



## Connect Care Reporting Content Review

### What is Reporting Content Review?

Reporting Content Review (RCR) is the Clinical System Design (CSD) process through which Connect Care Area Councils and Specialty Working Groups define and prioritize how clinical and operational information is summarized, analyzed, reported and visualized to support decision-making. A wide range of reports, dashboards, metrics and data exploration tools are provided as part of the clinical information system (CIS) to support self-serve, in-system, clinical inquiry support.

### Why does RCR Matter?

Learning healthcare organizations align science, informatics, incentives, and culture to enable “continuous improvement and innovation, with best practices seamlessly embedded in the delivery process and new knowledge captured as an integral by-product of the delivery experience” (Institute of Medicine 2015). Connect Care is AHS’s pathway to a continuously learning healthcare organization. The initiative promotes curiosity, inquiry and improvement. The CIS enables with tools for data exploration, practice surveillance and hypothesis testing. RCR helps AHS prime the CIS engine so that internal evidence not only accrues at launch, but also starts is used to advantage thereafter.

### What principles guide Connect Care Reporting Content Review?

Connect Care will introduce users to powerful reporting tools embedded within workflows. For many, this will be the first time they interact with data directly. CIS training will include attention to basic analytics literacy. Pre-launch, RCR will highlight reports that are easy for data newcomers to understand. Priority is given to proven metrics and to visualizations that are based on reliable information about how the CIS is being used. Later, as more clinical data accumulates, reporting awareness will shift to process, outcome and performance measures. “[In-System Inquiry Support Principles](#)” and “[Customizing In-System Inquiry Tools Tips](#)” guide RCR CSD efforts.

### How does Core RCR differ from Specialty RCR?

Reporting needs that are organizational in nature or that span multiple specialties will be addressed by the Connect Care Council and/or Clinical Improvement Support Committee. Core CSD matters include, for example, patient safety reports, CIS minimum use compliance, wait times and chart completion markers. Specialty reporting needs are addressed by Area Councils and Specialty Workgroups. Specialty CSD matters include, for example, information about use of specialty ordersets, care plans, and chronic disease management pathways.

### When does RCR stop?

Reporting Content Review is part of CIS configuration and build. But it does not stop. It will persist at core and specialty levels, continuously reviewing the validity and usefulness of existing reports while characterizing, prioritizing and designing new reports. As experience grows, attention will shift to more complex questions, outcome measures and performance-based reporting; all informed by the AHS Improvement Way (AIW). Learning healthcare organizations never stop using internal evidence to generate insights about what works and what could be improved.

### Where can more information be found?

- Glossary: [Common Reporting Terms and Acronyms](#)
- Bytes: [Clinical Improvement Lifecycle](#); [Connect Care Inquiry and Research](#); [Reporting Maturity](#); [Reporting, Analytics & Inquiry Roadmap](#)
- Principles: [In-System Inquiry](#)
- Tips: [Customizing In-System Inquiry](#)
- Work Package: [Reporting Content Review](#); [RCR Work Package Tips](#)