Health Information Systems
Development in Regional Context

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Board Members as 'Consumers' of Health Informatics

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Members of Regional Health Authorities in Queensland, members of hospital boards of governors and individuals who serve on boards of management of various private sector and non-government, voluntary health agencies all have significant responsibilities for the management of their organisations.

These 'board' responsibilities differ from the management responsibilities of CEOs and other senior executives, but those involved do require access to some management information if they are to adequately discharge their responsibilities. The role of such 'boards' or 'authorities' is similar to that of a board of trustees or directors in industry but the actual information required to assess the state of the operations has some significant differences.

This paper will outline some of the information needs of board members and discuss how these needs may be addressed as part of a total management and health information system.

Board Members as 'Consumers' of Health Informatics

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Although I am a health professional and administrator, this presentation is based on my current experience as an appointed member of the Central Region Health Authority (Queensland Health) and draws on my previous experience as a member of a hospital board for a 500-bed hospital and member of a board of directors for a rehabilitation agency. I have also been one of 3 professional staff in a small health agency with a board and have seen several staff-board interactions in education agencies.

While most people have the experience of being office-bearers in community or professional organisations at some point, such organisations are usually relatively small, have no paid staff and have a limited amount of information to be acquired or understood.

The problems begin when organisations are larger, have a professional staff and where there is potentially a large amount of information to be assimilated and understood by "lay" (that is non-professional in whatever the field) board members.

Board members are surrogate members of the community and have some particular, perhaps rather daunting responsibilities.

The Health Services Act 1991, No. 24 says, in part

3.18 Functions of Authorities. (1) It is the function of an Authority to promote the health and well-being of the people within the region concerned and in particular to oversee--
(a) implementation of the Queensland Health Corporate Plan in the region;
(b) development and implementation of a regional strategic plan for health services in the region in consultation with the chief executive;
(c) funding of public sector health services in the region;
(d) provision, management and delivery of public sector health services in the region and ensure services are administered within the resources allocated;
(e) assessment of health needs in the region.

2. It is also the function of an Authority to--
(a) ensure that health services in the region are of a high quality, delivered equitably and under regular evaluation and review;
(b) consult and co-operate with individuals and organisations (including voluntary or private health services, public authorities and local authorities) concerned with the promotion, protection, and restoration of

health;
(c) ensure residents outside the region have access to such of the health services it provides as may be necessary and desireable;
(d) make available to the public, reports, information and advice concerning health and health services available within the region;
(e) provide for the training and education of persons providing health services;
(f) perform any other functions prescribed for the Authority by this Act or any other Act
(g) perform such other functions as may be necessary or incidental to the foregoing functions.

To take the example of the Central Region Authority (which seems typical of similar organisations) the appointed members of the Authority have backgrounds as:
- a businessman
- a businessman and elected leader in an Aboriginal community
- a community development worker who has been active politically
- a social worker with extensive experience in the area
- an administrator of a private sector health facility
- an accountant
- and myself with a nursing and education administration background.

Three of us are female, 5 male; we live in 4 different communities in the Region with more than 200 km separating some members.

The Central Health Region covers 100,162 square kilometres and had a population of 172,011 (1991 estimate) with 4,538 Aboriginal and Torres Strait Islander people.

The collection of institutions and services in the Central Authority include:

12 hospitals (total 594 beds and 1,304 staff)
3 nursing homes (329 beds)
12 out patient departments (single nurse facilities)
1 intellectually handicap unit
4 child health services
6 community medicine services
2 Aboriginal health services
1 alcohol and drug service
1 environment and occupational health service
and is in the process of expanding community and school dental health services and psychiatric/mental health services.

I have said that Board members differ from the health professionals and administrators. Let us look at some of these differences and see how they affect information needs.

Board members	Health Professionals / Managers
very part-time	full-time
little special health knowledge	specialist preparation
limited term of service	career positions
may represent special interests	different professional specialities
roots in the community	may be outsiders
own knowledge is incident-based	knowledge based on cases & cumulative statistics
statistics available in reports	statistics in reports & background knowledge to interpret reports
need financial information	may need financial information
questions of confidentiality	processes for confidentiality established
need evaluative information	may need evaluative / QA information
need to know what we need to know	know what they need to know

If "knowledge is power", then controlling the flow of information to members of boards is one way for the professional staff to maintain control. There is almost inevitably a tension (one hopes that it is a creative tension) between senior management and members of Boards in both public and private sectors.

Having sometimes been on the other side of the equation, I am also aware that health and management professionals may perceive the Board to be lacking in understanding and appreciation of their efforts, while Board members sometimes feel that they are being kept in the cark and do not know what questions they should be asking.

Discussion often focuses on financial reports since these are usually available and understood by Board members, but issues related to programming planning and evaluation are often overlooked or avoided since information is not available in readily understood form. Perusing such information may be seen as interfering at a management or program level, rather than a need for information.

The challenge is to develop an information system which will:

- address the needs of Board members
- be compatible with information systems developed for professional staff
- be compatible with information required for state and national requirements.