



**Trinity College Dublin**

Coláiste na Tríonóide, Baile Átha Cliath

The University of Dublin

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

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Research Fellow

Date 00/June/2015

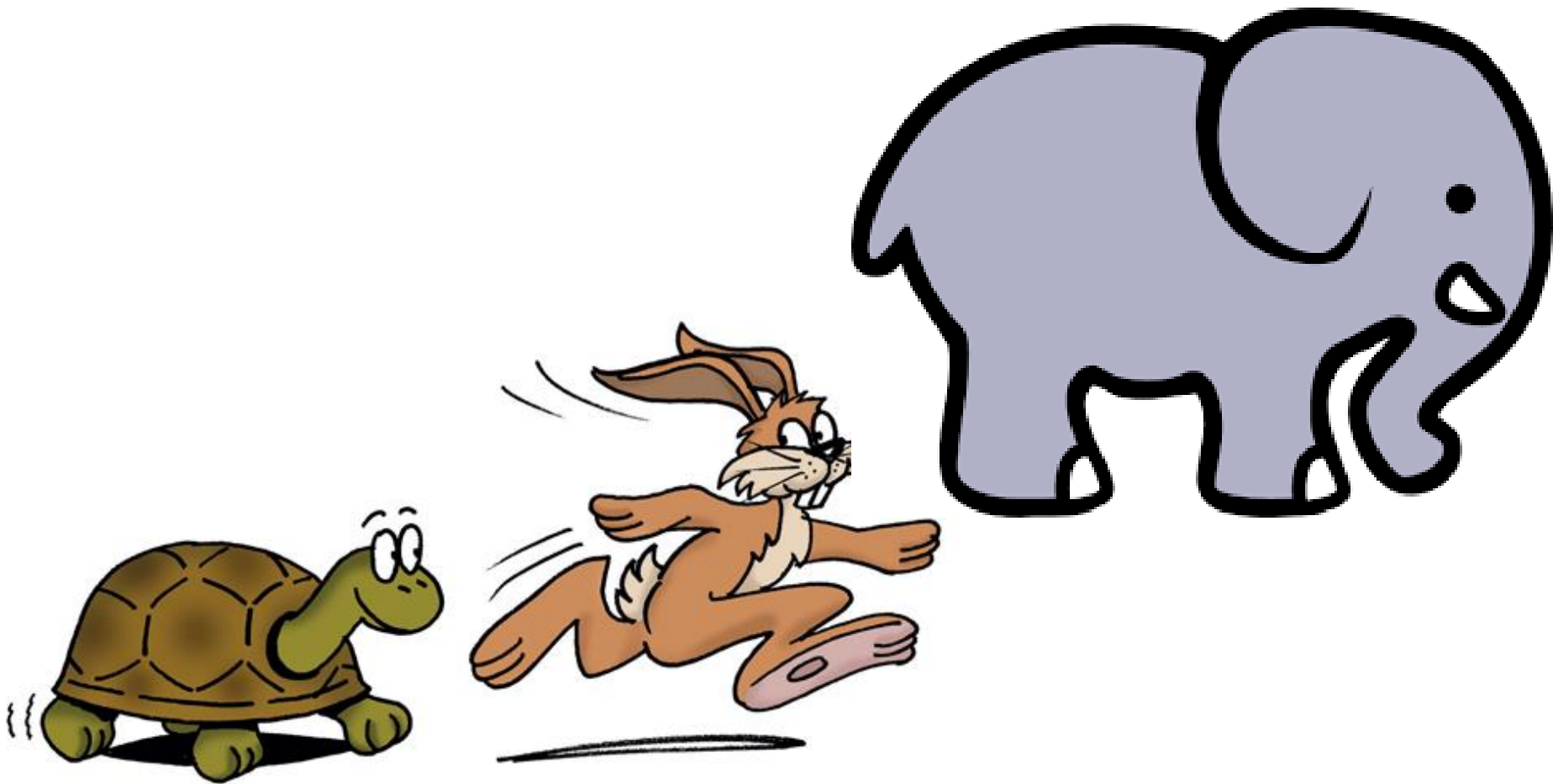
# Quotation from Senior Policymaker

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

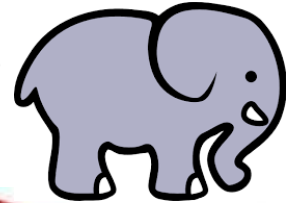
and the Difficulty of Implementation



# 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”



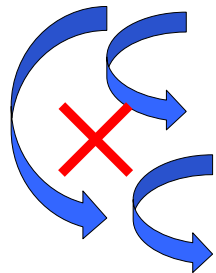
# Current Situation

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

# Moving towards the State of the Art

How does it happen?

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## 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

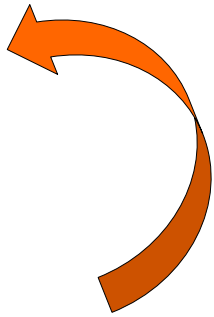
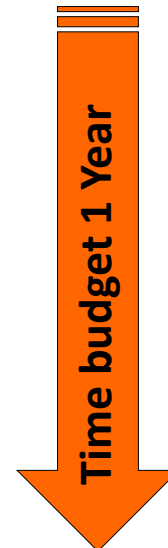
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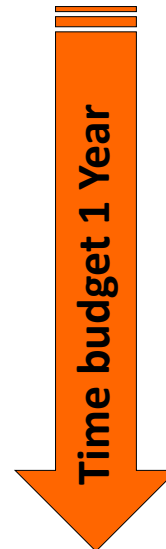
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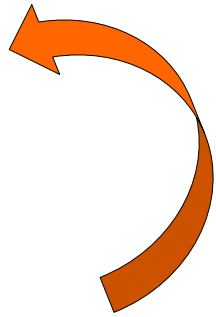
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PRIVATE



# Implementation Laboratory Information System

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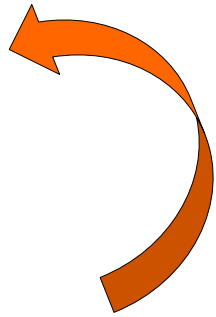
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PUBLIC



# Implementation Laboratory Information System

Differences between Public and Private Systems

User needs / Requirements identification

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Procurement Process

Internal hospital

TIME, TIME, TIME

European / Local regulations / Legislation

TIME, TIME, TIME, TIME

People

Government Approval

✓ X ✓ X ✓ X

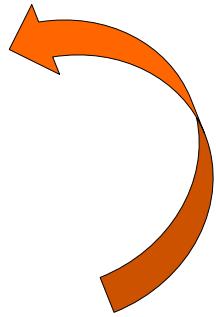
Laboratory Staff Users

✓ X X X X X X

Clinical Users of Laboratory

System

PUBLIC



(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 II

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## 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

The Journal of Community Informatics

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me > Vol 9, No 2 (2013) > Hicks

**With a little help from my friends: experiences of building a virtual community for children with cancer**  
Paula Hicks, Jane B. Grimson, Owen P. Smith

**Background**

Approximately 31% of children under 18 years of age have a chronic physical illness or condition. (Tak & McCubblin, 2002) This population, along with their families, has a range of medical, developmental, social, emotional and environmental needs (Grey & Sullivan-Bolyai, 1999). Spending a lifetime with a serious or chronic health condition can be traumatic and physically and emotionally painful. This is especially true when the individual enduring the condition is a child or adolescent. Children and adolescents with chronic illness are faced with a myriad of challenges that their healthy peers may never experience. They can have difficulty coping with the challenges of managing pain, adhering to treatment and sometimes undergoing invasive diagnostic and treatment procedures. In the case of more chronic conditions, children and adolescents may have frequent school absences and potential physical differences. The impact of hospitalization for treatment can add many other concerns for children and adolescents who are not just struggling with being displaced from their community but are also contending with a loss of control in almost all areas of their lives. These problems can hinder a child's treatment and recovery. (Boman & Bodegard, 2000), (Rode, Leask-Capitulo, Fishman, 1999) Enduring a chronic disease and its treatment can cause much disruption to schooling and

QUICK LINKS

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DONATIONS

LANGUAGE  
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ARTICLE TOOLS



# 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

## 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**

**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

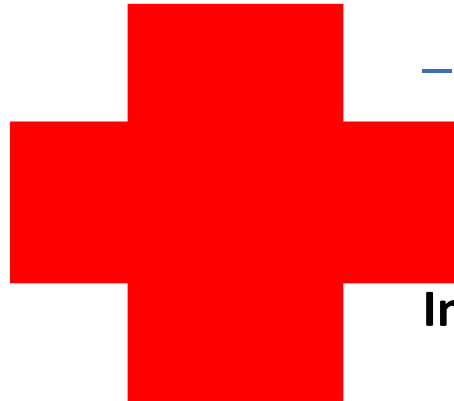
- Research
- Teaching
- Developers

## 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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**Thank You**

**Questions?**

