INTERNATIONAL MEDICAL INFORMATICS ASSOCIATION

Special Interest Group of the International Federation for Information Processing

please reply to | IMIA Headquarters

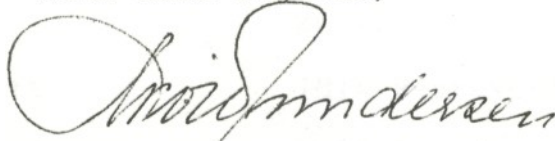```
to: IMIA National Members
        National Representatives
        Observers
        Honnary Fellows
        Chairmen Working Groups
        Regional Members
        Affiliate Members
        Committee Members
    IFIP Cognizant Officer
        Secretariat
```

January 1985

Dear Ladies and Gentlemen.

Attached to this letter you will find the minutes of the 6th Annual General Meeting, Oslo 1984, as well as    the list of addresses.

With best regards,

Arvid Gundersen
Executive Officer

IFIP

IMIA Administrative Secretariat | Telephone 03240-31341
Enschedepad 41-43 | Bank ABN Almere
NL 1324 GB ALMERE | Account number 54 41 86 498
The Netherlands

IMIA

**LIST PARTICIPATIONS**
**IHIA ANNUAL GENERAL MEETING**
**OSLO NOVEMBER 1984**

| NAME: | AFFILIATION: | COUNTRY: |
|---|---|---|
| David Shires | Past President | Canada |
| John Flint | Treasurer | Canada |
| Zhou Dan | Ass. for Science & Techn. | China |
| Ouyang Zhineng | IMIA Representative CMIA | China |
| Ren Gongyue | CMIA | China |
| J. Vesterdal Jørgensen | IMIA Representative | Danmark |
| O. Rienhoff | WG 9 – WG 5 | F.R.G. |
| S. Kaihara | JAMI | Japan |
| A.R. Bakker | WG 10 | Netherlands The |
| H.J. Roelants | IMIA Representative | Netherlands The |
| Bjarte G. Solheim | IMIA Representative | Norway |
| Rolf Hansen | EFMI Representative | Norway |
| S.Chr. Sommerfelt | Membership Committee | Norway |
| M.J. de Matos Barbosa | IMIA Representative | Portugal |
| Hans Peterson | President | Sweden |
| B. Abbott | Secretary | United Kingdom |
| Anne S. Gose | IMIA Representative | U.S.A. |
| | | |
| Arvid Gundersen | IMIA Headquarters | Netherlands The |
| Reidar Gundersen | IMIA Headquarters | Netherlands The |

HIGHLIGHTS OF IMIA'S
6TH ANNUAL GENERAL MEETING
OSLO, NORWAY, 1984
_____

- THE ANNUAL FEES WILL
  INCREASE WITH 50%.

- BEIJING (PCR) NUMBER ONE
  ON THE LIST FOR
  ORGANISING MEDINFO 89.

- DAVID SHIRES APPOINTED
  HONORARY FELLOW FOR HIS
  LONG AND ACTIVE MERIT TO
  IMIA.

**Minutes IMIA 6th Annual General Meeting.**
**Oslo, 2nd - 3rd November 1984.**

**Opening:**

**1. 1**

Peterson opened the Assembly wishing all attendees welcome. He gave an explanation for the switch from Buenos Aires to Oslo. He regretted that the Assembly could not take place in Latin America. He thanked the Norwegian Member for its assistance in organising the Assembly in Oslo.

**1. 2**

Rolf Hansen, on behalf of the Norwegian hosts, welcomed the Assembly to Oslo.

**1. 3**

Abbott read the apologies received as per appendix 1.

**1. 4**

Abbott mentioned the proxies received as per appendix 1.

**2.**

**Approval Agenda:**

The agenda was amended and finally approved as per appendix 2.

**3.**

**Approval Minutes:**

**3. 1**

Abbott went through the minutes of the General Assembly 1983 and said that the following amendements should be made:
page 10, paragraph 1: read twice $ instead of Dfl.
page 15, under "Action" read Flint instead of Finch.
With these changes the minutes were approved nem. con.

**3. 2**

The minutes distributed to the members have not yet been approved by the Board. Some principal changes were mentioned:
under item 7.3 MEDINFO 89 on page 5 line 5: the correct text should read: "Another problem is that the Chinese may not be able to pay the normal fee in  U.S. dollars"
On the same page, line 8,    please substitute "this" with "these".
Under item 10.6, page 6: the title of the conference is: "Homeostasis in Healthy People".
Item 14, page 7: The month for the Board Meeting should read February instead of March.
After these changes the minutes of the Board Meeting were unanimously noted by the General Meeting.

**4.**

**Report to IFIP**
Peterson presented this report to IFIP's General Assembly as per appendix 3.

**5.**

### Report from Headquarters
Gundersen reported on the 1984 activities and promised a new list of addresses (see enclosure).

**6.**

### Regional Members.

**6. 1**

### EFMI.
Hansen presented Barbers report as per appendix 4.

Abbott proposed that IMIA sponsors MIE meetings in perpetuity, since EFMI is a regional member of IMIA. This motion was seconded by Roelants and approved nem. con.

**6. 2**

### IMIA Latin American Group.
Shires reported that 7 Latin American countries started this group in Mexico with great enthusiasm. Rienhoff will be IMIA's official representative at the LAG's meeting next week in Brazil as Peterson was unable to attend this meeting. Abbott said that some countries are not members of IMIA. Rienhoff will investigate this question. Rienhoff proposed that future meetings had to be planned in South America. Shires suggested that Rienhoff be the official IMIA representative of the LAG meeting in Brazil. Abbott seconded this motion. The motion was approved with one abstention

**7.**

### International Organisations:

**7. 1**

### WHO
No report received. Abbott informed the meeting that Mandil could not come to Buenos Aires and had made other arrangements. WHO is still interested in IMIA. Kaihara will contact the WHO pacific regional office and Shires asked IMIA to try to attend the WHO regional meetings as much as possible. Working Group 9 may have help of the regional WHO offices too.

WHO will sponsor MEDINFO 86 as it did in 1980 and 1983.

Peterson suggested that Lindberg and Jørgensen will represent IMIA at WHO.

Bakker informed the meeting that WHO is very helpful to WG 10 as they meet in the WHO building and receive good assistance.

Hansen gave the news that Dr. Jo Asvall (the past Norwegian representative to IMIA) has been appointed European regional director at the WHO office in Copenhagen.

Shires asked Peterson to write a letter of thanks to Dr. Kaprio (the former WHO regional director) wishing him success in the future.

**7. 2**

### CIOMS
A motion by Abbott to discontinue the membership of CIOMS was seconded by Flint and approved with one abstention. Abbott explained that IMIA received little in return and that Medical Informatics was a limited part of CIOMS activities.

## 7. 3

**WMA**

Peterson informed that Dr Rolf Schlögell died 8th May 1984, expressed words of regret. Peterson will write a letter of sympathy to WMA and request the appointment of a new officer as liason to IMIA.

## 7. 4

**IBI**

No report

## 7. 5

**IHF**

Abbott reported as per appendix 5

## 7. 6

**International Health Record Association.**

Shires reported that every three years this Association organises an international conference. He will contact IHRA to investigate a possible exchange with IMIA. Rienhoff told the meeting that IMIA is more scientific and that this should be kept in mind. He asked Shires to look for cooperation with New Zealand for WG 9. He had no reply on his request for a representation and would be happy to have a representative from this area in his WG. Also Bakker is interested in a cooperation with IHRA. It could be a valuable contribution to WG 4.

## 7.7

**System Science in Health.**

Rienhoff reported on the SSH conference with 600-700 attendees. He began a discussion on conferences in general, saying that, so many meetings were organised in the Health Informatics field that it comes to the point where the conferences overlap with a consequent drop in attendees. IMIA should cooperate in planning the number of conferences organised. Shires was grateful that the Munich conference was postponed in connection with MEDINFO 83 and agreed with Rienhoff that a cooperate planning was needed. Another question is how can youngsters be attracted to meetings. It was agreed that Peterson will try to make contacts with various organisations to see to get this better coordinated. Peterson mentioned that it will be difficult to stop individuals from organising conferences. Anne Gose said that all conferences known to IMIA members should be reportde to Peterson and Head Quarters in order to get a better view on what is going in the field of medical informatics.

## 8.

**Committee Reports**

## 8.1

**Membership.**

Sommerfelt mentioned that Qatar has asked for membership information and proposed that if Qatar officially applies for membership the Board should be authorised to take a decision. This motion, seconded by Roelants was approved nem. con. If the next Board will meet in Cairo it was suggested to invite Qatar to come to Egypt to broaden our relationship. A discussion on how to enlist new members was opened and Anne Gose asked all members to actively do something to enable new members entrance to IMIA. It is pointless to wait and see.

Kaihara reported on Korea and Singapore. As corresponding membership is not possible, according to article 3.4 of IMIA's bylaws it was

unanimously agreed upon to register these two countries as observers.
The name of the representatives are:
Chang-Soon KOH        for Korea
Dr. Lun Kwok Chan     for Singapore.

Further Kaihara said that IMIA-LAG has the right to appoint a vice-president in the IMIA Board. Rienhoff will take this up during his trip to that area.

## 8. 2

**Publications.**
See Reichertz report as per appendix 6
As Reichertz could not attend the Meeting owing to illness the Assembly wished him a speedy recovery.

## 8. 3

**Newsletter.**
Kaihara asked the Working Groups chairman to send in reports on their activities: It was again mentioned that 2.000 copies of the newsletter be sent to Headquarters for further distribution. All members are requested to contact Headquarters for extra copies. These can well be used for publicity purposes.

## 8. 4

**Finances.**

## 8. 4.1

Flint reported on the 1983 figures. He has examined the books and found the produced figures correct.    The Balance Sheet and Statement of Income *&* Expenditure are attached under appendix 7
Flint proposed a motion to accept the 1983 figures. Abbott seconded and the motion was approved nem. con.  He suggested that as 13 members are in the Netherlands at the same time, they can act as Auditing Committee. Flint explained the outstanding fee's. This stems from the time when TC4 changed to IMIA. Anne Gose asked if interest was charged and wether gifts were accepted. She said that W.C's are ideal for young people and often better than big conferences. She is of the opinion that many of institutions are willing to sponsor both Working Groups and Working Conferences. Peterson liked the idea and asked Anne Gose to make a report on this subject to Flint, who will then report to the next meeting. Rienhoff said that especially in Europe things were different and somewhat complicated, but was in favour of the idea. Sommerfelt questioned how this money will reach IMIA. Directly or to Working Conferences and Working Groups. It was agreed that IMIA could have no strings with the industry.
Bakker reported on Institutional Membership. It was said that this was not promoted because in many countries this works contrary to the interest of the national organisations.

## 8. 4.2.

**Budget 1984.**
As the 1983 Assembly did not accept the budget the figures are now presented during the current year. It was remarked upon that it still is a budget and not a forecast, and that according to a decision of the 1981 General Assembly, Working Groups may ask for loans, never for grants. The support to Working Groups is meant for those expenses which cannot be covered by other means.  The budget was accepted.  All in favour.(see

appendix 8)

**8. 4.3.**

**1985 Budget and fees**

IMIA is greatly dependant on the profits coming from MEDINFO'S. As MEDINFO 83 did not make a profit it was necessary to find another income and to reduce expenditure to the minimum. The fees have never been changed since the founding of IMIA. Flint, presenting his item, proposed a 100% raise. Many members found this too much and suggested to spread it over a period of 2 or 3 years. Furthermore it was too late to incorperate this raise in the budget of the national organisations. It was difficult to explain to the National Members that IMIA needed a raise in fees because MEDINFO 83 did not make the money that was forecasted by the Dutch initiators in 1979 and 1980. Some countries are not enthousiastic about large conferences and others find them too expensive. They need more data to justify a raise in fees for their national assemblies. The basic problem for IMIA is to survive the years 1985 and 1986. After that a profit from MEDINFO 86 is expected. However, committments have been made which we should meet this year. Rienhoff suggested and was supported by others not to reduce scientific activities but to look at other items e.g. Headquarters. This would make a raise more acceptable.(Rienhoff specificly said that this meant no distrust to anyone personally).

Sommerfelt thought that reducing financial support to scientific activities may put an extra burden on Working Groups and Working Conferences to raise their own money. Abbott gave the past history of the scientific activities. Prior to MEDINFO 80 most Working Conferences received grants. There were many of these Working Conferences. In 1983 no conferences were organised because of MEDINFO, where the Working Groups had their meetings. Of the Working Conferences now under discussion only 2 asked for grants and 8 did not. Working Groups are more delicate than Working Conferences. As they sometimes have no difficulty in raising money. It is often more easier for Working Conferences to raise money.

Rienhoff thought it wrong that Working Groups even ask for money spent on telephone calls. He thought that Headquarters and the newsletter have to be discussed and requested the treasurer to make a policy report in a for language understandable to members. He was in favour of giving initial aid to Working Groups, but thought it unfair that some ask for money while others, did not. Flint, after consideration, explained that he is able to manage with a SO% raise in fees. Barbosa said that Portugal accepts the raise because his country knows what inflation means. But if a *100%* raise is needed it should be spread over a period of 3 years. Sommerfelt suggested *a* raise only for 3 years to see how IMIA manages after MEDINFO 86. After a further discussion on reducing expenses Rienhoff's motion, seconded by Roelants was accepted nem. con. The notion reads:

The AGM accepts the 1984 budget including a 50% increase of the membership fees under the following conditions:

A – A detailed principal report including policy considerations is presented to the next AGM.
B - Other sources of income for scientific activities are checked by the IMIA board.
C - The necessity for financing the IMIA newsletter is received.
D - The expenditure of the headquarters is reviewed in detail.
E - The report of the treasurer to the next AGM is presented together

with the report of the Auditing Committee.

**8. 5**

**Noninations**

Peterson announced that he had installed an ad-hoc nomination committee; (a proposal seconded by Kaihara). Peterson had appointed Shires to act as nomination committee. Shires proposed: Salamon to be a trustee. Peterson seconded this proposal which was unanimously accepted. Abbott is to continue for another year as secretary. This proposal was seconded by Anne Gose and approved with one abstention. Peterson then proposed the nomination committee to be composed as follows:
One Board Member with preference the vice president (in this case Kaihara).
One National Representative & the past president (in this case Shires). Kaihara was elected with one abstention and Shires with the same number of votes. Barbosa was elected as National Representative, also with one abstention. After these elections Shires outlined the difficulties with the vacances and suggested bringing proposals to the next Board Meeting for approval for:
- the publicity committee
- the membership committee
- the bylaws committee (with the suggestion that the vice president take this chair).
- one trustee
Shires proposal was accepted.

**8. 6**

**Publicity**
No report received

**8. 7**

**Bylaws**
Kaihara referred to the minutes of the Board Meeting in Washington DC. item 3 in which it has been proposed to substitute the words "General Assembly" where ever they occur in the bylaws with "Annual General Meeting". IFIP requested the omission of the words "General Assembly" as it could cause a misunderstanding with the IFIP G.A.
Kaihara agreed to do so, but to wait with reprint of the bylaws till the next issue. The proposal was approved nem.con.

**9.**

**MEDINFO**
9.1 and 9.2 were deferred to the following day.

**9. 3**

**MEDINFO 89, preliminary discussion regarding site selection.**

Ouyang Zhineng officially applied for Beijing holding MEDINFO 89. (see appendix 9)
Beijing is an important city and by 1989 enough hotels will be available to host MEDINFO 89.
China has a long history, with many medical centres and hospitals. The weather is good and warm, especially during MEDINFO 89 (!)
Zhineng Requested the AGM to accept China's proposal. Kaihara supported this idea. He said that more than 60 airlines fly to Beijing. The conditions in Beijing are good and so are the hotels. Zhon Dan explained that the open door policy of the P.R.C. everything possible. He expected

1000 attendees with a profit of US$ 20.000 of which 70% will go to IMIA. He gave examples of international congresses held in his country and distributed tourist material.

Shires enquired how the transfer of the profit could be organised as IMIA need this money. Also every country must be guaranteed entry to the P.R.C.

The answer was 'no problem[1]. China will organise the Asian Games and here also, such problems were solved. Barbosa wanted to be sure that although most papers will come from the West, papers from the host country (and the whole area) should not be neglected.

Zhon Dan said that they can give financial support to young scientists and even arrange discounts for them on airline tickets. Anne Gose supported the site selection of Beijing and said that the USA was willing to help. On Rienhoff's request, Zhon Dan replied that the organisation (including the Chinese Medical Association) is non governmental, but it is a scientific organisation. In China the government contributes to scientific organisations, but the remaining part of the income has to come from fees.

Rienhoff made a general remark about big conferences and was concerned about young scientists who could not afford high expenses. He had his doubts about big conferences and said that in the FRG people are concentrating more on specific seminars and conferences. However, the FRG will support PRC in every respect. He further nominated FRG as a reserve for Beijing. After Anne Gose had complimented the Chinese presentation, Zhon Dan said that for students "hospils" and other inexpensive accomodation is available. Peterson expressed the AGM's feeling that it would be a good thing for IMIA to organise MEDINFO 89 in Beijing. He thanked the representative from China for his proposal and FRG for being a reserve.

Sommerfeld said that Eire is interested in organizing MEDINFO 89 and Shires mentioned Rio de Janeiro. The president said that the final decision has to be taken at the AGM 1985 in Portugal. Roelants strongly supports China. Latin America could be a runner up though he had his doubts. He thought that Western Europe and North America should not be chosen. Zhon Dan offered assistance for a Working Conference to be held in China. Rienhoff asked for written draft presentations of the countries interested in organising MEDINFO 89. The Board should have these presentations available at the spring 85 Board Meeting. It was clearly stated that China is IMIA's first choice. Ouyang Zhineng presented a nice Chinese gift to the president, which was accepted with thanks.

## 9. 1

### MEDINFO 83:

Roelants stated that a final report had not yet been completed. Flint gave a report on the financial side of MEDINFO 83. He and Shires had just been in Amsterdam and inspected the books with Hasman, the treasurer of MEDINFO 83. He referred to the minutes of the Steering Committee meetings where it was clearly stated that IMIA had never approved the Seminars and that only figures of the MEDINFO 83 (without the seminars figures) were acceptable.

However, Shires and he had found it impossible at this stage to split the figures. The total result is a loss of appr. Dfl. 60.000 (Swfr. 45.000) The Dutch Government will cover Dfl. 50.000 The remaining part will be shared 70/30 between IMIA and the VMBI.

The interests on the loans of these two organisations was 12%. If money comes in after the total closing of the books it will go to IMIA and

VMBI. Any surplus wil go to the Dutch Government. Flint presented a motion that he and the treasurer of MEDINFO 83 could conclude this matters. The motion seconded by Shires was approved with one abstention, (see the consolidated draft Balance sheet as per appendix 10).
Rienhoff and Hansen were interested in the amount to be received from Italy. This is a very doubtful debtor and the "Italian approach" is unacceptable for IMIA. Further pressure has to be put on IMIA's National Member and National Representative to obtain this money as soon as possible. From talks with Antonio Fernandez Perez de Talens it was understood that the amount will be paid before the end of 1984. Anyhow, this is a very serious question and every effort should be made to receive this amount. Kaihara requested a detailed final report (not only on finances). A motion by Kaihara and seconded by Jørgensen stipulated that a final report must be received before the end of 1984. This was approved nem. con.

**9.2**

**MEDINFO 86:**

No news is good news.
Anne Gose reported briefly that the organisation was going well and that it is on schedule.

**10**

**Working Groups:**

**10.1** W.G. 1:
Information Science and Medical Education.
No report received

**10.2** W.G. 2:
Applications of New technology to Health Informatics.
This W.G. is terminated according to the Bylaws.

**10.3** W.G. 3:
Testing and Validation for ECG Analysis Programmes.
No report received. Report received after Meeting, see last page of appendices.

**10.4** W.G. 4:
Data Protection in Health Information Systems.
Bakker reported, see appendix 11.

A discussion on the North Holland books. Their low selling numbers and their high price was stated. It is unfortunate that so many good books did not reach the scientists who need them, only because of the high prices. From the minutes of the Board Meeting in Washington DC the members were informed about the project providing books for developing countries. Further suggestions were made for buying books in bulk and trying to distribute them cheaper. Contacts with WHO are also important. Generally speaking the situation was found unsatisfactory. Good books were produced by the Working Groups. The editors put a lot of work in these publications, which have such a high scientific level. But they do not cover the area for which they are meant. As a general remark on Working Groups it was said that a closer cooperation with some of IFIP's Working Groups could lead to better results.

**10. 5**  Working  Group 5
Ambulatory Care Information Systems.
See report as per appendix 12.

**10. 6**  Working Group 6
The Coding and Classification on Health Data.
Flint reported also on item 12.1 see report as per appendix 13.
The paper had not been distributed before. The discussion on the recommendations was interrupted by Kaihara's remark that the Annual General Meeting was not the place for scientific discussions. The Annual General Meeting has an administrative task.  As the recommendation should go to WHO, Rienhoff remarked that this report was not an official IMIA report but recomendations of a Working Group. Abbott proposed to congratulate the Working Groups on its conference for the  amount of work done. The recommendations were appreciated but with some reservations. Individual members of the Annual General Meeting should send their comments to Cote.   The Working Groups should contact WHO and report back to the next Annual General Meeting. This motion seconded by Flint was approved with one vote against.
Shires proposed - seconded by Roelants that the IMIA's president should assist in trying to establish contacts between this Working Group and WHO. This motion was approved nem. con.

**10.10**  Working  Group 10
Hospital- Information Systems.
As Bakker had to leave early this item was discussed before. See appendix 14.

The subject of paying "out of pocket" expenses was discussed. This resulted in a general resolution proposed by Rienhoff and seconded by Kaihara reading as follows:
The next IMIA Annual General Meeting shall decide on the finances of this Working Groups. It is recommended;
- 1 –  that an initial Swfr. 1000 are given to each  Working   Group, which has started, or will be starting for which the new conditions were set up in Amsterdam 1983,
- 2 -  That the Working Groups have the right to ask the IMIA Board for reimbursement of specific costs which cannot be financed otherwise and are necessary for the Working Group,
- 3 -  that a direct support is given to cover general administrative costs of the Working Groups,
- 4 -  that the  Working  Group  actively try to find financial sources outside IMIA to finance these activities,
- 5 -  that each Working Group keeps its own accounts and presents an annual report on this Working Group account to the treasurer and the Auditing Committee of IMIA prior to the Annual General Meeting.

It was decided that the next Board Meeting will discuss this resolution and report back to the next Annual  General Meeting.
As to the money asked for by this Working Group, Anne Gose said that they can have it from her institute (applause).
Shires proposed, seconded by Anne Gose and accepted nem.con.
"The Annual General Meeting accepts the Working Group 10's report with exclusion of the financial request".

**10. 9**  Working Group 9.
Rienhoff reported as per appendix 15.

The name of this Working Group has been changed into 'Health Informatics for Development'. Shires mentioned that it often impossible for participants from developing countries to raise the money to visit conferences. He suggested asking international organisations for (financial) help. Rienhoff said that help from USA has already been promised.

**10. 7**   Working  Group 7.
Bio medical Pattern Recognition.
Roelants reported on behalf of Van Bemmel that the Working Group is very alive and the organisation for the June 1985 Working Conference all goes to plan.

**10. 8**   Working  Group 8.
Nursing Informatics.
Abbott reported as per appendix 16.
On the subject of the financial support request. A discussion started on finances for Working Groups in general. The Board was requested to set up rules for financing Working Groups. This case, however, was different, because they had been promised Swfr. 5.000 and they had only asked for Swfr. 2.000 Furthermore, a additional amount is expected from the Working Conference in Canada. The following motion by Shires seconded by Sommerfelt was approved with one abstention:
"Approve Working Group 8's financial request. Negotiate with the Working group to have this money to be considered as a loan, and to find ways to recuperate it. Further requests from Working Groups will have to be considered under IMIA's new rules"
Roelants would appreciate a complete list of the members of all Working Groups.

**11**    Working Conferences(past)
**11. 1**  Chamonix, March 1983 Information Science and Medical Education
On this succesful Working Conference Salamon reported already at the A.G.M. 1983. The proceedings have been published in the meantime

**11. 2**  Minorca. The applications on Computers in Cardiology.
It was mentioned that this Working Conference organised with sponsorship of IMIA went very well. Also here the proceedings are already available.

**12**    Working Conference (future)

**12. 1**  Ottowa, Canada, September 24-29, 1984.
Role of Informatics in Health Data Coding & Classification Systems.
Flint remarked on this Working Conference under item 10.6. This Working Conference had already taken place. The proceedings will come on the market in February 1985. There were complaints that North-Holland takes too long to publish camera ready proceedings and that books were too luxurious and therefore too expensive.

**12. 2**  Calgary, Canada, May 1-3, 1985.
Nursing and Computers.
Abbott reported on this Working Conference under item 10.8. The organisation is well controled and more than 1.000 participants are expected. Comments on this Working Conference are to be sent as soon as possible to Shires.

**12. 3**  Leuven, Belgium, 2-5 June 1985.
Computerized ECG Analyses: Towards Standardisation.
Note the change of place and dates.  Report from Willems: Everything goes well.

**12. 4**  Amsterdam, The Netherlands, June 1985.
Pattern Recognition in Practice II.
Under Van Bemmel's management; everything goes well.

**12. 5**  Stockholm, Sweden, June 10-14, 1985.
Human Computer Communications in  Health Care.
Peterson reported on the progress and said that there will be an industrial day. Roelants found some conferences overlapping each other not in order. This could well causes problems.

**12. 6**  Berlin, GDR, 17-22  March  1986.
Progress in Functional Analysis by Computer Technologies.
Note changes of dates and title. See appendix 17. This Conference seems well on its way. Van Bemmel & Willems were asked to become members of the PC. Michel was requested to handle a formal report giving all details to the next Board Meeting. The title should be chosen. Most probably "Functional Analysis" is a wrong translation from the German: "Funktion Analysen".

**12. 7**  Prague, Czechoslovakia, September 1986.
Computer Aided Medical  Decision Making.
See Ms. Zvarova's report as per appendix 18.
The difficulties with these Working Conferences is the transferability of foreign money out of Czechoslovakia. Flint will discuss the situation with Van Bemmel. Abbott proposed and Sommerfelt seconded the following motion:
"Make financial arrangements if IMIA can afford it"
This motion was accepted nem. con.
Peterson will reply to Ms. Zvarova's letter.

**12. 8**  Hannover, F.R.G. December 2-6, 1985
Systems in Primary Care
Note changes of dates and title. See Reichertz report.
Roelants requested that OC chairmen should contact the national Representative for nominations. The report was accepted.

**12. 9**  Brindisi, Italy.
This Working Conference was taken off the agenda at Kaihara's proposal, seconded by Peterson and unanimously accepted.

**12. 10**  Kobe, Japan, Spring 1986
Homeostasis in  Healthy People.
Note the changes in site and dates. Kaihara reported that this Working Conference will be held under the Chairmenship of Toshio Yasaka and that Prof. Willemsen from USA is an outstanding member of the PC.

**12. 11**  New Working Group
Rienhoff informed that a Working Conference in FRG is under construction on New technologies in Medical Documentation.  IMIA will be informed soon.

**13.**  Fees

see item 8.4.3.

**14.  Future Meetings**
**14. 1  Board Meeting, Spring 1985**
Peterson had again contacted Gomaa, who invited the Board to Cairo.

**14. 2  Annual  General Meeting, 1985**
The Annual General Meeting, 1985 will take place in Lisbon, Portugal 30–31 October 1985.
In the Conference Centre in Lisbon a symposium will be held. IMIA members are requested to participate. The Annual General Meeting 1986 will be in Washington DC. in connection with MEDINFO 86.  Ouyang Zhineng offered to host the Annual General Meeting 1987 in Beijing, Peoples Republic of China.

**15.  Other business**
**15. 1  The** 12th Conference on Computers in Cardiology asked for IMIA sponsorship Kaihara supported the idea strongly. Peterson proposed, Abbott seconded a motion to sponsor this Conference unanimously. It was asked to promote IMIA on this Conference. Barbosa mentioned that this conference is one month prior to MIE Helsinki but Peterson said that these conferences were of different types.

**15.2.1** Peterson thanked Sommerfeld for his long contribution to IMIA. He has been the Norwegian representative from the time of TC-4. He has now passed the Norwegian representation to Solheim. Sommerfeld thanked the board for the warm words and said that IMIA can still count on him.

**15.2.2** Peterson then addressed himself to the absent Lindberg. He thanked him for his long time activities in IMIA and TC-4 and wished him success with the organisation of MEDINFO 86.

**15.2.3** Last but not least Peterson expressed thanks to Shires, now that this was his last meeting as an IMIA officer. Peterson handed David a token of appreciation for all the work he has done for IMIA. He was happy that IMIA will not loose contact with Shires and found it a honour to work with him. Kaihara, as member of the nomination committee, proposed and Abbott seconded to nominate Shires in accordance with paragraph 2.5 of the bylaws: Honorary Fellow of IMIA.
The spontaneous applause has to be considered as an unanimous approval. Shires thanked everybody for the honour showed to him.

**15. 3** Peterson thanked everybody for their  contributions  especially  the Norwegian hosts for their splendid organisation and their willingness to take over the organisation of the AGM at such short notice.

Meeting closed.

November 1984

**APOLOGIES   RECEIVED   FROM:**

| Name: | Country: |
| --- | --- |
| J. Raviv | Israel |
| J.R. Scherrer | Switzerland |
| R. Salamon | France |
| D. Lindberg | USA |
| I. Vaananen | Finland |
| D. UaConaill | Ireland |
| Ch. Zywietz | Fed.Rep.Germany |
| J. Michel | German.Dem.Rep. |
| G. Cell | Austria |
| J.L. Willems | Belgium |
| I. Symonds | New Zealand |

**PROXIES:**

| Person designated: | Country etc: |
| --- | --- |
| W.C. Abbott | Ireland |
| H. Peterson | Austria |
| H. Peterson | Belgium |
| H. Peterson | German.Dem.Rep. |
| H. Peterson | Finland |
| W.C. Abbott | W.G. 8 - Nursing |
| R. Hansen | EFMI |

**AGENDA GENERAL ASSEMBLY 1984**
**OSLO – NORWAY**
**2nd - 3rd NOVEMBER 1984**

| | | |
|---|---|---|
| 1. | **Welcome** | |
| | 1.1 Hans Peterson | |
| | 1.2 Rolf Hansen | |
| | | |
| 2. | **Approval Agenda** | **Peterson** |
| | | |
| 3. | **Approval Minutes** | **Abbott** |
| | 3.1 General Assembly August 1983 | |
| | 3.2 Board Meeting May 1984 | |
| | | |
| 4. | **Report to IFIP's General Assembly, Bulgaria** | **Peterson** |
| | | |
| 5. | **Report Headquarters** | **Gundersen** |
| | | |
| 6. | **Regional Members** | |
| | 6.1 EFMI | **Hansen** |
| | 6.2 IMIA Latin American Group | **Shires** |
| | | |
| 7. | **International Organisations** | |
| | 7.1  WHO | **Mandil** |
| | 7.2  CIOMS | **Peterson** |
| | 7.3  WMA | **Schlogell** |
| | 7.4  IBI | **Salanon** |
| | 7.5  IHF | **Barber** |
| | 7.6  International Health Record Association | **Shires** |
| | 7.7  Systems Science in Health Care . | **Rienhoff** |
| | | |
| 8. | **Committee Reports** | |
| | 8.1  Membership | **Kaihara** |
| | 8.2  Publications | **Reichertz** |
| | 8.3  Newsletter | **Kaihara** |
| | 8.4  Finances | **Flint** |
| | 8.4.1 Final Report 1983 | |
| | 8.4.2 Budget 1984 | |
| | 8.4.3 Budget 1985 and fees | |
| | 8.5  Nominations | **Peterson** |
| | 8.6  Publicity | **Bennett** |
| | 8.9  Bylaws | **Peterson** |
| | | |
| 9. | **MEDINFO** | |
| | 9.1  MEDINFO 83 final report | **Roelants** |
| | 9.2  MEDINFO 86 progress report | **Lindberg** |
| | 9.3  MEDINFO 89 preliminary discussion about site selection | **Peterson** |

## 10. Working Groups

| | | |
|---|---|---|
| 10.1 | 10.1 W.G. 1: Information Science and Medical Education. | **Salamon** |
| | 10.2 W.G. 2: Application of New Technology to Health Informatics. | **Terminated** |
| | 10.3 W.G. 3: Testing and Validation for ECG Analysis Programmes. | **Zywietz** |
| | 10.4 W.G. 4: Data Protection in Health Information Systems. | **Kenny** |
| | 10.5 W.G. 5: Ambulatory Care Information Systems | **Reichertz** |
| | 10.6 W.G. 6: The coding and Classification on Health Data. | **Flint** |
| | 10.7 W.G. 7: Biomedical Pattern Recognition. | **Van Bemmel** |
| | 10.8 W.G. 8: Nursing Informatics | **Scholes** |
| | 10.9 W.G. 9: Medical Informatics in Developing Countries. | **Rienhoff** |
| | 10.10 W.G.10: Hospital Information Systems. | **Bakker** |

## 11. Working Conferences (past)

| | | |
|---|---|---|
| 11.1 Chamonix, | March 1983 Information Science and Medical Education. | **Salamon** |
| 11.2 Minorca. | The applications on Computers in Cardiology. | **Fernandez** |

## 12. Working Conferences (future)

| | | |
|---|---|---|
| 12.1 | Ottawa, Canada September 24-29, 1984. Role of Informatics in Health Data Coding and Classification Systems. (in cooperation with WHO) | **Flint** |
| 12.2 | Calgary, Canada, May 1-3, 1985 Nursing and Computers. | **Scholes** |
| 12.3 | Brussels, Belgium May 1985. Computerized ECG analyses: Towards standarisation. | **Willems** |
| 12.4 | Amsterdam, The Netherlands, June 1985 Pattern recognition in Practice II | **Van Bemmel** |
| 12.5 | Stockholm, Sweden, June 10-14, 1985 Human-Computer Communications in Health Care. | **Peterson** |
| 12.6 | Berlin, GDR, October 1985. Progress in Functional Analysis by Methods of medical Informatics. | **Michel** |
| 12.7 | Prague, Czechoslovakia, September 1985. Computer-Aided Medical Dicision Making. | **Van Bemmel** |
| 12.8 | Hannover, FRG, October 1985. The Computer in the Doctors Office. | **Reichertz** |
| 12.9 | Brindisi, Italy, 1985. The role of Information Systems and of Health Informatics in the Reconstruction of Health Care Systems. | **Fernandez** |
| 12.10 | Tokyo, Spring 1985. Homeostasis in Healthy People | **Kaihara** |

## 13. Fees  see 8.4.3.     **Flint**

## 14. Future Meetings.

| | | |
|---|---|---|
| 14.1 | Board Meeting, Spring 1985 | **Peterson** |
| 14.2 | General Assembly, 1985 | **Peterson** |

## 15. Other Business.

GA Varna 84
IMIA Annual Report


IMIA REPORT TO IFIP GENERAL ASSEMBLY

VARNA, BULGARIA

SEPTEMBER 17-19, 1984


IMIA has made further progress since the last report issued to the General Assembly in September 1983. The IMIA Latin America regional group is now established and the South-East Asia regional group will be founded in the near future. The financial problems are still severe because the MEDINPO-83 did not leave the expected surplus. The activities of IMIA over the last year can be summarized as follows:

1.0  IMIA Secretariat. The operations of the IMIA Secretariat has stabilized and is working well. There is no better and cheaper way to run IMIA operations than through the secretariat.

2.0  Working Groups. Currently IMIA has nine Working Groups. One has been terminated.

2.1 Working Group 1 - Information Science and Medical Education held a working conference and the proceedings was published late 1983. Prof Gremy will no longer be able to continue as chairman and prof Salomon was elected new chairman.

2.2 Working Group 2 - Application of New Technology to Health Informatics was terminated because of inactivity for more than three years.

2.3 Working Group 3 - E.C.G. Computerized Applications has concentrated their work on guidelines and recommendations for the European Commission. There are other geografical groups considering these problems. The group will hold it's next working conference in June 1985.

2.4 Working Group 4 - Data Security and Confidentiality has over the years been very active and has published three books. The work in the future will be concentrated to - monitor the field of data protection - identify new trends and problems - disseminate information - provide advice on issues on request and - commission specialist effort where appropriate.

2.5 <u>Working Group 5 - Computers in the Doctors Office</u> is making a oooparative study of existing systems and is planning for a new working conference in 1985.

2.6 <u>Working Group 6 - The Role of Informatics in the Classification and Coding of Health Data</u> chaired by prof Coté is organizing a working conference in Ottava Sept 22-27 1984 in close cooperation with among others WHO.

2.7 <u>Working Group 7 - Biomedical Pattern Recognition</u> chaired by prof van Bemmel will organize a working conference in June 1985.

2.8 <u>Working Group 8 — Nursing Information</u> chaired by M. Scholes will organize a working conference in May 1985.

2-9 <u>Working Group 9 - Medical Informatics in Developing Countries</u> chaired by prof Rienhoff has tried in cooperation with IBI to organize a working conference in Africa. So far this has not been possible. The International Hospital Federation has offered the possibility to organize a working conference together with IMIA and there are plans for such a conference for 1986.

2.10 <u>Working Group 10 - Hospital Information Systems</u> chaired by prof Bakker has just started their work.

3.0 <u>Working Conferences.</u> IMIA held two working conferences during 1983. The relatively low number is because IMIA tries to reduce the number during MEDINPO years. They were as follows:

3.1 Chamonix, March 21-25. Information Science and Medical Education. This working conference was attended by 40 persons representing 12 countries and was a great success. The lectures discussions and recommendations are published.

3.2 Minorca. The applications of Computers in Cardiology. The working conference was a great success both scientifically and financially. Some recommendations were referred to WG I. The proceedings in Hbglish are published and a Spanish translation is available through the Spanish Institute of Cardiology.

3.3 <u>1984</u> Three working conferences were scheduled but two has been postponed. The conference on Assessment of Technology because prof Gremy has retired and the conference on Computers to Evaluate Health Service planned for Dresden DDR due to organizing problems.

3.3.1 Role of Informatics in Health Data Coding and Clissification Systems, Ottawa Canada September 24-29 1984 in cooperation with WHO.

3.4 1985 Eight working conferences are proposed. These are as follows:

3.4.1 Nursing and Computers. Calgary Canada May 1-3 1985.

3.4.2 Computerized EGG Analysis. Towards standardization. Brussels end of May 1985.

3.4.3 Pattern Recognition in Practice II. Amsterdam June 1984.

3.4.4 Human-Computer Communication in Health Care. The second Stockholm Conference on Communication in Health Care. Stockholm June 10-14 1984.

3.4.5 Progress in Functional Analysis by methods of Medical Informatics. Berlin Oct 1985.

3.4.6 Computer-Aided Medical Decision Making. Prague Sept 1985.

3.4.7 The Computer in the Doctors office Hannover Oct 1985.

3.4.8 The Role of Information Systems and of Health Informatics in the Reconstruction of Health Care Systems. Brindisi Italy 1985.

4.0 IMIA Administrative Meetings

4.1 IMIA held it's Board Meeting in Washington DC May 17-19 1984. In parallell a meeting of the MEDINFO-86 Council and Organizing committee took place and a joint meeting was arranged. The board members had the opportunity to inspect the premises for the MEDINPO-86.

4.2 The next IMIA Assembly meeting is scheduled for Buenos Aires, Nov 1-3 1984. The first South American Congress organized by the Regional Group is arranged in Rio de Janeiro, Nov 5-7 1984 and many of the national representatives are invited to make presentations there.

4.3 The next Board meeting of IMIA is scheduled for mid Februari 1985 in Cairo Egypt. A national seminar in connection with the meeting is planned.

4.4 The IMIA Assembly meeting for 1985 is scheduled for the last week of Oct 1985 by invitation of the Portuguese representative. The place is not yet decided.

4.5 The 1986 Board Meeting is proposed for Beijing, Peoples Republic of China in the spring.

4.6 The 1986 IMIA Assembly will take place in connection with the MEDINPO-86 Oct 26-31 1986 in Washington DC.

5.0 <u>IMIA Publications.</u> The sales of the proceedings from the Working Conferences have not been very successfull. The books are of good scientific quality but are not sold in high volumes as the price is very high. The chairman of the IMIA Publications Committee will explore alternative ways of getting these publications a wider distribution.

6.0 <u>International Relationships</u>

6.1 <u>World Health Organization (WHO)</u> sponsored MEDINPO-83 and will sponsor MEDINFO-86. The relations between the two organizations are now closer and Dr Mandil participates in the efforts to organize a Working Conference or Seminar somewhere in a develloping country.

7.2 <u>Intergovernmental Bureau for Informatics (IBI)</u> Several attempts has been made to jointly organize a seminar in Algers or Maroco but no success so far.

7.3 <u>World Medical Association (WMA).</u> The relations with this organization is good.

7.4 <u>Council for International Organizations of Medical Science (CIOMS).The membership makes it</u> possible for IMIA to publicize it's activities and to get information about CIOMS activities.

7.5 <u>International Hospital Federation (IHF).</u> A bilateral affiliation is now established and IMIA has been offered to organize a seminar in conjunction with the IHF congress 1985. The time to do so was to short, but the IMIA President will participate and declare IMIA:s willingness to initiate a closer cooperation.

8.0 <u>MEDINFO</u>

8.1 <u>MEPINFO-83</u> was attended by about 1700 participants and the scientific quality was high. Nevertheless the financial outcome was not what IMIA expected. How that could happen is not yet clear but IMIA will be payed back the loan and the interest on that loan.

8.2 <u>MEDINFO-86.</u> The preparation for MEDINFO-86 in Washington is well under way. The chairman of the American Council for MEDINFO-86 is Mr. R. Tanaka. The chairman for the Organizing committee is Prof. D. Lindberg and for the Scientific Program Committee is Prof J. van Bemmel. The Americans expect between 3-4000 participants and the program will have at least six parallell sessions. IMIA expects a surplus that will give the organization a solid financial situation for the first time.

9.0  <u>National Membership.</u> There are currently 37 member countries and two Regional Members, the European Federation for Medical Informatics (EFMI) and the IMIA in the Latin American Countries (IMIA-LAC).

10.0  <u>Finances</u> (see appendix)

11.0  <u>Conclusion.</u> IMIA has for the moment a difficult financal situation but the officers are convinced that IMIA will survive until 1987 whereafter the problems hopefully will have disapeared.

I wish to thank the IFIP General Assembly, and particularly the IFIP Council and it's offices, for their help and support of IMIA over the past year. I would also like to especially thank Mr. Jim Finch, the Cognizant Officer for IMIA, for his continued encouragement and support

All of the above respectfully submitted.

Hans E. Peterson M.D.
IMIA President

Notes re budget:


Income:
        Fees can be increased dramatically without hurting membership.  The
cost of membership doesn't seem to be determined by the amount of the fee but
more the political situation in each country.

        I believe it is essential to present a 100% fee increase to the G.A. in
Buenos Aires to take effect in 1985. Several countries may drop out but  we
could listen to any appeal. This would likely increase income by 10,000 Swfr.


Royalties:
        These will not be significantly higher until 1987 with the Medinfo 86
publication proceeds. We must negotiate a good contract for Medinfo 86.


Surplus Medinfo:
        If the finances of Medinfo are handled properly that is the Seminar
costs and revenues separated from the Medinfo Conference as supported by
minutes then there will be a higher surplus. The surplus at present is
really interest which we might lose if the Seminars are separated. Arvid
estimated that there could be approx. 60,000 Dfl profit to be shared 70%
-30% with VMBI. This would mean 42000 Dfl to IMIA in total or an additional
29000 Swfr. (net). I will write with this request to Jan Roukens as
Organizing Committee Chairman and Arie Hasman as Treasurer of Medinfo 83 as
soon as I receive a properly presented financial statement. Arvid said this
would be available by mid June.


Expenditures:
        There are 3 major cost items Headquarters Scientific Activities and
Officers Expenses.

        Headquarters
        Upon reviewing the costs of Headquarters such as Stationery, Postage,
Telephone, Photocopying and Bookkeeping it is difficult to find any
significant savings. There is another area of course which is Arvid
Cundersen's travel to Board meetings and the General Assembly. This may not
always be necessary especially with Bud Abbott as Secretary, however with
Roger as the new Secretary there may be difficulty in recording the minutes
properly. In discussions with Arvid regarding his services he indicated it is
either 12000 swiss francs for Headquarters and 2000 swiss francs for  General
Conference or nothing at all. If our membership fee increase is turned down we
will have to ask organizations to donate funds to operate the Secretariat
services.

        Scientific Activities
        The major raison d'etre for IMIA is this. We could halt these
expenditures after our. current commitments are completed but this would not be
appropriate.

        Officer's Expenses
        These are provisions for reimbursement of travel costs for additional
assignments. These expenses are minimal and yet essential to the survival of
IMIA.

EUROPEAN FEDERATION FOR MEDICAL INFORMATICS

REPORT TO I.M.I.A.

1.  Council Meeting 9.9.81.
    The report of the Council Meeting for MIE-NEWS is attached (Appendix 1). Detailed minutes will be available in due course.  As you can see the Brussels meeting (MIE-81) was particularly successful. There was a lot of interest in the areas of medical decision making, expert systems and medical modelling and with the translation facilities, we were able to have a very good nursing day to launch nursing informatics in Belgium and Holland.  This report outlines future plans for Helsinki (25-29 August 1985) and Italy (1987). The proceedings of MIE-81 (Brussels), edited by F. H. Roger, J. L. Willems, R. O'Moore & B. Barber, were published by Springer Verlag in their series of Lecture Notes in Medical Informatics, Vol. 21, pp 778, 1981.

2.  IMIA Sponsorship of EFMI Congresses
    The question of IMIA sponsorship of MIE-85 (Helsinki) was raised at the IMIA Board meeting and it was agreed that we should ask the General Assembly to agree that EFMI congresses should be automatically treated as having IMIA sponsorship as EFMI is a Regional Member of IMIA. This would be administratively simpler and achieves the same results as at present. If IMIA ever has any reservations about EFMI activities, these could be taken up directly and if necessary the sponsorship could be withdrawn.

    I hope that the General Assembly will endorse this arrangement.

3.  Communications
    As mentioned, the British Computer Society is exploring the use of electronic mail facilities to expedite its business. The need for effective and accurate communications in IMIA is even greater and it would be helpful if the general assembly could begin to set up an international network. Remote electronic mail is much cheaper than overseas telephone calls and much more reliable than post.  The recent lack of communication over this general assembly serves to underline this need. The B.C.S. has used a DIALCOM system, marketed in the U.K. as Telecom Gold, and similar/compatible systems exist around the world. (My mailbox number is 81:BCX025)

    It would be valuable if the General Assembly could explore the practicability of linking IMIA members with each other and with headquarters in some such way.

4.  Coordinated Congress Travel
    The U.K. society was able to organise very favourable transport (bus), accommodation and early bird registration for MIE-84 (Brussels). This not only enabled more people to attend but it also provided a diverse and coherent group for informal discussion. Even though bus travel would be impossible world wide, it does however raise the question of whether, with Europe, it might be possible to increase attendances in this way or alternatively to initiate group visits between medical informatics societies - along the lines of the IHF visits.

5.   <u>IMIA/EFMI Liaison</u>
     Council has been delighted that IMIA has been represented directly at
     EFMI Council Meetings by Mr. W. Abbott recently and that it has been
     possible for me to attend the IMIA Board Meeting last May. Although
     these two way links between IMIA and EFMI are difficult to achieve in
     terms of both time and finance, they have proved a valuable adjunct to
     the activities of our organisations and we hope that ways will be
     found to ensure that they continue.


Dr. Barry Barber
IMIA Vice President (Europe)

INTERNATIONAL HOSPITAL FEDERATION

REPORT TO IMIA


1.    IHF Membership

Further to Minute 5.5 of the IMIA Board Meeting held in Washington 16-17 May, 1984, IMIA has now been accepted as a class B member of the International Hospital Federation.  This entitles IMIA to receive one copy of the IHF publications (a quarterly journal, a year book and information about forthcoming events) and to send 2 representatives to IHF events at the reduced rates for members. Following the Board minute, I have arranged for the publications to be sent direct to me.

*2*.    IHF Activities

IHF runs major international congresses every two years and the next will take place in Puerto Rico on 26-31 May, 1985.  I understand that Dr. Hans Peterson has agreed to provide an IMIA presence by giving a paper at the Puerto Rico IHF congress. In addition study visits are arranged to visit hospitals and related organisations in different countries (see appendix 1)

3.    IMIA Publications

In return for these arrangements, it would be beneficial (not least to IMIA and North Holland Publishing Co) if we could arrange to deposit IMIA publications routinely with IHF. I am in process of making similar arrangements for the back issues of publications of the European Federation for Medical Informatics to be made available and I hope that similar steps could be taken with IMIA publications. The IHF is a world reference centre and this would give world publicity for this valuable collection. Especially if we could arrange that IHF Members could order additional copies through the IHF at IMIA/EFMI discounted rates.

4.    IHF/IMIA Liaison

For information about IHF activities, members can contact me directly on 01-262-8597 or 0277-228470 (Mrs Scott) or contact IHF at 01-267-5176.

If IMIA members wish to take up one of our two member places, it is important that they should copy their correspondence with IHF to me so that I can validate their membership or advise them that the two reduced rate places have already been taken for that event.


Dr. Barry Barber
IMIA Vice President (Europe)

AGM 84   Appendix 6

Topic 8.2

The publication committee of IFIP had its meeting in Vienna on April 26-28,
1984. Participation of myself was planned and prepared. Due to an unforeseen
quite severe and acute sickness with subsequent  surgery I was unable to
attend. Unfortunately,  I did not yet receive the minutes of this meeting.
Some routine business, however, has been transacted since: Information of
members requesting information regarding IMIA policies and publications as
well as preparation of proceedings, processing of contracts of 'Computer
ECG-analysis:
Towards standardization, (Brussels, Belgium, 2-5 June, 1985), preparation of
working conference on computer-aided decision making in Prague.

I apologize for not having been able to be more active due to acute disease and
rehabilitation.

BALANCE SHEET AS PER 31 DECEMBER 1983
in Swiss francs

| ASSETS | | LIABILITIES | |
|---|---|---|---|
| Bank Sw. frcs account | 2,031 | Creditors | 3,938 |
| Bank Dfl. account | 2,836 | Surplus accumulated | 70,140 |
| Debtor: Nat. Members | 19.100 | Surplus 1983 | 1,389 |
| MEDINFO 83 | 44.500 | | |
| Surpl. WC | 5.000 | | |
| Loan WC Spain | 2.000 | | |
| Total | 75,467 | Total | 75,467 |

STATEMENT INCOME AND EXPENDITURE as per 31 December 1983

| INCOME | | EXPENDITURE | |
|---|---|---|---|
| Interest | 84 | Presid. account | 942 |
| National Members | 11,000 | Secret. account | 816 |
| Royalties | 7,037 | Headquarters | 11,000 |
| | | General Conference | 2,000 |
| | | Newsletter | 1,929 |
| | | Bankcharges | 45 |
| Total | 18,121 | Total | 16,732 |
| | | Surplus 1983 | 1,389 |
| | | Total | 18,121 |

Mei 3, 1984

## Financial Forecast

### Thousands of Swiss Francs

|                            | Actual | Forecast | Budget | | |
|----------------------------|--------|----------|------|------|------|
|                            | 1983   | 1984     | 1985 | 1986 | 1987 |

### INCOME

| | | | | | |
|---|---|---|---|---|---|
| Fees:    National Members | 11 | 13 | 24 | 26 | 27 |
| Royalties | 7 | 15 | 6 | 7 | 12 |
| Interest (Bank) | - | 1 | - | - | - |
| Surplus MEDINFO | - | 32 | - | - | - |
| | — | — | — | — | — |
| TOTAL INCOME | 18 | 61 | 30 | 33 | 39 |

### EXPENDITURE

| | | | | | |
|---|---|---|---|---|---|
| Administrative:   President | 1 | 1 | 1 | 1 | 1 |
|                   Secretary | 1 | - | 1 | 1 | 1 |
|                   Treasurer | - | 1 | 1 | 1 | 1 |
| Genera) Officer's Account | - | - | - | 1 | 3 |
| Headquarters        . | 11 | 12 | 12 | 12 | 12 |
| General Conference | 2 | 2 | 2 | 2 | 2 |
| Newsletter | 2 | 3 | 3 | 3 | 3 |
| Commiittee Participation | - | 1 | 1 | 1 | 1 |
| Scientific Activities: | | | | | |
|     Working Groups | - | 5 | 5 | 5 | 5 |
|     Working Conferences | - | 5 | 10 | 10 | 10 |
| | — | — | — | — | — |
| TOTAL EXPENDITURE | 17 | 30 | 36 | 37 | 39 |
| Surplus/(Deficit) | + 1 | +31 | (6) | (4) | 0 |
| Cumulative surplus/(deficit) starting in 1984 | | +31 | +25 | +21 | +21 |

Based on these assumptions:
1.  Fees will be increased by 100%.
2.  No loans will be repaid from Working Conferences.  If they are repaid this will help our cash flow.
3.  Medinfo 86 revenue would not be received until late 1987 and should not be included in budgeting for 1987.
4.  Ihat it is our goal to build a reserve equal to three years expenses should we have a disastrous Medinfo.   This would be created from surplus.

中 国 科 学 技 术 协 会

# CHINA ASSOCIATION FOR SCIENCE AND TECHNOLOGY

**Beijing,  CHINA**

Dr. H. Peterson
President, International Medical
Informatics Association (IMIA)            Oct. 28, 1984
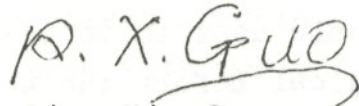                                         Beijing, China

Dear Dr. Peterson

     On behalf of the Chinese Medical Informatics Society (CMIA)
I have the pleasure to extend our formal invitation and
application to IMIA for sponsoring and organizing the MEDINFO'89
World Congress. We suggest the Congress to be held in Beijing,
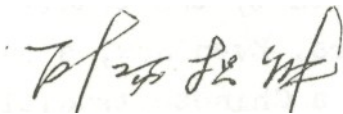China between Oct. 16-20, 1989.

     The Executive Board of Chinese Medical Informatics Society
has approved the proposal of sponsoring and organizing the
MEDINFO'89 World Congress. If the proposal can be accepted by
IMIA, we would do our best for preparation of the MEDINFO'89
World Congress, to put all our available resourses to make it
success both professionally and financially.

     With our best wishes,


                              Yours sincerely,

                              *R. X. Guo*

                              Prof. Ping-Xin Guo
                              IFIP Trustee, CMIA President

                              Prof. Ouyang Zhineng
                              Vice Executive President
                              of CMIA

# A BRIEF INTRODUCTION ON CMIA

CMIA is the abbreviation of the China Medical Informatics Association. It is an all national organisation of those Chinese scientists who are working in the field of medical and biological information processing. The CMIA was founded in September, 1981. Now, it has more than 500 members. They are computer scientists, engineers, professors, teachers or doctors. They come from practically each province of China. Beijing, Shanghai, Guangzhou, Tianjing, Xian, Chongqing, ect. nearly every city in China has CMIA members. The research level of the members of CMIA may represent the level in this field of China.

Medical Informatics in China began in early 70's. At that time, many institutes, universities and colleges in China were studying the principle of acupunture anaesthesia. The functions of computers are for the digital data processing of biomedical electrical singnals. In the late of 70's, the application of computer and its researches in the medical field developed quickly, such as analyis of ECG, medical statistics, medical pattern recognition ( for example, identifying cancer cells from nomal cells ), analysis of clinical data, CT, hospital management system, medicaldignosis, some applications in basical and clinical medicine, epidemiology, radiation therapy, drug information systems, index of medical literatures and medical records management systems, ect..

Emphasis must be placed on the applications of computer in Chinese traditional medicine. As it's known to ail, Chinese people used to be under the care by the Chinese traditional medical before the western medicine was introduced into China. It might be right to say that the Chinese nation was well preserved by the traditional medicine for several thousands of years. Even now, a large number of Chinese people prefer to see a Chinese traditional doctor when they get ill. The members of CMIA have developed nearly fifty expert systems of Chinese traditional medicine. Those sysyterns aid doctors to diagnose and treat patients in hospitals, and achieve good results.

Some theoretical works were developed at the same time, e.g. the mathematical models for medical diagnosis, the statistic methods, and some methods and theories concerning artifical intellegence and so on.

On what has already been achived, CMIA set up some working groups, they study information system in a special field, as following:

WG 1: Chinese traditional medicine

WG 2: Basic medicine science

WG 3: Clinical medicine

WG 4: Medical sattistics

WG 5: Epidemiology

WG 6: Hospital management system

WG 7: Biomedical singnals processing and pattren recognition.

WG 8: Medical literature and medical records management systems

WG 9: Radiation therapy

WG10: MUMPS language and its system

WG11: Artificial intellegence in medical field

CMIA had held several annual meeting and WG meeting in the past three years, and CMIA members published more than two hundred of academic thesis. Among them, ten odd are published in abroad. CMlA's journal will be started publication in the very nearly future. China is a developing country yet, comparing with developed countries, the development of medical informatics in China is still at the beginning stage. Lack of computer equipment and well-trained researchers are two main problems of China. We would like to have different kinds of cooperation with medical informatics, both in China and in the world.

The  leadship  of CMIA

President:   Ping-Xin  Guo

Executive Vice president:  Zineng Ouyang

Vice president:       Fongming He
                      Binqui Lu
                      Yuke Wang
                      Xiang Wang
                      Zhongling Zhu
                      Hongjiang Guo

Secretary General: Rongjiang Guo

Deputy Secretary General: Gongyue Ren
                          Bengyuan Gao

International Representative:  Rongjiang Guo

Financial Report Medinfo 83
Draft Consolidated Balance Sheet

MEDINFO 83
In 1000 Swiss francs

| Debet | | Credit | |
|---|---|---|---|
| Bank | 6.747 | VMBI loan + interest | 16.000 |
| To receive from Italy | 23.500 | IMIA | 34.327 |
| | | Auditor | 6.000 |
| Others | 2.250 | Acc. payable | 2.670 |
| Claim to Dutch Government | 26.500 | | |
| TOTAL | Sfr. 58.997 | | Sfr. 58.997 |
| | ========== | | ========== |

November 1984

**DATAINSPEKTIONEN**

The Need

-        Monitor the field of data protection

-        Identify new trends and problems

-        Disseminate information

-        Provide advice on issues on request

-        Commission specialist effort where appropriate


Perceived Problems

- User behavior - social attitudes
                 - professional attitudes
                 - economic considerations

- Research & epidemiologi - protection
                          - access

-        Awareness

-        Education & training

-        Networking

-        Problems of referensematerial - legislative
                                       - literative

-        Microcomputers

-        Lack of technical solutions (DB distributed systems)

-         Lack of ability to model system and activities

- Excess or shortage of legislation
  (also lack of special consideration)


Activities to meet the need

-         Stimulate discussion of innovation

- Monitor legislation administrative and policy
  measures

-         Monitor literature

-         Offer solutions - how

-         Conferences

-         Monitor professional and ethical issues

- Supply training material and exchange experiences

**DATAINSPEKTIONEN**

Data Protection in Epidemiologic and Clinical Research, in
Health-Care, Research and Planning_____

0. General Considerations

0.1.     Definition

0.1.1.  Epidemiologic research,

0.1.2.  Clinical research,

0.1.3.  Health-care research,

0.1.4.  Health-care planning.


0.2.     Reasons for Usage of Identified (Person-related) Health
         Data in:

0.2.1.  Epidemiologic research

0.2.2.  Clinical research

0.2.3.  Health-care research

0.2.4.  Health-care planning


0.3.     Consequences for the requirements of data protection,
         i.e. the quarantee of privacy of the individual


1. Legal and Ethical Conditions

1.1.     Data Protection (Privacy) Legislation on Epidemiologic
         and/or Clinical Research by means of Identified Health
         Data

1.2.     Professional Rules on the Usage of Person-Related Helth
         Data for Epidemiologic, Clinical (Medical) and Healt-
         Care Research

1.3.     Administrative Rules on the Usage of Identified Health
         Data for Healt-Care Planning


2.       Sources of Identified Health Data
         for the purposes mentioned above:

2.1.     Prospectively planned (field) studies

2.2.     Retrospectively evaluated data from medical records,
         file cards etc.

2.3.     Clinical trials (unicentric; multicentric)

2.4.     Professional activity studies and other quality con-
         trol measures

2.5.     Hospital/clinic statistics


3.       Requirements for Data Protection (Usage Integrity)
         for

3.1.     Epidemiology

3.2.     Clinical Research

**DATAINSPEKTIONEN**

| | |
|---|---|
| Links with other Bodies | CIOMS, OECD, EC, European Cort |
| | IBA |
| | ▷ JPJ + RS to act (DK + JD to prepare letter) |
| | NB standard letter also copies of Book |
| Training | Exchange of Information |
| Clinical and Epidemiological Research | Aim is working Conference |
| | First step a list of contributers |
| | ▷ Comment on proposal to G G |
| Technical Developments | Micros - ?WORKSHOP |
| | Networks |
| | ▷ AL to contact Schneider |
| Increasing Awareness | Inclusion of dp in education e.g. nursing |
| | ▷ G G to contact Marion Ball |
| | ▷ DK to contact IMIA Group |
| | ▷ DK to contakt Medical Records groups |
| WG 4 Library | Reference Cases |
| | ▷ AB + DK |

**DATAINSPEKTIONEN**

Action Plan

Legislation Monitoring

WHO notification system
Counterparts - WG 4 mem-
bers.
Summary report to each
meeting to decide any ac-
tion

▷ Initial report to
next meeting

Literature Monitoring

Kiel proposal - *85 G G KS
                - Student to
                  start
Trial reports to each
meeting.
Indexing is first require-
ment.
Summary and keywords in
English.
CHECK EXISTING SYSTEMS FOR
DUPL. EXHAUSTIVE? START
LIT 80.
AIMS - PUBL NEW LIT
     -
       CONSULTANCY
'EXPENSIVE' KIEL WILLING
Add "grey" literature

AB ▷ Experinces      ▷ Progress of initial report
      material          to next meeting
                     ▷ Collectors to send ini-
                       tial lists to Kiel
                     ▷ WHO to enquive of NETWORK
                     ▷ Add "grey" literature

Professional and Ethical
Views

No immediate action
Survey or report if neces-
sary
Keep at national level

Conferences

Members to submit details of
conferences to JD
Working Group to be menti-
oned

DK ▷ MIE 84          ▷ Members  to send details
                       for trial period
                       Future Working conferences
                       /Workshops to be considered
                       at each meeting
                       WHO to "sponsor" WG as
                       appropriate

**DATAINSPEKTIONEN**

AGM 84  Appendix 12

Working group V: Ambulatory care in information
systems
Topic: 12.8
Chairman: P.L. Reichertz, M.D.

The conference schedule had to be changed due to
temporary in-capacitation of its chairman. However, the
period now chosen (2-6 Dezember 1985) seems to contain
less conflicts. The conference description has been
changed accordingly and is attached.

WHO has considered the European region to be competent in
the field and support has been obtained. Dr. Jardel is
going to be part of the programme committee, as stated in
the conference description. Negotiations are still under
way, whether the Gesellschaft für Strahlen- und
Umweltforschung, München will cosponsor, and this may
result in choosing a conference site close to Munich. If
this support does not materialize, no full travel support
can be given to the participants and the conference will
be held near Hannover on a smaller scale. So far,
negotiations concerning funding for at least some of the
travel cost of the participants look promising.

The programme committee is scheduled to meet on November
12-13 1984, to determine the programme and the
participants. The IMIA representatives have been contacted
for nomination, some responses have been received. Further
inquiries concerning possible participants have been made
and will be discussed during the meeting of the programme
committee.

October 24, 1984

Of all of the working members two were not very active
and should probably be deleted from any future membership on
this working group.  We were unable to get any information
from P.L. Morosini, M.D, of Rome, Italy as well as Doctor
Karel Kupka, of WHO, Geneva, Switzerland.  Doctor Richard Tur-
ner of Harrogate, United Kingdom did finally participate towards
the end because he was appointed late.  He did come to Ottawa
to participate in the Working Conference.

Approximately two years ago the Working Croup began prepa-
ring the Ottawa Conference.  The programme committee members for
this conference were Roger A. Côté, chairman, Hans Peterson,
John Davis and Jean-Raoul Scherrer.

The meeting has now taken place and all the submitted pa-
pers as well as the summary reports, discussion ;md recommenda-
tions have all been sent to North-Holland for publication.
The total number of pages in the proceedings will be about 380.
All this material was in the hands of North-Holland on October
10, 1984,  Approximately one half of the financial ressources
obtained for this conference were used to help pay some of the
expenses of the invited chairmen, vice-chairmen and some relevant
discussants.  At present we are paying some of the final bills
and although we do not expect to have much of a surplus we
will certainly not be in the red.

For your information and as part of this report I am
including a copy of the final programme of the working confe-
rence as well as the executive summary and the general recom-
mendations of the conference.  The future direction of this
working group will be examined by the Chairman and the interes-
ted members of the group after the impact of the Ottawa Confe-
rence has been analyzed.

I hope that this report is adequate for your purposes.


RAC/cbb                    Roger A. Côté, M.D.,
                           Chairman,

                           WG6

EXECUTIVE SUMMARY

This October 1984 working conference in Ottawa was sponsored by the International Medical Informatics Association (IMIA) whose aim is to serve the specific needs of the application of information science and information technology to the fields of health care and biomedical research. One of its many national member societies, the Canadian Organization for the Advancement of Computers in Health (COACH) co-sponsored the event.

This working conference was organized by IMIA's Working Group 6 whose focus is the Role of Informatics in the Classification and Coding of Health Data. WG6's objectives are to:

1. Review health data nomenclature and classification needs for the world community;

2. Evaluate information processing technology in meeting these defined needs;

3. Recommend methods for future classification and nomenclature systems.

Fifty experts from fifteen countries were invited to discuss the basic issues of nomenclature and classification. Their papers were pre-circulated to the discussants and were not read during the conference. The entire conference was dedicated to discussion, debate and the preparation of recommendations.

The outcome of the two and a half days of deliberations was the recommendation that:

1. In future health care information systems, the user interface should be based upon natural language. The generation of numerical or alpha-numeric codes should occur within the computer.

2. Automatic encoding of natural language be used. This will simplify, at the conceptual level, the linkage between different health care information systems such as: drug, hospital management, laboratory, medical records, occupational health, primary care, etc.

3. There is need to enhance the involvement of physicians and other health care professionals in the original entry of medical and other relevant data to increase its accuracy and quality.

4. Multiple health care information systems are required to meet the different needs in health care delivery and management, be they primary, secondary or tertiary care. Wherever possible these systems should be based on common underlying information representations.

5. Future health care information systems must be able to adapt to changing requirements in health care delivery and management.

6. Under the umbrella of Working Group 6, working parties should be formed to survey the existing health care information systems related to hospital and ambulatory care, occupational and environmental health, accidents and injuries, and disability and rehabilitation, with a view to recommending improvements.

7. The morbidity and mortality statistical classification requirements of national and international groups should be the by-product of medically-based health care information systems.

8. As a result of the historical difficulties in converting from one ICD version to another, no final decision on ICD-10 should be reached until the findings of this working conference are explored and evaluated.

# OBJECTIVES AND FORMAT OF THE CONFERENCE

When the IMIA General Assembly in 1981 accepted the proposal for a new Working Group on the Role of Informatics in the Classification and Coding of Health Data the objectives for the Working Group were defined in the following way:

1. To review health data nomenclature and classification needs for the World community.

2. To evaluate information processing technology in meeting these defined needs.

3. To recommend methods for future classification and nomenclature systems.

Since the computer came into the Hospitals there has been a lot of work going on to identify what information from the medical record should be stored and for what purpose.

The attempt to store the full medical record as it was has not so far been successful but if you can standardize or change the medical record it is possible not only to store and retrieve the information, but also possible to use it for follow-up studies and research. Before storing information it must be completely clear what every piece of information stands for. This was true before we had the computer and it is even more important now when we can store enormous amounts of information and process it in many different ways.

The instrument we have had so far for producing national and international health statistics is the International Classification of Diseases which have been in use for almost 100 years. It has been modified and added to, but no major changes have been made.

The Medicine on the other hand has had its greatest advances in the last 25 years and the need to specify in detail not only diagnoses but also causes for illness, environmental factors, different treatment procedures and follow-up on therapeutic results and side effects have forced many people to invent new classification systems for their own use. If we also take into consideration that the computer has come to the hospital to stay and that integrated health care information systems are on the way, there is reason to examine all aspects of the need for coding health data as presented by all types of clinicians, from the general practitioner to the specialist.

For the format of the Conference the Organizing Committee has chosen the Working Conference type which implies only a restricted number of invited participants. In the IMIA Working Conference Guidelines it says that: "The general principles to be applied are that Working Conferences are meetings by invitation of a small number of appropriately qualified people. Normally the topic is rather narrow being limited to a specified subject area. The discussions should be the major part of the meeting and should be published as such." It also states that the local IMIA representative body should have a member on the organizing committee and as you know this conference is organized in collaboration with the Canadian Organization for Advancement of Computers in Health (COACH).

The work is split up into three parallel sessions and each session has a chairperson, a vice-chairperson and a number of assigned discussants. The relevant papers have been distributed to all assigned discussants in each session, and will not be read, but will be immediately open to discussion.

Following these working sessions it is expected that summary reports 'and recommendations will be produced for the final day of the conference. At that time general proposals will be elaborated and discussed in the final plenary session.

Report of workinggroup 10 activities, October 1984.

Activities of workinggroup 10 were initiated just before the summer. There exists considerable interest in membership of this workinggroup and a grosslist of members is available now.

As a first step in the preparation of a workingconference and draft recommandations at present relevant material is being collected among the members.

Operational targets have been defind in the following areas
- a reference model indicating which subsystems make up a HIS (T1)
- a description of integration aspect in a HIS, types of integration will be considered (T2)
- creation of a thesaurus and/or data dictionary containing names for and defenitions of data elements used in a HIS (T3)
- construction of a set of characteristics by means of which a HIS can be described (T4)
- a reference model for description of total HIS costs (T5)
- description of cases of data protection measures inplemented in the field (T6), in cooperation with workinggroup 4
- a first workinggroup meeting  probably can  be  organized  in combination with the MIE 1985-congress.

After a first reaction of the members, an assignment of them to one or more of the target areas is under construction now.

IMIA-wg 10, Hospital Information System'
=========================================

Budget 1984.


The following expenses are expected to be incurred for the execution
of the work in wg 10 in 1984.

- Telephone conversations with members of the working- group,
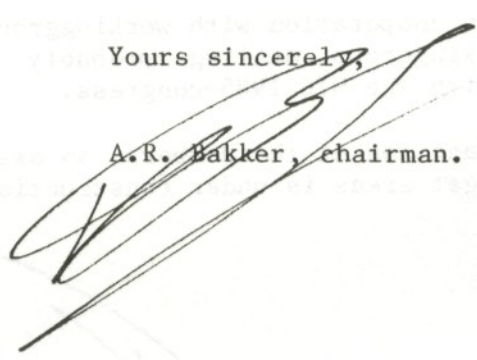  ca 20 calls a Dfl 50.- each          Dfl 1,000.-

- Costs for photocopies and mail:
  25 packets of 100 copies a Dfl 10.-    Dfl 250.-
  mail:j75 packets a Dfl 2.50            Dfl 200.-
                                         -----------

                                         Dfl 1450.-


  Dfl 1.375 = SwF 1.-                    SwF 1050.-


  We kindly ask the IMIA board for a grant amounting SwF 1050.-to
  cover these expenses.

                        Yours sincerely,

                        A.R. Bakker, chairman.

INTERNATIONAL MEDICAL INFORMATICS ASSOCIATION

Special Interest Group of the International Federation for Information Processing

please
reply to

WG 9   Health Informatics for Development
Prof. Otto Rienhoff
Hansbergstr. 43
4600 Dortmund 1                          AGM_84__Apnendix 15
FRG

## 1st ANNUAL REPORT OF WG 9 TO IMIA GENERAL ASSEMBLY IN OSLO 1984

The WG was inaugurated at the IMIA General Assembly 1983 in Amsterdam.
A steering committee was formed (Peterson, Mandil, Shires, Sa-lamon,
Rienhoff) to specify the aims of the WG in detail and to pre-
pare a working program until 1987. The steering committee met in
Bordeaux (Dec.84) and formulated a first strategy for the WG. In
Bordeaux and several other meetings folowing it was tried to pre-
pare a working conference in Africa (Salamon/IBI) and an inter-
national seminar in Brazil (Rodrigues). Both events were planned
for 1984 - and both did not take place due to unforseeable difficul-
ties.

Because of these difficulties the planned Rio-seminar cannot be the
platform for the finalization of the program until 1987 and this
has to be done during the General Assembly meeting in Oslo.

The envisaged strategy of the working group follows three main di-
rections :

1. Organisation of a platform for the exchange of experiences of
   those colleagues, who work in the field.

2. Organisation of educational activities in developing regions –
   especially by arranging specialised training packages.

3. Organisation of international working conferences, which are
   "semi-open", which means that half of the time the experts
   stay amongst themselves and half of the time they contribute
   to local educational activities.

As the Rio- seminar will not take place in the planned way the pro-
Gress of the WG in 1984 is rather limited. On the other hand it might
be of major help for the next years to have experienced at the very
beginning how important fast reliable communication links are. The
steering group will revise the program of the WG in Oslo keeping
this experience in mind.

Besides these general problems WG 9 is starting to prepare two Work-
ing Conferences (1985, Cuba, Shires/Morales; 1987, Germany, Rienhoff)

Talks about possible cooperation took place between representatives
of the steering committee and various other organisations. It is of
major importance that WHO (Mandil) is actively supporting the WG and that
we can learn from its experience.

Finally it shall be mentioned that the adress of the chairman of
WG 9 (Rienhoff) has been changed from Hannover to Dortmund, FRG.

Dortmund 22.10.84

Item 10.8 General Assembly, November 2-3, Oslo 1984
Report of Working Group 8 Nursing


Since my first report to council in April 1984,attached A. there have
been 2 further meetings to report.
May 12th, 1984.  The Chairman, Maureen Scholes (UK), Vice-chairman
K. Hannah (Canada) and Secretary Elly Pluyter-Wenting (Holland) took the
opportunity to meet with the President, Secretary and Treasurer of I.M.I.A.
in Halifax, Nova Scotia.
The Working Group officers informed the President of the progress with
arrangements regarding the Nursing Symposium to be held in Calgary,
Canada, May 1985 (reported under Item 12.2)
Also discussed was the problem of finance for the group (see under separate
heading)


September 10th 1984. The second meeting of Working Group 8 was held in
Brussels, Belgium.  11 countries were represented and up to date list of
members of the working group is attached B. (comes in final list of all WG's)
The principal items discussed were:

a)    Arrangements for the symposium in Calgary and the workshop in Banff
      which immediately follows the symposium in May 1985. Also discussed
      was the associated publication by North Holland Publishers.

b)    Information about the group is being sent to the 18th Quadrennial
      Congress of the ICN to be held in Israel June 1985.

c)    The working group offered help to the Programme Committee for the
      Nursing Session at the M.I.E. Congress in Helsinki, Finland, August 1985.
      Ms. Raija Tervo-Pellika (Chief of Information Section, Finnish Hospital
      League) attended the meeting and spoke to this item.

d)    Medinfo 86 Washington. K. Hannah is a member of the Programme Committee
      for Nursing and the importance of ensuring papers of high quality
      scientific standards was discussed.

e)    Reports from the 11 countries followed and showed increasing involvement
      of nurses with computing.
      The group hopes to report on these more fully in 1985.

f)    Spring 88 is the next proposed date for an International Nursing
      Working Conference. Arrangements are being considered and Australia/
      Sweden are possible venues. Finance was discussed.

FINANCE

In order to communicate with each other and in order to plan sensibly,
officers need some finance. Certainly lack of it has made the group
less effective than it should have been.


1983. Amsterdam 83 (coincided with Medinfo 83)

    19 members of Working Group 8 attended, each being financed by
    themselves or from National sources.


1984. May 84 Halifax, Canada

    Meeting of 3 officers and 2 members of group. Again funded from
    National sources with some personal input.


August 84. Brussels. (Coinciding with MIE Brussels)

    13 members attended.  Chairman self-financed, members some from
    National sources with some personal input.


Ongoing Costs of Officers

| 1983/84 | Telephone Costs estimated | £200 |
| | Stationery | £ 50 |
| | Part Travel | £250 estimated 1500 Swiss Francs. |
| 1984/85 | Request further resource of 500 Swiss Francs to explore use of Telecom Gold/Dial Com to aid communication and reduce travel expenses. | |
| | Total Request;_____2,000 Swiss Francs. | |

# MEDIZINISCHE HOCHSCHULE HANNOVER

## Arbeitsbereich Biosignalverarbeitung
im Zenlrum Biometrie. Medizinische Informatik und Medizjntechnik
Dlpl -Ing Chr. Zywietz

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AGM 84 This report arrived
after the meetinq
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Ihre Zeichen	Ihre Nachricht wom	Mein Zeichen	Durchwahl-Nr	Hannover
		Zy/Es.	(0511) 532 4412	23.10.1984

REF.: WG 3-Report

As pointed out earlier almost all members are very active within the Europeen

project "Conmon Standards For Quantitative Electrocardiography", project leader

J.L. Willems, Belgium.

Major results of this project up to now are:

1. set up of an annodated EGG data base with validated recognition,

    learning and test set on tape

2. CSE-atlas

    graphical documentation of expert (referee) results

3. performance analysis (measurements) of ten EGG and eight VCG-programs

4. noise tests on eight EGG and five VCG-programs.

Since MEDINFO 1983 two workshops of the CSE-working group have taken place:

a) August 28th - 30th in Lage Vuursche (NL), organized by Jan van Bemmel

b) April 13th - 15th in London, organized by Peter Bourdillon

Work and meetings are sponsored by the European Community fulltreaded for an

excellent project leader ship goes to J.L. Willems.

The next "public" International Working Conference will take place from

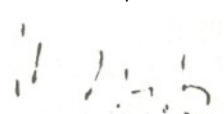June 2nd - 5th 1985 in Leuven, Belgium.

 Conference chairmen are J.L. Willems, Leuven,

 Jan H. van Bemmel, Amsterdam

 Chr. Zywietz, Hannover.

 The preparations for the working conference are going well, the leading

 scientists could be appointed for introductory and survey lectures

 Hannover, October 1984

 Chr. Zywietz

MEDINFO 77	North-Holland, Amsterdam
Proceedings of the IFIP Second World Conference	1977; 1112 pp. (Dfl. 350,00)
on Medical Informatics	
Toronto, Canada, 1977	
(D. Shires, H. Wolf, Eds.)	
MEDINFO 80	North-Holland, Amsterdam
Proceedings of the IFIP Third World Conference	1980; Vol 1
on Medical Informatics	1456pp. (Dfl. 400,00)
Tokyo, Japan, 1980	Vol 2
(D.A.B. Lindberg, S. Kaihara, Eds.)	
MEDINFO 83	North-Holland, Amsterdam
Proceedings of the IMIA Fourth World Congress	1983; Vol 1
on Medical Informatics	1350 pp (Dfl. 425,00)
Amsterdam, The Netherlands, 1983	Vol 2
(J.H. van Bemmel, M.J. Ball, O. Wigertz, Eds.)	

**** WORKING CONFERENCE PROCEEDINGS ****

INFORMATION SYSTEMS FOR PATIENT CARE	North-Holland, Amsterdam
Proceedings of the IFIP TC 4 Working Conference	1976; 492 pp. (Dfl. 135,00)
Amsterdam, The Netherlands, October 1976	
(J. van Egmond, P.F. de Vries Robbe, A.H. Levy, Eds.)	
TRENDS IN COMPUTER-PROCESSED ELECTROCARDIOGRAMS	North-Holland, Amsterdam
Proceedings of the IFIP TC 4 Working Conference	1977; 450 pp. (Dfl. 145,00)
Amsterdam, The Netherlands, November 1976	
(J.H. van Bemmel, J.L. Willems, Eds.)	
ARTIFICIAL INTELLIGENCE AND PATTERN RECOGNITION	North-Holland, Amsterdam
IN COMPUTER AIDED DESIGN	1978; 520 pp. (Dfl. 180,00)
Proceedings of the IFIP WG 5.2 Working Conference	
Grenoble, France, March 1978	
(J.C. Latombe, Ed.)	
COMPUTER AID TO DRUG THERAPY AND TO DRUG MONITORING	North-Holland, Amsterdam
Proceedings of the IFIP TC 4 Working Conference	1978; 460 pp. (Dfl. 145,00)
Berne, Switzerland, March 1978	
(H. Ducrot, M. Goldberg, R. Hoigne, P. Middleton, Eds.)	
COMPUTER AIDED TOMOGRAPHY AND ULTRASONICS IN MEDICINE	North-Holland, Amsterdam
Proceedings of the IFIP TC 4 Working Conference	1979; 330 pp. (Dfl. 110,00)
Haifa, Israel, August 1978	
(J. Raviv, J.F. Greenleaf, G.T. Herman, Eds.)	

COMPUTERS IN DEVELOPING NATIONS   North-Holland, Amsterdam
Proceedings of the IFIP TC 9 International Seminar 1981; 286 pp.   (Dfl. 110,00)
Melbourne, Australia, October 1980
(J.M. Bennett, R.E. Kalman, Eds.)

                    **** IMIA WORKING CONFERENCES ****

THE COMPUTER IN THE DOCTOR'S OFFICE   North-Holland, Amsterdam
Proceedings of the IMIA Working Conference   1980; 372 pp.   (Dfl. 120,00)
Hannover, F.R.G., April 1980
(O. Rienhoff, M.E. Abrams, Eds.)

CHANGES IN HEALTH CARE INSTRUMENTATION DUE TO   North-Holland, Amsterdam
MICROPROCESSOR TECHNOLOGY   1981; 336 pp.   (Dfl. 110,00)
Proceedings of the IMIA Working Conference
Rome, Italy, February 1980
(F. Pinciroli, J. Anderson, Eds.)

THE IMPACT OF COMPUTER TECHNOLOGY ON DRUG INFORMATION North-Holland, Amsterdam
Proceedings of the IMIA Working Conference   1982; 276 pp.   (Dfl. 80,00)
Uppsala, Sweden, October 1981
(P. Manell, S.G. Johansson, Eds.)

USES OF COMPUTERS IN AIDING THE DISABLED   North-Holland, Amsterdam
Proceedings of the IMIA Working Conference   1982; 460 pp.   (Dfl. 130,00)
Haifa, Israel, November 1981 (J. Raviv, Ed.)

HEALTH INFORMATICS IN DEVELOPING COUNTRIES   North-Holland, Amsterdam
Proceedings of the IMIA World Congress   1983; 362 pp.   (Dfl. 100,00)
Mexico City, Mexico, February 1982
(A. Fernandez Perez de Talens, E. Molino Ravetto,
D.B. Shires, Eds.)

COMMUNICATION NETWORKS IN HEALTH CARE   North-Holland, Amsterdam
Proceedings of the IMIA Working Conference   1982; 380 pp.   (Dfl. 115,00)
Ulvsunda Palace, Sweden, June 1982
(H.E. Peterson, A.I. Isaksson, Eds.)

THE IMPACT OF COMPUTERS ON NURSING   North-Holland, Amsterdam
Proceedings of the IMIA Working Conference   1983; 610 pp.   (Dfl. 160,00)
Harrogate and London, U.K., September 1982
(M. Scholes, Y. Bryant, B. Barber, Eds.)

MEETING THE CHALLANGE: INFORMATICS AND   North-Holland, Amsterdam
MEDICAL EDUCATION   1983; 380 pp.   (Dfl. 120,00)
Proceedings of the IMIA Working Conference
Chamonix, France, March 1983
(J.C. Pages, A.H. Levy, F. Gremy, J. Anderson, Eds.)

THE APPLICATIONS OF COMPUTERS IN CARDIOLOGY: STATE North-Holland, Amsterdam
OF THE ART AND NEW PERSPECTIVES   1984; 428 PP.   (Dfl. 160,00)
Proceedings of the IMIA International Symposium
Menorca, Spain, May 1984
(G. Martin Quetglas, P.W. Macfarlane, A. Fernandez
Perez de Talens and J. Cosin Aguilar, Eds.)

**** OTHER IMIA PUBLICATIONS ****

DATA PROTECTION IN HEALTH INFORMATION SYSTEMS,   North-Holland, Amsterdam
CONSIDERATIONS AND GUIDELINES   1980; 244 PP.   (Dfl. 100,00)
Edited on behalf of IMIA WG 4
(G. Griesser, A. Bakker, J. Danielsson, J.-C. Hirel
D.J. Kenny, W. Schneider, A.L. Wassermann, Eds.)

**** PUBLICATIONS OF AFFILIATED ASSOCIATIONS ****

FIRST INTERNATIONAL CONFERENCE ON PATTERN RECOGNITION   600 pp.   ($ 25.00)
Proceedings (Pub. No. 73CH0821-9C)
Washington, D.C., 1973

SECOND INTERNATIONAL CONFERENCE ON PATTERN RECOGNITION 550 pp.   ($ 25.00)
Proceedings (Pub. No. 74CH0885-4C)
Copenhagen, Denmark, 1974

THIRD INTERNATIONAL CONFERENCE ON PATTERN RECOGNITION   884 pp.   ($ 25.00)
Proceedings (Pub. No. 76CH1140-3C)
Available in microfinch only
San Diego, Cal., 1976

FOURTH INTERNATIONAL CONFERENCE ON PATTERN RECOGNITION 1170 pp.   ($ 40.00)
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