ISMS STANDARDS UPDATE

November 2011

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NHS CONNECTING FOR HEALTH

Getting Connected – IT in the NHS
A CFH Evaluation Programme event was held on Thursday 10 November at the University of Birmingham. The event aimed to bring the health services research community together to:

- Disseminate research and implementation activities being conducted by CFH.
- Tackle the challenges and barriers of implementing knowledge into practice.
- Facilitate engagement across stakeholders and the applied health services research community.

The following presentations are available on the University’s website.

- Healthcare INTERACTIONs and the impact of IT – Hilary Pinnock, University of Edinburgh.
- Investigating the impact of eHealth on the quality and safety of health care – Aziz Sheikh, University of Edinburgh.
- Learning the lessons and shaping the future of health and social care information – Kathy Mason, DH.
- Findings from an independent evaluation of England’s national implementation of electronic health records in hospitals – Kathrin Cresswell, University of Edinburgh.
- The trade-off between coding and structuring of the clinical record - Dipak Kalra, UCL.

NHS IT

NHS IT Survey
An NHS IT survey was circulated to NHS organisations between Sep and Nov 2011. The survey was designed to collect high level data about systems and suppliers used within the NHS. The raw data has subsequently been published on data.gov.uk. (DH, 14 Nov 11)

- Access to data

NHS DATA

NHS IC Indicator Portal
The NHS Information Centre has launched an "Indicator Portal" to provide access to a growing number of indicator collections in a format that is "easy-to-use, convenient and comprehensive". The following collections are currently available: Compendium of Population Health Indicators; Local Basket of Inequalities Indicators (LBOI); Summary Hospital-level Mortality Indicator (SHMI). More will be added in due course. (IC, Nov 11)

- News release
- Indicator Portal

NHS Information Centre leads on ground-breaking data linkage service for healthcare
The NHS Information Centre is to build a service to securely link non-identifiable patient data from primary care with secondary care data. It is expected to be up-and-running from Sep 12. One benefit is that for the first time researchers will be able to examine a joined-up journey of patient care from primary and secondary care; providing "unequalled" levels of information that will drive improvements in treatment and outcomes.
The NHS IC will work closely on this service with the Medicines and Healthcare products Regulatory Agency (MHRA), who will be developing a separate but complementary new secure data service – the Clinical Practice Research Data link (CPRD) – to service the specialised needs of the research and life sciences community. *(IC, 29 Nov 11)*

- **News release**

**Summary Hospital-level Mortality Indicator**

The East Midlands and East Quality Observatories have published a plain English guide to the new Summary Hospital-level Mortality Indicator (SMHI). *(NHS Midlands and East QO, Oct 11)*

- **Download document (PDF, 4 pages, 283Kb)**

**CLINICAL AUDIT**

**HQIP announces four-point quality improvement strategy**

As part of its ongoing remit to support, improve and reinvigorate clinical audit, the Healthcare Quality Improvement Partnership (HQIP) has announced a four-point plan:

- Improving the national clinical audit programme.
- Creating a consultancy resource for clinical audit and registries.
- Information addressing the relationship of audit and register data to information, outcomes and transparency.
- New funding for multi-site audit and registry development.

For example, HQIP is inviting consultants to supply their details for inclusion in a proposed new marketplace of specialist consultants who can advise in relation to national or local clinical audit and registers. In addition, the DH has provided some funding to enable HQIP to invite further rounds of multisite clinical audits and registry development funding. HQIP will invite ideas for topic areas at the same time as inviting bids. *(HQIP, 02 Nov 11)*

- **Press release**

**NHS TECHNOLOGY**

**Pennine Acute to roll-out iSOFTs new e-whiteboards to 97 wards**

The Pennine Acute Hospitals NHS Trust is to roll-out iSOFT-developed electronic whiteboards to 97 wards across its five hospitals before the end of March 2012, following a pilot on eight wards that is already starting to show improvements in efficiency and patient safety. Replacing conventional handwritten whiteboards, VisiWard is interfaced to the trust’s patient administration system giving clinical staff visibility of patients and bed status in real time. Information displayed on the e-whiteboards currently includes the patient’s name, age, room, bed, consultant’s name, admission date, and expected discharge date. *(HealthTech Wire, 30 Nov 11)*

- **Full text**

**Unique tool launched which will enable patients to gain access to innovative technologies**

The NHS Technology Adoption Centre, NTAC, has launched a new online tool which has been designed to enable proven medical technology to be more efficiently adopted into the NHS. The Generic Adoption
Process (GAP) is aimed at both the NHS and private sector suppliers and consolidates NTAC’s extensive and unique learning from a range of successful Technology Implementation Projects. *(NTAC, 08 Nov 11)*

**PUBLIC ADMINISTRATION**

**New First Parliamentary Counsel**

Sir Gus O’Donnell has announced the appointment of Richard Heaton as the new First Parliamentary Counsel and Permanent Secretary at the Office of the Parliamentary Counsel. Previously the Director General for Pensions and Transformation at DWP and the senior lawyer at both DWP and MoJ, Richard will take up post in February 2012. *(Cabinet Office, 29 Nov 11)*

**INFORMATION POLICY**

**Open Data Institute to help drive innovation and growth**

As set out in the Autumn Statement, the government is to commit up to £10 million over five years to support the development of an Open Data Institute (ODI), which will be co-directed by Professor Tim Berners-Lee and Professor Nigel Shadbolt. The implementation plan for the Institute will be published by the Technology Strategy Board by April 2012. *(TSB, 29 Nov 11)*

**Further detail on Open Data measures in the Autumn Statement**

This document presents further detail on the measures on Open Data published in the Autumn Statement. In relation to health, it notes that all patients in the NHS will have online access – where they wish it – to their personal GP records by the end of this Parliament. GP practices that can already provide online access are encouraged to do so as soon as possible. NHS Choices will publish an interactive map at the earliest opportunity, subject to the successful passage of provisions in the Health and Social Care Bill relating to the powers of the Information Centre to require the supply of the necessary data. The Information Strategy for health and social care in England, to be published by April 2012, will publish details of the timetable. *(Cabinet Office, 29 Nov 11)*

**Protecting and promoting the UK in a digital world**

The Government has published a *Cyber Security Strategy*, setting out how the UK will support economic prosperity, protect national security and safeguard the public’s way of life by building a more trusted and resilient digital environment. The vision is for the UK in 2015 to derive huge economic and social value from a vibrant, resilient and secure cyberspace, where actions - guided by core values of liberty, fairness, transparency and the rule of law - enhance prosperity, national security and a strong society. *(Cabinet Office, 25 Nov 11)*

**ICO asks public to Tell Me More about what information should be proactively released**

The Information Commissioner’s Office (ICO) has launched a consumer campaign aimed at getting the public to offer their views about what information public authorities should proactively release. The *Tell Me
More campaign will run alongside the ICO’s existing consultation on the content of publication schemes - the documents that set out what information a public authority will make available about how they work. (ICO, 25 Nov 11)

- Press release

The midata vision of consumer empowerment
The Department for Business, Innovation & Skills (BIS) is working with leading businesses and consumer groups to give individuals more access to, and control over, the data that companies hold on them. The midata project - part of the Consumer Empowerment Strategy - will allow people to view, access and use their personal and transaction data in a way that is portable and safe. This will help consumers get a greater insight into their own spending habits and improve their buying decisions. It will also let everyone take advantage of the growing number of applications that can process this type of data, helping individuals manage their finances or choose products to suit their lifestyle. (BIS, 03 Nov 11)

- Press release

INFORMATION TECHNOLOGY

Intellect aims to broaden government's IT outlook
The government has been open about its shortcomings in IT skills, as identified in the publication of both the National Audit Office Snapshot of the Government IT Profession and the Government ICT Capability Strategy. The IT industry trade association, Intellect, believes this often involves an incomplete understanding of what technology can do for public services and so has developed its own initiative, Better access to the tech market and better skills for government, as an effort to help government improve its understanding. (Guardian Professional, 21 Nov 11)

- Full text

NHS FUTURE FORUM

Interim statement
The Chair of the NHS Future Forum, Professor Steve Field, has written to the Secretary of State with the Forum’s interim recommendations. Specifically in relation to Information, the document notes:

... Good information, well used, is a vital component of improving health, well being and quality of care ... Information for patients, service-users and carers is an integral part of care. Alongside suitable support, this will empower patients, allowing them to take more control of their health and to improve self-care. The default position should be that information about the performance of health and social care services is put in the public domain transparently and in a useable and understandable form ...

... The collection and use of data to enable those designing and running services to understand how well they are doing, tackle underperformance, and drive improvements in quality is also essential. Data collection should be embraced as being integral to care, rather than a bureaucratic burden. Patients must have better on-line access to services and to their health and care records, including making use of the Summary Care Record ... data about a patient or service user should – with their consent and with the right safeguards – be shared between all the organisations involved in caring for that person. The NHS number must be used to facilitate this. (NHS Future Forum, 17 Nov 11)

- Download document (PDF, 6 pages, 189Kb)
How can information be better used within the NHS? HQIP Submission to the NHS Future Forum
The Healthcare Quality Improvement Partnership (HQIP) has submitted a position paper on the use of NHS information to the NHS Future Forum to explain the relationship of audit and register data to information, outcomes and transparency. (HQIP, 20 Oct 11, made public 02 Nov 11)

- Download document (PDF, 9 pages, 173 Kb)

NHS COMMISSIONING BOARD

Commissioning Outcomes Framework – Engagement Document
The NHS Commissioning Board is engaging with key stakeholders to develop proposals for the Commissioning Outcomes Framework (COF). The document notes that the new Calculating Quality Reporting Service (CQRS), which is currently being procured and expected to go live in April 2013, will analyse and report on achievement against the COF. (NHS CB, 29 Nov 11)

- Download document (PDF, 13 pages, 254Kb)

Ed Smith confirmed as Audit Committee Chair
Ed Smith has been confirmed as a Non Executive Director of the NHS Commissioning Board Authority with responsibility for Chairing the Audit Committee. Mr Smith has a very strong senior non-executive background with extensive senior level finance experience. As Chair of the Student Loans Company, Chair and Pro-Chancellor of the University of Birmingham, Deputy Chair of the Higher Education Funding Council for England and non executive member of the Department for Transport Board he has operated successfully in national public sector bodies. He was formerly Global Assurance Chief Operating Officer and Strategy Chairman of PriceWaterhouseCoopers. Amongst his many public roles, he is Chairman of World Wildlife Fund (WWF) UK and a member of its International Board & Audit Committee. (DH, 09 Nov 11)

- Press release

CLINICAL COMMISSIONING GROUPS

BMA opposes privatisation of commissioning support
The British Medical Association has called for plans to ‘privatise’ NHS commissioning support to be withdrawn. It argues that latest government guidance about implementation of NHS reforms in England threatens to undermine the ability of clinical commissioning groups to make decisions for their patients. (BMA, 25 Nov 11)

- BMA News

HEALTH RESEARCH AUTHORITY

Creation of the Health Research Authority
The Health Research Authority (HRA) has been launched as a Special Health Authority (SpHA), completing one of the key commitments made by the Government in the Plan for Growth, published in March 2011, towards rationalising and improving health research regulation. The HRA’s central purpose is to protect and promote the interests of patients and the public in health research. The HRA will co-operate with others to combine and streamline the current approval system and promote consistent, proportionate standards for compliance and inspection. In doing so, it will reduce the regulatory burden on research-active businesses, universities and the NHS.
In its initial form as a SpHA, the HRA has the National Research Ethics Service (NRES) as its core and has taken on the functions which have been the responsibility of the National Patient Safety Agency. In due course, it will perform the Secretary of State’s function of approving the processing of patient information for medical research. *(DH, 01 Dec 11)*

- **DH > Policy Update**

**NHS**

**Operating Framework for the NHS in England 2012/13**
The new NHS operating framework setting out the business and planning arrangements for the NHS in England for the next year has been published. Sections 3.26-3.30 cover the Information Strategy. *(DH, 24 Nov 11)*

- **Download document (PDF, 52 pages, 792Kb)**

**Briefing for the House of Commons Health Committee: Delivering efficiency savings in the NHS**
This memorandum has been prepared by the National Audit Office for the Health Committee to support its review of public expenditure. It sets out how the NHS, supported by the Department of Health, plans to deliver efficiency savings of up to £20 billion by 2014-15. The memorandum does not evaluate the progress against the planned efficiency savings as it is too soon to do so; monitoring of the delivery plans started in April 2011. *(NAO, Sep 11; made public 01 Dec 11)*

- **Download document (PDF, 41 pages, 420Kb)**

**CARE QUALITY COMMISSION**

**The Care Quality Commission: Regulating the quality and safety of health and adult social care**
This report from the National Audit Office finds that the Care Quality Commission has had a difficult task in establishing itself and has not so far achieved value for money in regulating the quality and safety of health and adult social care in England. *(NAO, 02 Dec 11)*

- **Press release**

**MONITOR**

**Monitor begins engagement on proposed new provider licence**
A Monitor consultation document - *Developing the new NHS provider licence* - is intended to contribute to the debate and understanding of the proposals relating to Monitor in the Health and Social Care Bill. If the Bill becomes law Monitor is likely to need to license providers relatively quickly – by October 2012 for NHS foundation trusts and April 2013 for all other health sector providers. It is therefore starting to think about the shape and content of the proposed licensing regime. *(Monitor, 15 Nov 11)*

- **Press release**

**NICE**

**NICE’s social value judgements about equity in health and health care**
This paper published by the Centre for Health Economics (CHE) at York University aims to describe the social value judgements about equity in health and health care that NICE has hitherto used to guide its
decision making. To do this, the authors review both the general social value judgements reported in NICE guidance on methodology and the case-specific social value judgements reported in NICE guidance about particular health care technologies and public health interventions. It notes that to date, however, NICE’s social value judgements relating to equity in the distribution of health and health care have been less specific and systematic than those relating to cost-effectiveness (CHE, Nov 11)

- Document available on request

PUBLIC HEALTH

New Institute to help narrow the health gap
A new University College London Institute that aims to reduce health inequalities through action on the social determinants has been launched by Andrew Lansley and Professor Sir Michael Marmot. The UCL Institute for Health Equity will receive £1 million funding from the Department of Health over the next three years but will also be supported by UCL, the BMA and independently commissioned projects.

The Institute will collect the latest evidence, provide expert advice and share best practice both locally and internationally. It has already started to help a number of local organisations take action on the social determinants of health to reduce health inequalities, and will provide guidance and support to them during the transition to Public Health England. (DH, 21 Nov 11)

- Press release

INFECTION CONTROL

NICE publishes quality improvement guide on preventing and controlling healthcare associated infections
NICE has published a quality improvement guide on the prevention and control of healthcare associated infections (HCAIs) in secondary care settings. Produced in partnership with the Health Protection Agency as part of a pilot project, the guide identifies the organisational characteristics, arrangements and practices that describe excellence in care and practice to prevent and control HCAIs.

The guide consists of 11 quality improvement statements. Evidence of achievement markers accompanying each statement allows trust boards to assess their compliance or progress towards each statement. In addition, the guide provides practical examples of the types of management and structural processes that need to be in place in order to reduce harm from infection. (NICE, 09 Nov 11)

- Press release

SOCIAL CARE

The Adult Social Care Outcomes Framework: Handbook of definitions
The Adult Social Care Outcomes Framework (ASCOF) sets out the outcomes which matter most to users of social care in England and enables benchmarking between local authorities. This data definitions handbook sets out the technical detail of each measure in the Framework, with worked examples, to minimise confusion and inconsistency in reporting and interpretation. (DH, 23 Nov 11)

- Download document (PDF, 57 pages, 941Kb)
HOSPITALS

The hospital guide 2011
The tenth edition of the Dr Foster Hospital Guide explores a range of issues including 24/7 care across the NHS, weekend working, best practice in stroke care and orthopaedics, and patient safety. In addition, it examines four indicators of mortality including deaths whilst in hospital care (HSMR) and deaths following hospital treatment (the new SHMI). (Dr Foster Intelligence, 28 Nov 11)

- Press release

NHS waiting list rise prompts government U-turn
The government has been forced into a U-turn on the NHS by introducing a new waiting time target in order to tackle the growing number of patients not undergoing surgery within the promised 18 weeks. The health secretary, Andrew Lansley, had previously criticised waiting times introduced by Labour as "arbitrary Whitehall targets". The move has been prompted by the disclosure that around 242,000 patients do not get treated within the 18 weeks guaranteed in the NHS constitution. (Guardian, 17 Nov 11)

- Full text

END OF LIFE CARE

Patients receive high-quality care at the end of life
An audit of the provision and delivery of care for patients in the last hours or days of life has shown that hospitals are reaching high standards of care in a wide variety of areas. The National Care Of The Dying Audit – Hospitals (NCDAH) included clinical data from over 7,000 patients whose care was supported by the Liverpool Care Pathway for the Dying Patient, and organisational data on provision of care for patients in the last hours or days of life was submitted from 131 NHS trusts in England. Overall, care was of high quality, but concerns remain about education, training and support for healthcare professionals caring for dying patients, and the limited availability of support services from the specialist palliative care teams. (Royal College of Physicians, 01 Dec 11)

- Press release

NICE publishes new end of life care quality standard
A quality standard for end of life care for adults has been issued by NICE. It includes 16 statements for the care of adults (18 years and older) with advanced, progressive, or incurable conditions who are approaching the end of their life and are expected to die within the next 12 months. The end of life definition also includes adults with existing conditions who are at risk of dying from a sudden, acute crisis in their condition, or those with life-threatening acute conditions caused by sudden catastrophic events.

- Press release

Pilots to inform decisions on the creation of new palliative care funding system
The Department of Health is seeking to set up a number of pilot sites to gather the information needed to inform decisions on the creation of a new funding system for palliative care, for adults and children, and to consider the proposals of the independent Palliative Care Funding Review Report. The deadline for submissions of interest is 31 January 2012; successful pilots will be notified in March 2012 and the pilot programme will begin in April 2012. (DH, 28 Nov 11)

- DH > Policy Update
INTEGRATED CARE

Joining up health and social care: improving value for money across the interface
This report from the Audit Commission states that while integrated working across health and social care offers opportunities for efficiencies and improvements to services, the NHS and councils have made patchy progress towards joint working. The report offers both guidance to local partnerships and suggestions for interventions that might help, illustrated by case studies.

The second half of the report looks at what partnerships can do to make best use of nationally published data. It notes the importance of NHS and social care partners pooling data on local performance and outcomes. The development of national outcome frameworks for the NHS, social care and public health will, in time, make new data sets available. (Audit Commission, 01 Dec 11)

- Access to full report and benchmarking tool

Towards integrated care in Trafford
Trafford is well known for being the site of the first NHS hospital. However, partly in response to a financial situation that has made it impossible to sustain health services along previous lines, clinicians and managers in the borough have since 2008 been working to develop an integrated care system where a wider range of community-based and specialist services are provided. This research report from the Nuffield Trust examines the Trafford experience, with an emphasis on the process of change required to achieve integration, describing the main phases of work, and the successes and challenges associated with each.

The report outlines the information and reporting processes that have been put in place. It notes that the effective use of data systems, intelligence and information sharing is essential to deliver integration. (Nuffield Trust, 10 Nov 11)

- Nuffield Trust > Publications

CANCER

National Cancer Peer Review Programme report 2010/11
The National Cancer Peer Review Programme, which is led by the National Cancer Action Team, provides information about the quality of cancer services across the country and supports the development of leadership, self regulation and governance.

This report provides an overview of the findings from the 2010/2011 round of peer review for cancer services in England, which was undertaken between April 2010 and March 2011. It looks at the findings on the quality of cancer services for 1163 tumour multidisciplinary teams, and 241 tumour network groups with the accompanying Network Board measures, along with services for Radiotherapy, Children’s, Cancer Research Networks, Rehabilitation and Complementary Therapy. The report shows that some teams and services continue to achieve very high levels of compliance with the measures but more remains to be done to achieve the goal of providing optimal diagnosis, treatment, care and outcomes for all cancer patients. (DH, 30 Nov 11)

- Download document (PDF, 44 pages, 1.94Mb)
Three quarters of patients with cancer are referred within one month

Published by the RCGP’s Clinical Innovation and Research Centre (CIRC), this report describes the findings of the National Audit of Cancer Diagnosis in Primary Care, undertaken in 2009/2010 as part of the National Awareness and Early Diagnosis Initiative. To date, it is the largest and most comprehensive study of the primary care pathway to cancer diagnosis, covering one in seven practices in England.

The report found that three quarters of patients visiting their GP were referred to a specialist after only one or two consultations and nearly 60 per cent of all patients referred attended secondary care within two weeks. (RCGP, 25 Nov 11)

- Press release

MATERNITY

State of maternity services report 2011

This report from the Royal College of Midwives looks at a number of indicators of the pressures on maternity care and the resources available to cope in each of the home countries. It finds that a significant increase in the number of births and a trend towards older mothers are both increasing the pressures on maternity care. In England and, in the last few years, Wales this has led to a substantial deficit in the workforce needed to provide a safe level of care to women and their babies. (RCM, 23 Nov 11)

- Press release

MEDICINES

Prescribing and dispensing information systems modernisation

The NHS Business Services Authority has announced a project to deliver a modernised NHS Prescribing and Dispensing Information Service that will facilitate the identification and uptake of best practice, increasing quality outcomes for patients and generating savings within the NHS, specifically on drugs expenditure. (BSA, 23 Nov 11)

- NHS BSA > Project News

MENTAL HEALTH

National audit of psychological therapies for anxiety and depression: National report 2011

A report into the care received by patients with anxiety and depression across more than 350 NHS-funded psychological therapy services in England and Wales has revealed good overall standards of care, but substantial variation in quality.

The National Audit of Psychological Therapies (NAPT) - commissioned by the Healthcare Quality Improvement Partnership (HQIP) and carried out by the Royal College of Psychiatrists - collected data from 357 services and over 10,000 people in therapy for anxiety and depression. The audit measured ten standards, including patient satisfaction, effectiveness of therapy, waiting times and number of treatment sessions offered.

The findings indicate that good-quality NHS psychological therapy is helping many people with anxiety and depression achieve better mental health. However, not all services routinely measure how well patients were before and after therapy, so it is not yet possible to draw firm conclusions about how effective all the
services are. The audit report urges all psychological therapy services to routinely collect information about what response people make to the treatment they are given. *(RCPsych, 24 Nov 11)*

- **Press release**

**PATIENTS**

**Patients Association launches damning report into poor care in England's hospitals**

The Patients Association has launched its report *We’ve been listening, have you been learning?* which details sixteen accounts of poor hospital care heard by its Helpline in the last year. The report contains accounts of care received by patients in hospitals across the country, focusing on four key fundamentals of care—communication, access to pain relief, assistance with toileting and help with eating and drinking. *(The Patients Association, 08 Nov 11)*

- **Press release**

**International report confirms the NHS is performing well for patients**

An international study published by the Organisation for Economic Co-operation and Development (OECD) shows that the NHS is performing well for patients in many areas including some aspects of mental health care, vaccinations and preventative care, such as the number of unplanned hospital admissions for people with diabetes. However the report *Health at a Glance* shows that England still lags behind other countries on some patient outcomes for cancer, stroke and respiratory diseases despite spending more on healthcare than the OECD average. It reiterates the increasing pressures on the NHS due to obesity and other lifestyle related diseases and long-term conditions. The government claims that the NHS Outcomes Framework will improve patient results and address issues flagged in the report. *(DH, 24 Nov 11)*

- **Press release**
- **Access to OECD report**

**HEALTH STATUS**

**Using happiness to value health**

This report, published by the Office of Health Economics, provides a guide to the latest developments in happiness research as they apply to the valuation of health. It considers the degree to which happiness data can overcome some of the well-known problems with existing preference-based ways of valuing health. It presents new valuation data that show how the dimensions of health that matter most in happiness regressions are not the same as those that matter most when people are asked about their preferences. In particular, mental health matters more in happiness reports. One implication of using happiness to value health might be that greater priority would be given to mental health than to physical functioning and pain. *(OHE, 09 Nov 11)*

- **Access to document (registration required)**

**Most people rate their well-being at 7 or more out of 10**

Around three quarters of adults in Great Britain rated their own life satisfaction with a score of 7 or more out of 10, according to a research report published by the Office for National Statistics (ONS). Similar proportions also rated the things that they do in life as worthwhile and their happiness over the previous day at 7 or more out of 10. In terms of how anxious people felt, over half those asked rated their levels at below 4 out of 10 with a quarter reporting zero, i.e. ‘not at all’ anxious during the previous day.
The report brings together initial experimental results looking at individuals’ assessment of their own well-being. Four key questions to help assess people’s own individual well-being were placed on ONS household surveys from April 2011 as part of the development to supplement traditional measures of economic progress to better understand and monitor the nation’s well-being. *(ONS, 01 Dec 11)*

**Press release**

**PAYMENT BY RESULTS**

**Payment by Results quality and outcomes indicators**

This report has been produced by the Quality and Outcomes Sub Group of the Product Review Group (PRG) for the Mental Health Payment by Results (MH PbR) project. It describes the progress made to date in responding to the request from the National Project Board for MH PbR to develop an approach that ensures quality indicators and outcome measures are an integral part of the PbR process, and in particular that they encourage the correct incentives.

The Quality and Outcomes PRG Sub Group was established in 2010 and has an inclusive membership who have worked collaboratively to respond to the above challenge. The resultant project has four main components:

- Test and recommend the use of quality indicators linked to the 21 clusters that form the basis of the currency model, using metrics that are currently collected as part of the Mental Health Minimum Data Set (MHMDS).
- Establish a web-based tool that will provide guidance on the content of care packages for each of the 21 clusters, linking NICE guidance and quality standards, evidence and best practice.
- By autumn 2011 produce a plan for how other data including the individual items within the Mental Health Clustering Tool (MHCT) could be used.
- By autumn 2011 produce a proposal that demonstrates how gaps in the overall framework for outcomes for each of the 21 clusters may be filled. Approaches may include the mandating of new tools and data items and will ensure a focus on Patient Related Outcome Measures.

This report provides an update on all of the above areas of work and also includes a range of recommendations to the PRG to support the ongoing progress and achievement of the key objectives for this area of PbR development. *(DH, Oct 11, made public 01 Dec 11)*

**Access to report and appendices**

**Mental health Payment by Results readiness review**

The aim of this review carried out by the NHS Confederation was to provide an assessment of commissioners’ and providers’ readiness to deliver the policy commitment that adult mental health Payment by Results currencies should be used for commissioning and reimbursement purposes from April 2012. The review was carried out by seeking the views of a wide spread of people in mental health trusts, commissioners, local authorities and the independent sector, as well as national stakeholders. *(NHS Confederation, 23 Nov 11)*

**NHS Confederation > Publications**
INTERNATIONAL

Statement from the International Medical Device Regulators' Forum
In October 2011 representatives from the medical device regulatory authorities of Australia, Brazil, Canada, China, European Union, Japan and United States, as well as the World Health Organisation, met to address the establishment and operation of a new organisation, the International Medical Device Regulators' Forum (IMDRF).

This Forum will accelerate international medical device regulatory harmonisation. The Forum’s Management Committee, composed of regulatory officials, will provide guidance on strategies, policies, directions, membership and activities. Furthermore the Management Committee will oversee Ad Hoc Working Groups which may draw upon expertise from various stakeholder groups such as industry, academia, health care professionals, and consumer and patient groups. The IMDRF will meet bi-annually with the inaugural meeting taking place in Singapore from 28 February to 01 March 2012 under the leadership of Australia. (Published by the Australian Department of Health and Ageing, Therapeutic Goods Administration, on behalf of the IMDRF, 05 Nov 11)

- Statement on the TGA website
- IMDRF website

EUROPE

European Medicines Agency launches new database of European experts
Coinciding with the entry into force of new rules on how to handle conflicts of interests of scientific experts, the European Medicines Agency (EMA) has launched an experts database. The database allows the public to directly search for the declarations of interests of all experts who have been nominated by competent authorities for medicines regulation across the European Union to be involved in the Agency’s activities.

The launch of the new database is a major building block of the Agency’s new rules on the handling of conflicts of interests of its scientific experts, which aim at protecting the Agency’s scientific opinion-making processes from the influence of any improper interests. (EMA, 30 Sep 11)

- Press release

AUSTRIA

Call for public comments on ELGA Clinical Document Architecture Implementation Guides
In the framework of the first implementation phase of ELGA (Elektronische Gesundheitsakte), Austria’s electronic health records project, a first set of clinical documents was selected to be implemented in the standard format ‘Clinical Document Architecture’ (CDA) of HL7. The first ELGA CDA Implementation Guides were released publicly in October 2011 and are open for public comments until 31 December 2011.

The first documents selected are the laboratory test results, medical imaging results and discharge summaries. (ePractice, 08 Nov 11)

- News
AUSTRALIA

NEHTA Annual Report 2010-2011
The National E-Health Transition Authority has issued its latest Annual Report. It notes that 2010-11 saw major progress and the start of collaborative work towards national personally controlled electronic health records. Highlights include the allocation of healthcare identifiers to more than 23 million Australians and the accreditation of the first two laboratories to test conformance of secure messaging services and software systems that will access the Healthcare Identifiers Service. In addition, there has been the adoption of SNOMED-CT clinical terminology; the use of automated open source test tools to help software developers implement secure message delivery; progress towards national standards for electronic prescriptions; and progress towards an eDischarge Summary and standardised eReferrals. *(NEHTA, 07 Nov 11)*

- [Download document (PDF, 68 pages, 3.20Mb)](#)

UNITED STATES

HHS announces refined survey standards to examine and help eliminate differences in care based on race, ethnicity, sex, primary language, or disability
The Department of Health and Human Services has released final standards to more consistently measure race, ethnicity, sex, primary language, and disability status. The Affordable Care Act requires new data standards for the collection and reporting of health care information based on race, ethnicity, sex, and primary language. Making standards consistent will help identify the significant health differences that often exist between and within ethnic groups, particularly among Asian, Hispanic/Latino and Pacific Islander populations. *(HHS, 31 Oct 11)*

- [Press release](#)

Multiple states and vendors agree on standard health data connectivity specifications
A group of states and vendors - the EHR/HIE Interoperability Workgroup - focused on eliminating the barriers to sharing electronic health records (EHRs) has issued a set of technical specifications to standardise connections between healthcare providers, health information exchanges (HIEs) and other data-sharing partners. The specifications are now available for the public to view.

The objective of the EHR/HIE Interoperability Workgroup is to define a single set of standardised, easy-to-implement connections to increase the adoption of EHRs and HIE services. The effort leveraged existing published standards for interoperability from the Office of the National Coordinator (ONC). Ultimately, the specifications aim to remove impediments that make it difficult for EHRs to connect to HIEs, including technical specification differences, wait times for interface development, and high costs. *(The EHR/HIE Interoperability Workgroup, 08 Nov 11)*

- [Press release](#)

Health IT and patient safety: Building safer systems for better care
If implemented appropriately, health IT can help improve health care providers' performance, better communication between patients and providers, and enhance patient safety. For example, the number of patients who receive the correct medication in hospitals increases when these hospitals implement well-planned, robust computerised prescribing mechanisms and use barcoding systems. However, poorly designed health IT can create new hazards in the already complex delivery of care.
In the wake of more widespread use of health IT, the Department of Health and Human Services asked the Institute of Medicine (IOM) to evaluate health IT safety concerns and to recommend ways that both government and the private sector can make patient care safer using health IT. The resulting IOM report finds that safe use of health IT relies on several factors, clinicians and patients among them. Safety analyses should not look for a single cause of problems but should consider the system as a whole when looking for ways to make a safer system. Vendors, users, government, and the private sector all have roles to play. The IOM’s recommendations include improving transparency in the reporting of health IT safety incidents and enhancing monitoring of health IT products. *(IOM, 08 Nov 11)*

- **Access to document**

**VTE Common Format Beta version**

The Agency for Healthcare Research and Quality (AHRQ) has released a new Common Format designed to help health care providers collect information about patient safety events related to venous thromboembolism (VTE). Common Formats refer to the common definitions and reporting formats that let health care providers collect and submit standardised information on patient safety events. *(Patient Safety Organization Privacy Protection Center, 01 Nov 11)*

- **Press release**
ARTICLES

Analysis of the definition and utility of personal health records using Q methodology
Personal health records (PHRs) remain a relatively new technology and concept in practice even though they have been discussed in the literature for more than 50 years. There is no consensus on the definition of a PHR or PHR system even within the professional societies of health information technology.

The objective of this study was to analyse and classify the opinions of health information professionals regarding the definitions of the PHR. Q methodology was used to explore the concept of the PHR. The Q-statements with the highest levels of agreement were as follows:

- The PHR is the lifetime record of personal health information.
- The PHR is the representation of health 2.0.
- Security is the most important requirement of the PHR.

The most disagreed with Q-statements were:

- The PHR is a paper-based system.
- It is most effective to carry the PHR information in USB storage.

The findings suggest that health information professionals agree that PHRs should be lifetime records, that they will be more useful as more information is stored electronically, and that data security is paramount. To maximise the benefits of PHR, activation strategies should be developed and extended across disciplines and professionals so that patients begin to receive the benefits associate with using PHRs.

*Journal of Medical Internet Research, Vol 13(4), 2011, e105 / Jeongeun Kim, David W Bates*

- [Access to full text (no cost)]

Assessing Task–Technology Fit in a PACS upgrade: Do users’ and developers’ appraisals converge?
The purpose of this study was to measure users’ perceived benefits of a picture archiving and communication system (PACS) upgrade, and compare their responses to those predicted by developers.

The Task–Technology Fit (TTF) model served as the theoretical framework to study the relation between TTF, utilisation, and perceived benefits. A self-administered survey was distributed to radiologists working in a university hospital undergoing a PACS upgrade. Four variables were measured: impact, utilisation, TTF, and perceived net benefits.

The findings suggest that TTF is a valid tool to assess perceived benefits, but it is important to take into account the characteristics of users. In the context of a technology that is rapidly evolving, there needs to be an alignment of what users perceive as a good fit and the functionality developers incorporate into their products.

*Journal of Digital Imaging, Vol 24 (6), Nov/Dec 11, 951-958 / L Lepanto, C Sicotte, P Lehoux*

- Article available on request - cost
Automated discovery of drug treatment patterns for endocrine therapy of breast cancer within an electronic medical record

The objective of this study was to develop an algorithm for the discovery of drug treatment patterns for endocrine breast cancer therapy within an electronic medical record and to test the hypothesis that information extracted using it is comparable to the information found by traditional methods.

The automatic drug treatment classification tool consisted of components for:

- Extraction of drug treatment-relevant information from clinical narratives using natural language processing (clinical Text Analysis and Knowledge Extraction System).
- Extraction of drug treatment data from an electronic prescribing system.
- Merging information to create a patient treatment timeline.
- Final classification logic.

The results point to agreement between results from the algorithm and from a nurse abstractor. The authors conclude that the approach illustrates a secondary use of the electronic medical record. The main challenge is event temporality.

Journal of the American Medical Informatics Association, Available online 01 Dec 11 / G Savova et al

- Article available on request - cost

The challenges in making electronic health records accessible to patients

It is apparent that there is a tension between growing consumer demands for access to information and a healthcare system that may not be prepared to meet these demands. Designing an effective solution for this problem will require a thorough understanding of the barriers that now stand in the way of giving patients electronic access to their health data.

This paper from researchers at the University of Toronto reviews the following challenges related to the sharing of electronic health records: cost and security concerns; problems in assigning responsibilities and rights among the various players; liability issues; and tensions between flexible access to data and flexible access to physicians.

Journal of the American Medical Informatics Association, Available online 25 Nov 11 / Leslie Beard et al

- Article available on request - cost

Creating an oversight infrastructure for electronic health record-related patient safety hazards

Electronic health records (EHRs) have potential quality and safety benefits. However, reports of EHR-related safety hazards are now emerging.

In this article, the authors propose the creation of a national EHR oversight program for the United States to provide dedicated surveillance of EHR-related safety hazards and to promote learning from identified errors, close calls, and adverse events. The program calls for data gathering, investigation/analysis, and regulatory components. The first 2 functions will depend on institution-level EHR safety committees that will investigate all known EHR-related adverse events and near-misses and report them nationally using standardised methods. These committees should also perform routine safety self-assessments to proactively identify new risks.
Nationally, they propose the long-term creation of a centralised, nonpartisan board with an appropriate legal and regulatory infrastructure to ensure the safety of EHRs. Implementation of this proposed infrastructure can facilitate identification of EHR-related adverse events and errors and potentially create a safer and more effective EHR-based health care delivery system.

*Journal of Patient Safety, Vol 7(4), Dec 11, 169-174 / Hardeep Singh, David C Classen, Dean F Sittig*

- Article available on request – cost

**Designing a patient-centered personal health record to promote preventive care**

A variety of US government and specialty society policy initiatives are promoting the adoption of information technologies to engage patients in their care, such as personal health records, but current systems may not utilise the technology’s full potential.

The authors developed an interactive preventive health record (IPHR) designed to more fully engage patients in preventive care and health promotion. They recruited 14 primary care practices to promote the IPHR to all adult patients and sought practice and patient input in designing the IPHR. The input involved patient usability tests, practice workflow observations, learning collaboratives, and patient feedback. Use of the IPHR was measured using practice appointment and IPHR databases.

Within six months, practices had encouraged 14.4% of patients to use the IPHR. Practices successfully incorporated the IPHR into workflow, using it to prepare patients for visits, augment health behaviour counselling, explain test results, automatically issue patient reminders for overdue services, prompt clinicians about needed services, and formulate personalised prevention plans.

The authors conclude that this IPHR demonstrates that a patient-centred personal health record that interfaces with the electronic medical record can give patients a high level of individualised guidance and be successfully adopted by busy primary care practices. Further study and refinement are necessary to make information systems even more patient-centred and to demonstrate their impact on care.

*BMC Medical Informatics and Decision Making, Available online 24 Nov 11 / Alex H Krist et al*

- [Access to full text (Open Access)]

**Detecting referral and selection bias by the anonymous linkage of practice, hospital and clinic data using Secure and Private Record Linkage (SAPREL)**

The evaluation of demonstration sites set up to provide improved access to psychological therapies (IAPT) comprised the study of all people identified as having common mental health problems (CMHP), those referred to the IAPT service, and a sample of attenders studied in-depth. Information technology makes it feasible to link practice, hospital and IAPT clinic data to evaluate the representativeness of these samples. However, researchers do not have permission to browse and link these data without the patients’ consent.

The objective of this study was to demonstrate the use of a mixed deterministic-probabilistic method of secure and private record linkage (SAPREL) and to describe selection bias in subjects chosen for in-depth evaluation.

The authors extracted, pseudonymised and used fuzzy logic to link multiple health records without the researcher knowing the patient’s identity. Within the data providers’ safe haven they: extracted demographic data, hospital utilisation and IAPT clinic data; converted post code to index of multiple deprivation (IMD); and identified people with CMHP. They contrasted the age, gender, ethnicity and IMD
for the in-depth evaluation sample with people referred to IAPT, users of hospital services, and the population as a whole.

The sample studied in-depth were older, more likely female, and less deprived than people with CMHP, and fewer had recorded ethnic minority status. Anonymous linkage using SAPREL provides insight into the representativeness of a study population and possible adjustment for selection bias.

BMC Medical Informatics and Decision Making, Available online 13 Oct 11 / Simon de Lusignan et al

- Access to full text (Open Access)

The effect of hospital electronic health record adoption on nurse-assessed quality of care and patient safety
The aim of this study was to examine the effect of having a basic electronic health record (EHR) on nurse-assessed quality of care, including patient safety.

A cross-sectional, secondary analysis of nurse and hospital survey data was conducted. The final sample included 16,352 nurses working in 316 hospitals in 4 states. Logistic regression models were used to evaluate the relationship between basic EHR adoption and nurse-assessed quality of care outcomes. Nurses working in hospitals with basic EHRs consistently reported that poor patient safety and other quality outcomes occurred less frequently than reported by nurses working in hospitals without an EHR. The findings suggest that the implementation of a basic EHR may result in improved and more efficient nursing care, better care coordination, and patient safety.

Journal of Nursing Administration, Vol 41(11), Nov 11, 466-472 / Ann Kutney-Lee, Deena Kelly

- Article available on request - cost

EHR-based care coordination performance measures in ambulatory care
Good coordination of care in the ambulatory setting has the potential to reduce unnecessary or duplicative use of health services, prevent hospitalisations, improve patient safety and potentially reduce costs. Unfortunately, coordination failures are common across the health care system. Using performance measures can drive practice improvement, particularly if reimbursement aligns with measurement. However, there are few well-developed, standardised measures of care coordination.

This study sought to develop electronic health record–based measures to assess the quality of coordination during the primary care physician-to-specialist referral process. Using input from interviews with primary care physicians and experts, the authors developed a core set of five electronic measures for use in primary care and specialist settings. Through a preliminary evaluation, they determined that the measures are valid with practicing physicians and two are ready for implementation.

Commonwealth Fund Issue Brief, Nov 11, 10 pages / Kitty S Chan et al

- Access to full text (no cost)

Electronic health records: An international perspective on "Meaningful Use"
Research has shown that the United States lags behind many other countries in the adoption of electronic health records (EHRs). The US has now embarked on a major effort to achieve "meaningful use" of health information technology by clinicians and hospitals. This briefing describes the extent of meaningful use in three countries with very high levels of health information technology adoption - Denmark, New Zealand,
and Sweden. While all three have achieved high levels of meaningful use, none has reached 100 percent in all categories. The briefing finds high levels of meaningful use for EHR items and substantial information-sharing with other organisations or health authorities, although less information is shared with patients. Insights that may prove useful to the United States include providing economic incentives to encourage adoption and designating an organisation to take responsibility for standardisation and interoperability.

Commonwealth Fund Issues in International Health Policy, Nov 11 / Bradford H Gray et al

- Full text (PDF, 18 pages, 494Kb)

Feasibility test of a UK-scalable electronic system for regular collection of patient-reported outcome measures and linkage with clinical cancer registry data: The electronic Patient-reported Outcomes from Cancer Survivors (ePOCS) system

As highlighted in the UK National Cancer Survivorship Initiative, routine post-diagnostic collection of patient reported outcome measures (PROMs) is required. To be most informative, PROMs must be linked and analysed with patients' diagnostic and treatment information.

The authors have designed and built an electronic system for collecting PROMs via the internet, at regular post-diagnostic time-points, for linking these data with patients' clinical data in cancer registries, and for electronically managing the associated patient monitoring and communications. This study aims to test the feasibility of this system - the electronic Patient-reported Outcomes from Cancer Survivors (ePOCS) - by running it for 2 years in two Yorkshire NHS Trusts, and using the Northern and Yorkshire Cancer Registry and Information Service.

Feasibility will be examined primarily in terms of patient recruitment and retention rates, the representativeness of participating patients, the quantity and quality of collected PROMs data, patients' feedback, the success and reliability of the underpinning informatics, and the system running costs. If sufficient data are generated during system testing, these will be analysed to assess the health-related quality-of-life outcomes reported by patients, and to explore if and how they relate to disease, treatment and/or individual differences characteristics.

There is currently no system in the UK for collecting PROMs online and linking these with patients' clinical data in cancer registries. If feasible, ePOCS has potential to provide an affordable UK-scalable technical platform to facilitate and support longitudinal cohort research, and improve understanding of cancer survivors' experiences.

BMC Medical Informatics and Decision Making, Available online 26 Oct 11 / Laura Ashley et al

- Full text (Open Access)

Large complex terminologies: more coding choice, but harder to find data - reflections on introduction of SNOMED CT as an NHS standard

Given that the Systematized Nomenclature of Medicine – Clinical Terms (SNOMED CT) is now an NHS standard, this editorial explores whether this should be cause for widespread rejoicing among the health informatics community or whether there are concerns about using such a large and complex system.

Informatics in Primary Care, Vol 19(1), Nov 11, 305 / Simon de Lusignan, Tom Chan, Simon Jones

- Available on request – no cost
Modeling healthcare authorization and claim submissions using the openEHR dual-model approach

The TISS standard is a set of mandatory forms and electronic messages for healthcare authorisation and claim submissions among healthcare plans and providers in Brazil. The objective of this paper is to model the TISS in terms of the openEHR archetype-based approach and integrate it into a patient-centred EHR architecture.

Results demonstrate that the archetypes based on the openEHR RM (Reference Model) can represent all TISS data structures. But while the extended openEHR RM model is more semantically aligned with the concepts involved in a claim submission, it may disrupt interoperability with other systems and the current tools must be adapted to deal with it.

The authors conclude that modelling the TISS standard by means of the openEHR approach makes it aligned with ISO recommendations and provides a solid foundation on which the TISS can evolve. Although there are few administrative archetypes available, the openEHR RM is expressive enough to represent the TISS standard. This paper focuses on the TISS but its results may be extended to other billing processes. A complete communication architecture to simulate the exchange of TISS data between systems according to the openEHR approach still needs to be designed and implemented.

BMC Medical Informatics and Decision Making, Available online 12 Oct 11 / Rigoleta D M Dias, Timothy W Cook, Sergio M Freire

- Full text (Open Access)

Preparing the ground for the ‘paperless hospital’: A case study of medical records management in a UK outpatient services department

This article reports the findings of a study which examined the preparations for the introduction of electronic patient records (EPR) within the outpatient services department of a large NHS hospital. In particular it looked at the likely impact of the EPRs on working practices within the department. While results show positive support for new EPRs, there were also high levels of scepticism towards attempts to introduce national systems (i.e. the NPfIT).

The findings provide evidence that there is a need to treat the implementation of EPRs not simply as an exercise in technical system delivery, but as a larger process of sociotechnical systems change. The authors conclude the paper with some guidelines regarding implementation and adoption, informed by sociotechnical principles and ideas.

International Journal of Medical Informatics, Available online 15 Nov 11 / Patrick Waterson, Yolande Glenn, Ken Eason

- Article available on request - cost

Quality of human-computer interaction - results of a national usability survey of hospital-IT in Germany

This survey presents an analysis of the current quality level of human-computer interaction of healthcare-IT in German hospitals, focused on the users' point of view.

To evaluate the usability of clinical IT according to the design principles of EN ISO 9241-10 the IsoMetrics Inventory, an assessment tool, was used. The focus of this paper has been on the suitability for task, training effort and conformity with user expectations, differentiated by information systems. Effectiveness has been evaluated with the focus on interoperability and functionality of different IT systems.
Findings show that specialised information systems with defined functionality received better assessments than clinical information systems in general. This could be attributed to the improved customisation of these specialised systems for specific working environments. The results can be used as reference data for evaluation and benchmarking of human computer engineering in clinical health IT context for future studies.

*BMC Medical Informatics and Decision Making, Available online 09 Nov 11 / Bettina B Bundschuh et al*

- [Full text (Open Access)]

**The rise and fall of England’s National Programme for IT**

This editorial from researchers involved in the evaluation of the National Programme considers why it has faced so many challenges. It notes that the English experience shows that a political champion can usefully start the process but a realistic timescale for achieving national EHRs will be long while conflicting interests are contested, implementation strategies are modified and political and economic challenges are negotiated. Despite conflicts and uncertainties, it is time for the coalition government and the NHS "to step up to the challenge" of building on the foundations for EHRs laid by the condemned Programme, and not to lose sight of the fundamental reason for doing so – the delivery of better patient care.

*Journal of the Royal Society of Medicine, Vol 104(11), Nov 11, 434-435 / Ann Robertson, David W Bates, Aziz Sheikh*

- Article available on request – no cost

**A situational alignment framework for PACS**

This paper reports the outcomes of a study on an integrated situational alignment framework for picture archiving and communication systems (PACS) labelled as PISA.

Following the design research cycle, complementary validation methods and pilot cases were used to assess the proposed framework and its operationalised survey. In this paper, the authors outline:

- The process of the framework’ development.
- The validation process with its underlying iterative steps.
- The outcomes of pilot cases.
- Improvement opportunities to refine and further validate the PISA framework.

Results of this study support empirical application of the framework to hospital enterprises in order to gain insights into their PACS maturity and alignment. The authors argue that the framework can be applied as a valuable tool for assessments, monitoring and benchmarking purposes and strategic PACS planning.

*Journal of Digital Imaging, Vol 24(6), Nov/Dec 11, 979-992 / Rogier van de Wetering et al*

- [Access to full text (Open Access)]