# 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** |
| --- | --- | --- |
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# ERS Workshop 2: Information Architecture (HSE National Integrated Services Framework)

DD: 30-10-2013

Dublin

# Stakeholders: Clinical, Safety and Research

# Attendees

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

DD: 11-11-2013

Dublin

# Stakeholders: Technical and Allied Agencies

# Attendees

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# 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.

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# 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 con-cepts and the use of standards.

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# 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 con-cepts (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.