The global nature of health information management and systems

Kerin Robinson

The range and depth of articles in this issue of the journal demonstrate beautifully the global nature of health information management and systems. They also reveal the importance, for Health Information Managers (HIMs) and Clinical Coders in all countries, of being attuned to international developments, views and events in the health information management field in order to achieve mutual learning and sharing of ideas and knowledge.

We are delighted to present Professor Klaus Krickeberg’s seminal article on ‘Principles of health information systems in developing countries’ (Krickeberg 2007: 8). Krickeberg’s thorough and comprehensive analysis of the critical features of health information systems is based on his extensive experiences in Vietnam and other countries with healthcare information systems under development or in transition, as well as his work in Europe. He has identified and created a universal set of guiding principles that are inherently logical and well-founded, both technically and managerially. These eleven all-encompassing principles have been developed within a framework that recognises the place and importance of health information and its supporting systems in every sector and at every level of a nation’s healthcare system (i.e. at institutional and individual levels of care; in clinical and preventive practice; public health programs; health information and statistics reporting, including morbidity and mortality data handling and analysis; epidemiology and population health; in broader health management; and in the wider health economy). Underpinning Krickeberg’s set of principles is his recognition of the centrality of well-designed paper-based and electronic health information systems to the health of every nation and its people.

Our other articles on health informatics and information systems include an informative update, from Dr Ian Reinecke, CEO of Australia’s National Electronic Health Transition Authority (NEHTA), on work undertaken thus far on the national e-health reform (Reinecke 2007: 37). These developments are of relevance to every Health Information Manager in Australia.

Craig, Callen, Marks, Saddik and Bramley (2007: 31) from The University of Sydney present an informative review of the state-of-the-art of electronic discharge summaries. Their paper highlights the key issues in the literature surrounding the latest developments in, and communication benefits of, electronic discharge referral systems (eDRS). The authors conclude that barriers to the successful introduction and implementation of the eDRS are likely to relate to factors surrounding information technology infrastructure and access to technology. They identify, in particular, the need for good leadership, a co-ordinated and strategic approach to implementation, and a supportive environment for potential users of eDRSs.

Bramley and Reid need no introduction. They have written previously for this journal of their work in Ireland on clinical coder training (Bramley & Reid 2005: 40-46) and morbidity data quality initiatives (Bramley & Reid 2005: 47-53). On this occasion they describe an innovative evaluation framework, incorporating ‘best practice standards, current practice and professional opinion’ relating to the clinical coding profession in four countries: Australia, Canada, the United States and the United Kingdom (Bramley & Reid 2007: 21).

We welcome back to the journal Dr Judith Mair, who has written health law commentaries for HIMJ in previous years; the editorial team is delighted that Dr Mair has returned as a contributor (Mair 2007: 40). The focus of her item in this issue is the protection of privacy and personal information, and the vehicle for her discussion is the current New South Wales health privacy legislation. The facts of this case exemplify the complexities inherent in dealing with health information. The underlying message in Mair’s
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article, specifically the need for all involved in handling others' health information to act always with great caution, is relevant for Health Information Managers in jurisdictions beyond New South Wales.

There are two excellent conference reports in this issue and we recommend them both as 'must reads'. Josephine Raw reports on the key issues raised at the recent International Federation of Health Records Organizations’ (IFHRO) Congress in Seoul, South Korea (Raw 2007: 44). Raw observes some of the ‘challenges’ in health information management that became apparent during the Congress proceedings and informal discussions among delegates. These are common problems, internationally, and certainly are familiar to readers of this journal: poor quality clinical documentation and its effect on coding; the implementation of scanned medical records; and the need for standards in health information. Finally, Raw issues an invitation to all readers to attend the next IFHRO Congress in Milan, Italy, in 2010!

We asked Elizabeth Moss, Graeme Shields and Leanne Holmes, well-known Health Information Managers/Informaticians, to write for our readers a report on the recent 12th World Congress on Health (Medical) Informatics (MedInfo 2007) (Moss, Shields & Holmes 2007: 46). Collectively, they have produced an excellent piece on the many topics and developments reported at the Congress that are of direct relevance to Health Information Managers.

Finally, we feature three Professional Profiles that reflect the marvellous career opportunities for HIM graduates, world-wide. Tammy Corica, from Perth, Western Australia works in international randomised control trials in radiation oncology and is also a member of the International Steering Committee for a large, multi-country trial (Corica 2007: 31). Tavia Rudd, originally from Melbourne, has worked as a Health Information Manager in mental health information management, clinical governance and quality management, clinical coding, and privacy management in Australia, the United Kingdom, Canada and the United States; she currently works at the University of California San Francisco Medical Center (Rudd 2007: 58). Alison Bidie works at the Canadian Institute for Health Information (Bidie 2007: 54). Originally from Melbourne, Alison has worked in Australia, Singapore and Canada as a Health Information Manager, Clinical Coder and, now, as a health classification implementation specialist and educator in ICD-10-CA (Canada) and the Canadian Classification of Health Interventions (CCHI).

This issue of the journal, therefore, has an exciting array of articles and something of interest to everyone in the various areas of health information management.

New Managing Editor

HIMJ recently farewelled our Managing Editor, Dr Lindsay Paul who, during her four years with the journal, has done a truly magnificent job. We welcome Liz Morrison as our new Managing Editor. Liz started with the journal in August 2007 and comes with a wealth of experience as Managing Editor for other professional journals.

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Looking forward to the next issue

In the next issue of the journal (first edition 2008) we will feature the work of the winners of the inaugural HIMAA (Victorian Branch) Achievement Awards. There will be an excellent article on the information environment of medical handovers, and a feature on system implementation at the Royal Hobart Hospital. Readers are invited to contact the editors if they wish to contribute an article reporting their work or research in any of the sub-disciplines of Health Information Management.

Contributions for the next issue can be sent to himj@himaa.org.au.
References


