



Customizing in-System Inquiry Tools

Connect Care provides access to powerful self-serve inquiry-support tools. These can take the form of measures, reports, visualizations; or combinations of components gathered together into decision-support dashboards. The tools can summarize process, outcome or administrative observations to ease individual and group decision-making. Tools are 'in-system' when fully useable within Connect Care workflows. They are 'self-serve' when clinicians and administrators employ them directly, without analyst intervention.

Connect Care inquiry can help individuals review the quality and outcomes of their work. Groups can work together to use tools for quality improvement, risk surveillance, observational study and experimental investigation.

Area Councils and Specialty Workgroups invest time and effort selecting, configuring, prioritizing, building and testing in-system inquiry tools. The following tips encourage efficient tool customization processes.

1. Anchor Analytics to Need

Tools without questions are analytic orphans. It is essential to inventory questions that matter before building metrics and displays. Some questions do not admit quantitative answers and should not be approached with analytics tools. Other questions can only be answered with data that may not be available to Connect Care for some time. Time spent prioritizing well-structured questions (specific to the patients, providers, policy and process of interest) will pay dividends when allocating scarce analytics development resources.

2. Favour Function over Format

When trying to clarify analytic needs, focus first on what users need to do with the information rather than how it is to be presented. The use case will clarify dependencies on things like real-time data and patient registries. Connect Care deploys diverse inquiry support tools. It is best to fit tool to need, then take advantage of many options for presenting the right data in the right way and place. It is especially important to not be bound by report formats born of legacy systems or initiatives.

3. Walk Before Running

Studies and experience show that it is better to build in-system analytics capacity starting with a small number of highly reliable metrics and reports. Analytics ambition is understandable... much of the promise of a clinical information system (CIS) is about learning what works best in our own context. However, over-ambitious analytics can inundate users with so much information that meaningful feedback gets lost in cluttered displays. Moreover, it can take many months before CIS use is sufficiently robust for good reporting to be supported by good data.

Focus on what is essential for go-live. Start small and build trust in inquiry tools by focusing first on established and trusted measures. These should be validated post-launch for their ability to provide decision-shaping feedback in digital workflows. Extensive application of clinical and operational expertise during testing can smooth the way for ongoing tool development during optimization.

4. Do not Shy from Shortcuts

Reliable reports can be hard to develop and validate. Where common challenges are experienced similarly across organizations and geography, analytics learnings are likely to apply to AHS contexts. Always consider seeking and using Epic Foundation reports, dashboards and templates when these fit a prioritized clinical question. It is much easier to adapt and adopt an existing tool than to develop from scratch; saving development budgets for high value items not yet proven elsewhere.



5. Promote Personalization

Try to perfect a few general tool templates, rather than develop every possible variant subspecialty report. Epic's in-system inquiry support tools have extensive personalization options, allowing individuals or groups to adjust report templates to focus on specific sub-populations, interventions or outcomes.

Connect Care self-serve training will include modules for CIS users who wish to leverage inquiry support tools for clinical improvement. The strategic goal is to build analytics capacity by investing in analytics agency among those closest to problems and the means to change how we deal with problems.

By providing interested end-users with the ability to generate reports to answer basic clinical and operational questions, highly skilled analysts can be redirected to new and complex interpretive problems associated with Connect Care's vast clinical data repositories.

6. Demote Re-invention

AHS Analytics has done tremendous work building robust organizational data; and the data literacy to use it to advantage. Where a trusted report already addresses a persisting clinical or organizational question, and that need can continue to be met with non-Connect Care tools, then the report should not be replicated in-system. In time, efficiencies will come from answering all questions in-system that can be addressed with in-system tools. For now, it is best to invest Connect Care resources in specialty customizations for questions uniquely and newly addressable by in-system inquiry support tools.

The Connect Care Clinical Improvement Support Committee has made a number of core CSD decisions that impact in-system reporting and analytics. Heeding these during specialty customization will maximize helpful standardization and minimize unhelpful variation.