Integration of IT in Health Care – The challenge of changing October 21 2010



Agenda

- 1. CHUM MUHC Collaboration
 - a) Responding together to similar needs
 - b) Progress Assessment Clinical Information System
- 2. Technological Transition Management
 - a) What to expect?
 - b) Lessons learned from CIS Implementation
 - c) Why do we need to change

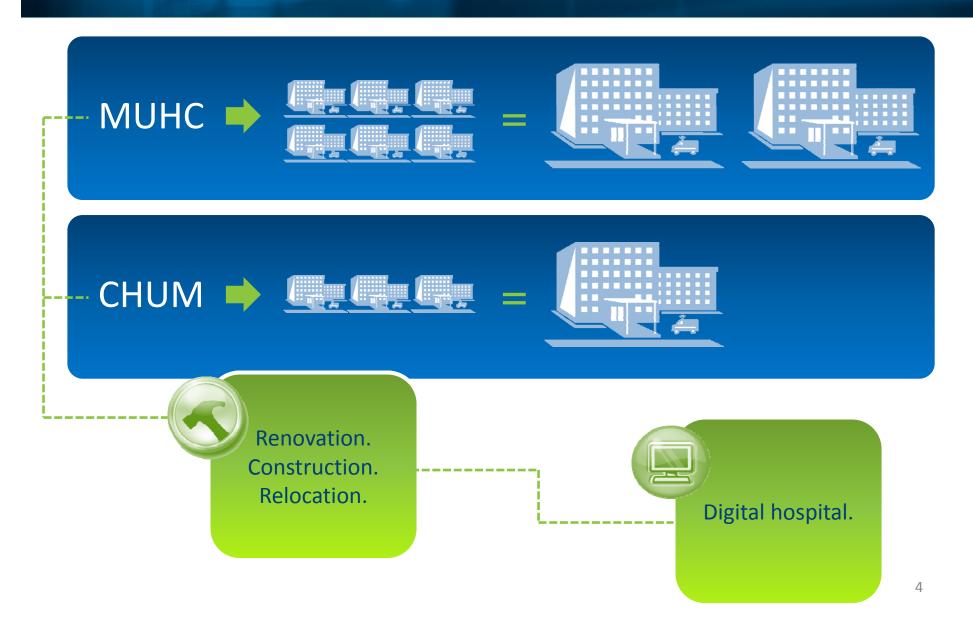
MUHC-CHUM Collaboration Responding together to similar needs

- Same usual challenges
 - Health care is a complex domain
 - Change is a difficult process
 - Clinicians are difficult clients
 - Security, confidentiality, costs issues

- Specific common challenges/opportunities
 - Our organisations are complex but similar
 - We will move to new hospitals- IT essential

MUHC-CHUM Collaboration

Responding together to similar needs



Progress assessment

Clinical Information System



Computerized Physician Order Entry (CPOE)

- Laboratory
- Transfusion Medicine
- Medical Imaging
- Pharmacy eMar
- Nutrition
- Consultations
- Procedures
- Nursing and Allied care



Decision making tools

- Therapeutic advisor
- Pharmacological alerts, etc.



Care plan

- Nursing therapeutic
- Multidisciplinary Interventions



Display of results

- EMPI
- Patient demographics
- Visits history and appointment
- General laboratory
- Pathology
- Microbiology
- Medication Profile
- Medical Imaging
- Transcriptions and reports



Piloted or implemented

Planification phase

To come

Clinical Documentation

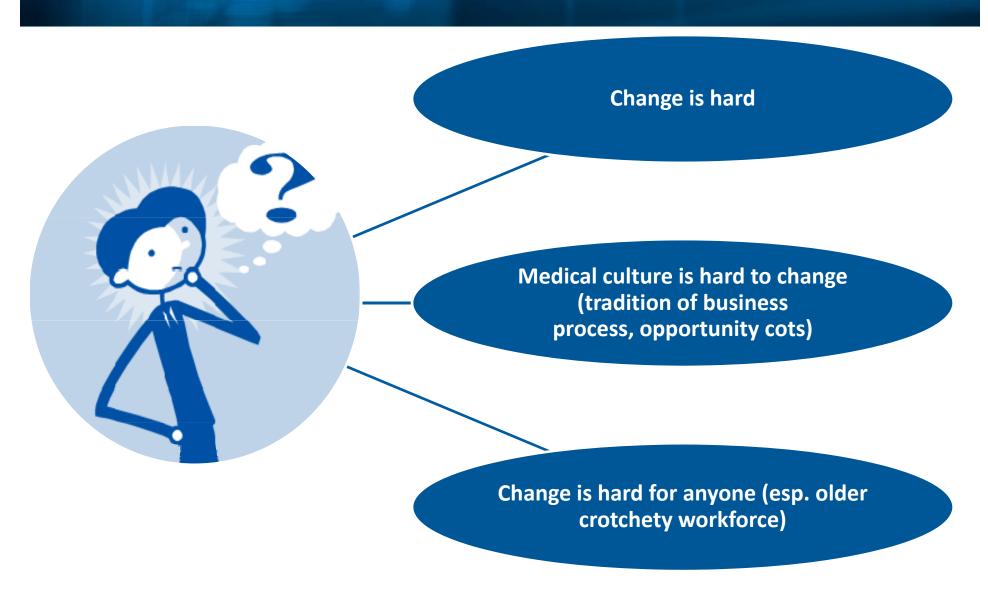
- Allergies
- Current medication
- Vital signs and clinical measures
- Discharge summary
- Problem and special risk (MCH)



Scanning and document

nanagement

What to expect?



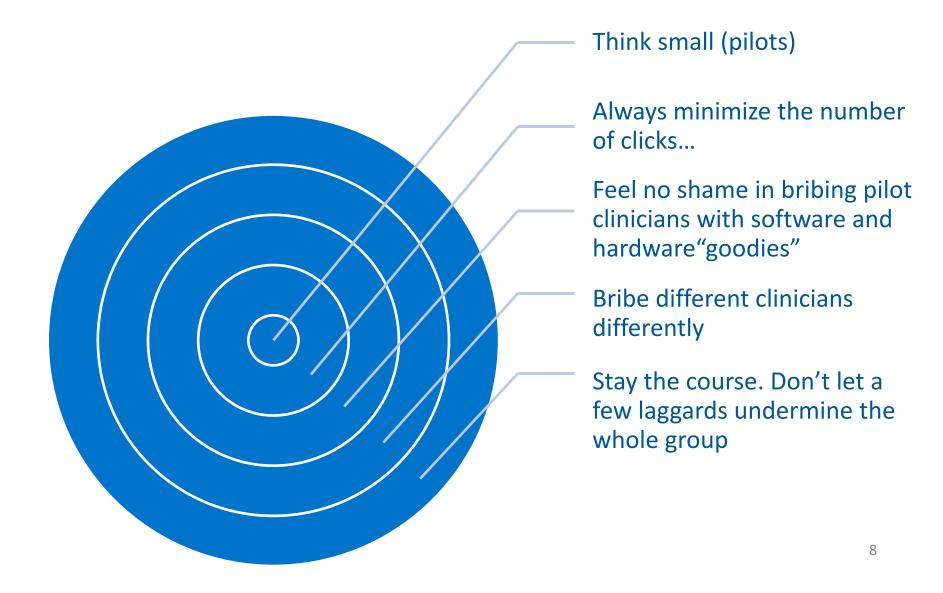
What to expect?

Champion has to be the straw man for the project

Recognize the strengths and weaknesses in the product- Integrity and honesty

Always think in terms of risk reduction

What to expect?



Lessons learned from CIS Implementation



You are only as good as your team



You are only as good as your word



Failure is not an option



Every fight has to be in the name of patient benefits

MUHC-CHUM Project Conclusion

- Top priority institutional project
- Clinical project, to improve care (and nothing else!)
- A real inter-pluri-multidisciplinary project
- Technology is a facilitating and limiting factor
- Clinicians are very sensitive to time and added value
- Need to listen to end users and to progress (slowly)
- Champions need to be real clinicians