

„IFHIMA a kódování zdravotnických informací: současné výzvy“

*Nachází se
řízení zdravotnických informací na rozcestí?*

Guillermo Paluzie MD, PhD
IFHIMA Regionální ředitel pro Evropu

Kdo je odborník v oblasti správy zdravotnických informací?

(HIM = Health Information Management)

KlasifiKon²⁰²⁵



<https://ifhima.org/publication-resources/whitepapers/>

Examining Today's Workforce with Recommendations for Elevating the Profession

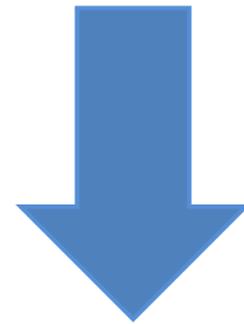
Zkoumání současné pracovní síly a návrhy na rozvoj a posílení profese

READ MORE

Odkud přicházíme, kde se nacházíme a kam směřujeme?

<<V tomto dokumentu se IFHIMA zaměřuje na profesi zdravotnického informačního managementu (HIM), přičemž uznává, že může docházet k překryvům s dalšími profesemi, jako jsou zdravotnická informatika, lékařští/zdravotničtí „knihovníci“-správci databází, zdravotní statistici nebo i specializovaní informační technici v prostředí zdravotní péče>>

HIM profesionální odbornost



Čtyři hlavní oceňované oblasti

1. Zdravotnická dokumentace/záznamy
2. Klasifikace nemocí a definování standardů
3. Interoperabilita
4. Analýza zdravotnických informací

HIM profesionálové se podílejí na návrhu, implementaci a hodnocení

Strukturované klinické záznamy

- Estadi tissular:
- Dimensions i profunditat:
- Estructura/Qualitat teixit ulceral (Nafres Vasculares):
- Tipus de teixit:
- Pell perilèsional:
- Secreció lesió:
- Dolor:
- Signes d'infecció local:
- Afectació sistèmica:
- Tractament i Periodicitat:
- Causa:
- Data d'aparició:
- Cultiu Ferida:
- Escala Valoració de Braden:
- Servei Origen:

OC 1

TIPUS FERIDES:

Erosiva Incisa/Quirúrgica

Cremada Crònica per Pressió

Lesions Neoplàssiques Altres

LOCALITZACIÓ:

Sacre EID

Taló E Trocanter D

Abdomen Mal·lèol extern D/E

Observacions

ESTADI TISSULAR:

Resolució Estadi I - Envermellim

Estadi III - Fins teixit subcutani Estadi IV - Fins múscul

DIMENSIONS I PROFUNDITAT:

ESTRUCTURA/QUALITAT TEIXIT ULCERAL (NAFRES VASCULARS):

Grau I Grau II

TIPUS DE TEIXIT:

Granulació Esfacelat

Hipergranulació Epitelització

Fibrina

Disease Classification and Definition of Standards

House Passes ICD-10 Delay Bill, Senate Next to Vote

Mar 27, 2014 10:11 am | posted by Chris Dimick | AHIMA & Coding & reimbursement & ICD-10

The US House of Representatives has passed a bill that would delay the implementation of ICD-10-CM/PCS for one year. A similar bill in the Senate is expected to be voted on soon. AHIMA has called on proponents of ICD-10 to contact their senators and ask that they not delay ICD-10.



WHO-FIC Network Annual Meeting 2014 - Barcelona, Catalonia, Spain

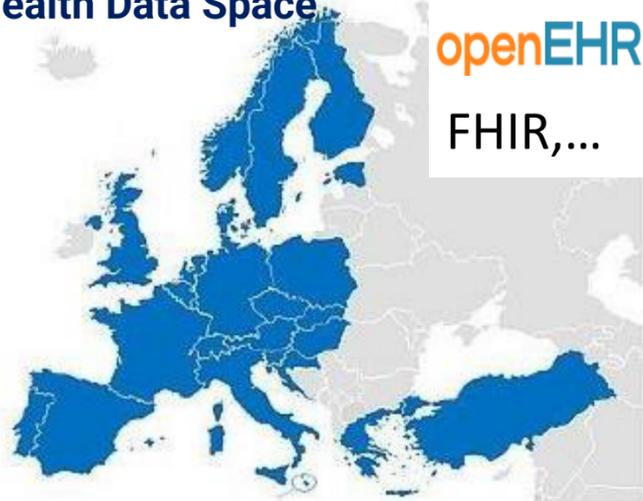
The next annual meeting of the WHO Family of International Classifications Network will take place in Barcelona, Catalonia, Spain from 11-17 October 2014. The theme for this year will be determined soon.

HIM
profesionálové
mají nejvyšší
odborné
znalosti

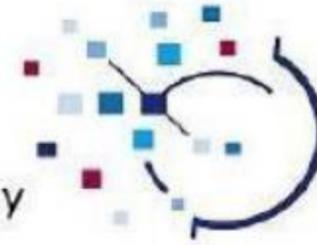
Interoperabilita

Interoperability

Regulation (EU) 2025/327 of the European Health Data Space



- IHTSDO delivering
- SNOMED CT[®]
- the global clinical terminology



HIM profesionálové mají schopnost porozumět

How do you say glucose?



WHO Collaborating Centre for Drug Statistics Methodology

News

- ATC/DDD Index
- ATC/DDD methodology
- ATC

Structure and principles

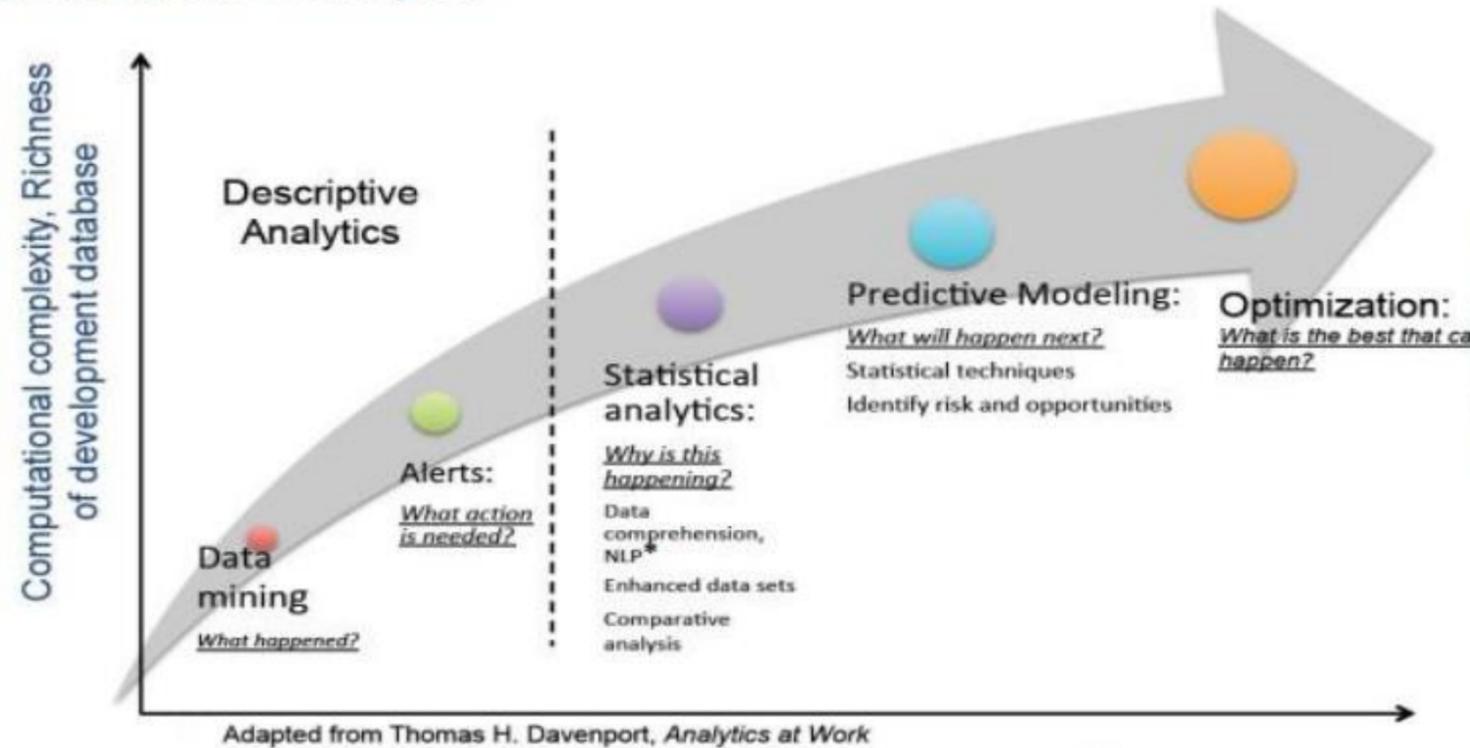
Structure

In the Anatomical Therapeutic Chemical (ATC) classification system, the active substances are divided into different groups according to the organ or system on which they act and their therapeutic, pharmacological and chemical properties. Drugs are classified in groups at five different levels. The drugs are divided into fourteen main groups (1st level), with pharmacological/therapeutic subgroups (2nd level). The 3rd and 4th levels are chemical/pharmacological/therapeutic subgroups and the 5th level is th...

Health information analysis

<<HIM professionals should be part of analytics teams¹>>

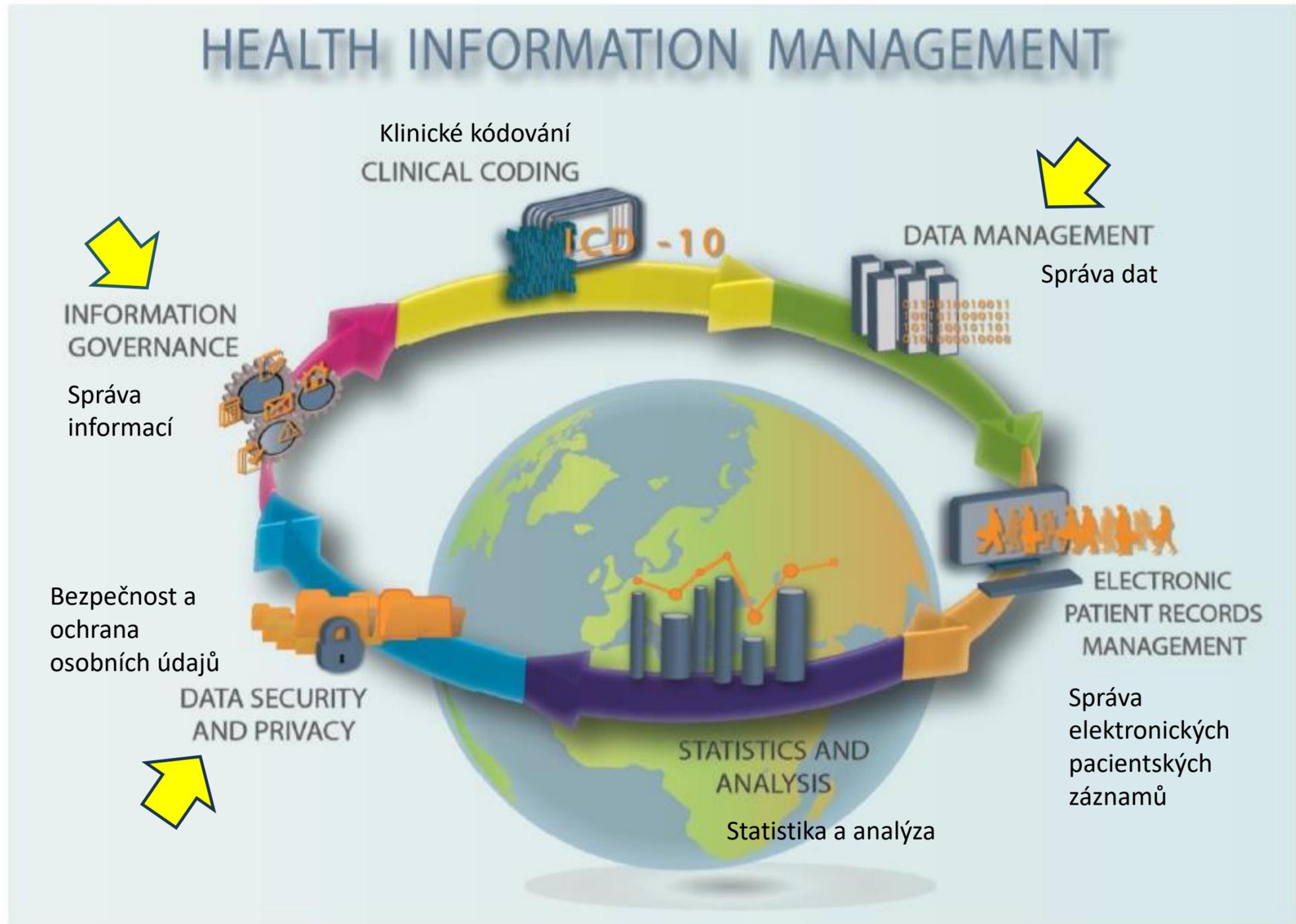
From Metrics to Analytics



* NLP= National Language Processing

HIM profesionálové mají globální rozhled

(1) Linda Kloss. Analytics and Population Health Management Opportunities and Lessons for HIM Professionals. IFHIMA Global News 2013;14:23-24



Kde jsme...?

KlasifiKon²⁰²⁵

The Health Information Professions and IG Domain

Profese v oblasti zdravotnických informací a oblast řízení/správy informací

HIM: Health Information Management

- Focuses on the acquisition, analysis, and protection of health information necessary for improving healthcare quality, safety, privacy, and efficiency
- Often serves as a bridge, connecting clinical, operational, and administrative functions within the healthcare system

Správa/management zdravotnických informací

HIM

HICT: Health Information and Communications Technologies

- Focuses on the technological aspects of managing health information and systems, working with software and hardware used to manage and store patient data
- Use infrastructure, technology, and tools to develop, manage, and secure health information; and exchange health information in a digital format

Řízení/správa informací

IG

HI

Zdravotnická informatika

HICT

Zdravotnické informační a komunikační technologie

HI: Health Informatics

- Focuses on information, systems, and technology as applied to the continuum of healthcare delivery
- Interdisciplinary field which participates in the design, development, adoption, research, analysis, and application of information technology-based innovations in healthcare delivery, management and planning

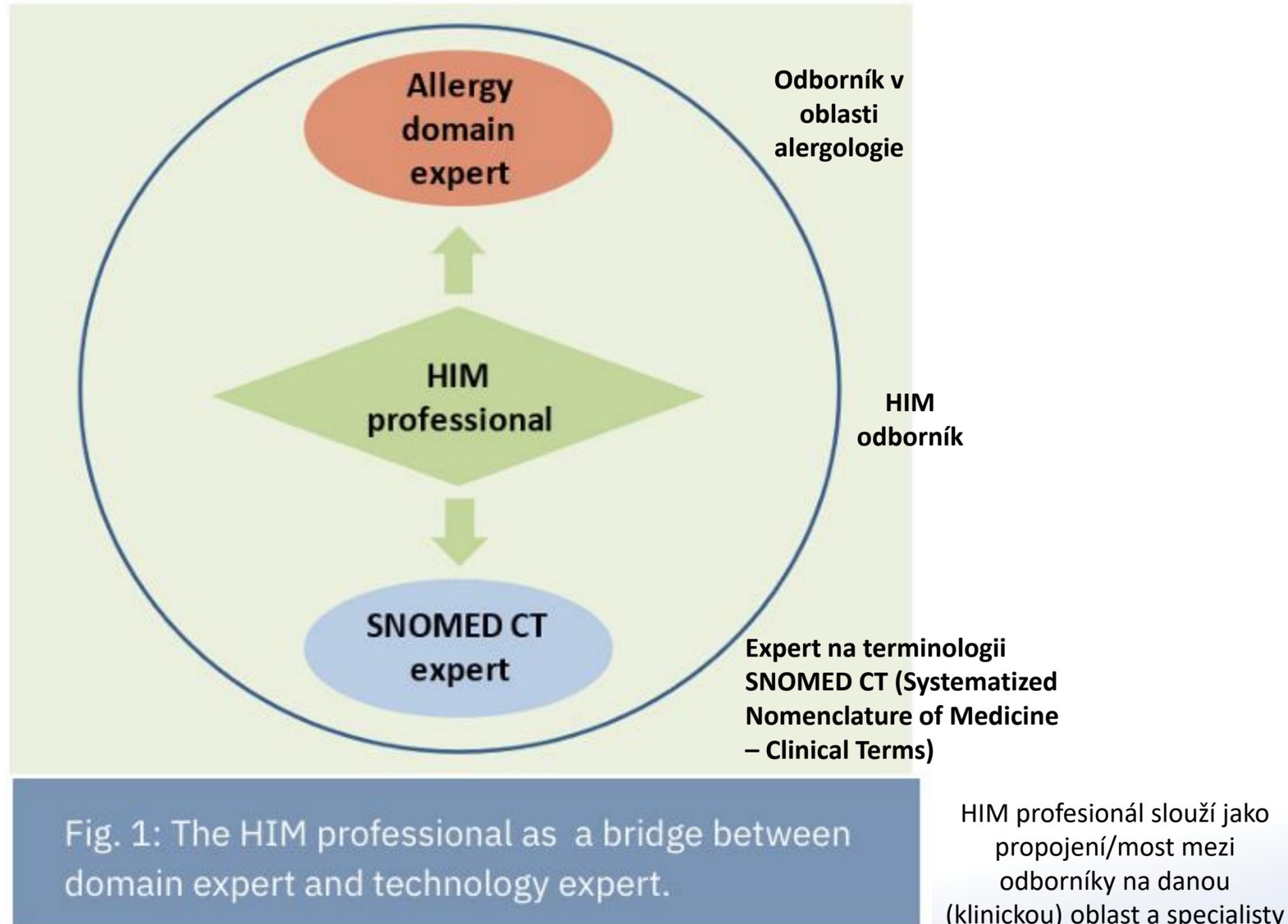
IG: Information Governance

- Focuses on information as a strategic asset that requires high-level oversight
- Eight formal IG principles
 - Accountability
 - Transparency
 - Integrity
 - Protection
 - Compliance
 - Availability
 - Retention
 - Disposition



HIM slouží jako most

KlasifiKon²⁰²⁵



HIM profesionál slouží jako propojení/most mezi odborníky na danou (klinickou) oblast a specialisty na technologie.

Dvě doporučení...

KlasifiKon²⁰²⁵

<<HIM profesionálové by měli „opustit sklep“ a přesunout se do vyšších pater>>

<<Nové digitální nástroje nenahradí odborníky. Pravděpodobně ti, kdo budou nahrazeni, budou ti, kteří je nevyužívají>>

**OFFICIAL BANQUET AT THE FIFTH
INTERNATIONAL MEDICAL RECORDS CONGRESS
in Stockholm's magnificent City Hall**



Výjimečná fotografie z roku 1968 – 750 účastníků z 19 zemí!

Když to všechno začalo...

KlasifiKon²⁰²⁵

MAY 15, 1948 **1948** CORRESPONDENCE BRITISH MEDICAL JOURNAL 555

—a possibility unfortunately abundantly refuted by experience. The statement that the changes of icterus gravis are due to agglutinative thrombi in the vessels of liver, bone marrow, and brain is only an attractive speculation which is, unfortunately, divorced from reality and is in direct conflict with all the morbid anatomy of the disease. The post-mortem appearances provide unmistakable evidence of long-continued pre-natal haemolysis, and the extra-medullary haemopoiesis which is so conspicuous a feature of many cases cannot conceivably have developed only after birth.

In conclusion I can only agree with the last sentence of your annotation, but this is just what the American writers cited have failed to do; instead they have promulgated a theory based on pure speculation without a shred of clinical or pathological evidence to support it.—I am, etc.,

The *Lancet*, Glasgow. **D. F. CAPPILL.**

References
 Capell, D. F. (1947). *Brit. Med. J.*, **1**, 406.
 Pott, E. L. (1947). *Br. H. K. Lewis*, London.

Idiocyclus Treated with Benadryl

Sir.—I found the letters of Dr. Barbara Shaw (Feb. 7, p. 277) and Dr. J. Moss (Feb. 21, p. 367) on this subject interesting. A patient of mine here, an ex-naval officer, has had recurrent attacks of idiocyclus for many years and has seen several specialists in addition to many general practitioners.

As the condition always occurred in the right eye only, and dated from his service in submarines during the Kaiser's war, he always referred to it as "periscope eye." I usually relied on atropine and heat, but the various specialists have advised a very varied range of treatment, from amniotic and pot. iod. to saline irrigation, prostatic massage, and injections of milk! Last year he had an attack which I treated for a short time with subconjunctival, but as there was no obvious response I put him on to injections of "scyllarum" and emetine. This attack lasted for 12 days and was the shortest he had had then.

This month he surprised us all by a fresh attack, but in the left eye for the first time on record, which rather upset the periscope analogy. I was afraid the recurring in a new eye it might be more severe than before, but I treated it with atropine and hot soaks bathing as before, emetine and scyllarum, and "benadryl" in addition. This attack is the shortest he has had, and he was clear in nine days this time. I cannot say for certain whether the benadryl actually shortened the time, but its soothing and sedative effect was a great help and the patient appreciated it very much.

The rationale of emetine is that he has suffered in the past from dysentery, and in this colony a great percentage of people sooner or later suffer from chronic amoebiasis and require emetine periodically.—I am, etc.,

Norval, Kemp College. **O. DUNDERDALE.**

Barium Enema and Acute Intussusception

Sir.—Dr. Brenda Morrison and Donald Court are to be congratulated on their excellent account of "Acute Intussusception in Childhood" (April 24, p. 776), but as stated in the annotation (p. 794) "some may differ from them" as their attitude to barium enemata as an aid to diagnosis and as a method of treatment.

As quoted by Morrison and Court, the papers by Norderholt,¹ Nyborg,² and Hipsley³ show that the barium enema can be of great value both in diagnosis and treatment of early acute intussusception.

In two such cases which I saw in surgical registrar at the King George Hospital, Harlow, barium enemata were found to be of value.

Case 1. A well-nourished baby boy, aged 7 months, was admitted 14 to 15 hours after the onset of what seemed to be spasmodic abdominal pain. There was no vomiting, nor was there any blood detected on rectal examination; which she admitted, though carefully probed, held no definite lump.

An enema was slowly administered, under anaesthesia, using a very thin mixture of barium; the progress of the barium was followed by viewing with a screen, and the intussuscted loop of ileum was clearly seen to "unfold" itself as far as the ileocolic junction, when the ileum seemed to "kick" itself back to its normal position. Two days later the child was home, fully recovered.

Case 2. This child was also supposed of having an early (18 hours) acute intussusception, but again the enema were not sufficient to warrant operation. A barium enema confirmed the diagnosis,

and also appeared to induce the intussusception, though no "kick" was seen. In this case, however, pain and vomiting recurred after a short interval, and at laparotomy an early ileo-caecal intussusception was found. Reduction in the usual way was followed by successful recovery.

These cases illustrate how a barium enema can be of value in diagnosis in the early stages of intussusception, and when the classic picture is not present. In Case 1 it was of obvious value as a mode of treatment. Through a failure as treatment in Case 2, the diagnosis was confirmed and no harm resulted.

In this way early cases can be diagnosed, instead of being allowed to become late cases by the "wait and watch" method of observation; whilst in addition to the diagnosis being made the condition may be cured at the same time—thus making operation unnecessary. According to Babcock⁴ 66% of intussusceptions are reducible in the first 24 hours by hydrostatic pressure.—I am, etc.,

London N.W.8. **PHILIP HOPKINS.**

References
¹ *Lancet*, *London*, 1943, **ii**, 444.
² *Brit. Med. J.*, *Suppl.*, 1943, **ii**, 1.
³ *Lancet*, 1945, **i**, 121.
⁴ *Brit. Med. J.*, *Suppl.*, 1933, **ii**, 1. See also: Philadelphia and London.

Late News

Sir.—Being a weekly issue, the *Journal* is at times necessarily a week and more behindhand with medical news of importance to members. This delay is added to when the *BMJ* is not delivered by post till Monday or even later. And so the daily lay press gets in first with some selected snippets of news which reaches client or patient usually before the doctor to whom in these anxious days it may be of the first importance. What has taken place at Council or R.B. meetings, or at local meetings, or what emanates from a Government department, he gets late, perhaps when already stale.

Members, being widely scattered, depend upon the *Journal* for ungarbled facts for which they have to wait impatiently. In these days, when things move so fast, could not a column or part of one be given in the *Supplement*, whose news looks greater in importance than ever before, in the form of a "Latest News Summary" framed by the publicity department of the Association under the watchful eye of the Editor; this to publish happenings from local as well as Headquarters sources?—I am, etc.,

Bournemouth. **S. WYNN-DAVIES.**

Association of Medical Records Officers

Sir.—The need to improve the techniques of medical record keeping has frequently been a subject of discussion, but until comparatively recently little organized action has been taken. Whilst it is recognized that the standard of clinical records is and must remain a medical responsibility, it is thought that this responsibility could be lightened, and medical time and expense saved, by the provision of trained lay assistants. With this end in view an Association of Medical Records Officers has now been inaugurated and it is felt that the medical profession will give their co-operation and guidance whenever it is sought, as they have always done in such matters in the past. Two of the Association's aims are:

(1) To promote the development of techniques in medical record keeping, to diffuse among the members and others all information and technical and general knowledge from time to time available regarding the keeping of medical records or of use in connexion therewith.

(2) To provide opportunities by means of lectures, discussions, or other intercourse among the members for the exchange of information and opinions regarding the method, purposes, and technique of medical record keeping.

Training courses for lay personnel already responsible for medical records are being organized in several of the Regions as an interim measure preparatory to a more comprehensive scheme of training. Records officers interested in these training courses and in membership of the Association are invited to get in touch with the honorary secretary.—We are, etc.,

B. BENTHAM,
 Registrar, Public Health Department,
 London County Council & National Council
ELSIE ROYLE,
 Records Officer, Chelsea Hospital and the
 British Military Warburton Road,
 Hammersmith, W.8 (Hon. Secretary).



**ELSIE ROYLE'S
DREAM**

The possible ...
**"linkage between
medical record
keepers throughout
the world".**

Možné....
 propojení
 správců
 zdravotnické
 dokumentace
 po celém světě

IFHIMA Historie & kontext

- Globální organizace pro Správu zdravotnických informací – založena v roce 1968; *silná již 57 let!!*
- Dlouhodobě se zavazuje podporovat země s nízkými a nižšími středními příjmy
- Působí jako „globální hlas“ národních asociací HIM
- Po *více než 40 let* má statut nevládní organizace (NGO) u WHO
- Spolupracuje s mezinárodními organizacemi v oblasti informatiky, včetně International Medical Informatics Association (IMIA)

KlasifiKon²⁰²⁵

Poslání

IFHIMA zastupuje a rozvíjí globální profesi HIM

Vize

Zdravý svět díky kvalitním zdravotnickým informacím.

Hodnoty

VEDENÍ – v kvalitním řízení zdravotnických informací

INTEGRITA – zásadovost, poctivost a etické jednání

SPOLUPRÁCE – navazování a udržování globálních partnerství

VZÁJEMNÝ RESPEKT – přijímání rozmanitosti a důstojné zacházení se všemi

Přidružení členové z 61 zemí světa

20 členských zemí napříč

6 regiony

- Africa
- Americas
- Europe
- Eastern Mediterranean
- South-East Asia
- Western Pacific



- Podporovat rozvoj a využívání právy zdravotnických záznamů/informací ve všech zemích.
- Rozvíjet a podporovat používání mezinárodních standardů pro správu zdravotnických záznamů/informací.
- Umožňovat výměnu informací o požadavcích na vzdělávání a trénink v oblasti správy zdravotnických záznamů/informací.
- Poskytovat příležitosti ke vzdělávání a komunikaci mezi odborníky pracujícími v oblasti správy zdravotnických záznamů/informací ve všech zemích.
- Podporovat používání technologií a elektronických zdravotních záznamů (EHR)

“Těchto cílů je dosaženo prostřednictvím spolupráce, budování sítí a sdílení zkušeností a zdrojů členů IFHIMA.”

Proč myslet globálně?

KlasifiKon²⁰²⁵

Žijeme v globální společnosti a ekonomice!!!

- Nemoci, které vznikají mimo naši zemi, nás obvykle zasáhnou, např. COVID-19, SARS, Ebola.
- Ekonomická vzájemná závislost napříč hranicemi a kontinenty
- Sdílené životní prostředí – vzduch, voda, půda.
- Investice do zdravotnictví vede ke zlepšení zdraví a zdravotních výsledků.
- Globální standardy usnadňují tvorbu zdravotních statistik, které ovlivňují programy, aktivity a financování.
- Standardy dat a klasifikace zajišťují přesná a dostupná zdravotnická data.

“Zdravý svět umožněný kvalitními zdravotnickými informacemi.”

IFHIMA White Papers (Studie a doporučení IFHIMA)

KlasifiKon²⁰²⁵

Zkoumání současné pracovní síly a návrhy na posílení a rozvoj profese.

Examining Today's Workforce with Recommendations for Elevating the Profession

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IFHIMA podporuje implementaci ICD-11 s využitím globálních případových studií.

IFHIMA fosters planning for ICD-11 adoption with global case studies

[READ MORE](#)



Ochrana zdravotních informací z globální perspektivy IFHIMA

Privacy of health information, an IFHIMA global perspective

[READ MORE](#)



Nový pohled na správu informací

Revisiting information governance

[READ MORE](#)



<https://ifhima.org/publication-resources/whitepapers/>

IFHIMA.ORG



<<HIM profesionálové jsou přirozenými správci zdravotnických informací. Mají významný podíl na rozvoji a implementaci rámce řízení informací (IG). Disponují potřebnými znalostmi a dovednostmi pro správu informací napříč celým zdravotnickým prostředím>>

<<Organizace musí vytvořit kulturu, která podporuje multidisciplinární přístup k tvorbě politiky nakládání s informacemi a k řízení informací jako klíčového aktiva>>

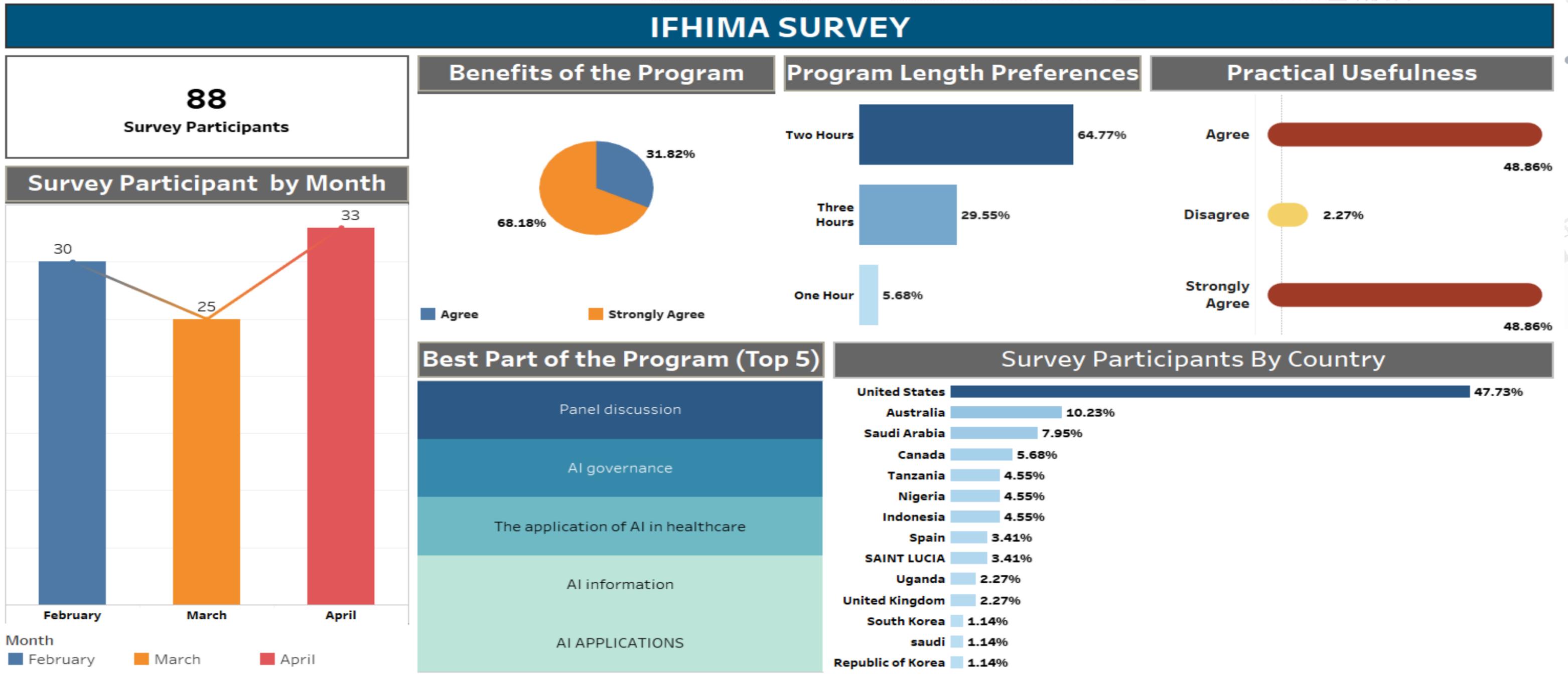
Vzdělávání

- Uskutečněna velmi úspěšná série „Focus on the Future of HIM“ (= Zaměření na budoucnost HIM)
- AI a zdravotní politika ve spolupráci s AHIMA

Publikační činnost

- Infografiky o umělé inteligenci a vzdělávání
- Článek o ICD-11
- Aktualizace oficiálního stanoviska k ICD-11
- Oficiální stanovisko k umělé inteligenci (AI)
- Hodnota HIM, konec roku 2025

Série „Zaměření na budoucnost HIM“ – průzkum



Infografiky IFHIMA. Mezery ve vzdělávání

Is Your Curriculum Future-Ready? Closing the gaps in HIM education

Why It Matters

Tech and workforce needs are evolving faster than academic programs.

Without change, HIM professionals risk falling behind – both the existing and future workforces

Whether you're a student, educator, or employer—ask:
Are we teaching for the jobs of today or tomorrow?

Join your colleagues working to close these gaps at ifhima.org.

The Top 4 Curriculum Gaps And what to do about them

AI Literacy & Ethics

✓ Stay agile to include latest best practices

Data Curation Skills

✓ Teach lifecycle:
Extract → Clean → Analyze

Interoperability & Standards

✓ Cover HL7, FHIR, SNOMED

Governance & Oversight

✓ Explore use cases and risk scenarios

What to Do Right Now — and What to Build for the Future

Fix it now (short-term wins)

Continuing ed modules

→ Short, targeted trainings to upskill busy working professionals

Bootcamps + workshops

→ Immersive training for rapid exposure to tools and use cases

Guest lectures and industry panels

→ Bring in AI/data experts from healthcare or tech to expose students and staff to real-world challenges

Build it in (long-term success)

Curriculum redesign

→ Embed AI, data, and ethics into core HIM programs

Faculty upskilling

→ Support educators with training in emerging tech and pedagogy

Industry-academia partnerships

→ Co-develop curricula, practica, or co-ops with hospitals and health tech firms to keep learning aligned with workforce needs

Infografiky IFHIMA. Technologie

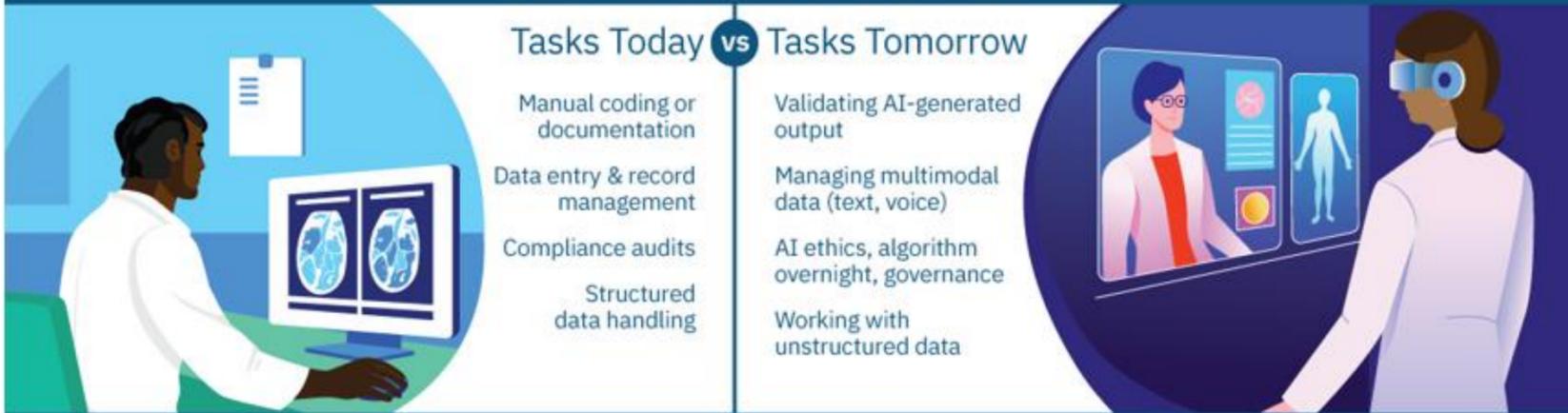
How Tech Is Reshaping HIM Jobs — *And What to Do About It*

New Tech, New Expectations

AI, automation, large language models, ICD-11, and multimodal data are transforming HIM. Roles are expanding beyond documentation, data management, and clinical coding, requiring new skillsets and a willingness to learn.

HIM Work in Transition

Tasks Today	vs	Tasks Tomorrow
Manual coding or documentation		Validating AI-generated output
Data entry & record management		Managing multimodal data (text, voice)
Compliance audits		AI ethics, algorithm oversight, governance
Structured data handling		Working with unstructured data



Emerging Roles to Watch

Data Curator
Manages governance processes that ensure data quality and usability

AI Governance Lead
Sets policies for safe, compliant AI usage across use cases

Citizen Data Scientist
Uses AI tools to drive insights into care, operations, and population health



Technology won't replace HIM professionals—but it will change what we do. Let's adapt, not react. **Join your IFHIMA colleagues in reshaping the HIM profession at ifhima.org.**



Infografiky IFHIMA – znalosti a dovednosti v AI

Survey Reveals: State of AI Literacy in HIM

Why This Survey?

AI is reshaping healthcare.
Are HIM professionals ready?

IFHIMA surveyed
129 participants across
17+ countries

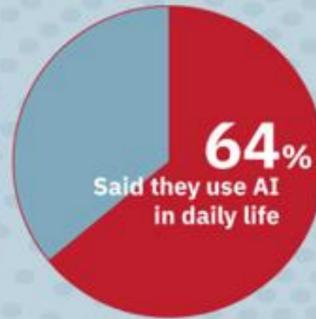
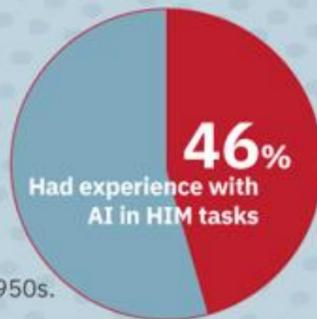


Themes from Respondents

- AI education is essential for everyone at all levels – No one grew up with it
- AI will transform HIM roles – not eliminate them
- Continuous learning is non-negotiable
- There's a strong demand for governance, oversight, and ethics
- HIM professionals are ideally suited to lead interdisciplinary collaboration to define how AI reshapes healthcare

Key Findings

There's a gap between perceived and actual AI knowledge. **Only 47% knew** that the term "AI" was first coined in the 1950s.



Next Steps for IFHIMA Members

- We must close the literacy-action gap by incorporating AI into curricula and continuing education
- We are well positioned to provide global guidance and cross-regional resources on AI competencies (and they should be rooted in data)
- National and regional associations should lead education efforts

“The people who need to worry about their jobs are those who refuse to evolve.”

— Susan Fenton
PhD, RHIA, ACHIP, FAMI



Join your IFHIMA colleagues in transforming the profession at ifhima.org.

Source: 2025 survey to assess AI literacy among health information professionals, conducted by Susan H. Fenton, PhD, RHIA, ACHIP, FAHIMA, FAMI



Připojte se k IFHIMA jako individuální člen

Výhody členství

- Přístup k IFHIMA Global News a dalším informacím zajímavým pro členy, včetně aktualit a aktivit sdílených prostřednictvím sociálních médií.
- Účast v Community of Practice (COP).
- Možnost publikovat v Global News.
- Účast v mezinárodních pracovních skupinách a sdílení klinických či vzdělávacích zkušeností.
- Snížené registrační poplatky na kongresech a dalších akcích IFHIMA.
- Přístup k materiálům IFHIMA, které podporují profesi HIM a vzdělávání a mohou je využívat všichni členové.
- Být součástí mezinárodně uznávané profesní organizace, která je nevládní organizací (NGO) s oficiálními vztahy k WHO.
- Členský poplatek: 35 USD ročně.

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