The Importance of Governance in Developing Clinical Content

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August 21, 2007

Overview

What is clinical content?

Why is governance structure important?

Discussion of real life example

Types of Clinical Content

Clinical vocabularies

Flowsheets

Orders/ Order sets

Treatment guidelines

Care Plans

Clinical (Business) Rules

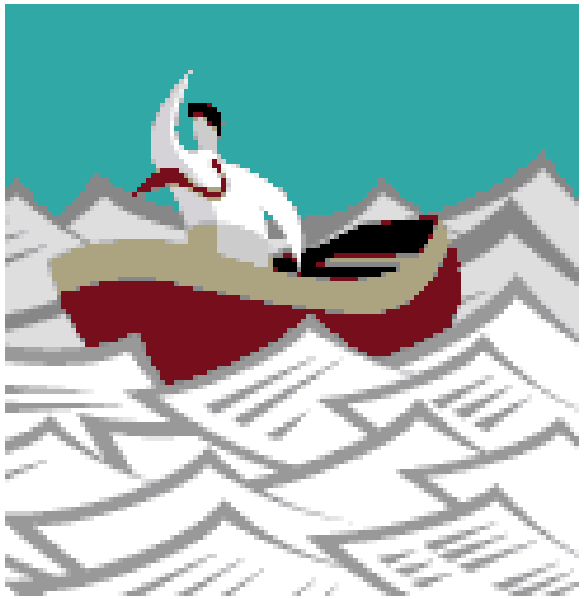
Alerts and Reminders

Clinician Note Templates

Patient and Provider Education Materials

Discharge Planning Templates

Third Party Clinical Content



HIT:
The Provider Problem?

I am too old for this!

It's too hard to use!

I am too old for this!

I'll go to another hospital.

Does Help Desk know?

I can't use a computer!

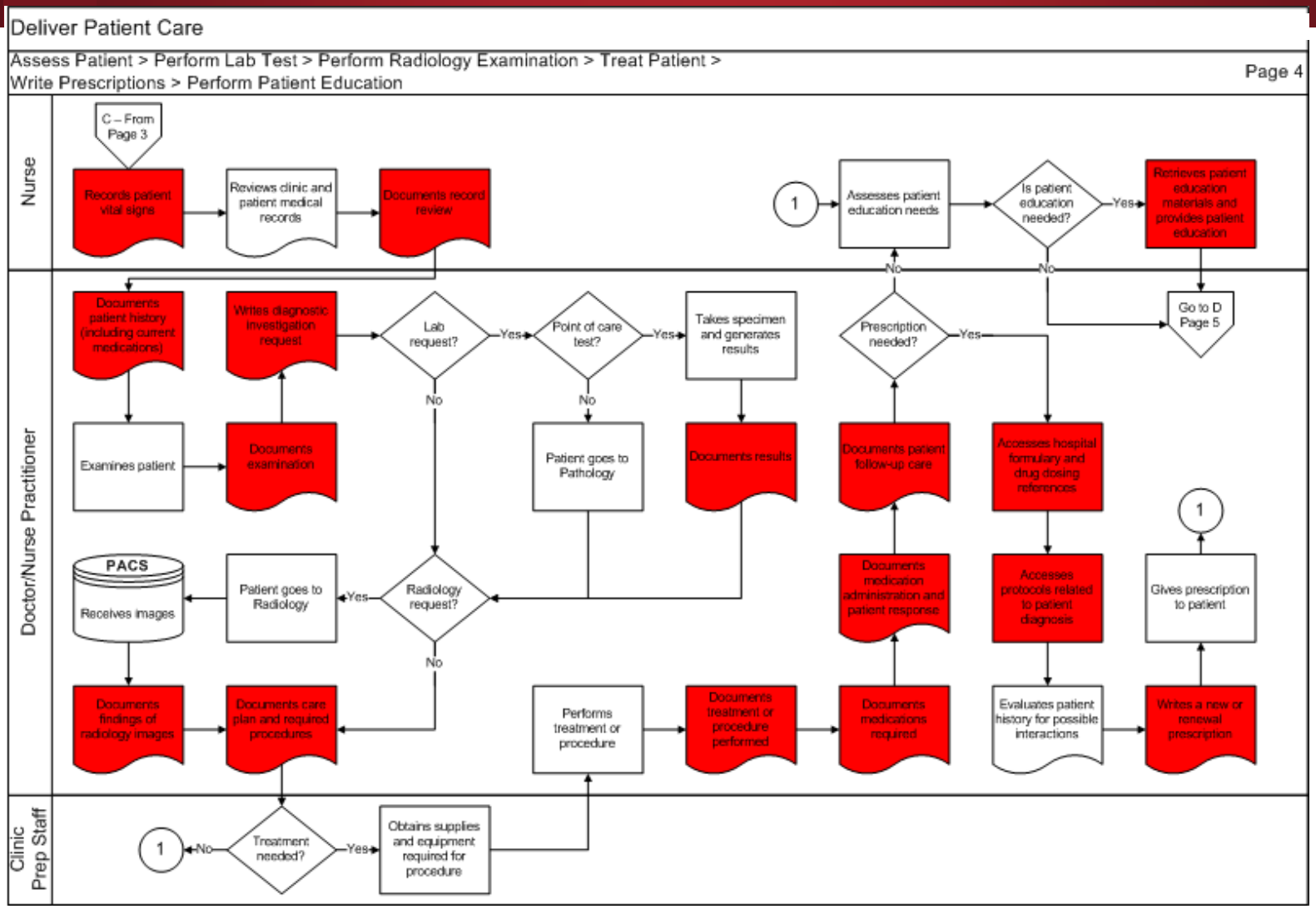
Which type computer?

Can't the nurses do it for me?

There's no space for computers

HIT:
The Institutional Problem?

Potential Clinical Content Impact Points - Example



- Items in red potentially impacted by clinical content

Clinical Content

Clinical Content goes beyond simply documenting care.

Point of Care

Clinical Documentation

The Need for Clinical Content Strategy and Governance

Benefits of having a strategy and governance:

- Defines beginning and end points
- Improves clinical processes across care settings
- Repeatable processes can improve patient care quality/ efficiency
- Leverages limited resources more cost-effectively

Desired Goal:

- ***Improved patient care***
- ***EHR is adopted***

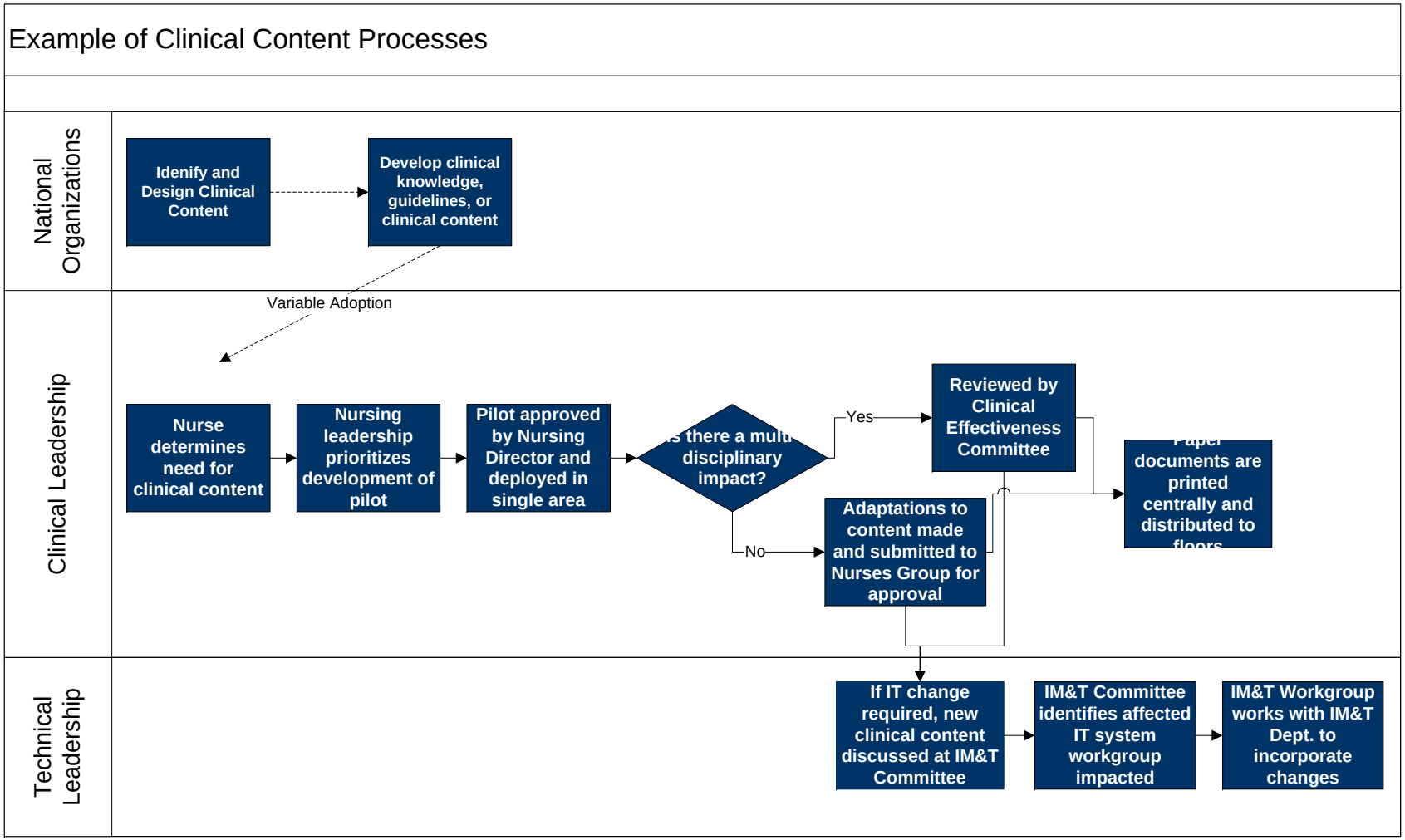
Risk of no strategy and governance:

- Fail to meet project milestones on schedule
- Ineffective use of expensive resources
- Poor clinician adoption of system
- Increased medical risk to patients

WARNING!

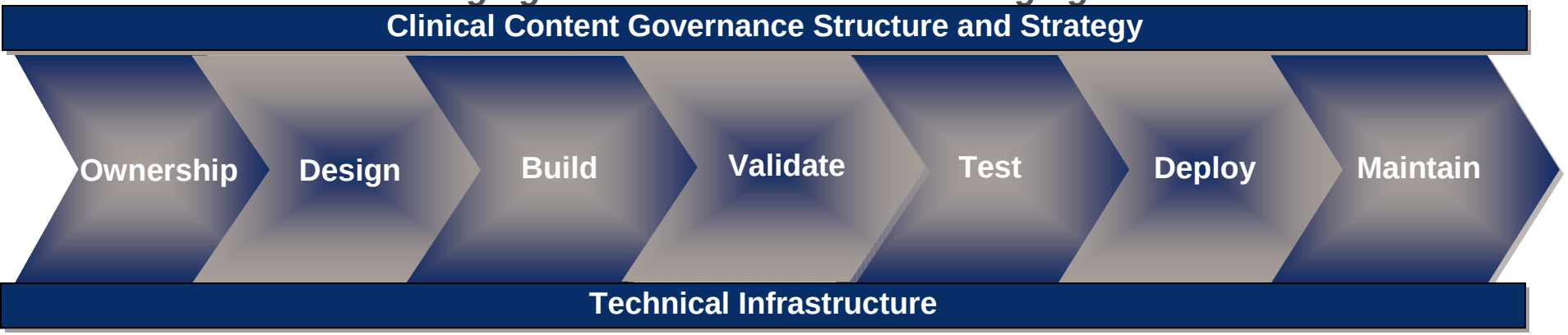
- ***Efficiency, quality of care targets not met***
- ***EHR is not adopted***

Paper Clinical Content



Clinical Content Lifecycle

Managing clinical content is like managing software



- Starting point; basis for lifecycle
- Includes ownership of process and content design decisions
- Sets foundation for governance structure
- May be consolidated or divided based on structure, phase, tech considerations and scope

- Based on chosen content source's experience
- Design sessions include both clinical and technical stakeholders
- Output includes specifications, requirements, and possibly prototypes

- Content builds into solution chosen by organisation
- Combination of imported content and original build
- Use imported scripts developed in conjunction with content owner and EHR

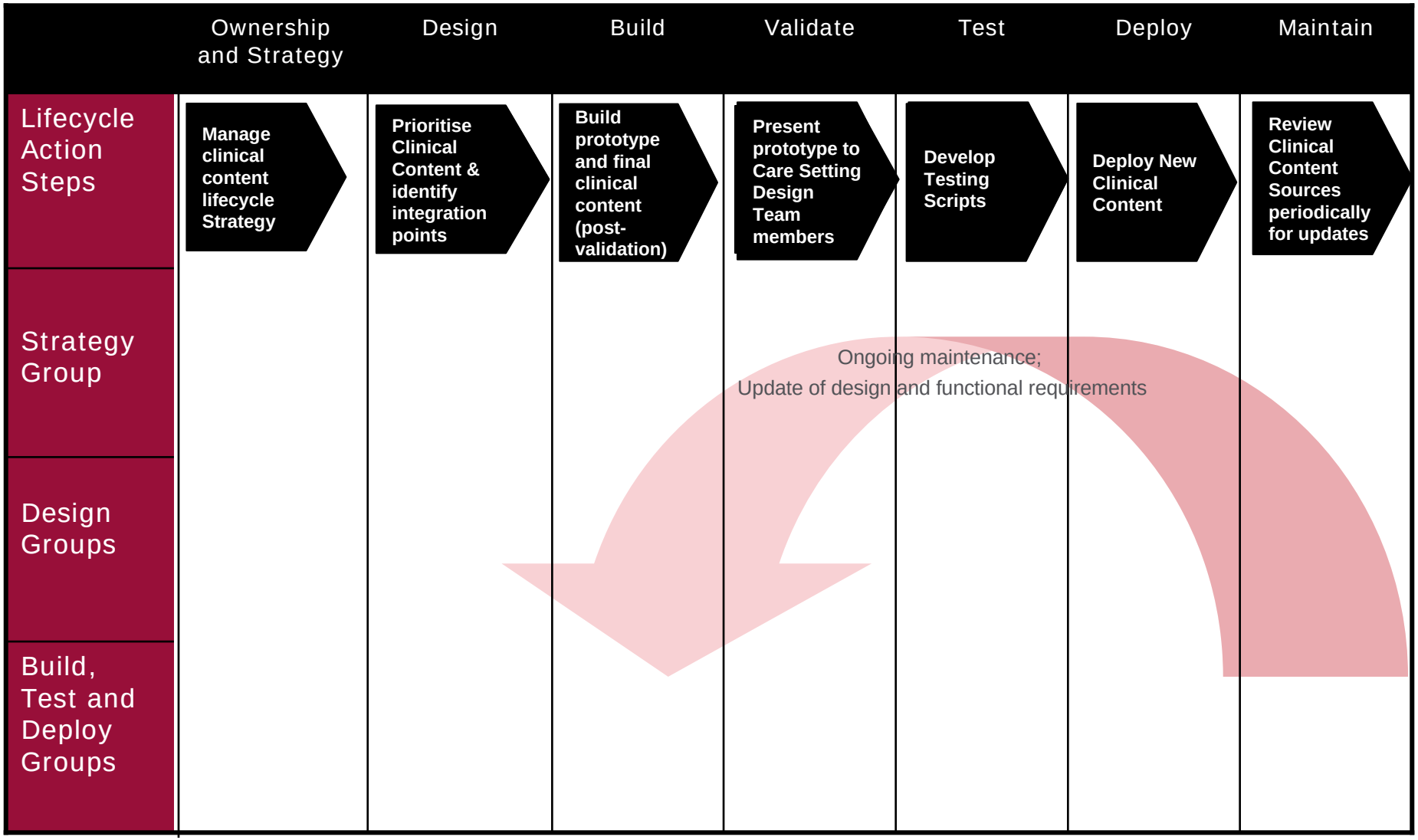
- Introduces clinical content to core audience to ensure that it meets design requirements
- Prototype validation to limited audience (clinical champions/ subject matter experts)
- Final Validation by selected larger owners of the specific clinical content

- Divided into two phases: Unit and Integration Testing
- Unit testing ensures clinical content function correctly within the application
- Integration testing allows that data input into clinical content tools functions properly across applications
- Errors requiring significant change to clinical content may require return to prior phase(s)

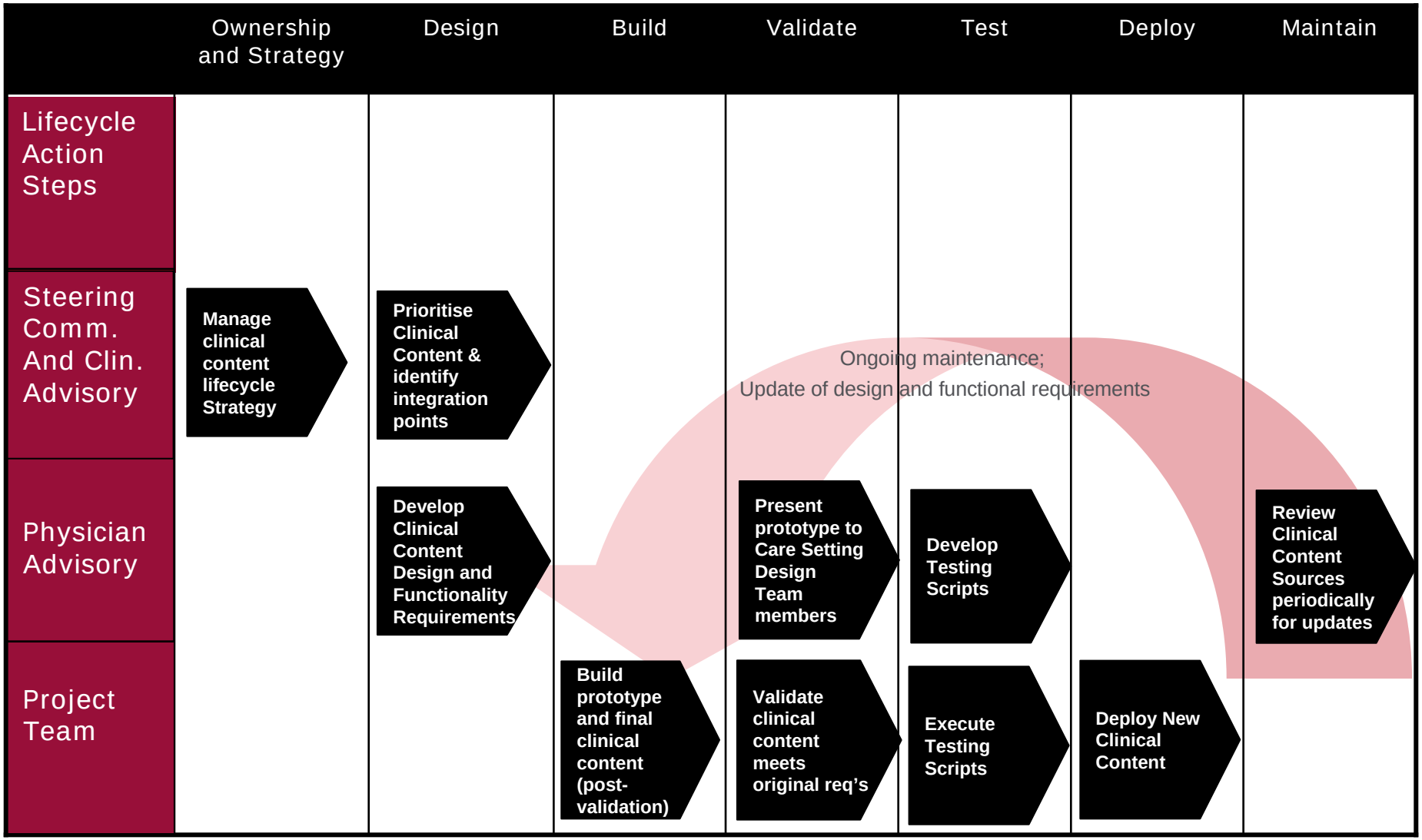
- Includes end-user training, communication and go-live planning
- Final process adaptation and change management may occur
- Go-live may occur using a phased approach

- Requires well defined SLAs based on governance structure
- Includes field/ technical support, add'l training, and updates to content
- Change may be incremental or produce another iteration of the entire lifecycle

Clinical Content Lifecycle Governance



Clinical Content Lifecycle Roles



London Cluster

Quick Facts

- **7.2+ million citizens**
- **150,000+ staff**
- **43 hospitals**
- **1,660 GP practices**

Care Settings Supported

- **Acute Trust**
- **General Practitioner**
- **Mental Health**
- **Community Health**

How do we ensure governance success?

Teamwork and treaties

Responsible bodies

Unbiased clinician and administrative leadership

Sustainability plan

Technical infrastructure

Questions?

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Layers of Leadership - Strategy

Strategic Group

- Sets direction for complete provision of clinical content
- Holds “master list” of required clinical content
- Prioritizes clinical content development against project timelines
- Helps direct clinical content sources to be used
- Manages conflicts and redundancy between design teams
- Signs off on design reqts. before handing over to build teams
- Participates in project communication and change management plan development to ensure clinical adoption of content
- Comprised of clinicians and non-clinicians, knowledgeable about clinical content and whom are looked to as authorities by peers

Layers of Leadership – Content Design

Design Teams

- May be based on specialty/ disease process (ie. Pediatrics or Diabetes), system, or role (ie. Nurse or physician)
- Viewed as experts in their field and respected by peers
- Have access to leading practice examples and peer input
- Determine detailed clinical content required to support their specialty or disease
- Design content output: standardized design requirements
- Validate content after build team builds prototype
- Aware of how to drive clinician adoption

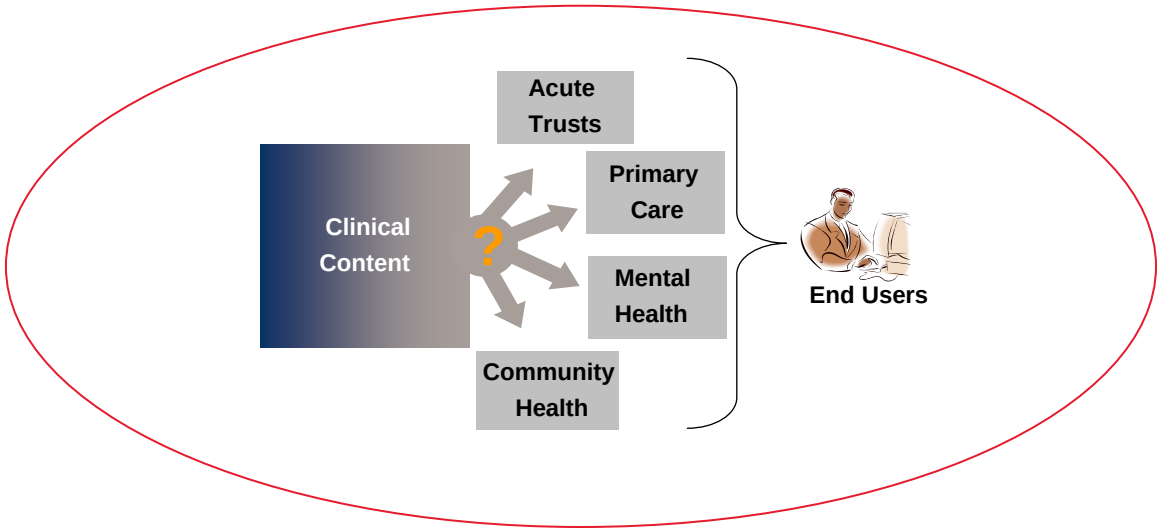
Layers of Leadership – Implementation

Build, Test, and Deploy Teams:

- Review designs for feasibility
- Create prototype
- Build clinical content in clinical system
- Test content
- Design and develop user guides and training
- Deploy content to clinicians (apply change, communication and roll out plans)
- Primarily comprised of software vendor representatives and some NHS technical representatives

Selected Strategic Decision Recommendations

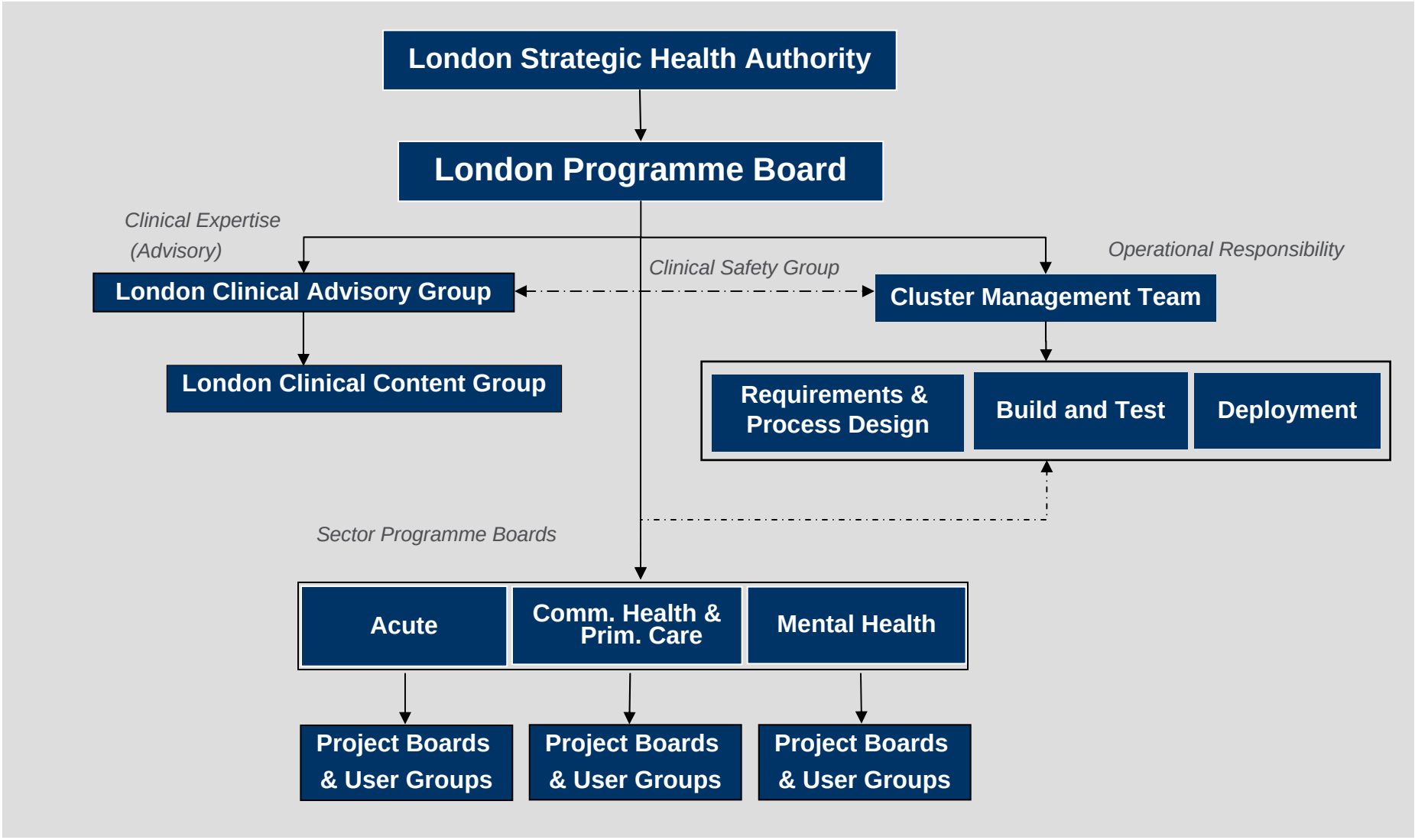
What are the your goals for clinical content?



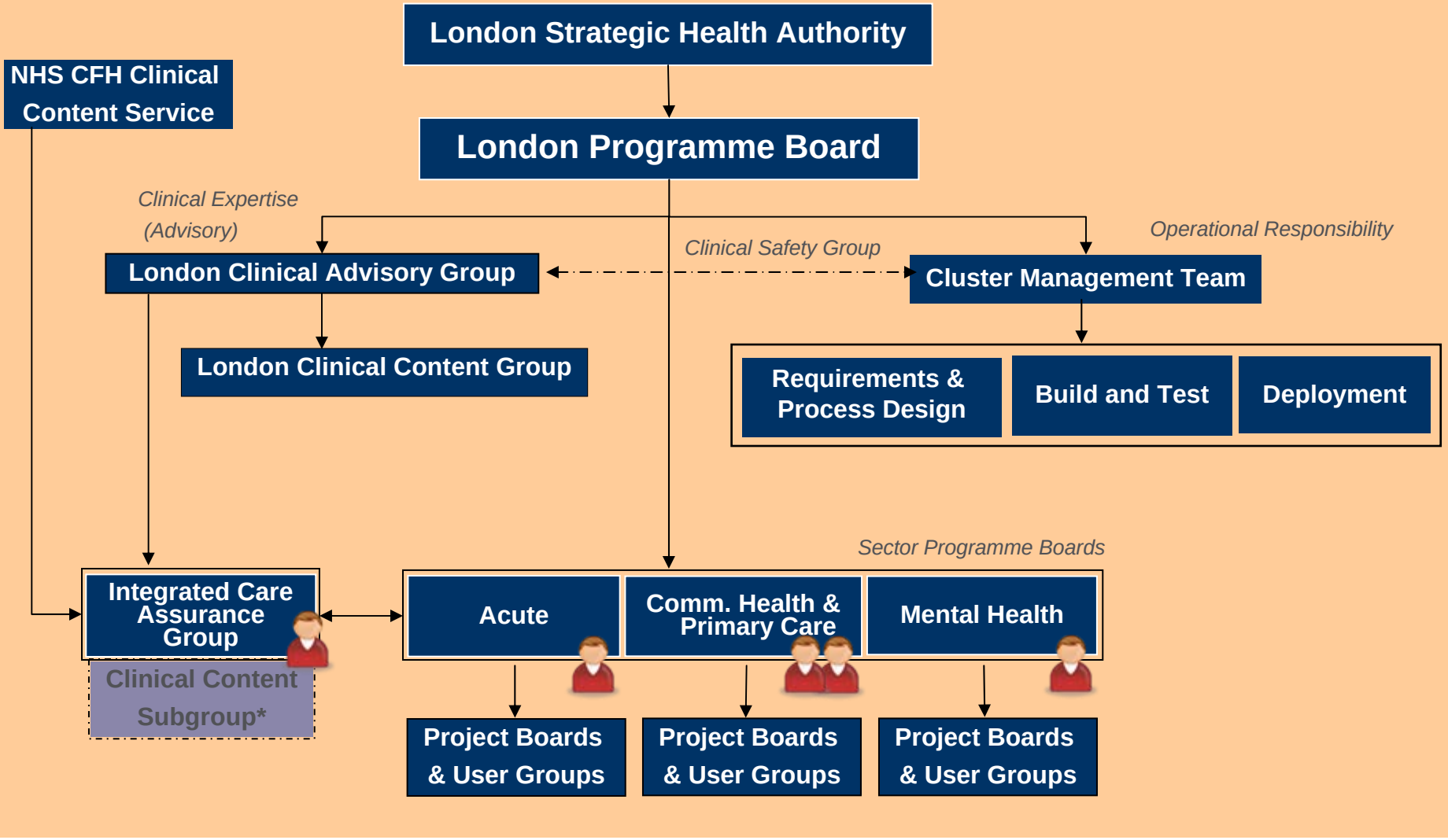
How can we coordinate the management of clinical content across several different applications ?

How should the management team react to requests for customisation of clinical content?

Current State Clinical Content Governance



Future State Clinical Content Governance Reporting Structure



* Clinical Content subgroup is not a separate entity, but a subgroup of the five clinical content "heads" already represented.