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Policy, Practice, the State of the Art
and the Difficulty of Implementation

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Date 00/June/2015

Quotation from Senior Policymaker
Panacea for all

"In order to deliver truly patient centred, safe and excellent integrated care, we need integrated information management and technology. Technology allows better access to accurate information, quick and efficient sharing of patient information which releases more time to treat patients. It allows access to potentially life-saving patient information and faster access to relevant information. Perhaps more importantly, it allows individuals to better manage their own health and become active participants in planning for their own needs. In short, connected health is better health."
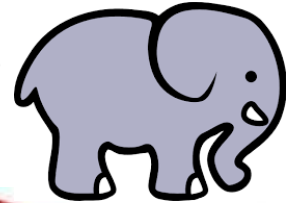
Policy, Practice and the State of the Art
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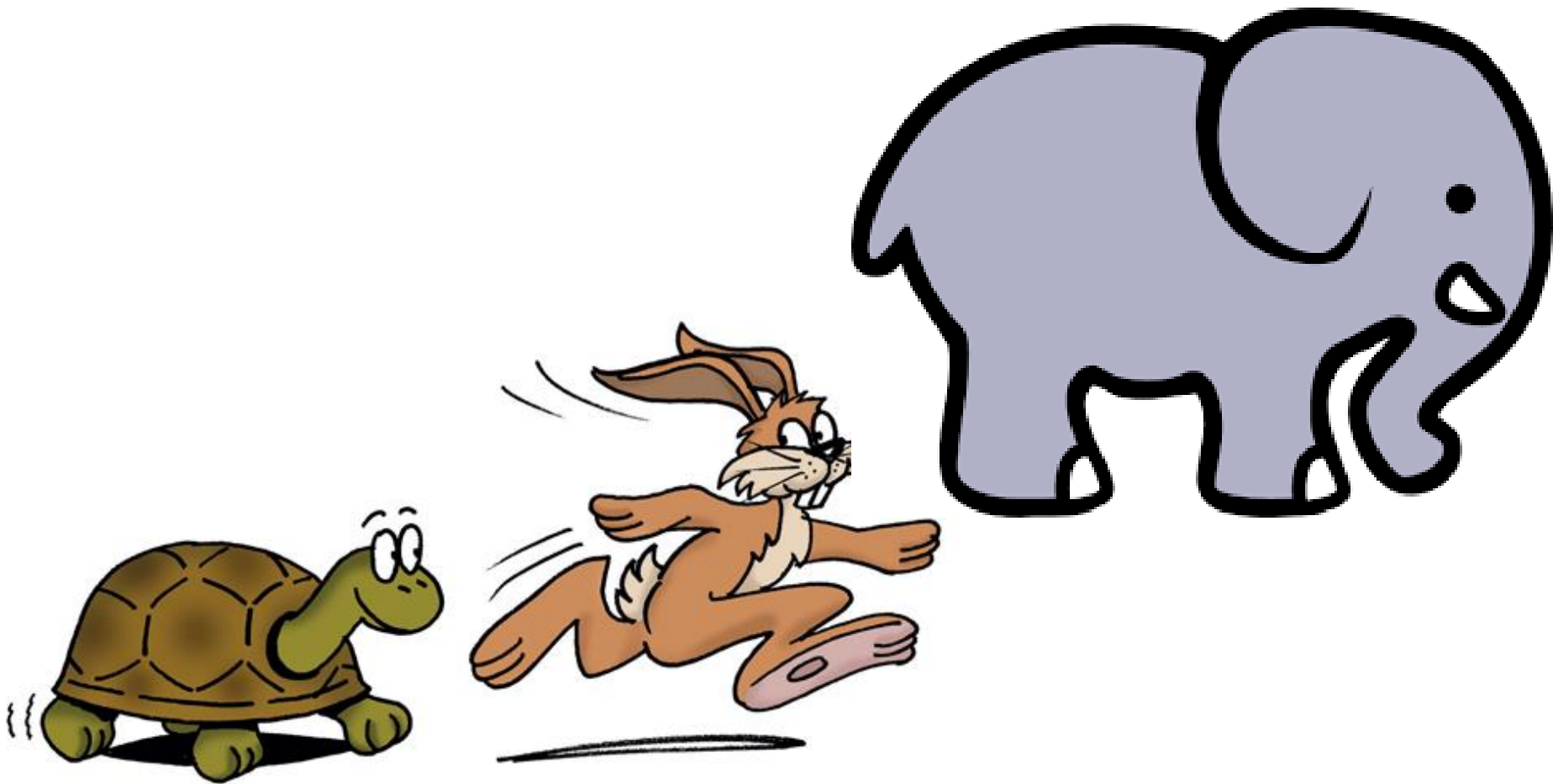
Policy, Practice, State of the Art
and the Difficulty of Implementation

Policy: What Government and Stakeholders say we do, or will do

Practice: What we actually do

MIND THE GAP

State of the Art:
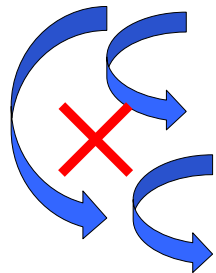**"The highest degree of development of an art or technique at a particular time"**

Current Situation
Policy and Motivation

✓ **EU Policy**

✓ **Individual Countries e.g. Ireland**

Current Research Experience in Emergency care
(one system; 3 independent service systems)

Ambulance   **– not so bad**

Primary Care   **– good administrative data**

Hospitals   **- Unable to retrieve data**

     - Retrieved electronic data but Inconsistent definitions

     - Retrieved Manual Data

     - non in-patient

Examples:

Moving towards the State of the Art
How does it happen?

Examples

- **Laboratory Information System in Public Sector**

- **Laboratory Information System in Private Sector**

- **Research Project on Communication Tools for Children in Hospital**

- **Initiative by Surgeon**

Implementation of a Laboratory Information System

Example of Translation

User needs / Requirements identification

Procurement Process

       Internal hospital

       European / Local regulations / Legislation

People

       Laboratory Staff Users

       Clinical Users of Laboratory

       Training

       Testing

System *Go Live*

Implementation Laboratory Information System
Differences between Public and Private Systems

User needs / Requirements identification   **TIME**

Procurement Process

      Internal hospital   **TIME, TIME, TIME**

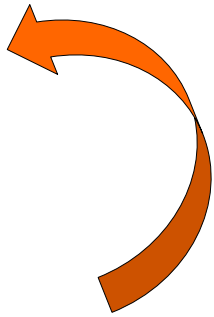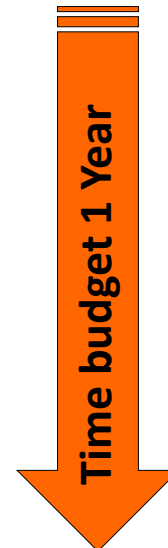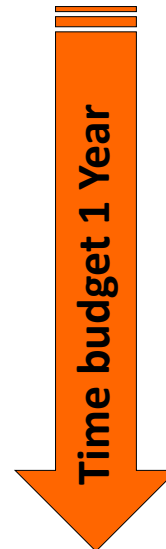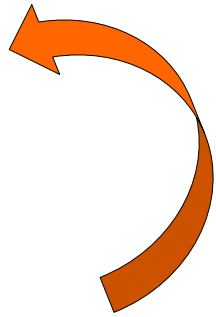   **European / Local regulations / Legislation**   **TIME, TIME, TIME, TIME**

People

      Laboratory Staff Users

      Clinical Users of Laboratory

      Training

      Testing

System *Go Live*

Time budget 1 Year

Implementation Laboratory Information System
Differences between Public and Private Systems

User needs / Requirements identification   **TIME**

Procurement Process

      Internal hospital   **TIME, TIME, TIME**

      European / Local regulations / Legislation   **TIME, TIME, TIME, TIME**

People

      Laboratory Staff Users

      Clinical Users of Laboratory

      Training

      Testing

System *Go Live*

Time budget 1 Year

PRIVATE

Implementation Laboratory Information System

Differences between Public and Private Systems

User needs / Requirements identification   TIME

Procurement Process

      Internal hospital   TIME, TIME, TIME

      European / Local regulations / Legislation   TIME, TIME, TIME, TIME
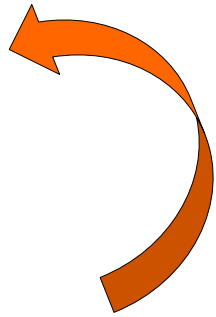
People

      Laboratory Staff Users

      Clinical Users of Laboratory

System

PUBLIC

Implementation Laboratory Information System

Differences between Public and Private Systems

User needs / Requirements identification — **TIME**

Procurement Process

    Internal hospital — **TIME, TIME, TIME**

    European / Local regulations / Legislation — **TIME, TIME, TIME, TIME**

Government Approval

People — ✔ ✗ ✔ ✗ ✔ ✗

✔ ✗ ✗ ✗ ✗ ✗

    Laboratory Staff Users

    Clinical Users of Laboratory

PUBLIC

System
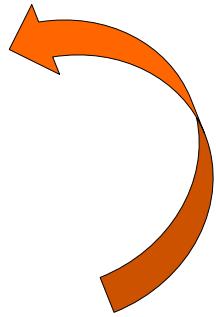
(Never Happened)

Example: A Visualisation Tool for Surgical Workflow
A story of a frustrated Surgeon

Scenario: Modern Teaching Hospital, recently implemented EPR

Surgeon approaches BK:
"I cannot do without Rita – she keeps track of our patients . . . On paper . . . . . in her pocket"

EPR system cannot present visualisation tool for surgeon to 'see' how many patients were queuing at difference stages of his work process: Initial assessment, OPD appointment, Surgery, Follow-up review.

Grant (€€) sought, student recruited to build and evaluate a Visualisation Tool

- **Accomplished ! ✔**

What Happened Next?

Example: A Visualisation Tool for Surgical Workflow

A story of a frustrated Surgeon - Part ll

What Happened Next?

EMR Vendor said:

 "No. Not unless you pay €€€€€€€' to include this into their system."

Hospital ISS Department said:

"No. Not if the Vendor said 'No'. We've cannot support students doing random projects with questionable code and expecting us to look after it forevermore.

We will agree to show the surgeons staff how to make a list for patients on his waiting list. That's all we can do."

RESULT: Surgeon is still frustrated – and keeps his own record on his phone!

Policy, Practice, State of the Art
and the Difficulty of Implementation

Solas and Áit Eilé

Collaborative tools for Children in Isolation in Hospital

EU Project Grant:

Collaborative tools developed within Time limit

Evaluated in Hospital

Big Success

? Take it away at end of project?

Service maintained by University in the Hospital with help of Charity for several years

What happened Next?

Solas

Collaborative tools for Children in Isolation in Hospital

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Service maintained by University in the Hospital with help of Charity for several years

Hospital refused to take over maintenance of System

People lost energy to continue to raise funding

Project died – and the service to children in hospital is no longer available

Issues

As I see it examples failed because:

- **Lack of connection between front line _Clinical user_ and EHR Developers**

    - Surgeon's visualisation tool

- **Lack of connection between _Academic Researchers and Developers_ with hospital IT support**

    - Children's Collaborative tools

- **Over Reliance on Short-Term Grant €€€ funding**

- **Over Reliance on Student / PhD projects**

- **Politics**

    - Public Laboratory System (LIS) Implementation

- **Length of processes for implementation**

    - Private and Public LIS implementation

Stakeholders

Who needs to know, and to be involved?

Users

— Patients

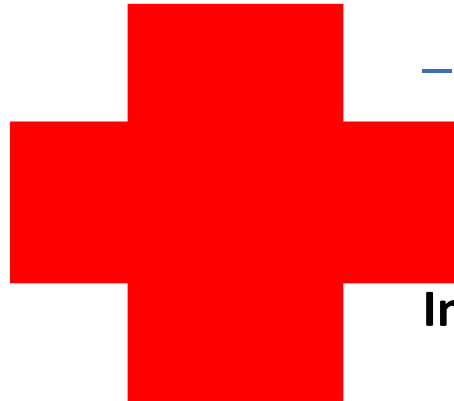— Hospital Administration

— Clinicians

— Family

Academia

— Research

— Teaching

— Developers

Policy Makers / Regulators

— Government

— Quality Assurance

— Compliance / Regulation

Industry

— Large

— SME

— Intellectual Property / Licenses

— University Start-ups

— Venture Capital

So where to from here?

- How can CBMS help?

Acknowledgement

Discussion

Greater Awareness

Citing and Dissemination of papers

      - e.g. PubMed

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The University of Dublin

Thank You

Questions?