“THE ROLE OF THE CMIO/CNIO: A KEY TO SUCCESSFUL OUTCOMES IN HIT?”
The Foundations

High Management Committee; Clinical Record Committee

Middle management

End users

User Request Management
- Reception
- Classification
- Knowledge management
- Analysis of impact
- Prioritization

Change Management
- Requirement management
- Analysis
- Design
- Implementation
- System Test
- User Acceptance Test
- Implantation (go live)
- Communication

Incident Management
- Search for known solution
- Escalation
- User conformity management
- Problem management
- Progress report
- Communication
The Purpose

Incident Management vs Change Management

• All users can register incidents or queries, not all users may request changes

• Change management requires communication between peers

Three-level-based structure:

• Level 1 – Direct End User support (help desk). Help users in the use of the system

• Level 2 – System Evolution & Clinical Transformation. Adaptation management & implementation

• Level 3 – Solution provider support management (SRs). Specialised support management (SLAs).
The Model Representation
Clinical Transformation Office

Targets
Alignment of IT with clinical needs
• Adaptation of the evolution of the systems to the needs of the clinical areas
• Ongoing review of clinical and support processes: recommendations
• Active participation in the life cycle of the software and technology projects

Transversal knowledge management: as available user areas and decision makers

Active participation in the training activities of the organization

Requirements
• List of partners by area
• Change request form
• Standard specification form for application requirements
• Availability of communication channels
• Prioritization criteria
• Procedure support
• Tools
• Support training
Weekly meetings on Thursdays - Responsibilities

Change Request Reception Phase
- Classify
- Prioritise
- Development order fullfilment
- Reply (Feedback)

Development planning review
- Design decissions support
- User acceptance test (UAT)

Go live support Phase
- Go live plan validation
- Communication validation

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Weekly meetings on Thursdays
- Priorization Scale

1.- Impact on workflow (20)
2.- Number of users involved (25)
3.- Patient safety (25)
4.- Quality of care (15)
5.- Process Management (15)

Estimated development time.
Real Clinical Transformation

**Process**
- Understand your current process.
- Think what you want to improve. Orient it to results.
- Find a partner that has global experience, can provide world-wide best practice but is flexible to adapt to your needs.
- Technology needs to be invisible to users.
- The system must always be available. We have had 0% unplanned downtime in 4 years.
- Make sure you have a downtime process.
- Make sure the system is scalable in case you want to grow.
- Using the system is not an option; it is a must but there has to be a reward for using it.
- Listen to end users in a structured manner.
- Articulate a structure such as a Clinical Transformation Office.
- Give the CTO the correct weight in the organization.

**Technology**

**Adoption**
- Monitor areas of improvement.
- Make visible the benefits to the end users.
- Make visible benefits to stakeholders.
- Cannot succeed without a partner who is as interested as you in your success and aligned with your vision. Cerner has been that partner for us.
Thank you!

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