



ERS Workshop 1: Information Architecture (HSE National Integrated Services Framework)

DD: 29-10-2013

Dublin

Stakeholders: Business and Strategy

Attendees:

Name	Organisation	e-mail address
Peter Connolly	HSE –ISF Project Manager	peter.connolly@hse.ie
René Schippers	ERS	R.schippers@e-recordservices.eu
Gerard Freriks	ERS	G.Freriks@e-recordservices.eu
John Brazil	HSE- HPSC	john.brazil@hse.ie
Eoin Darcy	HSE ICT Corp. Data	Eoin.darcy@hse.ie
Pat Kelly	HSE ICT Corporate Delivery	pat.kelly@HSE.ie
Doug Beaton	HSE, Health Intelligence	Dougie.beaton@hse.ie
John M. Loughlin	SDU	johnmcloughlin.sdu@hse.ie
Gerard Hurl	HSE Director of ICT	Gerard.hurl@hse.ie
Noel McCaffey	DCU, Medical director, MedEx	Noel.mcaffey@DCU.ie
Pamela Hussey	DCU – Informatics & Stand- ards Specialist	pammela.hussey@dcu.ie
Anne McMenamin	HSE – Planning/ Resource Utilisation	Anne.McMenamin2@hse.ie
Orla Treacy	HSE – Corporate Da- ta/Planning	orla.treacy@hse.ie



Name	Organisation	e-mail address
John Swords	HSE Director of Procurement	john.swords@hse.ie
Kevin Conlon	Department of Health	Kevin_Conlon@health.gov.ie

ERS Workshop 2: Information Architecture (HSE National Integrated Services Framework)

DD: 30-10-2013

Dublin

Stakeholders: Clinical, Safety and Research

Attendees

Name	Organisation	e-mail address
Peter Connolly	HSE –ISF Project Manager	peter.connolly@hse.ie
René Schippers	ERS	R.schippers@e-recordservices.eu
Gerard Freriks	ERS	G.Freriks@e-recordservices.eu
Jack Shanahan	IPU	shanahan.jack@gmail.com
Suzanne McDonald	Director - IMB	Suzanne.McDonald@imb.ie
Kevin O' Carroll	HIQA	kocarroll@hiqa.ie
John Kenny	HSE – Patient Safety/Quality	John.kenny@hse.ie

ERS Workshop 3 and 4: Information Architecture (HSE National Integrated Services Framework)

DD: 11-11-2013

Dublin

Stakeholders: Technical and Allied Agencies

Attendees

Name	Organisation	e-mail address
Peter Connolly	HSE –ISF Project Manager	peter.connolly@hse.ie
René Schippers	ERS	R.schippers@e-recordservices.eu
Gerard Freriks	ERS	G.Freriks@e-recordservices.eu
Marie Lawlor	HealthLink	lawlorm@healthlink.doh.ie
Roisin Doherty	HSE – National Identifiers	Roisin.Doherty@hse.ie
Vincent Jordan	HSE – Project Delivery	Vincent.Jordan@mailn.hse.ie
Brian O'Mahony	GPIT Group	omahonyb@gmail.com
Gerard Kelliher	Royal College of Surgeons	gerrykelliher@rcsi.ie
Sarah Craig	Health Research Board	scraig@hrb.ie
Brian McCarthy	ESRI - Health	Brian.mccarthy@esri.ie
Howard Johnson	HSE – Health Intelligence	Howard.Johnson@hse.ie

Observations and conclusions: Workshop-1

1. Constructive and positive meeting with open exchange of ideas and opinions.
2. Questions indicate that the audience is thinking about follow-up/implementation.
3. The use of standards is endorsed.
4. Questions about governance and ownership and who will pay.
5. Privacy is considered important.
6. Industry needs to be involved and prepared as soon as possible. They need to be informed by the highest management level as a fait accompli.
7. No remarks about the project and its process.
8. How to integrate legacy. Will it deprecate existing systems and trigger premature investments for new systems?
9. Proof of Concept of a follow-up project showing the integration part.

10. There appears a full buy-in of the project (Toolbox, RM-IA as presented. SAMs, Data Dictionary, the use of SNOMED-CT)
11. In conversations almost all see the consequences and think that a solution like presented high level is needed.
12. All stakeholders can use project outcomes.

Conclusion

Full acceptance of: the project, the Information Architecture Reference Model (IA-RM) and SAM concepts and the use of standards.

Observations and conclusions: Workshop-2

1. Strong endorsement for the programme of work.
2. Concluded that Proof-of-Concept SAM (epSOS Patient Summary) is not the same as HIQA Discharge Summary, but both have overlap in data set elements.
3. HIQA will provide their Data Set so we can align epSOS data with headings and HIQA will then be ok with Proof-of-Concept.
4. Irish Medicines Board will provide list of relevant standards, data dictionaries and SPC dataset relevant to them.
5. All present endorsed the need for SNOMED-CT, but also concluded that SNOMED-CT will not cover all terminology needs.
6. All were happy to contribute further and provide feedback via the questionnaire.
7. It was expressed that the programme of work was strategic in nature and needed the highest level of management endorsement.
8. It was expressed that the data and information requirements may go beyond the scope of the project at times and further iterations may be required at some stage in the future.

Conclusion

Full acceptance of: the project, the Information Architecture Reference Model (IA-RM) and SAM concepts and the use of standards.

Observations and conclusions: Workshop-3/4

1. Strong interest was expressed in the value of the project.
2. Support for the need of the IA-RM and SAM approach.
3. Use of standards is not questioned and there is a need for structured data.
4. The importance of catching context is stressed and the use of SNOMED-CT is considered not sufficient enough.
5. A question was raised about which data-types will be supported and if those data-types will be neutral to standards. It was put to the table that this is the reason why the ISO 21090 on Data Types is the only serious candidate. This Data Type standard encompasses pre-existing CEN, ISO and HL7 standards. A check will be done on HLv2.4 being covered by ISO 21090.
6. The importance to support legal/privacy requirements is stressed and the need to have a Data Protection Act in place that actually makes data-exchange/integration possible.
7. Questions are raised about the implementation strategy. Is it possible to educate clinical users so they will start to push developments?
8. How to integrate legacy. Will it deprecate existing systems and trigger premature investments for new systems?
9. Protocol support and the easy collection of user needs are mentioned as requirement.
10. HIQA Discharge Summary was suggested to use for SAM instead of epSOS. Feedback was given from Workshop 2 about the joint conclusions and steps to be taken as discussed with HIQA.
11. All were happy to contribute further and provide feedback via the questionnaire.
12. Stakeholders with a vested interest want support for their systems and even want their solutions to lead developments (next steps in implementation).
13. It was expressed that the programme of work was strategic in nature and needed the highest level of management endorsement.

Conclusion

Full acceptance of: the project, the Information Architecture Reference Model (IA-RM) and SAM concepts (one attendee had a persisting wish to use HIQA Discharge Summary as alternative for epSOS Patient Summary or as next SAM to address) and the use of standards. Real time cross-enterprise consolidated data is needed to cope with stakeholders needs and outcomes of the project should make this possible.