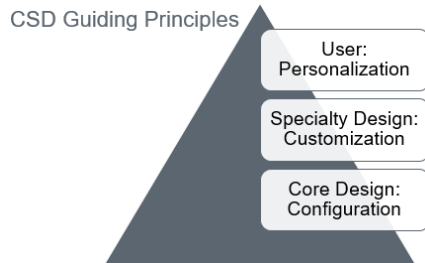




## Specialty Clinical System Design

### What is Specialty Clinical System Design?



**Clinical System Design (CSD)** is the process for planning, selecting, designing and building clinical content (documentation, decision and inquiry support tools) in the Connect Care clinical information system (CIS). “Core” content, such as a default format for AHS progress notes, applies to multiple areas or contexts across the continuum of care. “Specialty” content, such as how a particular procedure report is formatted, serves specific clinical areas, programs, subspecialties or contexts. Specialty CSD, then, is the process for organizing and coordinating the documentation, decision and inquiry supports for diverse specialty interests.

### Who guides Specialty CSD?

Clinicians, clinical and operations experts, leaders and patients contribute to the prioritization, selection, adaptation and decision-making about Connect Care content. For specialty content, decision-making is the responsibility of **Connect Care Area Councils**. Some area councils may form **Specialty Workgroups** to address CSD tasks assigned to a subset of **essential subspecialties**. Although area council and workgroup members will handle most tasks, a **subject matter expertise access process** facilitates tapping additional resources.

### When does Specialty CSD happen?

Specialty CSD started after Direction Setting 3, with structures in place by June 2018 and all re-implementation tasks complete in February 2019. Preparatory orientation has happened and some groups have already assembled clinical content. The second half of 2018 focuses on pre-defined key customizations that must be readied for testing in 2019.

### What limits Specialty CSD activities?

Most core clinical content decisions have been addressed through Direction-Setting sessions and by Connect Care committees and subcommittees. Outcomes and implications are recorded in a **Connect Care Decision Tracker** that is keyed to affected specialty CSD tasks. In many cases, the core decisions provide a framework, style or terminology to guide specialty decisions. In other cases, such as discharge summary report formatting, core CSD identified components that can be changed by specialties (e.g., therapy plan) and others that should not (e.g., problem list).

In addition to qualitative limits, there are quantitative limits. Given the configuration time remaining, specialty CSD must focus on building-blocks (e.g., nutrition orders), essential elements (e.g., frequently used billing codes) and priority tools (e.g., alerts that clearly assure safety). Epic helps specialty workgroups to focus on critical tasks, while building a strong foundation for ongoing optimization and content development post go-live. In addition, each Area Council is afforded development hours that can be applied to the customizations they value most. The **relative work** associated with different types of customizations help groups set priorities and plan which CSD tools to deploy first.

### Who organizes Specialty CSD work?

**Area Council Support Units** work with Epic and CIS configuration teams to triage specialty CSD questions and consultation requests. These are characterized and organized, existing AHS assets (e.g. order-sets) are assembled, Epic foundation offerings are tallied, and functional gaps are identified. Support units



ensure that needs are defined, limits are understood, and choices are explained. They also arrange for demonstrations, explanations and analysis important to well-informed decision-making.

## Which specialty CSD topics are covered first?

The most important specialty CSD tasks are grouped into topics that should be addressed together. Not all topic groups are relevant to all clinical or support areas.

### Quick Wins

Some specialty CSD tasks are simple and can be tackled early. The task is straightforward, choices are clear and most specialties require little orientation to do the work. These “Quick Wins” include:

- ✓ Common inpatient and outpatient visit and procedure professional billing codes (orders)
- ✓ Common reasons for outpatient visits (speed buttons)
- ✓ Common problem list entries (speed buttons)
- ✓ Common outpatient visit diagnoses

### Workflow

A review of any specialty-specific workflows allows identification of gaps not addressed in Groundwork or Direction Setting. Some may be mapped to possible customization needs, including:

- ✓ Finding patients
- ✓ Reviewing patient information
- ✓ Placing orders
- ✓ Documenting progress
- ✓ Documenting procedures
- ✓ Patient and Provider Portal information sharing

### Documentation

Unique specialty requirements for documenting observations in patient histories, physical examinations and functional assessments may include:

- ✓ Overview of the patient chart workspace (review activity tabs and navigator sections for possible additions)
- ✓ Review of process for collecting the patient’s history (determine if any additional history sections are needed)
- ✓ Review process for managing specialty views of the patient’s problems (problem list, impression, diagnosis calculator, preference lists, diagnosis associations for orders and notes)

### Communication

Particular requirements for communicating with patients or the patient’s circle of care may include:

- ✓ Adaptation or additions to Patient Portal questionnaires (e.g. risk stratification, disease-associated quality of life, therapy response)
- ✓ Specific letter generation, template or routing requirements for communication management
- ✓ Patient instructions (including after-visit summary) specific to common specialty health conditions and/or procedures
- ✓ Message and task management adaptations required for common pool-based workflows

### Chart Review

Specialties may need specific methods for organizing and displaying information to help make sense of the patient’s experience, including:

- ✓ Multi-provider schedules, patient lists, handover tasks, and condition-specific reports
- ✓ Chart review layout where allowed by core CSD
- ✓ Need for specialty summary report
- ✓ Adoption, adaptation or development of synopsis views (expose time and causal relationships)
- ✓ Need for any specialty results review reports



- ✓ Adoption and possible adaptation of patient storyline
- ✓ Adoption and possible adaptation of sidebar report groups

## Text Generation

While in-system documentation is emphasized for all Connect Care users, specialties may have unique needs or opportunities for text automation, as might occur with:

- ✓ “NoteWriter” integration of structured and narrative documentation
- ✓ Shortcuts and text-expansion macros
- ✓ “SmartForms” for generating readable notes from checkboxes and interactive forms
- ✓ Procedure documentation shortcuts and templates

## Orders

Area councils and their specialty workgroups will be oriented to a template-based strategy for building order-sets that incorporate standardized order blocks. This work will progress in parallel with other specialty CSD activities. In addition, specialties may need customizations to support order-associated needs such as:

- ✓ Favourites and preference lists for medication and orders sections of visit navigators
- ✓ Use of “SmartSets” to group and automate data collection, documentation, ordering and professional billing activities for commonly encountered clinical scenarios.
- ✓ Specialty specific therapy and treatment plans
- ✓ “ExpressLane” tools for simplifying user interfaces and tasks associated with routine encounters common to a specialty

## Complex Areas

While the most of the important specialty CSD tasks are captured in the topic areas listed above, there are some “complex areas” that Area Councils and Specialty Workgroups will need to guide so that CIS foundation build activities complete before testing in 2019. Examples include:

- ✓ Research information management tools
- ✓ In-system analytics reports for providers and managers
- ✓ Specialty-specific dashboards for gathering key information tools in one place

## Where can more information be found?

Work packages, including presentation templates and recommended demonstrations, are prepared then adapted for each of the above areas for each of the essential specialties. These are distributed via the [CSD Demonstration and Presentation Repository](#). Area council support units draw specialty CSD session templates from this repository, adapting the questions and explanations to suit their specialty context.

The [CSD Updates Blog](#) posts short updates about current or upcoming specialty CSD activities.

The [CSD Handbook](#) gathers in one place key documents and the [CSD Toolkit](#) likewise co-locates key forms, processes, tools and other supports for CSD activities.

The Connect Care Council Coordinating Support Unit will continually monitor specialty CSD activities and address any questions arising.