Aurora for Rebooting Healthcare, while Inheriting Existing Theory, Practices and Workflows from Design Disciplines: A Concept Paper

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*Abstract*—The extent to which healthcare is considered to be timely, efficient, and appropriate for both patients and healthcare givers, is determined by the characteristics and the complexity of the delivery systems. Identification of specific areas where system complexities slow or inhibit progress and the development of solutions geared toward overcoming impediments and failures, require stepping outside the box where everything is currently hooked to the EHR God Object and not focusing on the physician-level practice. The best scenario presented to harmonize EHR with the physician practice is the use of the airline industry’s “order sets practice” — step-by-step, evidence-based checklists that could be used by clinicians to order treatments for patients. Order sets failed largely due the problems associated in implementing them, especially the lack of a standardized strategy across the health care system and physicians’ fear of losing their autonomy in making care decisions. Physicians found order sets to be too long, sometimes outdated and not integrated with the clinical process. Patching techniques like the order sets for reviving the care systems do not align with what clinicians need at the point of care. Care systems and their data cannot be contained using predefined clinical orders meta-data and tables. Care data is difficult to be bound and naturally they bleed out to other systems and care activities. A simple example can illustrate this issue if you look at recording the patient care journey where each touch point of the patient engagement journey, from a simple clinical visit to many other follow ups, has downstream effects on the patient care map which can help or hinder meeting the care outcomes. Incorporating graph data science into patient journey mapping has been shown to surface more meaningful clinical insights, leading to a better understanding of a patient’s journey and outcomes. However, solving the complexity of healthcare systems requires both theoretical notions as well as implementation framework. This concept paper attempts to address these two issues through the Aurora Schematics as the projection framework.

Keywords—component, formatting, style, styling, insert (key words)

# Understanding Clinical Orders

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# Conclusions

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