

**PUBH5310 HEALTHCARE INFORMATICS Spring 2022**  
**Week 10: Final Project- Information Governance Plan and Data Dictionary**

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**Data Dictionary: Cardiovascular Practice Center**

**Purpose**

Cardiovascular disease (CVD) is the leading cause of death on the planet, and it affects everyone in some way. CVD is a group of diseases and traumas affecting the cardiovascular system, rather than a single condition (the heart and blood vessels). Heart and blood vessel disorders, as well as diseases of the heart and brain, are the most frequent. In general, they strike people later in life (with incidence dramatically increasing after the age of 30), yet, according to a famous cardiologist, most people who will have CVD by the age of 35 already have the disease's beginnings.

The adoption and deployment of information technology is profoundly reshaping healthcare services around the world, resulting in an inexorable and occasionally extreme trend. The following study focuses on the present usage of computer clinical knowledge and decision-making systems in a coronary Practice Center after introducing the fundamental aspects of electronic health records and an explanation of which cardiac care specialists should be familiar with them.

Following a thorough examination of the numerous desirable outcomes achieved by cardiologists as a result of their embrace of informatics, some recommendations are made on how they can overcome the major barriers to full physician involvement and adoption of full information technology in order to forecast the future.

**Scope and Responsibilities**

The Cardiovascular Practice Center should operate effectively and efficiently when the HIM professionals have access to the correct information at the time when they need it.

Information management and governance is about developing maturity practices and cultivating a culture that ensures proper governance is in place to efficiently manage and maintain their information assets.

The following is the strategy for information management and governance:

- Treat information in a way that meets administrative and regulatory requirements.
- The inspection and management of data have been strengthened.
- There are appropriate controls to protect their information.
- Information is managed according to its purpose and the associated risk profile.

## **The principles that are obligatory**

- Information is valued as a resource.
- Information is suitable for all its functions.
- Information is always compliant.
- Privacy, confidentiality, and security details are guaranteed.
- Information can be obtained and made available.

## **Membership and Reporting Structure**

The local expansion is centered on an increasing market share within the existing service region. As previously stated, detailed planning (strategies and tactics) with a site-specific plan for those programs designated for development should be developed.

There are six types of strategies for a local growth framework that are widely accepted:

**Physicians:** Recruitment based on skills to expand the program, usually from a leadership, medical, and/or research standpoint.

**Staff and Support:** Identify specialized requirements, such as administrative leadership, patient support services, or other staff, to allow for further division of the system.

**Technology and Resources:** Make some money to make the program more modern (in line with community standards) or to differentiate it from its competitors, whether from a clinical or aesthetic perspective.

**Program:** Improve construction to better plan and manage the program while at the same time improving physician involvement.

**Funding:** Find and secure more financing (both within and beyond the program) to support other strategies.

**Integration:** Improve communication between members of the care team as well as between the care team and the patients (e.g., safe messaging, better navigation procedures, various clinics or conferences).

It's critical to examine not only the competitive environment but also the patient's perspective while deciding on growth support measures. Specialized clinical abilities and differential outcomes are particularly significant for patients when choosing a cancer service provider, as evidenced by current patient studies. As a result, look for service providers who go above and beyond the list of key strategies.

When developing a cardiovascular organization's strategic plan, there are several areas in the topic that need to be explored and, where necessary, addressed in developing strategies and strategies. These include:

- **Physician leadership and expertise.**
  - Chief Information Officer who supports the consistent application of Information Governance across the organization.
  - Dedicated and subspecialized surgeons
- **Enhancement of quality**
  - Real-time data that actively informs program redesign
  - Preparation for value-based care
  - National quality initiative participation
- **Research efforts.**
  - Collaboration with other entities
  - Dedicated research staff
  - “critical mass” of research studies, scientists, and grants.
- **Supportive care resources.**
  - Dedicated navigators.
  - Seamless transition to survival ship.
  - Social work, psychosocial, nutritional, and financial counseling, etc.
- **Screening, education, and prevention.**
  - Adherence to national guidelines
  - genetic counseling services
  - formalized community outreach
  - integration with primary care/other specialties
- **Diagnosis capabilities.**
  - Seamless evaluation
  - Access to advanced diagnostics
- **Treatment resources.**
  - Multidisciplinary care teams
  - Clinical pathways utilized in 90% of applicable cases
- **Facilities and technology.**
  - Electromagnetic technology
  - Interventional oncology
  - Dedicated and updated space

These variables should be generated at the program level since they will lead to the establishment of strategic plans and procedures. However, before commencing this extensive project, the organization should identify the site-specific plans that should be prioritized, so that detailed planning is not necessary for all.

## **Physiology of Health Information Technology in Cardiovascular Diseases.**

EHRs are complex tools that hold critical information such as past medical history, diagnosis, treatment, treatment plans, and algorithms that assist physicians in providing appropriate medical care with increased quality and safety.

The primary components of EHR from a clinical standpoint include

### **RRIS stands for Results Reporting Information System:**

Includes vital patient information such as clinics, laboratory, and cardiological test findings, to ensure continuity of care regardless of disease and patient planning (inpatient, outpatient, acute or incurable disease).

### **CPOE System (Computerized Provider Order Entry):**

A tool that allows for the execution and transfer of orders across the health system

### **CDSS -rules, warnings, and workflow tools:**

This include warnings and workflow tools that assist physicians in developing an effective decision-making process.

HL7 (a set of international standards for the transfer of clinical and administrative data) and DICOM (Digital Imaging and Communications in Medicine Standard) are two significant players in health informatics, both of which collaborate with businesses, educators, doctors, and other stakeholders.

Finally, mobile-enabled mobile devices or free internet access will strengthen patient-physician relationships by facilitating communication between physicians. Laptops, tablets, or internet platforms for downloading patient-reported outcomes (PROs) will likely play a significant role shortly, depending on the equipment. Continuous care and even home management, as well as real-time symptom management, will be possible with such devices.

## **Reporting:**

Any changes to the policies, procedures, and rules for managing information and data across the lifecycle (P) that are approved by the information trustee should be communicated to the HIT Governance Committee and reported to them.

They should also report on the Centers' information and data collection, administration, use, and disposal.

They should give permission for information and data to be shared outside of the Care Center. They should sign off on the keeping and destroying of medical records.

**Quorum:**

Quorum shall be satisfied when at least 75% members of the Committee are present.

**Meetings:**

Meetings must take place at least twice a month.

**References:**

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3371347/>

[https://www.rand.org/content/dam/rand/pubs/working\\_papers/2007/RAND\\_WR467.pdf](https://www.rand.org/content/dam/rand/pubs/working_papers/2007/RAND_WR467.pdf)

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