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Special Issue Editorial

The Changing Face of Health Informatics and Health Information Management

This special issue of the *Health Informatics Journal* arises from the 13th International Symposium for Health Information Management Research (ISHIMR 2008) hosted by Massey University, in Auckland, New Zealand in collaboration with the University of Sheffield, 16-18 October 2008. The ISHIMR conference is organised annually by the Centre for Health Information Management Research (CHIMR) at the University of Sheffield and this was the first time that the conference has been held in the southern hemisphere.

The theme for ISHIMR 2008 was “The Changing Face of Health Informatics and Health Information Management” and was developed to encourage researchers and practitioners working with ICTs in the health sector to consider the overlap between health informatics and health information management [1]. An important feature of the ISHIMR conferences is opportunity for all delegates to participate in discussion of issues of interest in the conference sessions, as well as in the intervals and social sessions. This special issue contains eight of the best papers from the conference, as determined by the ISHIMR Programme Committee.

The papers were selected for their high quality and present an interesting cross-section of articles not only on developments within health informatics and health information management, but also on how these can contribute to change in the health care sector. The selected papers are from a range of countries, and also document research collaborations across countries. Two themes emerge from these papers: the importance user-centred design in developing information systems and the need to consider the views and rights of users when developing strategies for the implementation of ICTs in health.

The first paper, by Rabiei et al. [2], describes a qualitative study evaluating the impact of the Choose and Book system that has been developed under the National Programme for IT (NPFIT) in the UK. The Choose and Book system is an example of how ICTs can facilitate patients' access to health care services, improve patient choice and, hopefully, improve patient health and well-being. The paper identifies the need to ensure new information systems have benefits for clinical staff and do not increase their workload and emphasises the importance of taking into account the views of health care professionals in developing new systems. The second paper [3], by Viitanen, was awarded the ISHIMR 2009 Best Student Paper award and describes another qualitative study examining clinicians' perspectives, this time on the use of typing, cassette dictation, digital dictation and voice recognition dictation for clinical documentation in a hospital in Finland. The paper identifies specific user requirements for dictation, provides an evaluation of the dictation procedures in use and emphasises the need to use user-centred methodologies in developing information systems in health care.

Two papers [4,5] compare the use of paper-based and electronic-based health records by staff in two quite different hospital settings. Raptis et al.'s paper [4] reports a quantitative study to compare the quality of information transfer in paper-based and electronic-based medical handover in an acute care tertiary hospital. The study showed that using electronic records can ensure that complete patient information is transferred during hand-over and that information is instantly accessible via computers connected to the hospital intranet. Raptis was awarded the Best Paper award for ISHIMR 2009 for his work. Ayatollahi et al.'s paper [5] describes a study to compare the perspectives of health care professionals and administration staff in the Emergency Department (ED) of a UK hospital on the use of paper-based and electronic medical records. This qualitative study identified a number of factors that can encourage or discourage the use of both paper-based and electronic records in the ED and concludes with the important message that the characteristics of the healthcare professional's work and the nature of the department's workload need to be taken into consideration when designing information systems (for the ED).

Hunter et al.'s paper [6] reports preliminary results from an ongoing study of the attitudes of the general public in New Zealand towards access to confidential information on their electronic health records. This quantitative national survey used computer-automated telephone interviewing (CATI) to obtain people's views on this important issue. The results showed that most were willing to share

their own health information for providing care, but that anonymising health information increased the acceptability of sharing information for other purposes. The continuing analyses and data gathering will be used to develop an e-consent model to meet the needs of people in New Zealand and thus realise the potential benefits of electronically sharing personal health information. The importance of access to personal health information is explored further in Cockcroft et al.'s paper [7], which reports a quantitative study examining legislation on informed consent and right to access health information across 19 countries. The paper highlights the importance of legislation for patient consent at a national level in balancing the potential benefits of sharing personal health information from electronic records and the risks of sensitive data being accessed, transferred or exchanged inappropriately.

Norris et al.'s paper [8] proposes a strategic framework for the development of mobile health (m-health) based on an analysis of the literature and interviews with key informants. It identifies a number of clinical (and non-clinical) applications of m-health for the prevention, monitoring and treatment of disease as well as for providing support for patients and carers. It identifies drivers, as well as barriers, for m-health, and highlights the important role that m-health could, and most likely will, play in health care. The conclusion that a top-down strategic approach will support bottom-up initiatives by health care practitioners emphasises the role that both public and private sector organisations may have in maximising the potential benefits. The final paper [9], by Mettler and Vimarlund, discusses the potential role of business intelligence in the organisation, management and delivery of health services. Their framework for business intelligence in health care recommends specific issues that need to be considered for the successful use of business intelligence across health care organisations.

I would like to thank Rob Procter, and the Health Informatics Journal editorial team for their continued support in publishing the best ISHIMR conference papers in the Health Informatics Journal. This ensures a wider audience for the dissemination of high-quality work as well as giving authors the incentive and opportunity of having their paper published in the journal.

Peter A. Bath

Director, Centre for Health Information Management Research (CHIMR)
University of Sheffield

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