

Better Health. Powered by Information.

Connect Care Vlog

CIS Design Management Principles

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How is clinical content design managed?

Principles

- Challenge
- Framework
- Strategy

Process

- Resources
- Allocation Criteria
- Oversight



Vision:

Better Health, Powered By Information

Mission:

To deliver best care and improve health outcomes for and with Albertans through an accessible, integrated, comprehensive and standardized clinical information system.



Connect Care Build Guides

1. Put patients and families first.

Enhance safety and improve the healthcare experience.

2. Move fast.

Make timely, clear and actionable decisions, staying on schedule.

3. Integrate across the care continuum.

Favour seamless information flows over niche solutions.

4. Avoid unhelpful variation.

Adopt evidence-informed, provincially standardized, guidance and workflows.

5. Adopt and adapt.

Express AHS best practice, leveraging Epic content to fill gaps.

Challenge

“How can I make the CIS work in my environment?”

- Why should the similar clinical areas use similar documentation, decision and inquiry supports?
- Why all the fuss about build consistency?
- How is innovation accommodated?

CIS Design Management

Process for assuring sustainable configuration, selective specialty customization, and safe personalizations when building CIS clinical content.

Guiding Values

- Improvement
 - Top priority is better health care and outcomes associated with Connect Care adoption wherever and whenever AHS serves.
- Equity
 - Promote clinically helpful consistency across geography, generations and the continuum of care.
- Consolidation
 - Improve sustainability by reducing functional, informational, relational and knowledge fragmentation in health systems.

Guiding Directive

Replace fragmented information processes with consistent CIS use, sustainable engagement and meaningful adoption...

→ ATTRACTIVE, safe, high-performing CIS

Promote:

- User experience
 - Enhanced clinical performance
 - Adaptability and flexibility
 - Iterative optimization
 - System scalability, sustainability and upgrade resilience
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Framework

1 CONFIGURATION:

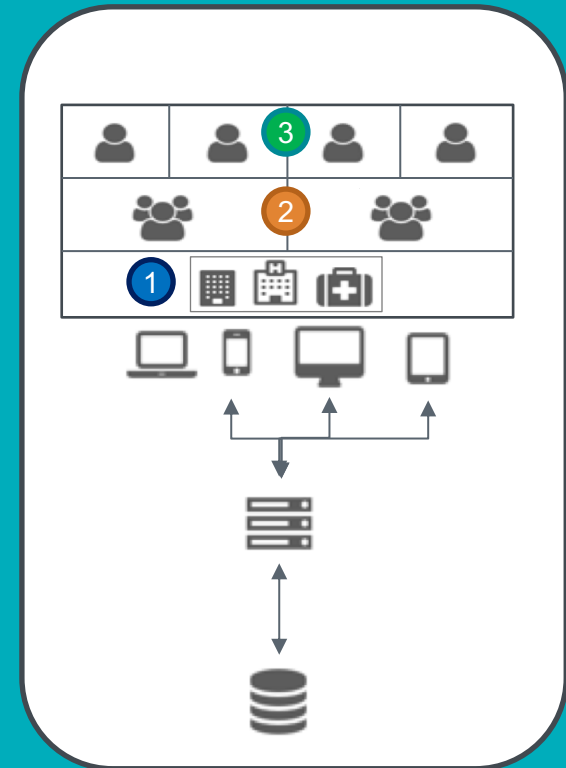
- Vendor foundation build configured for AHS context.

2 Customization:

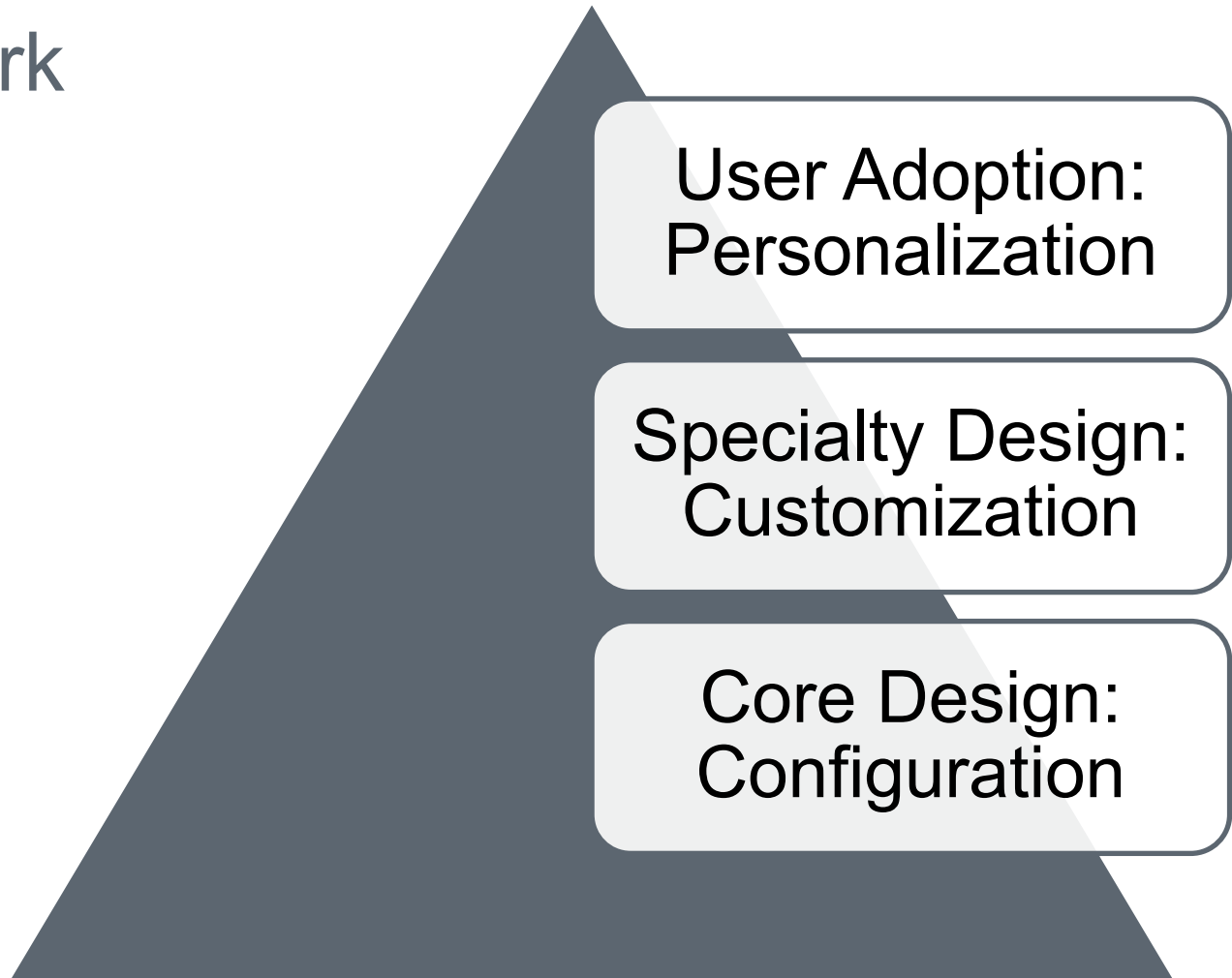
- Modifications to address business rules/workflow of a defined group.

3 Personalization:

- Ability to select, create or share user interface options, automations, shortcuts, favorites to improve usability, convenience, efficiency for specific context/workflow... without threat to design or data standards.



Framework



Process Alignment

Priority: CONFIGURATION >>> Customization > Personalization

Mitigation: Where configuration misses key clinical or safety needs:

1. Allocate customization resources for clinical improvement.
2. Minimize future resource demands at update or upgrade.
3. Protect foundation layers, foundation components, data definitions.
4. Promote personalization... with guard-rails.

Accountability: Principles-based criteria guide decisions about when to invest in which customizations... facilitating responsible design while managing user expectations.

Design Management Principles

- **Solidify Configuration**
 - Protect well-configured core functions, components and standards.
 - **Start with Foundation**
 - Acceptable specialty customizations in foundation should be adapted and adopted in preference to new development.
 - **Selective Customization**
 - Investments in new specialty customizations should consider effort-impact, usability-utility, and training-support trade-offs.
 - **Minimize Pre-Implementation Customization**
 - Recognize that user priorities and preferences will change post-implementation and be ready to optimize.
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Customization Prioritization

Serve quality, safety, efficiency and performance.

Allocate customization resources based on transparent and consistent selection criteria.

Customization criteria:








Major

- Unequivocal clinical and/or safety need – slam-dunk

Minor

- Uncommon or complex use-case – debate
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Need Criteria

	Major Criteria	Minor Criteria
Critical, documented, safety or quality need best addressed through customization.		
Base configuration does not address key specialty requirements.		
Vendor or Community Recommendation.		
Clinician Convenience or Engagement.		
System Efficiency <ul style="list-style-type: none">• Increased productivity• Decreased information burden• Decreased training or support		
Persistence <ul style="list-style-type: none">• Customization-demand is consistent, recurring and persisting post-implementation.		
Builder capacity established.		

Resource Allocation Process

1. Area Councils responsible for customization oversight.
2. Councils supported for informed decision-making with:
 - Full information & demonstration of customization types
 - Inventory of foundation specialty custom content
 - Analysis of specialty-sensitive customization pros and cons
 - Learnings and custom content from AHS and peer-organizations
 - Epic advice
 - Representative ‘build-effort’ weights (hour units) for different types of clinical content customization and maintenance.

Resource Allocation Process

3. Each Specialty allocated a customization resource budget (builder hours) for pre-implementation custom content development.
 4. Each specialty allocates customization resources to different types of customization (e.g., flowsheets, templates, decision-supports, etc.), adhering to design-management principles and reflecting specialty priorities.
 5. Area Councils promote safe personalization guides adapted to specialty areas.
 6. Area Councils devise future customization and personalization capacity-building plan, taking advantage of content builder programs.
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Staying Informed:

CSD Handbook

csdhandbook.ahs-cis.ca

CSD Support Kit

ahs-cis.ca/csdkit



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