JOURNAL OF INNOVATION IN HEALTH INFORMATICS

In this issue

In this issue: tools and processes that translate knowledge into practice

Simon de Lusignan
Professor of Primary Care and Clinical Informatics, Department of Clinical and Experimental Medicine, University of Surrey, Guildford, UK
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TRANSLATING KNOWLEDGE INTO PRACTICE

Internationally, one of the greatest challenges is integrating knowledge into practice. Roger's theory of Diffusion of Innovation, first published in 1962 with its fifth edition in 2003,[1] sets out how new ways of working are adopted very slowly. His ideas build on those of 100 years before, and published in 1903, where the French philosopher Tarde described how *imitation* was the way that behaviours spread through groups.[2] Roger's treatise includes descriptions of innovators and early adopters – and many of us in informatics have talked about the importance of trying to engage in innovation (one of the purposes of this journal)[3] and to encourage adoption; without necessarily routing our work in Tarde and Roger's theories.[4,5]

We publish an article in this issue which describes the integration of multiple alternatives for managing low back pain, and to foster collaboration between different groups of professionals who are often distributed across various sites.[6] This study describes innovative technology, and if widely adopted takes us one step closer to using the computerised medical record to coordinate care.

TO GT OR NOT GT, THAT IS THE QUESTION?

We publish an article on a translation app, designed specifically for medical usage.[7] Many of us have used Google Translate (GT) in our consultations, when stuck with a patient with poor language skills. However, we know that there are strengths and weaknesses, and I feel most ill at ease when the language translated to is one I have no knowledge of at all. My last consultation I used Google Translate in was with someone for whom Traditional Chinese (Mandarin) was the best language choice. I was trying to explain that this was likely a photosensitivity and taking an antihistamine and keeping out of the sun was what was required (Figure 1)! In these circumstances I try to express the idea I am trying to convey in two different ways. Hopefully, doing this avoid translation errors. However, I am unable to validate the answer. Careful thought and debate are needed as to whether we need to develop new language apps (It is a nobler thing to do?), or to find ways to systematically report errors with tools like Google Translate to reduce potential clinical pitfalls.

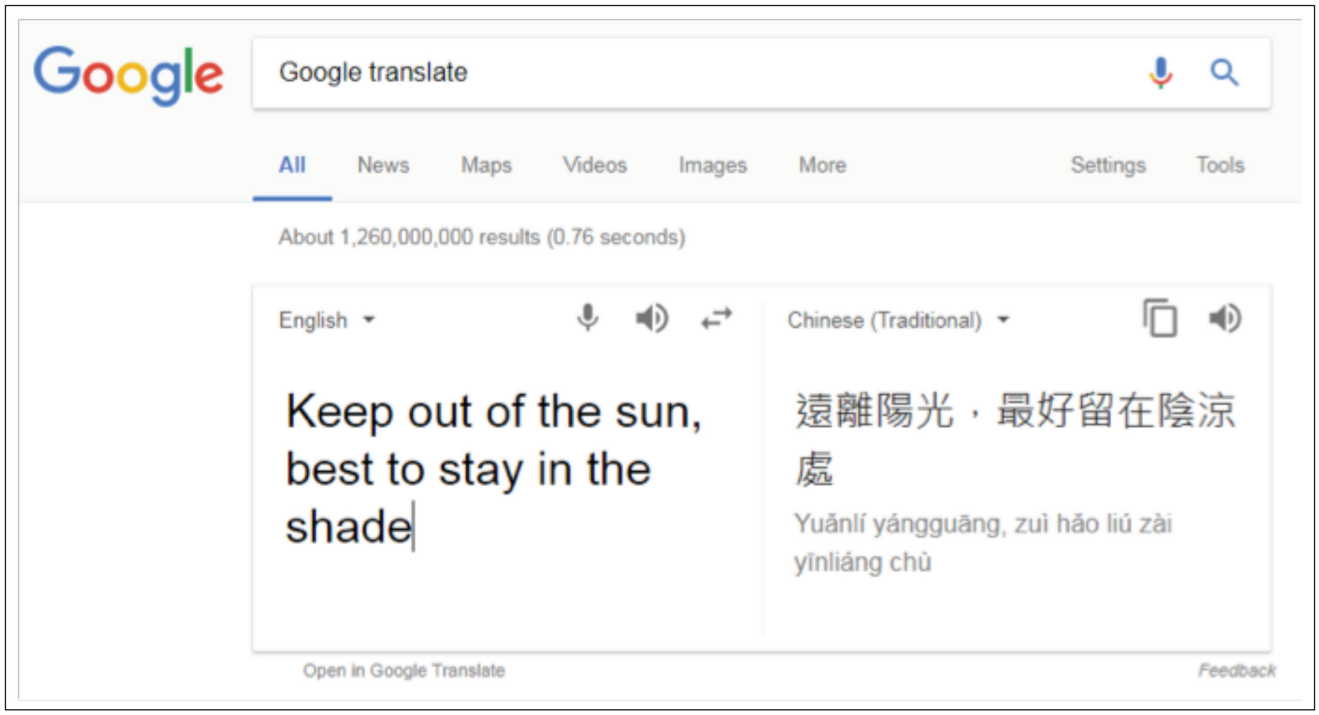

Figure 1 **Medical advice given using Google translate – the user may know nothing about the validity of the outputs**

UNCHECKING A BOX HAS AN EFFECT SIZE – ON ELECTRONIC FORMS

We include an article about the simple use of a tick-box that has to be unchecked to change the uptake of a test. It is very important to flag how a tiny informatics intervention has an effect. The example in the paper is where a provider wishes to discourage the use of a test called amylase alongside a more specific test called lipase.[8] The remit of this journal is to report the impact of the informatics; the issues over which tests to use in pancreatitis are beyond the scope of this journal and remain being discussed in the peer review literature, including a recent Cochrane Review.[9]

A BIBLIOMETRIC ANALYSIS OF RESEARCH OUTPUTS FROM UK GENERAL PRACTICE

High levels of data quality support patient care as well as provide an ever increasing volume of data for research. Chaudhry et al.[10] report on this growth over time. Three principal UK data sources have been the major source of research studies over time. These are the Clinical Practice Research Datalink (CPRD),[11] The Health Improvement Networks[12] and QResearch.[13]

However, these are not the only data sources in the UK: The Royal College of General Practitioners Research and Surveillance Centre is one of the oldest sentinel networks in Europe, and predates the reported sources. However, up to 2013, its work was limited to reporting on influenza,[14] infectious disease[15] and vaccine effectiveness.[16] More recently, it has extended its remit into diabetes and other non-communicable diseases.[17] ResearchOne, based on The TPP SystmOne CMR system provides another example.[18]

ADDITIONAL UNPUBLISHED ABSTRACTS FROM *INFORMATICS FOR HEALTH*

The final, and substantial part, of *In this Issue* includes the additional publications from the joint European Federation for Medical Informatics[19] and Farr Institute Medical Informatics (MIE 2017) conference: *Informatics for Health*. It has been a new experiment for this journal to publish abstracts, and I and the Editorial team would appreciate feedback, and seeing if these are widely cited. Table 1 lists their titles, country of origin and page number. They should be cited as: authors names; title; page numbers; in – Scott P, Cornet R, McCowan D and Peek N. Addendum to Informatics for Health 2017: Advancing both science and practice.[20] *Journal of Innovation in Health Informatics* 2017.

Table 1 Country of origin of first author and scope of the submissions to Informatics for Health/Medical Informatics Europe 2017 (MIE 2017)

Country	Title	Page No
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UK	Clinical Decision Support for Diabetes in Scotland: evaluation of clinical processes and outcomes	293
UK	Evaluation of CPRD GOLD e-learning	294
UK	Evaluating the impacts on health outcomes of Welsh Government funded schemes designed to improve the energy efficiency of the homes of low-income households	295
Spain	Involving physical activity in insulin recommender systems with the use of wearables	296
UK	Supporting biomarker discovery using text mining	296
Canada	A new data opportunity for community nutrition surveillance: estimating spatial patterning of dietary behaviours using grocery transaction data	297
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Spain	Using the Nextflow framework for reproducible in-silico omics analyses across clusters and clouds	308
Canada	Developing a set of administrative case definitions for identifying sleep disorders in ICD-coded data	309

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