Charter
- Addressing issues on the Industry Audit Standards
- An Audit Standards working party has been formed
- Discussion re the possible name change of the profession of Clinical Coder
- Finalisation of the 2nd version of the Clinical Coding Advisory Committee (CCAC)
- Terms of Reference which have been ratified by the Board
- Clinical Competencies Working Group
- Clinical Coding competency standards

Issues and Challenges

The Committee received a resignation from Yvonne Seidel due to her work commitments. Yvonne had contributed to many projects undertaken by CCAC and we thank her and wish her all the best. We were delighted to welcome Trixie Kemp from Tasmania and Diana Vaafusuaga Erika from the Australian Capital Territory.

Conclusion

CCAC has achieved much this year and I would like to take this opportunity to thank all members of the Committee for their willingness to give up valuable work hours to support the work of this group.

Thank you also to the HIMAA Board and the Executive of HIMAA for their support.

Louise Matthews, Chair
CONFERENCE COMMITTEE

Membership


The HIMAA NCCH Conference Committee has continued to develop and expand the conference program to meet the needs of the delegates from the health information sector.

The dual streams have been successful in recent years and this year we are bringing back the Coding Workshops after receiving feedback on last year’s program.

Activity and Achievements

The HIMAA NCCH Conference held a successful national conference in Melbourne last year with a record number of 407 delegates. This was the highest number in 33 years.

The 2017 Conference is being held in Cairns with the theme Health Information Management: Challenging a Changing Landscape. A number of international papers have been included in the program and an exciting range of keynote speakers, panels and workshops will complement the invited papers.

This year there will be sessions on Digital Health, Health Services Management, Workforce, Information Governance, Clinical Documentation Improvement, Research and Health Analytics.

The Academic Panel has again been instrumental in helping to review papers and one international scholarship was awarded.

The Conference location for 2018 has been confirmed, and plans are already well underway for this event.

Conclusion

The Conference Committee has again worked hard over the last twelve months to develop a high quality program showcasing innovations in the health information management industry. This is by far the premier education event for health information professionals. The committee has responded to delegate feedback to improve content, amenities and networking opportunities wherever possible, whilst continuing to maintain it’s affordability.

Linda Westbrook, Convenor

EDITORIAL BOARD

2016/2017 has been a year of growth and consolidation for the Editorial Board which is responsible for the two HIMAA Journals: Health Information Management Journal (HIMJ) and HIM-Interchange (HIM-I). The editorial processes for both journals have been strengthened and new members appointed to support publication activities.

Activity and Achievements

In recognition that the work of the Editorial Board has expanded due to a significant increase in the number of submissions to HIMJ (from 84 in 2015 to 105 in 2016 and 94 to the end of August 2017) and the increased responsibilities of the HIM-I subcommittee, a recruitment process for new members of the Editorial Board was undertaken in the past year. Four new members with a diversity of research and academic experience have been appointed. In addition, Joan Henderson assumed the role of Editor for HIMJ in February 2017 following the resignation of
Jennie Shepherd from that position (although Jennie remains a member of the Editorial Board). Sue Walker was appointed Chair of the Editorial Board after the resignation of Kay Bonello. Jennie and Kay’s longstanding support for the Editorial Board is acknowledged. Joanne Fitzgerald and Maryann Wood were also appointed as Editor, HIM-I and Chair of the HIM-I subcommittee respectively.

The Terms of Reference for the Editorial Board have been updated and a statement of Editorial Independence for the Journal has been developed. Editorial independence is essential for journals to maintain their credibility and standing amongst other research and professional practice journals.

As noted in last year’s Annual Report, the publication of HIMJ is now managed by an external publisher, SAGE. This has been a positive development in terms of the increased quality and volume of submissions to HIMJ, increased market presence and streamlining of the publication process. SAGE has made a number of recommendations to the Editorial Board relating to strategies to improve the Journal’s impact factor, including themed special issues and editorials. Regular HIMJ planning meetings have been initiated to focus on work required for this Journal. HIMJ is now recognised as an international peer-reviewed research journal in the area of health information management and as such is a strategic asset to HIMAA.

The HIM-I subcommittee now manages the HIM-I up to the copy-editing phase. A cohort of enthusiastic new members has been enlisted to the subcommittee in the past year to support this increase in activity which has resulted in a high quality publication of great value to HIMAA members.

**Issues and Challenges**

The Editorial Board members acknowledge that each of the journals has a distinct purpose. HIMJ is the only peer reviewed research journal published by a national HIM association. In recognition of the importance of raising the impact factor for the Journal, a decision was made to separate the non-peer reviewed articles and publish them in HIM-I. The HIM-I is HIMAA’s very successful professional practice journal. Discussions have recently been initiated relating to the relationship between the two journals and their respective governance and publication practices.

**Conclusion**

Increased professionalism in the management of the two journals, HIMJ and HIM-I, has been demonstrated in the past year. The Editorial Board looks forward to working with its new members to continue the improvements of the past year. The Editorial Board also thanks the HIMAA Board and members for their continued support.

Sue Walker, Chair

**EDUCATION COMMITTEE**

The Education Committee is a committee reporting to the HIMAA Board and, according to its Terms of Reference, has numerous functions including overview of competencies within the Health Information Management (HIM) and Clinical Coder (CC) knowledge domains, to provide support to the Board in strategic leadership in matters around education, provide support and guidance in matters around the lifelong learning journey of the HIM profession and assist education providers in the development of suitable courses as well as developing international reciprocal recognition of HIM and CC qualifications.

The above is a brief list of functions and the full list can be found on the HIMAA website in the Governance dropdown.

With such an emphasis on education and competencies it is therefore no surprise that the
Education Committee members have a passion for the ongoing development of education standards for both the HIM and CC professions.

**Activity and Achievements**

The Education Committee meets quarterly and has three subcommittees reporting to it that reflect the lifelong learning journey of HIM professionals: the Vocational Educational and Training Sub-committee, Tertiary Education Subcommittee, and Professional Development Sub-committee.

The Education Committee met three times in the reporting period; however discussions were held between meetings to finalise matters of note.

The Chair of the Education Committee led the development of reciprocal recognition of HIM and CC qualifications with Canada and the reciprocal agreement was signed by the HIMAA National President and the Canadian National President at the IFHIMA Congress held in October 2016 in Tokyo.

The Education Committee also drove the review of the HIM Competency Standards at Intermediate and Advanced levels for presentation to the HIMAA Board, while the TESC led a desk top re-accreditation for La Trobe University’s HIM offerings and an onsite re-accreditation of Curtin University. Both re-accreditations were successful and a great deal of thanks must go to the members of the Association who gave of their time to undertake this work to maintain standards of professional entry.

The work around review of the HIM Competency Standards resulted in a working group being formed to ensure consistent language and learning levels throughout the document were achieved. The HIMAA Board approved the three-tier competency standards at its June meeting this year, and these can be found under the Education tab on the HIMAA website.

The Professional Development Sub-committee continues its work on Professional Credentialing, with its Professional Credentialing Assessment and Review Panel approving two Points Approved Programs in the reporting period, including the HIMAA NCCH 2016 National Conference.

The Clinical Coding Competency Standards Working Group reported to the Education Committee in September 2016 that a draft of the competencies has been developed and this has been referred to the Clinical Coding Advisory Group for feedback. A draft consultation draft will visit the Education Committee prior to submission to the HIMAA Board for membership and stakeholder exposure for feedback in late 2017.

The Education Committee is also receiving feedback on the Aptitude Test Project for those wishing to enrol in our Clinical Coding courses.

**Issues and Challenges**

The Education Committee’s work is all about setting, maintaining and improving standards in HIM and CC knowledge domains and having standards in place for accreditation of professional entry education courses for HIM.

The challenges faced by the Education Committee are around the changes in the profession and future proofing the education of our future workforce in a rapidly changing environment. The education providers have their challenges as well in delivering courses in a competitive environment. These challenges have been recognised by the HIMAA Board and have been addressed in the development of the Strategic Plan 2017-2022.

The HIMAA Board has acknowledged the resignation of the Education Committee Chair, Cassandra Jordan, and thank her for her work. Her passion for her role is to be admired and her work on the Strategic Planning Working Group in 2016, along with her contribution to the Strategic Plan as a Board Director, has helped shape HIMAA’s thoughts around education competencies, accreditation and standards over her three year tenure in the role.
Conclusion

Each member of the Education Committee has put in a 100% effort in ensuring the standard of education for our two professions continues to improve. They are to be congratulated for their efforts and the volunteer hours they have put in during the 2016-2017 reporting period.

Jenny Gilder, Acting Chair

RESEARCH ADVISORY COMMITTEE

Although the year has been somewhat challenging for the Research Advisory Committee and I thought that we had lost some momentum, the list of activities and achievements below are significant. Holding a face-to-face meeting at the HIMAA Office in Sydney in February 2017 was a great opportunity for the members to meet each other and in particular to plan the research website. Unfortunately we have lost two valuable members in early 2017, one due to a conflict of interest with another HIMAA committee and the second due to workload issues. A review of the Terms of Reference has commenced pending an expression of interest for new members.

Activity and Achievements

1. RAC Work Plan Item 1 - Priority areas for research – the first draft report was presented for consideration. A second draft report is pending.

2. RAC Work Plan Item 2/3 - Funding / Governance – a draft governance structure for the management of research funds has been developed and will be forwarded to the HIMAA Board for consideration within the next two months.

3. RAC Work Plan Item 4 – Links with universities – a list of institutions that provide health information management and health informatics courses and the associated academics and fields of research has been developed. The list will be published on the HIMAA website.

4. RAC Work Plan Item 5 – Role of the HIMAA conference in supporting research – a number of members of the RAC are also members of the Academic Review Panel for the HIMAA NCCH National Conference, including two members who have held the position of Chair of the panel. In particular the RAC was able to provide specific feedback on the closing date for abstracts and the process of checking abstracts prior to allocation for review. The RAC will present a paper on it’s achievements since inception and one of the members will present a paper on a research project which resulted from a research workshop held at the 2016 Conference.

5. RAC Work Plan Item 7 - Research register – the committee discussed the merits of the development of a research register and who would be responsible for the maintenance of the register. The merits of research registers are a topic of discussion in educational institutions and it is still unclear about whether the maintenance of a register actually provides any benefit to an organisation. It was resolved that the establishment of a research register would not be pursued at this time.

6. RAC Work Plan Item 8 - HIMAA Research website – content / layout developed pending translation into production

7. RAC Work Plan Item 9 – Research resources – agenda brief on collaborations pending

8. RAC Work Plan Item 10 – HIMAA research network – pending development of the website

9. RAC Work Plan Item 11 RACWP – Research foundation – not progressed due to workload
Issues and Challenges

The biggest challenge for members of the committee is the ability to dedicate time outside the meetings to do the work including the development of documents which provide the structure that support health information management research. I believe this is probably true of many HIMAA committees. Being a small profession it is not uncommon for HIMAA members to sit on multiple committees and although we have the best intentions we frequently cannot achieve our goals within what we would consider an acceptable timeframe. This can sometimes cause stress for members. Nevertheless the list of achievements above indicates that the Research Advisory Committee is indeed moving forward and achieving the goals of the workplan.

Conclusion

The goal of the Research Advisory Committee in 2017/2018 will be to recruit new members, to finish a number of initiatives on the work plan and to develop a new workplan.

Dr Stella Rowlands, Chair

HIMAA BRANCHES AND NETWORKS

HIMAA Branches include:

- Capital Region (ACT and SE NSW)
- New South Wales
- Queensland
- South Australia
- Tasmania
- Victoria
- Western Australia

CAPITAL REGION BRANCH (ACT and SE NSW)

The Capital Region Branch (CRB) is convened by Brooke Macpherson and coordinated by Vicki Bennett. Our journal liaison is Miriam Lum On. Our members are from the ACT and SE NSW and we collaborate with the HIMAA NSW Branch to ensure all members have opportunities to attend events. The CRB has had a successful 2016-2017, with networking events and collaborative meetings held, and attendances by members at professional development events.

Activity and Achievements

Many CRB members attended and presented at a number of conferences this past year, including the 18th IFHIMA Congress in Tokyo, Japan (October 2016) and the HIMAA/NCCH 2016 National Conference in Melbourne (November 2016).

The CRB has also promoted a number of activities held in Canberra and Sydney (on behalf of the HIMAA NSW Branch). A number of members attended a seminar held by the ACT Human Rights Commission on Managing Health Information in the ACT: Rights and Obligations during March. On behalf of the National Archives of Australia, the CRB promoted the May Information Awareness Month to its members.

A number of CRB members came together for dinner to celebrate HIM Awareness Week and individuals at their workplaces also promoted this special week.

A number of working meetings were held to plan upcoming events in the CRB professional development calendar, such as the coding education and professional development days to be held at Calvary Public Hospital Bruce in early July 2017.
Although CRB has no local tertiary HIM education program, a number of local and interstate students undertook practical placements with CRB members. This type of activity helps to promote the ACT and surrounding regions as a destination for health information professionals.

**Issues and Challenges**

Opportunities to attend professional development events continues to be an issue and challenge for CRB members, mainly due to our geographical location. However, the CRB has been working to create opportunities for CRB members to attend events in Canberra and cross-advertise events to CRB and HIMAA NSW members to ensure all members have opportunities to attend events in or close to their area.

**Conclusion**

Thank you to everyone in the CRB for their contributions to networking and other opportunities and events. We look forward to the 2017-2018 year as it will be an exciting one for the Capital Regional Branch with the Health Information and Coding Professional Workshop being held in July 2017. 

Brooke Macpherson, Convenor

**NEW SOUTH WALES BRANCH**

I am delighted to provide members with my first annual report for the HIMAA NSW Branch. 

The NSW Branch Committee has continued to focus on items, both new and ongoing, with enthusiasm. Elizabeth Bush, Jaclyn Chan, Vera Dimitropoulos, Jennine Freshwater, Laura Harris, Deborah Lane, Jenn Lee, Elizabeth Lindley, Jacki Luker, Karinn Marrone, Kim Osborne, Emily Pezzotti, Professor Phyllis Watson AM (Life Member), Joanne Williams and Laila Zarour were active committee members at 30 June 2017. Maree Carolan, Cassie Rupnik and Linda Westbrook had resigned from the committee at that time.

The members of the NSW Branch Committee support all members of NSW and promote and advocate the values of HIMAA: Member Focus, Professionalism, Ethical Practice and Equity.

**Activity and Achievements**

The NSW Branch Committee met for regular and extraordinary meetings and the Secretary recorded and distributed minutes. Members held positions on the committee which were the result of nominations and elections at a General Meeting in November 2016. Each member contributed to the progress of the branch. A draft Roles and Responsibilities document was prepared by a Working Group, approved by the committee and implemented.

**Events**

Professor Phyllis Watson AM presented and discussed photographs from her career as an educator to members and guests at the Christmas Dinner held at North Ryde RSL. The Branch recognises the support of companies who attended and sponsored the event which included generous lucky door prizes.

Professional Development Seminars were held at:

Concord Repatriation Hospital, Concord twice; Royal North Shore Hospital, St Leonards and Pokolbin, Hunter Valley. These were full-day events and each day included over thirty registrants. The Branch recognises the support of representatives from companies who attended the seminars and provided sponsorship, the voluntary hours contributed which were essential for the efficient organisation of the speakers and venues, and the support of the events by members and
non-members of HIMAA.

A social lunch was held in February 2017 at the Bodhi Restaurant, Sydney CBD, and fifteen members attended even though the temperature on the day was extremely hot at 37°C.

**NSW Private Hospital Special Interest Group**

The NSW Private Hospital Special Interest Group is the oldest special interest group in Australia for the profession. It has been meeting regularly for twenty-nine years. The group continues to meet every three months at various private hospitals for half-day meetings and usually incorporates a guest speaker and discussion. Minutes are maintained and distributed by the Secretary and group membership is usually twenty-five.

**Career EXPOs**

The NSW Branch Committee approved the funding of booths at Sydney Career EXPOs at Moore Park and Homebush. A timetable was maintained for the volunteers who contributed their time. HIMAA members who were not able to nominate for regular meetings of the committee volunteered their time to collect items and contribute to the booths. They promoted the profession and courses to school students, parents, career advisers, teachers and staff on other booths. Volunteers also attended small Career EXPOs held at some high schools. It is estimated that over fifty-five thousand people, mainly high school students, circulated around the booths.

**Tertiary Education Update Day**

The NSW Branch and the Capital Regional Branch (ACT and SE NSW) collaborated for an event by the Careers Advisers Association (NSW and ACT) and I presented on 9 June 2017 to two hundred and twenty NSW and ACT Career Advisers at this inaugural event at Dockside, Darling Harbour. A table for volunteers was also supported to facilitate promotion of the profession and courses to these Career Advisers.

**University Engagement**

The Sydney CBD Campus of La Trobe University commenced offering the Bachelor of Health Sciences (Medical Classification) / Bachelor of Health Information Management course. Western Sydney University continues to offer the Bachelor of Information Communication and Technology (Health Information Management) from the Parramatta Campus. Modern technology facilitates delivery of lectures at other campuses. The NSW Branch made the first payment 50% of the WSU HIM Student Scholarship for the most outstanding Health Information Management student. The NSW Branch maintains current knowledge of these courses and includes them in promotion of professional courses.

**Financial Position**

The NSW Branch Committee has worked tirelessly to support the Branch financial position: Two term deposits are held, viz $13,065 and $12,230.22 (including interest), and funds held in the NSW Branch account at 30 June 2017 are $16,230.56. The surplus from Professional Development seminars and social events is $10,705.11 at 30 June 2017.

**Issues and Challenges**

The NSW Branch Committee continues to meet the challenge of strengthening its capacity to promote and advocate the profession across the NSW Branch boundaries and adapt to the needs of its members.

**Conclusion**

My sincere thanks for the support and assistance of the current members of the NSW Branch Committee: Elizabeth Bush, Jaclyn Chan, Vera Dimitropoulos, Jennine Freshwater, Laura Harris, Deborah Lane, Jenn Lee, Elizabeth Lindley, Jacki Luker, Karinn Marrone, Kim Osborne, Emily
Pezzotti, Professor Phyllis Watson AM (Life Member) and Laila Zarour. Also, sincere thanks to Maree Carolan, Cassie Rupnik and Linda Westbrook who resigned in the second half of the financial year and to Joanne Williams who resigned prior to this report going to print. Special thanks for HIMAA staff members Philida Chew, Daniel Jernazian, Ralph La Tella, Richard Lawrance and Helen Thurtell for their services.

Cassandra Jordan, Branch President

QUEENSLAND BRANCH

The primary focus of the Queensland Network in the 2016-2017 financial year was professional development activities for Queensland members and non-members.

Activity and Achievements

Network activity and achievements for the 2016-2017 financial year:

- **Professional Development Day, 11 July 2017, Victoria Park Golf Club**
  - The day was themed *Digital Transformation – The Good the Bad and the Unresolved*
  - The day attracted 55 delegates, both members and non-members
  - The program covered a variety of topics including:
    - HIMAA 2017-2022 Strategic Plan
    - Challenges to *Right to Information and Information Privacy* with the implementation of electronic medical records systems in Queensland
    - The digital health strategic vision for Queensland 2026
    - Digital strategies for two major Queensland health services
    - The digital hospital journey presented by four Health Information Managers

Issues and Challenges

- Attracting members and non-members to professional development activities
- Offering professional development opportunities that meet the needs of members and non-members
- Regular communication to Queensland members from the network
- Expanding membership numbers through contact with non-members and past members in Queensland
- Review and update of Queensland component of HIMAA website to include specific Queensland content

Conclusion

The key focus for the Queensland network, going forward into 2017-2018 will be:

- Development of Queensland Branch road map following planning day and engagement with Queensland members
- Quarterly face-to-face professional development opportunities
- Engagement and support of rural members and non-members through targeted professional development opportunities
- Expansion of membership through engagement of non-members and previous members (including focus on clinical coder membership)

Gemma van Fleet, Branch President
SOUTH AUSTRALIA BRANCH
Office Bearers for 2016/17

Catherine Garvey  President
Vacant  Senior Vice President
Lesley Ward  Honorary Treasurer
Chris Robey  Membership Officer
Vacant  Website Liaison

The South Australian Branch Executive has met twice during the past year to discuss the issues of interest to the SA Branch.

Although our Membership rates have remained steady we have not had too many events.

Through our Branch funds, we were able to sponsor registration for one of our members, Rhonda Pfeiffer, to attend the Sydney HIMAA conference in October 2016. We finished 2016 at Nameste Restaurant Adelaide where we enjoyed the sumptuous degustation on offer and caught up on each other’s current career status, sharing stories and network possibilities.

The single Branch event in 2017, on May 26 as part of HIM Awareness week, was a site visit to one of the many Iron Mountain (formerly ReCall), tertiary storage warehouses. There was wide interest expressed by attendees, some of whom are new to the Branch and some who were welcomed back after their long adventures elsewhere. This was followed by having the great pleasure of welcoming Jenny Gilder, National President, as part of our afternoon meeting and site visit to speak on the HIMAA Strategic Plan for 2017-2022. There was lively discussion and conversation on the future of HIMAA, with special interest in reaching our up-and-coming generation of HIMs. We extended our thanks and gratitude to our hosts, Christine Lugg and Emma Dalitz, who were most generous with their time and gourmet hospitality in hosting our meeting location and tertiary storage learnings.

As a Branch we have found one of the major influencing matters in South Australia, particularly for public sector employees, has been the Transforming Health initiative introduced by the Minister for Health, Jack Snelling. This Ministerial initiative engaged a significant amount of change which has engrossed our members in their daily responsibilities. In addition, South Australia continues with the roll-out of the statewide electronic patient record EPAS (Enterprise Patient Administration System). The new Royal Adelaide Hospital move has also influenced SA Health activities. Digital disruption is alive and well!

Notwithstanding such busy times we remembered the passing of our colleagues Lisa McDonough, formerly SA Health Account Manager with ReCall on 3 April 2016 and our Senior Vice President (and former Elective Surgical Service Manager at Lyell McEwin Hospital) Sandie Benz on 14 June 2016.

We are hopeful of re-energising the Branch in 2017-2018 financial year with offers of support in our vacant office roles and we look forward to the upcoming Conference in Cairns.

Catherine Garvey, Branch President

TASMANIA BRANCH
The Tasmania Branch is continuing with a small group of dedicated members. The Executive consists of:

President – Trixie Kemp
Vice-President – Nicola Hunt
Treasurer – Mark Upton
University Representative – Dr Kerryn Butler-Henderson
Activity and Achievements

National Conference

The Tasmania Branch used funds raised through the Professional Development workshop to sponsor Nicola Hunt, Clinical Coder from North West Tasmania, to attend the Conference. Nicola was also presented with the HIMAA award in recognition for her contribution to the Tasmania Branch.

HIM Awareness Week

The Tasmania Branch held events every day across the HIM Awareness Week as well as foyer displays. Presentations topics were:

- Digital Disruption vs Transformation – what does that mean for Healthcare
- Confidentiality and Release of Information
- Documentation – The Basics
- Quality Documentation & Impacts on Hospital Funding
- Alerts Management.

Other Activities

The Tasmania Branch does not meet face-to-face very often but keep each other informed of events via email. Updates from Special Interest Groups are circulated amongst the members and ad hoc professional development events also occur.

Issues and Challenges

Recruiting members continues to be a challenge for the Tasmania Branch as many of the staff working in the field do not see benefits of being a member or find the cost too expensive.

Due to the low member numbers the burden of organising and running events sits with a few people. Despite requests for assistance from other members, engagement remains poor.

Trixie Kemp, Branch President

VICTORIA BRANCH

The Victoria Branch in the past year relaunched in February with National President, Jenny Gilder, in attendance. As a Branch we planned what we wanted to achieve for Victorian Members in the next twelve months. There was much enthusiasm from the group with new member Matilda Grose leading the successful trivia night in May with around one hundred people in attendance, and Ashleigh Dunscombe spearheading the Professional Development event planned for October.

We thank Jenny Bowman for stepping back into the Branch President role temporarily after Catherine Obuch stepped down. Catherine has been an active member of the Victoria Branch for many years and has provided content updates to the branch website. We also thank Leanne Daking and Glenda Wyatt who have been stalwarts of the Branch in supporting our new members by leading our activities.

Activity and Achievements

- Branch relaunch in February 2017
- Trivia night May 2017
- Planning for Professional Development Event
- Issues and Challenges
EOI has gone out for a Branch President and Branch Secretary. We still need more active members to assist with organising events.

**Conclusion**

After relaunching the Branch a successful trivia night and recruitment of enthusiastic young members we now have momentum for more activities in FY2017-2018.

Cheens Lee, Interim Victoria Branch President

**HIMAA BOARD WORKING GROUPS**

Working Groups include:

- Privacy Working Group
- Workforce Working Group

**WORKFORCE WORKING GROUP**

The Workforce Working Group’s focus of work for 2016-2017 was to organise and hold a Health Information Workforce (HIW) Summit, with a focus on employer engagement to address concerns with current workforce shortages and future needs arising from a previous summit held in 2015.

Representatives were invited from each of the following professional associations to collaborate on an organising committee which first met on 6 July 2016 (replacing the HIMAA Workforce Working Group) and met regularly during the year leading up to the Summit, and afterwards to progress outcomes, with a final meeting held on 6 July 2017.

- Health Informatics Association of Australia (HISA)
- Australasian College of Health Informatics (ACHI)
- Australian Library and Information Association Health Libraries Australia Group (ALIA HLA)
- Australasian College of Health Service Managements (ACHSM)

**Activity and Achievements**

Forty-seven delegates, representing a range of professional bodies, employers and individual workers, attended the Summit held in Melbourne on 11 November 2016 following the annual HIMAA/NCCH Conference.

The Summit commenced with presentations from a variety of employers, with each providing a unique employer perspective of HIW issues. Delegates then addressed a selection of suggested actions to emerge from the 2015 HIW Summit that were relevant to employers through round table discussion, under the three themes of the previous Summit:

- Identifying the profession
- Workforce challenges – building capability and capacity in HIW
- Future HIW – future proofing the sector

Outcomes from the Summit have been distributed via a variety of mechanisms to ensure widespread dissemination. These included producing a comprehensive report and summary report outlining detailed actions identified for each theme, distributed to a comprehensive list of stakeholders, as well as being made available online and referenced from each member professional association’s website. A media release was also issued jointly by all member associations and published on the Pulse website.

The committee has summarised agreed priority actions under three themes:

- Strategy A – Who we are
- Strategy B – What we do
- Strategy C – A sustainable future for HIW

Each member association has gained Board endorsement to continue to work collaboratively on these strategies with lead and participating associations identified for each action.

Work has already commenced on developing infographics that will aid in promoting an understanding of who and what the HIW is.

### Issues and Challenges

Feedback from participants and members of the organising committee was very positive that the format of the Summit worked well with the table discussion proving an effective way to engage participants.

Some concerns were raised that participants may have left the Summit without a clear indication of the priority areas for future action; that the Summit failed to attract the right people; and that the focus was too HIM/Coding workforce centric.

### Conclusion

All professional associations involved in the Summit have agreed to form a new collaborative working group to progress the agreed strategies and actions that emanated from the Summit.

Terms of reference for this new group - including purpose, composition and name – are yet to be finalised.

The HIMAA Workforce Working Group will now be reconstituted, with the next meeting scheduled for 30 August 2017.

Julie Brophy, Chair
SPECIAL INTEREST GROUPS

HIMAA Special Interest Groups (SIGs) include:

- Health Insurance
- International HIM
- National Clinical Coding
- National Private Hospitals
- National Students
- NSW Private Hospitals
- Rural and Remote
- Scanning and eHealth
- Victorian Chief HIM
- Victorian Mental Health

HEALTH INSURANCE SIG

The Health Insurance Special Interest Group (HI SIG) was formed in October 2016 in response to the need to have a discussion group for Health Information Managers (HIMs) and Clinical Coders who work in the private health insurance industry. Membership is currently nineteen members and is across fourteen health insurance organisations.

Activity and Achievements

The inaugural meeting was held on 5 October 2016 via teleconference. Meetings are held quarterly, including a successful face-to-face meeting at the 2016 HIMAA National Conference in Melbourne. The face-to-face meeting expanded the HI SIG membership, encouraged networking and established working relationships between HIMs and Clinical Coders working in the Private Health Insurance industry.

The focus of the quarterly meetings has primarily been to discuss common issues which are experienced while working in health insurance including:

- Clinical Coding: Discussion on clinical coding issues such as understanding Australian Coding Standards, Clinical Coding Ethics and Queries
- Prostheses: Michael Simmons from Boston Scientific was a guest speaker at our February meeting and he explained the clinical use of certain prosthesis items
- Data Integrity: Importance of Clinical Coders in the industry
- Industry Profile and Relationship Building: Drive to encourage more HIMs and Clinical Coders into health insurance, providing an accurate representation of the role we can play
- ICD-11: The future of clinical coding and the impact on health funds

Issues and Challenges

The number of HIMs and Clinical Coders who work in the health insurance industry is still relatively minor in comparison to the more widely known hospital-based roles. There are often misconceptions around the role of a HIM or Clinical Coder who work within health funds. There is also a lack of resources geared towards assisting those who are in the industry. The HI SIG will address the issues around the profile of HIMs and Clinical Coders who work for health funds. This will be done by communicating the aims and role of the HI SIG in publications such as the HIM-Interchange.

A health fund will often only have a small team, and often only one HIM or Clinical Coder, which can be isolating and difficult to establish support networks. The HI SIG provides a valuable network linking those in the health insurance industry to discuss common issues.

The small number and widespread location of members requires the majority of meetings to be held via teleconference. It is acknowledged it can be difficult to co-ordinate attendance and participation using this format. Completion of tasks, action points and other SIG duties are also
limited and dependent on the number of attendees.

All HI SIG members are aware of the need to focus on issues relating to general matters and therefore discussion on contractual matters is restricted in line with privacy requirements.

**Conclusion**

The formation of the HI SIG has been a positive initiative for those who work within the health insurance industry enabling networking and discussion of common issues. As a new SIG we have experienced challenges in growing membership in a small industry however continue to meet and endeavour to expand in numbers and to widen the discussion and networking between members. The HI SIG looks forward to a face-to-face meeting at the 2017 National HIMAA Conference in Cairns as well as building the profile of HIMs and Clinical Coders who work within the health insurance industry.

Elise Kenworthy, Convenor

---

**NATIONAL CLINICAL CODING SIG**

The National Coding Special Interest Group is a group which consists of Clinical Coders, Health Information Managers from multiple public and private hospitals around Australia and HIMAA Board members.

**Activity and Achievements**

The National Coding Special Interest Group has grown to twenty six members and we have a quarterly teleconference. We have been successfully discussing a range of topics such as updates from HIMAA in regards to education and changes in policies to upcoming personal development days and education workshops.

Each quarter we introduce new topics to discuss within the world of Clinical Coding and Health Information Management and we successfully answer all questions raised as we have a range of members with a lot of experience in the field.

Each teleconference we let one of the members introduce us to coding in their world, so we can further network. This has been quite successful as we have such a diverse group.

**Issues and Challenges**

There have been some issues in having a full teleconference as we only seem to average ten members at present. It would be good to have a higher number phone-in as sometimes there are questions or queries that go unanswered.

**Conclusion**

This year has proven to be quite successful for the NCSIG. The members have been active in discussions and making connections with HIMAA Board members. It bodes well for the future. As a growing group we are looking to connect with other interested parties in discussion to help our own careers and also Clinical Coding and Health Information Management within Australia.

Jessica Kearney, Convenor
NATIONAL STUDENTS SIG

Since commencing in July 2017 the HIMAA National Student SIG (NSSIG) is an active group consisting of student members across the five accredited HIM courses in Australia (including the online HIMAA clinical coding course). The NSSIG provides an opportunity for members to network, discuss issues and common interests, as well as promote HIMAA and the HIM profession amongst the general student population.

Activity and Achievements

The focus of the group was to originally promote and provide HIM (and clinical coding) students with internships/work placements to supplement their studies - providing an avenue to practically apply their theoretical knowledge.

After preliminary discussions this focus was pivoted and broken down into two key areas:

- Utilising social media to promote awareness of the profession
- Collaborating with Universities to create more placements/internship opportunities

We are currently creating the NSSIG page, planning for content and in discussion with a University for potential collaboration.

Issues and Challenges

We have found that one of the biggest and most challenging issues facing students is the perennial lack of time - having to juggle studies with work and family commitments makes it difficult to add an internship/placement. To tackle this problem we have been speaking to numerous students across the nation about how the internship/placement should be structured along with the types of (non-monetary) incentives that could be utilised to encourage a stronger uptake and reception.

Conclusion

The NSSIG has a solid base of members, all whom are committed and driven by the cause. Each and every member of the NSSIG including Karen Baker, Sheila Lynch, Robyn Sanders, Shelley Easter, Sharon Campbell, Kathy-Jane Clarke, Helen Pitman, Sue Allen, Sarah Low, Calli Miller, Kirsty Toms, Trixie Kemp, Jenny Gilder and Daniel Jernazian are to be congratulated and thanked for their input and dedication.

Nicholas Heng, Convenor

SCANNING AND eHEALTH SIG

2016-2017 has seen the eHealth and Scanning Special Interest Group continue to grow with new members joining our bi-monthly discussions. All members have continued to support and share ideas, challenges and improvements that allow us to strive for best practice as we move along the path to digital recordkeeping.

Activity and Achievements

Members of the eHealth and Scanning SIG have participated in the HIMAA and University of Tasmania (UTas) aptitude test which was designed to evaluate the aptitude test that was developed for students enrolling in the Certificate IV in Clinical Classification.

We were successful in last year’s submission request to update AS2828. As a result the Health Records Technical Committee was formed under Standards Australia with representatives from the following organisations to begin updating Paper, Digitisation and E-Form standards:
The 2016 HIMAA Conference saw fifty-one participants join the eHealth and Scanning SIG workshop, many of whom were not members of the SIG; however they were enthusiastic to participate and share ideas and challenges faced every day as we all embark on the digital health path. A range of topics outlined below were discussed at length and valuable information was gained from all attendees:

- Forms governance
- Is it an EMR or a DMR, learning to understand the differences
- Copy and pasting patient data in the EMR/DMR
- Goodbye to faxes
- A new HIS workforce
- A modern day forms design team; tools of trade: what are the software choices?
- Can we destroy paper records yet?
- Oops! A digital misfile – Things still go wrong with scanning

Conclusion

The eHealth and Scanning SIG has been diligently working as a cohesive group to support fellow health organisations across Australia to transition from paper-based medical records to Scanned or Electronic Medical Records. Sharing lessons learnt and ideas of improvement while continuing to progress the revision of AS2828 Health Records Standards - Digitised health record system requirements.

Brooke Whiteside, Convenor

VICTORIAN CHIEF HIM SIG

The key purpose of the Victorian Senior Health Information Manager’s (SHIM) Special Interest Group (SIG) is to provide advice and support on building linkages between Health Services.

The Victorian SHIM SIG meets bi-monthly in Melbourne. HIMs from all hospitals are welcome to be involved, including metro and country, public and private. The SIG meets in person at the Department of Health and Human Services. Teleconference facilities are available to broaden access for members.
Activity and Achievements

- Development of links between a number of Department of Health and Human Service (DHHS) key departments increasing engagement in State-level projects such as the Health Data Integrity Strategy and a number of Digital Health Strategies
- Process developed for a pilot site to update their Patient Administration System with death data from DHHS
- Implementation of changes to the Privacy and Data Protection Act 2014 and review of the Victorian Protective Data Security Framework Standards
- Implementation of Victorian Coding Standards ACS002 and Code of Ethics
- Discussions and sharing of information relating to records management, privacy and other day-to-day operations to assist Health Information Managers and their teams to operate efficient and effective health information services through a network of likeminded professionals
- Share advice between members in preparing for National Standards accreditation surveys
- Share information relating to Department of Health and Human Services statutory extracts and audits conducted with regular updates from DHHS
- Liaison with other relevant Special Interest Groups
- Liaison with the Public Record Office of Victoria (PROV) around health record retention schedules and record-keeping standards
- Ongoing review and reporting of the bi-annual Victorian hospitals HIS benchmarking KPIs
- Review changes to legislation that relate to health information management
- Promotion of ongoing education of members
- Promotion of National HIM Week participation and activities

Issues and Challenges

- Recruitment and retention of HIM/Coding workforce
- Lack of suitable technology solutions/funding for management of clinical photography
- Having sufficient volunteer members to convene the meetings, produce agenda, take minutes and collate benchmarking data

Conclusion

The membership of the group is stable, with more people utilising the teleconference services than meeting face-to-face. The SIG has been meeting for at least eighteen years and will continue into the future.

Emilia Pezzi, Convenor

VICTORIAN MENTAL HEALTH SIG

The HIMAA Victorian Mental Health Advisory Group (MHAG) meets every second month with the following goals:

- To educate and promote awareness of information management and reporting requirements of the Victorian Mental Health Act and the Department of Health and Human Services (the Department)
- To develop and disseminate reference materials of recommended practice relating to health information administration of various sections of the Mental Health Act within mental health services information systems and record management
- To advise and assist members on the transition to electronic/digital health records and the Department’s Health Technology Solutions supported applications
- To discuss coding issues and review and develop mental health codes as necessary in liaison with the appropriate coding reference bodies
- To provide advice to HIMAA divisions and groups on health information issues within mental health services
- To liaise and provide advice to the Department and Mental Health Tribunal
representatives regarding issues relevant to records management, health information management, reporting requirements and mental health legislation

- To facilitate linkages between individual group members and to external bodies such as the NCCH and IHPA
- To provide peer support and assist HIMs and others working within mental health services
- To develop or assist in the development of standards relating to mental health medical record-health information and information sharing issues
- To assist in development and implementation of competency testing and benchmarking
- To facilitate ongoing education of members

Activity and Achievements

- MHAG members were asked to nominate members to join the CMI/ODS technical reference group which, among other things, contributes to development of the workplan for the clinical information system
- Continued to work with the Victorian Mental Health Tribunal with the implementation of the MHT Case Management System’s interface with CMI/ODS
- Worked with the Department of Health and Human Services, with members participating in discussions and working groups developing solutions for Compulsory Notification, Restrictive Interventions and Patient Registration data collection

Conclusion

MHAG continues to have solid participation from all around the State including an increase in interest from rural services. With standing agenda items keeping tabs on issues including Coding for Mental Health, Latrobe University HIM course updates and HIM staff movements across the mental health system, MHAG remains a great source of information for external groups seeking advice as well as a place for discussion and networking for members.

Simon Russell, Secretary

REPRESENTATIVES

HIMAA Representations include:

- AS2828 Australian Health Records Standards
- CHIA - Certified Health Informatician Australia - Board of Governance and Examination Committee
- HL7
- IFHIMA - International Federation of HIM Associations
- NCCH ICD Technical Group

AS2828 AUSTRALIAN HEALTH RECORDS STANDARDS

In February 2016 members from the HIMAA eHealth Scanning Special Interest Group discussed the possibility of revising the AS2828 Australian Health Records Standards and put forward a proposal to Standards Australia. This initial proposal was not successful so the working group resubmitted the proposal which included a detailed explanation of the net benefits a revision would have in the health sector. In November 2016 the proposal was approved for inclusion in the 2017 standards development work program. Richard Lawrance, Ralph La Tella, Brooke Whiteside and Leanne Holmes met via teleconference in December to talk through the best strategy and approach.

In February 2017 Standard Australia (SA) invited Richard Lawrance, Ralph La Tella and Leanne Holmes to meet to formalise the approach and project a workplan for undertaking this work. This required the reformation of the (SA) HE-025 Health Records Technical Committee which had been dormant for some years.
The Technical Committee HE-025 will initially undertake work in the following areas:

- #104155 Revision of AS 2828.1-2012 Health records-Paper-based health records
- #104156 Revision of AS 2828.2 (Int)-2012 Health records-Digitized (scanned) health record system requirements
  - This work will include upgrading Part 2 from an Interim Australian Standard to Australian Standard.

At this project initiation meeting relevant stakeholders including health department jurisdictions were identified and a full list of potential nominating organisations were decided.

Standards Australia also provided HIMAA representatives with an overview of the new constitution and project management structures that now operate within Standards Australia.

NOTE: The Commonwealth Department of Health and Ageing no longer provides funding for Standards development projects.

**Activity and Achievements**

Through April and May various organisations were approached to participate in this committee work. Since SA did not necessarily know who to contact the responsibility fell on HIMAA representatives and included re-establishing contact with past representatives as well as seeking nominations from new organisations not previously represented.

Instead of seeking individual volunteers to be involved Standards Australia sent out email letters to health organisation executives asking them to nominate a suitable representative. This was a very slow process, however, the end result is that there is a very talented membership with widespread representation from across Australia.

By the end of June a list of eighteen names from various nominating organisations formed the core membership of the HE-025.

- Australasian College of Health Informatics
- Australian Information Industry Association
- Australian Medical Association
- Australian Nursing and Midwifery Federation
- Australian Private Hospitals Association
- Catholic Health Australia
- Consumers Federation of Australia
- Department of Health (WA)
- Department of Health and Human Services (VIC)
- Health Informatics Society of Australia
- Health Information Management Association of Australia
- Medical Software Industry Association
- NSW Health
- Queensland Health
- Royal Australian and New Zealand College of Psychiatrists
- Royal Australian College of General Practitioners
- Royal Australian College of Medical Administrators
- Royal College of Pathologists of Australasia

50% of the committee members have a health information management background and the remainder of the nominees include IT subject matter experts, clinicians and health industry business and consumer representatives.

**Issues and Challenges**

Four agencies had not responded to the nomination request despite repeated reminder emails.

All members are volunteering their time around their other work commitments and it is expected the group will meet on a monthly basis. This project has been categorised as medium to complex so is expected to take greater than twelve months to complete.
Conclusion

The Committee is set to commence with a kick-off meeting scheduled on Wednesday 12 July 2017 in Sydney. At this time nomination of a Drafting Lead and Chairperson will be finalised. Standards Australia have allocated a Project Manager for the duration of this project.

Leanne Holmes

IFHIMA - INTERNATIONAL FEDERATION OF HIM ASSOCIATIONS

The first teleconference of members of the International Federation of Health Information Management Associations (IFHIMA) Western Pacific Region was held on 8 May 2017. This was followed by a two day annual face-to-face meeting of the IFHIMA Board on 8 and 9 June 2017 in Valencia Spain as part of their National Congress on Medical Documentation.

Activity and Achievements

In summary, the Western Pacific Regional teleconference focused on a plan to work more closely with our national health information management professional associations, IFHIMA, the World Health Organization Family of International Classifications (WHO-FIC) and the WHO-FIC Asia Pacific Network (APN) to encourage participation, communication and the sharing of information between our countries. The aim is to ensure we are making improvements in HIM education and workforce as well as advocating that HIMs and Clinical Coders become a vital and recognised profession in developing countries.

This initiative was further discussed at the face-to-face IFHIMA Board meeting along with ideas around how we can improve IFHIMA membership across all the regions. Planning was underway for the next IFHIMA Congress to be held in Dubai in 2019. IFHIMA is migrating to a new website platform to improve Board Only and Member Services.

Issues and Challenges

The Western Pacific Region teleconference discussion highlighted a need for a combined effort through IFHIMA, national HIM associations and WHO-FIC collaboration to tap into funding to support our developing country neighbours in the Western Pacific.

The next WHO-FIC APN supported by the Japan Hospital Association is meeting in Kuala Lumpur Malaysia on 28 and 29 August 2017. This meeting allows Asia Pacific representatives to share initiatives and issues they are having within their countries related to health information management and classifications.

There are possibilities of a joint national Health Information Management Association of Australia and National Centre for Classification in Health (HIMAA and NCCH) conference with the WHO-FIC APN meeting in 2018. Discussion will be had with the WHO-FIC Australian Collaborating Centre to determine the feasibility of hosting the WHO-FIC APN in Australia next year.

Conclusion

With the objective of meeting at least twice every year, it is hoped that the Western Pacific Region can have another teleconference before the end of 2017, perhaps in November.

Vera Dimitropoulos