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Connect Care Vlog

Who does Clinical System Design?

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Who does Clinical System Design?

Dependencies

- Components
- Core
- Specialty

Engagement

- Accountability
- Responsibility
- Support



Clinical System Design (CSD)

- “Process for planning, selecting, designing and building clinical content into the CIS to support patient care.”

CSD Streams

- **Components**
 - Medication & non-medication orders
- **Core**
 - Order, documentation, analytics principles, blocks, templates & styles
- **Specialty**
 - Order sets, smart sets, documentation automations, key performance indicators



Component CSD

- Late 2017 to end of April 2018
- Mainly Content & Standards Committee & CKCM
- Building blocks and standards:
 - Catalogues of medications, procedures, orderable actions, tests, assessments
 - Reporting and registry requirements
 - Terminologies and nomenclature
 - Protocolized lists and structured data
 - Order components that should be consistent

Core CSD

- Late February 2018 to end of May 2018
- Mainly Connect Care Committees & CCC
- High-level decisions providing:
 - Principles, plans, scope and style guides for specialty design
 - Core templates and/or building blocks, which specialty-customized content can be build with or upon
 - Guard rails for what can be specialized through customization; what should be left to personalization; and what resources are available for customizations.
 - Capture and manage decisions in AHS Decision Tracker
 - Expose high-level guard rails in CSD Decision Viewer

Specialty CSD

- Mid April 2018 to Early 2019
- Mainly Connect Care Area Councils
- Specialty-specific decisions:
 - Heeding principles, scope & style guides
 - Work with standard templates and building blocks to render specialty optimizations
 - Work within resource bounds, making decisions about priorities for different build activities: text automation, flowsheets, speed buttons, express lanes, alerts/reminders, pathways, etc.
 - Capture and manage decisions in AHS Decision Tracker

CSD Dependencies

CC Council Decisions

Multidisciplinary group of decision-makers who determine the guiding principles for clinical content:

- Level of standardization
- Charting philosophy
- Discreteness of documentation
- Change control process

Core Design Sessions

Key committees under Content & Standards

- Design core content
- Decide the scope of what content may be specialized, what will remain standard

Specialty Design Sessions

Each Area Council works through groups of sessions throughout Phase 2-3. Some sessions will require multiple iterations to complete the topic.

- Topic 1 – Intro & Workflow Review
- Topic 2 – Documentation
- Topic 3 – Orders
- Topic 4 – Notes
- Topic 5 – Communication
- Topic 6 – Patient Review & Wrap-Up

CSD Accountabilities

- Primary Triad Lead: Rob Hayward
- Project Manager: Roxana Tal Hershovici
- Project Leads: Christine Cuthbert & Sara Webster
- Epic Lead: Khair Lambaz

CSD Responsibilities

- **Principles**
 - Connect Care Council, Content & Standards Comm.
- **Core**
 - Connect Care Committees (C&S, CDS, ISC, CISC, CDC)
- **Specialty**
 - Connect Care Area Councils (with CKCM)

CSD Supports

- **Preparation, Process, Support, Actions**
 - Connect Care Council Coordinating Unit
 - Connect Care Area Council Support Units
- **Decision Making**
 - Core: Connect Care Committees, Connect Care Council
 - Specialty: Connect Care Area Councils
- **Change Management & Training**
 - Council Support Units, CORE Representatives, Trainers

CSD Support Units

- **Connect Care Council Coordinating Unit**
 - Overall herding of Area Council Support Units
- **Connect Care Area Council Support Units**
 - One per CCAC
 - Comprised of allocated resources from ClinOps, CMIO, IT, CKCM, Analytics/Reporting, Improvement, Program, Epic
 - Additional resources (e.g. human factors, admin) as needed
 - Attend all in-person and virtual decision-making activities
 - Point-person elected to represent and partner with Area Council co-chairs

Clinical Knowledge & Content Management

- Facilitate development, storage, dissemination and ongoing optimization of content for CSD.
- Organize and provide repository of supporting AHS clinical guidance and evidence links.
- Support CSD activities by working with Epic to collect, analyze, compare, and present content in ways that fit specialty and AHS context.
- Support Area Council Support Units through assembly of relevant Epic and AHS clinical content for comparison/review/decision-making/adoption.

Staying Informed:

- Website connect-care.ca
- Resources ahs-cis.ca/mdresources
- Blog bytesblog.ca
- Vlog mdupdate.bytesblog.ca

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