Data sharing –the Grenada lesson

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HIS in the USA

- * 1960 Hospital information system using mainframe computers, mainly for billing
- * 1970 include labs and pharmacy services using midrange computers
- * 1980 include clinical information with client-server computing
- * 1983 Grenada invasion
- * 1900 Community Health information system (CHIS) or network (CHIN)

Grenada



- * A country in the Caribbean sea
- * Population 110,000
- * 19 October, 1983 a coup to topple the government
- * 25 October,1983 The United States invaded Grenada, Operation Urgent Fury

The military plan -- C2IR

- Command vice admiral Joseph Metcalf, III
- * Control task force of 7500 (marines, SEALS, Rangers), battle group USS Independence
- * Intelligence Grenada army 1500 men
- * Reconnaissance: tour guide map from a travel agency

Battle Plan



- * Marines attacked from the North
- * Rangers landed on the Saline Point Airport in the south
- Radio-communication managed by off-shore warships

Results





- * Rangers under heavy attack, radioed marines for support but failed
- * SEALS surrounded, saw helicopters above but communication failed
- * SEAL called Fort Briggs using commercial phone
- * Fort Briggs ordered helicopters to support via satellite

Operation Urgent Fury

- * Operation Urgent Fury is the military equivalent of a Japanese Kabuki dance, created by 3-4 choreographers, speaking different languages, all working independently of each other
- * Congressional hearing to revamp the strategy→C4IR

C4IR

- * Command
- * Control
- * Computers
- * Communication
- * Intelligence human, satellites, drone
- * Reconnaissance topographic maps
- * Very successful in the Gulf wars

Traditional clinical practice C2IR

- * Command doctor
- * Control doctors order
- * Intelligence: laboratory results
- * Reconnaissance history and physical examination

Problems of Modern day medicine

- * More complicated cases
- * More than one doctor
- Multiple specialties
- Battery of investigations
- * Communications between doctors vital, but
- Doctors more busy
- * Higher patient expectations

Modern medicine - C4IR

- * Command and control, I, R
- * Computers HA CMS 2.0 and the HKMA CMS 3.0 (TaoYuan and Wuhan version)
- * Communication sharing of clinical and laboratory data, but data standardization is vital to have the link