

Editorial - Making information comprehensible

Four scientific papers from the recent Health Informatics New Zealand (HINZ) conference appear in this month's journal. Sometimes the need for "administrative" data is rather deprecated by informaticians, but the paper by Minko et al, provides some fascinating and valuable insights into what is actually happening in the secondary care sector, and how disease is related to deprivation. Undoubtedly interpretation of this data will be contentious and continuing.

Ross Mckenna brings a vast amount of data to bear to describe the perceived requirements for successful information sharing and use in the New Zealand Health sector. Again, this data may well be reinterpreted and refined, but the need to discover what is happening in the sector and reporting it remains paramount. This is a core task of the journal and we are very happy to have these papers published here.

Perhaps more esoteric papers follow – although the problems they address are real and continuing. The paper by Adnan et al addresses an issue as old as medical writing – how can the reader of a document be assisted in understanding what the words used actually mean? The setting – adding explanation of particular words or phrases to discharge summaries - is a particularly valuable area of work to help with the sharing and use of meaningful clinical information through the patient journey. This links both to the use of codes for discharge in Minko's paper, and the concept of multiple uses of information, for understanding particular clinical events as well as the overall pattern of events.

Finally Yulong Gu's paper deals with the way information is used to support a complex service – genetic testing. Before we can improve healthcare delivery by the use of IT, it seems wise to attempt to understand what currently happens and why. Patients who deal with multiple providers often feel that they are constantly repeating the same information, or worry that they will fall between the cracks. By representing the various processes as a series of workflow diagrams, Gu's study allows readers to consider exactly how IT can be best deployed. It's heartening to see that the author is the beneficiary of a HINZ education grant, and hopefully this is not the last paper that we will see from her.

There does seem to be a theme emerging. Information is needed to inform policy, but that information needs to be collected and shared effectively. The information is useless if it is not understood. Ultimately information supports care, and understanding how care is delivered is essential to effective development and use of information systems. Elsewhere on the website the new journal awards are announced and described. This is an exciting development for HCIRO, HINZ and hopefully the whole health informatics community in New Zealand. We look forward to more papers covering all aspects of health informatics in New Zealand, from the most practical case report to the most academic theoretical study.