

Editorial: Lynn Zelmer

Best wishes for a happy and productive New Year from the Executive, Editors and members of HISA, the Health Informatics Society of Australia.

1997 may be a memory by the time you read this editorial but, if you are like me, the memories will be both sweet and sour.

This was, for example, the year when Informatics in Health Care Australia finally achieved a formally refereed section, albeit on a trial basis. My thanks to referees Professor Amy Zelmer of Central Queensland University and the Anti-Discrimination Commission Queensland and Dr Rohan Jayasuriya of University of Wollongong.

This special issue contains three Case Studies of Australian Practice in Health Informatics, two of which are refereed, plus one on a Canadian implementation which should be paralleled in every Australian healthcare institution.

The Australian cases cover a number of areas of importance to Australian practice. Lindner and Le Bas describe a clinical patient management system in mental health and Burstein, Linger and Zaslavsky describe the development of a data management framework to assist epidemiological research. Your comments on the two refereed articles, and indeed any aspect of this magazine, would be appreciated.

Jayasuriya and Chapman present the results of a NSW survey of computer experience which was carried out to prepare for the training of Community Health staff. An earlier version of this paper was originally presented at the 6th Annual Conference of HIANSW and is indicative of the strength of our regional health informatics groups. Yoe's paper is a personal account of her experiences implementing computer security guidelines based on the COACH Guidelines.

On a more sour note, I have difficulty imagining how our new government and institutional "managers" believe that we will be more productive when they embroil us in seemingly endless changes which alienate both staff and clients. While I am perhaps more aware of the effects on the university sector because of my day-to-day work, I cannot avoid being aware of the parallel effects on the health sector in Australia and overseas. It seems like too many of our "leaders" have forgotten that communications and consultation must be two-way to be effective.

The passing of another year also brings us closer to the end of the decade, the century and the millennium, with all that this implies. Those of us involved in health informatics must avoid becoming caught up in the hysteria of the "doomsayers", instead we must also accept our particular responsibilities to our clients, institutions and profession as our computer-based systems cope with the Millennium Bug and related challenges.

I've checked that my own computers won't fall over when the year 2000 rolls around, but I have done almost nothing to convert my personal databases from their use of a two digit year. Given that one of these databases is a family genealogy, and I have a Great Aunt who is approaching 110, I've had problem for some time but it has never seemed important enough to correct.

We can delay changing our personal systems as long as they don't have to "talk" with the rest of the world. It may already be too late, however, if we haven't identified potential risks and begun converting critical hardware and software applications. Elevators which cannot decide what day of the week it is in order to adjust for peak loads will be a minor inconvenience compared to a failure of a major telecommunications or banking system or, more likely, an individual hospital's pathology system dependant upon getting its data from a computerised test device.

It is obvious then that the New Year will recycle some current challenges as we discover the new ways in which our technologies (and our lives) can do the unexpected. My New Year's Wish, however, is that the year brings more happiness than sadness, and that we all achieve more successes than failures.

Lynn Zelmer