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- ❖ About the journal
- ❖ Manuscript preparation
- ❖ Editorial policy/ publication ethics
- ❖ Disclaimer
- ❖ Contact us

About the journal

The International Journal of Health Records & Information Management (IJHRIM) is an official peer-reviewed journal of Association of Health Records and Information Management Practitioners of Nigeria (AHRIMP) and Health Records Officers' Registration Board of Nigeria (HRORBN) that covers content in health records practice especially from Nigeria and other African countries. IJHRIM covers a broad spectrum of health records related issues such as electronic health records, health data quality, nosology, clinical coding, billing and reimbursement, health IT, health information resources management, medical confidentiality, health informatics, consumer health information needs, clinical documentation improvement, monitoring & evaluation, disease surveillance & notification and health services research in general. The journal recognizes ethically sound scientific enterprise that has respect for human rights as well as other fundamental rights.

Manuscript Preparation

Article types, word counts and manuscript format

1. Research

Research article describes original investigative work in the design, implementation and maintenance of patients' health records and evaluation of health records and information management practice.

Word count: not exceeding 3,500 words (excluding reference and tables).

Structured abstract: up to 300 words.

Tables: not exceeding 4.

Figures: not exceeding 3.

References: unlimited.

The article must conform to the **IMRAD Format** which should contain the following:

- **Title page** should contain:
 - i. Title of the article (not exceeding 23 words and all words should be in lower case except the first word and any other proper noun in the title).
 - ii. Full name (first, initial and last names), department, institution, city and country, e-mail and telephone number of the correspondence author.
 - iii. Full name (first, initial and last names), email, department, institution, city and country of all co-authors.
 - **Abstract** (not exceeding 300 words) structured as follow:
 - i. Background: a glimpse into the main study.
 - ii. Objectives: clear statement on the rationale for the main study.
 - iii. Design: e.g. cross-sectional, cohort, retrospectives and so on.
 - iv. Setting: coverage area.
 - v. Methods: brief on materials and methods.
 - vi. Results: findings in brief.
 - vii. Conclusion
- **Keywords** –

The abstract should be followed by up to five keywords or phrases suitable for use in an index as online lead search terms. *MeSH* terms are mostly preferred a) (see www.nlm.nih.gov/mesh/MBrowser.html).

Main text

- i. **Introduction** - This section delves into prior works, theories and hypotheses. The heading should be in Times New Roman font 14.
- ii. **Methods** - The heading should be in Times New Roman font 14, while the subsections take italic and font 12 and should be under the subsection headings such as; Background to the study area, Study design, Study population, Data collection tools, Sampling technique, Sample size, Inclusion and exclusion

- criteria, Data analysis and management, and Ethics.
- iii. Results - The heading should be in Times New Roman font 14 and the subsections in italic should take font 12. This section contains exposition of findings, statistics, and evaluation outcomes. The authors determine under what subheading these findings and study outcomes fall. Authors should note that findings are just to be relayed as it is but, not to be discussed under this section. It should also be noted that messages contained in prose can mirror data in the tables and figures but, should not be verbatim repetition of the table contents. Do not lift tables from SPSS, Epi Info or other statistical software but, figures can be lifted therefrom. Tables should be prepared in Excel and be copied and pasted into the manuscript Ms Word file. Tables should not have more than two borders, one at the beginning (top) and the one closing it (bottom) while figures are better as Fig 1, Fig 2 and so on, and be labeled underneath.
 - iv. Discussion - The heading should be Times New Roman font 14 while other subsections in italic take font 12 and should include limitations, what this study has added, and so on. This section avails the author the ample opportunity to state interpretations and opinions, using prior researches to explain the implications of his findings, and provides answers to the questions posed in the Introduction and makes suggestions for future research.
 - v. Conclusions - The heading should be in Times New Roman font 14. This section sums up points and statement of opinions about the discourse of the study.
 - vi. Acknowledgments – This is an avenue to appreciate those who are directly involved in the research but whose contribution does not qualify them as authors.
 - vii. Conflicts of Interest – This is a statement of fact in case financial or other issues of interest are involved. The statement must be clearly stated if any. Otherwise, authors should declare that there is no conflict of interest.
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 - a. Journal article:
 - i. Adeleke IT, Suleiman-Abdul QB, Erinle SA, *et al.* Research, practice and innovations in health records and information management in Nigeria between 1966 and 2016: a review. *Intl J Health Records & Info Manage.* 2018;1(1):4-14.
 - ii. Adeleke IT, Suleiman-Abdul QB, Aliyu A, Ishaq IA, Adio RA. Deploying unqualified personnel in health records practice – role substitution or quackery? implications for health services delivery in Nigeria. *Health Inf Manag.* 2018 Sep 20:1833358318800459. doi: 10.1177/1833358318800459. [Epub ahead of print].
 - iii. Cunningham J, Williamson D, Robinson KM, Carroll R, Buchanan R, Paul P. The quality of medical record documentation and External cause of fall injury coding in a tertiary teaching hospital. *Health Information Management Journal.* 2013:4-

14. doi: 10.12826/18333575.2013.0018.Cunningham am.
- b. Book
- i. Adeleke IT. Promoting tenets of medical confidentiality: New roles of Health Records Officers' Registration Board of Nigeria. Adibta Info Graphics and Publishing Company 2014: 125–134.
- c. Chapter in a book
- i. Adeleke IT, Suleiman-Abdul QB. Opinions on cyber security, electronic health records and medical confidentiality: emerging issues on Internet of Medical Things from Nigeria. In: Pankajavalli PB, Karthick GS. Incorporating the Internet of Things in Healthcare Applications and Wearable Devices (pp. 1-288). Hershey, PA: doi:10.4018/978-1-7998-1090-2.ch012;pp199-211..
- d. Abstract
- i. Aivonya AMJ, Zakari IB, Omokanye SA, et al. Application of electronic reminders for clinic appointments among urologists in Northern Nigerian. [*Abstract*]. Nig J Appt Sys. 2013;7(3):73.
- e. Electronic journal articles
- i. Adeleke IT, Suleiman-Abdul QB. Managing patient's life from papyrus to electronic health records. Journal of Health Informatics Research Initiatives in Nigeria. 2017;1(1). www.hirin.com/2015.Adeleke.
- f. Electronic resources
- i. Association of Health Records and Information Management Practitioners of Nigeria. Clinical Coding. Available at www.ahrimpn.com.ng/coding. Accessed on 5th June 2018.
- g. Thesis/project work
- i. Suleiman-Abdul QB. Nigerian nurses and the Internet: pre-adoption preparations towards Nursing Informatics in Nigeria. MSc dissertation submitted to the Department of Health Records Science, University of Western Nigeria, 2015.
- h. Conference proceeding
- i. Adeleke IT, Nwani OBJ, editors. AHRIMPN 2018 Conference proceedings. Proceedings of the 39th Annual National Conference of Association for Health Records and Information Management Practitioners of Nigeria; 2018 July 23-27; Dutse, Nigeria.
- 2. Commentary**
 Commentary articles contain free communications on matters of professional development in Nigeria and the World over. Word count: not exceeding 1,500 words (excluding reference and tables).
 No abstract.
 Tables: not exceeding 3.
 Figures: not exceeding 2.
 References: not exceeding 15.
- 3. Review**
 Review articles contain systematic reviews of the literature or concise tutorials on topics of broad interest to the readers. The structured abstract and text for a review should follow the same format as the one required of Research as described above.
 Word count: not exceeding 3,500 words (excluding reference and tables).
 Structured abstract: up to 300 words.
 Tables: not exceeding 5.
 Figures: not exceeding 2.
 References: not below 50 (may be more than 50 references) for systematic review but may be less for other reviews.
- 4. Perspectives**
 Perspectives are the views or opinion of professional leaders on topics of importance to the readers. These may include new policies, emerging procedure in health records practice and regulations.
 Word count: up to 2000 words.
 Abstract: up to 300 words.
 Tables: up to 2.
 Figures: up to 3.
 References: unlimited.
- 5. Case reports**

Case reports describe the experience of an institution or department in implementing electronic health records, health information systems, health informatics methods or any other emerging technologies.

Word count: up to 1500 words.

Abstract: up to 150 words.

Tables: not exceeding 2.

Figures: not exceeding 3.

References: unlimited.

6. **Letter to the Editor**

Letters to the editor may be response to a previous publication in IJHRIM, short communications or other correspondence.

Word count: up to 1000 words.

Tables: not exceeding 1.

Figures: not exceeding 1.

References: not exceeding 5.

7. **Abstract**

Abstracts accepted for presentation at the proceedings of Annual National Conference of AHRIMPN, at workshops hosted by HRORBN and any other relevant fora are published here. Like other sections of the Journal, abstracts are assigned issue number but, are clearly tagged [*Abstract*]. They constitute the last section of the main body of the Journal.

The format:

Word count: up to 300 words.

Keywords: 5

Background: a glimpse into the main study.

Objectives: clear statement on the rationale for the main study.

Design: e.g. cross-sectional, cohort, retrospectives and so on.

Setting: coverage area.

Methods: brief on materials and methods.

Results: findings in brief.

Conclusion

Names of author(s) are written directly on top of the Letter.

Editorial policy/ publication ethics

- I. Submissions to the journal IJHRIM will be considered based on the understanding that such manuscript has not been submitted or not under considerations by any other journal.
- II. Submissions to the journal IJHRIM should be written in clear English Language.
- III. Submissions are to be made electronically and saved in Ms Word format. **PDF is not accepted.**
- IV. Submit your manuscript directly to *ijhrim.nigeria@yahoo.com* & *aitofiseyin@yahoo.com*
- V. When submitting to IJHRIM, authors are expected to attach a cover letter as a separate document. This letter should inform the Editor-in-Chief of any special considerations as regards the submission.
- VI. While submitting, the lead author should ensure that email addresses of all co-authors are listed with their full names and affiliations.
- VII. All acronyms or abbreviations must be written in full and the abbreviations enclosed in round bracket after their first appearance.
- VIII. When study involves human participants, the journal expects authors should have obtained duly signed informed consents from participants in addition to ethics approval. So also, studies that involve patients' health records require ethics approval and patient's informed consent. Where individual informed consent is difficult to obtain, ethics clearance from the institution's review boards suffices.
- IX. When reporting *P*-values, the actual *p* value should be expressed as e.g. $p = .03$ rather than expressing a statement of inequality such as $P < .05$, except when *p*-value is below .001 (then expressed as $P < .001$). *P*-value should be expressed to two digits except when rounding would alter significance, then three digits is acceptable.

- X. The journal acknowledges receipt of submitted manuscripts within the first 72h of receipt and hopes to communicate the first editorial decision on the paper within the first 25 days.

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Table of Content

- [i] Editorial Board
- [iii] Author's Guideline
- [viii] Table of Content

Editorial

- [1] Ibrahim Taiwo Adeleke, Qudrotullaah Bolanle Suleiman-Abdul. Research, communication and education in the New Normal: the pains and gains of COVID-19 in Nigeria. *Int J Health Recs & Info Mgt.* 2020;3(1):1-3.

Review article

- [4] Ibrahim Taiwo Adeleke, Mohammed Aminu Usman, Qudrotullah Bolanle Suleiman-Abdul, Benson Macaulay Oweghoro, Adedeji Olugbenga Adekanye, Kayode Olayiwola Adepoju, Ajiboye Paul Oyebanji, Bright Thank-God Nwielua, Umar Dabban Salihu, Usman Isah. Clinicians' burnout and electronic health records use: implications for health data management. *Int J Health Recs & Info Mgt.* 2020;3(1):4-14.
- [15] Yinusa Abiodun Afolabi, Kayode Olayiwola Adepoju. Intra-professional relationship, unionism, commitment and membership behaviour in professional associations: the stand of health information management professionals in Nigeria. *Int J Health Recs & Info Mgt.* 2020;3(1):15-22.

Research articles

- [23] Said Mohammed Amin, Aliyu Gumel, Nasir Sani Gwarzo, Ima Arit Kashim. Leading causes of hospitalization and mortality at a tertiary health facility in Nigeria: A ten-year (2001 – 2010) trend analysis. *Int J Health Recs & Info Mgt.* 2020;3(1):23-29.
- [30] Tajudeen Temitayo Adebayo, Michael Babatunde Adejo, Segun Micheal Omole, Kayode Olayiwola Adepoju, Rasaq Adetona Adio, Frederick Akinade Akindele. Patient satisfaction with service waiting time at a tertiary hospital in Southwest, Nigeria. *Int J Health Recs & Info Mgt.* 2020;3(1):30-34.
- [35] Is'haq Abiola Salahu. Paucity of health information: an hindrance to utilization of eye care services by adult population of Yewa South Local Government Area, Ogun State, Nigeria. *Int J Health Recs & Info Mgt.* 2020;3(1):35-38.

Perspectives

- [39] Oluwatoyin Olusola Anifowose. Education and training for health information management in Nigeria: a lecturer's experience. *Int J Health Recs & Info Mgt.* 2020;3(1):39-44.

- [45] **Reviewers' List - 2020**
- [46] **Board of Fellows**
- [47] **Professional News & Events**