

Better Health. Powered by Information.

Connect Care Vlog

CIS Scope Management Principles

Rob Hayward, CMIO, Alberta Health Services

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How is Connect Care scope managed?

Principles

- Challenge
- Framework
- Strategy

Process

- Gap Identification
- Gap Impact Assessment
- Gap Mitigation



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.



Clinical Information System (CIS)

Integrated information management platform supporting the collection, access, use and sharing of information supporting the delivery of health services to persons and populations in multiple settings across the continuum of care.

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

“Why doesn’t my application get to stay?”

- What functions should be integrated within the CIS versus retained and (somehow) linked?
- If a specialized application is needed, discrete from the integrated CIS, how will it relate to Connect Care?
- If health information is not in Connect Care, how will it become part of the Legal Record of Care?

CIS Scope Management

Process for identifying important CIS clinical, functional or safety gaps, prioritizing gap-mitigation strategies, and selecting systems that fill gap and work with the CIS.

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 informational, relational and knowledge fragmentation in health systems.

Guiding Directive

Replace fragmented systems with a seamless information ecosystem that allows patients, providers and policy-makers to achieve best possible outcomes...

→ an INTEGRATED improvement-oriented CIS.

Integrate:

- User experience
 - Patient's story (one person, one record, one system)
 - Health Data, Information, Knowledge, Guidance
 - Clinical & administrative decision supports
 - Health service supports
 - Individual, population & health system analytics
-

Guiding Framework

1 INTEGRATION:

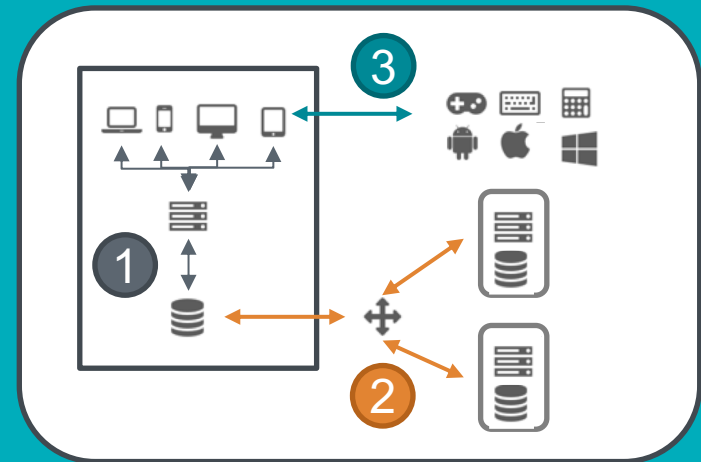
- Functions united under a single dataset AND codeset.

2 Interoperation:

- Standards-based system-to-system exchange between discrete systems at the level of dataset (e.g., provincial HIE).

3 Interfacing:

- Standards-based application-to-application exchange at the level of codeset (e.g., instruments, apps).



Process Alignment

Priority: INTEGRATION >>> Interfacing >> Interoperability

Mitigation: Where integration misses a key clinical or safety need:

1. Seek CIS custom development to fill gap.
2. If customization not possible → interoperate CIS and discrete health information system.
3. If interoperation not possible → interface to capture clinically important data from discrete application, device or innovation.

Accountability: Use principles-based, purpose-centred, criteria to guide decisions about when to interoperate or interface... facilitating coherent design while managing user expectations.

Scope Management Process

- Connect Care leadership prioritizes and protects an INTEGRATED CIS for all clinical, support and administrative functions.
- Any exceptions to key function integration require a solid clinical and/or business case justifying Interoperation or Interfacing to fill a credible clinical and/or safety gap.
- Satisfactory application CIS scope inclusion-exclusion criteria must be presented to and accepted by Connect Care governance.
- A challenge process allows escalation (Connect Care Executive Committee) if needed.

Gap Identification Strategy

Focus on health quality, safety, value and outcomes.

Apply considerations consistently, adhering to principles, ensuring accountability and promoting transparency.

Gap Justification Criteria:

Major








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

Minor

- Multiple and/or complex considerations – debate
-

Connect Care Scope Management Process

Impact Criteria

	Major Criteria	Minor Criteria
Critical, documented Patient Safety and Quality issues that can't be mitigated.		
CIS does not fulfil the majority of the requirements of the specialty / function.		
Vendor Recommendation.		
Ease of Use.		
System Efficiency <ul style="list-style-type: none">• The content to be stored would slow the rest of the system (e.g., diagnostic image management)• The system is specifically needed to interface with a medical device (e.g., lab, ICU devices).		
Fiscal Efficiency <ul style="list-style-type: none">• Costs to configure, connect, maintain and optimize are significantly outside projected budget or are unreasonable.		
Resources (tech/human) not available to AHS.		

Gap Mitigation Process

1. Clinical, operational or support group assertion of important, previously unrecognized, gap.
2. Workgroup (via Connect Care Area Council) formed with clinical, operational, technical, fiscal and vendor expertise.
3. Gap analysis performed and gap validated or questioned.
4. Validated gap considered for customization remediation.
5. Persistent gap mitigation recommendation developed and presented to Program & Design Oversight Committee.
6. Validated gap mitigation decision request escalated to Connect Care Executive Committee.

Staying Informed:

- CSD Handbook
csdhandbook.ahs-cis.ca
- CSD Support Kit
ahs-cis.ca/csdkit



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