This issue of the journal focuses our attention on the value of state and territory inpatient morbidity databases. These large data sets can be analysed to provide information which can be used to improve patient care delivery and outcomes, and the management of health services. State and territory inpatient statistics collections contain a wealth of information. Some would assert that this rich data source is under-utilised. Health information management professionals have expert knowledge regarding the collection and classification of this information and should be seen as integral members of research teams aiming to use this data source for their studies. Cantsiliseris, Jackson and Street (2006) show the results of using a multidisciplinary team in a study which analysed a state morbidity data collection to identify adverse events of lung cancer treatments. They found that the morbidity data could be used as a tool for inpatient screening of complications from lung cancer treatments, which could then be used to reduce the adverse affects of radiotherapy and chemotherapy. The Cantsiliseris et al. (2005) study is an excellent example of the usage of data from a state morbidity data collection. Health professionals who have the knowledge of how inpatient episodes of care are coded and entered into these databases should link with clinicians and epidemiologists to explore other opportunities to utilise these sources for patient care studies.

Another key concept which has been raised in this issue is the importance of communication between researchers. A number of studies have shown that health care services are best delivered in a team-based environment (Borrill et al. 2000; Sommers et al. 2000; Gosling, Westbrook & Braithwaite 2003) and this is also the case in research. Research which involves mining large inpatient databases requires coordination, discussion and understanding between clinicians, epidemiologists, and health informaticians to ensure reliability and validity of the findings. Working in multidisciplinary research teams ensures a more comprehensive analysis of all perspectives of a problem. However it is not always easy working across professional boundaries; the article in this issue by Nadathur & Groom (2005) highlights this concern, and concludes that experienced clinical coders should be utilised in morbidity data collection analysis studies.

The accurate identification of inpatients is essential to ensure clinical and administrative information recorded for each patient is unique to that patient. In the electronic health record environment this principle is further emphasised because clinical information will be linked across multiple health environments. The paper by Williams, Robinson and Toth (2005) highlights the importance of comprehensive data quality activities to ensure the accuracy and currency of the patient master index (PMI). In their study a picture is provided of current PMI data quality activities in Victorian public acute care facilities and the need for best-practice guidelines is emphasised. The South Australian model is recommended as a template which could be used in other states and territories to ensure national consistency and uniformity.

The informative report by Alisha Lucas on electronic discharge summaries and the direct entry of outpatient clinic data highlights the complexity of moving towards electronic health records. There is a need to consider clinicians’ work processes and acknowledge that information technology implementation is a change process. In contrast Leanne Holmes gives an interesting report on predominantly manual health information systems in the Federated States of Micronesia and the Christmas and Cocos (Keeling) Islands. Both reports identify challenges in ensuring that
health information is recorded accurately at the point of care (whether manually or electronically) to enable its availability for future patient care and for epidemiological studies. Our professional profiles for this issue allow a glimpse into two interesting and varied positions, stressing the range of employment available for health informaticians/health information managers.

I hope you will find this issue of the journal stimulating and informative. I encourage you to take note of our Editor’s invitation (Robinson 2005) and respond to articles and reports in this issue by writing directly to the Editor and also submitting papers of your own experiences and research in the area of management of health information. The articles underline the importance of team-based approaches to research and health care delivery. The feature article by Cantsiliseris, Jackson and Street (2005) accentuates the value of state and territory electronic health information data bases. ‘Decisions about groups of patients or populations should be based on a combination of three factors: evidence, values, and resources. At present many health care decisions are principally based on values and resources’ (Stefanelli 2002: p. 42). Appropriate analysis of information contained in morbidity databases, both national and international, can assist in providing the evidence to move health professionals and administrators from opinion based decision making to evidence-based decision making.

References

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