

### Victor Peel

With 26 years of experience as a healthcare administrator, 12 of which were spent as a CEO of a teaching hospital and then a health district in the United Kingdom, editorial advisory board member Victor Peel has been in a unique position as both a teacher and one of the early adopters of the broad use of health informatics. He is a Fellow of the University of Surrey in England and of Erasmus University in The Netherlands. Victor believes it was his joint experience as an administrator and as an academic earlier at the University of Manchester that was key to his formative years in health information and technology. He first became interested in health informatics “a long time ago!” by using an early information system to solve a major health service problem.

“When I was appointed to a senior executive post in 1978, there was a major imbalance in resource allocation between two teaching hospital groups in one city, each with about 1,200 beds,” he recounts. “There were few facts to inform the very heated and long-standing and difficult discussions. Patients were daily being refused admission to appropriate beds, and the prestigious nurse-training program was threatened with closure because of the extra bed problems.”



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So, late in 1978 he persuaded the clinical staff that they needed some hard data. Rather than using the central government computing agency, and against its wishes, Victor, along with two of his colleagues, sought a local solution. They bought and programmed a mini-computer and computerized and revalidated the patient indices for approximately 600,000 patients within six months. “We then created a real-time, area-wide,

patient-centred, clinically supported information system,” Victor says. “The data used were derived from a new locally defined minimum data set (MDS), and as a result, within 12 months, my group of hospitals was able to persuade the regional authority to relocate many millions of pounds of resources to us. The bed problems and admission arguments were significantly reduced.”

In 1982 when he and his colleagues published what they had done, it demonstrated to others in the United Kingdom that hospitals could handle these kinds of information issues locally and not be dependent upon central agency funding or approval. The MDS and the concept of standardized data definitions of hospital management (e.g., bed days/numbers of admissions/length of stay) became the basis for the first standard national MDS, which was subsequently expanded and adopted by the whole U.K. National Health Service in 1984 as a basis for its national information strategy. (For information on the NHS strategy, see previous articles at [www.longwoods.com](http://www.longwoods.com).)

“If a system is to be willingly adopted and sustained, it must first be seen by all the players to be addressing, and at least partly solving, a problem that is really hurting senior clinical staff,” says Victor. Now almost 20 years old and in its fourth iteration, the strategy has turned full circle: “Healthcare organizations cannot act alone, they must all play their part in the wider healthcare system. Unlike then, there are networking and Internet technologies to help.”

In Manchester, in 1988, Victor founded and became head of the first Centre for Health Informatics in the United Kingdom and worked on the formulation and drafting of the NHS’s information strategy. A key area of interest for Victor is research into the evaluation of systems in use and the human and organizational issues involved. He is currently helping to finalize, through the University of Victoria, an evaluation of the Synapse Mental Health System in British Columbia, a CHIPP project he became involved with at the invitation of fellow

editorial advisory board member Denis Protti (who says, “Vic is a true English gentleman through and through, with a witty sense of humour”). One of Victor’s sayings that Protti often uses in his lectures is “Only three things motivate a man or woman to use information – fear, greed or excitement.”

Victor has been highly active with speaking engagements and presentations and authoring books and book chapters. Among other publications and papers, he co-authored the book *Managing Health Service Information* (1994, ISBN 0335157025) and wrote the chapter “The Role of the World Health Organisation and Other International Organisations in Training and Development” included in, *Information Management and Technology in Healthcare* (1993, ISBN 094756859X).

Victor served as a program committee member, representing the United Kingdom, at the International Medical Informatics Association joint conference on evaluation and organizational issues held in Helsinki, Finland, in February/March 1998. Recommendations for the further development of the field were published, together with articles, in a special issue of the *International Journal of Medical Informatics* and provided the basis for many a literature search in Canadian hospitals. Between 1995 and 1998, Victor also helped author evaluation research at two electronic patient record and three integrated clinical workstation demonstrator sites (see [www.disco.port.ac.uk/ictri/projects/EPR\\_pilot\\_eval.htm](http://www.disco.port.ac.uk/ictri/projects/EPR_pilot_eval.htm)).

As a panelist at the 1999 Fall Symposium for the AMIA, Victor addressed technological and institutional changes in healthcare information technologies and changes in organizational boundaries (see *Organizational Issues in Medical Informatics*, Fall 2000). He noted: “When clinical information systems were first being created, they were primarily concerned with supporting the work of individual, or a small group of, doctors working in relative isolation from wider organizational issues.” Victor described how most healthcare organizations, “no longer are bound by the walls of an institution, and this change to transnational organizations will require health informatics to think

well beyond the present and local organizational issues.”

By continuing to evaluate projects, teach occasionally and liaise with colleagues who are highly involved in the “real world” of healthcare and information systems, Victor hopes to help others avoid the mistakes that can be made when getting started. “Sad to say, but so many are so keen to get started and don’t want to be held back by looking at what others have achieved – and sometimes failed to achieve. They avoid looking at other people’s documented and published experiences.” Victor hopes that one of his strengths “is the ability to see the bigger picture around a specific problem.”

In his personal time, Victor and his wife are avowed Francophiles and particularly enjoy French foods and wine, living in the United Kingdom and welcoming the drive through the Channel Tunnel to their property in France. 



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