

Issue 1 Newsletter February 1997

Association of Hemophilia Clinic Directors of Canada

Canadian Hemophilia Clinic Management Information System

PREAMBLE:

Over the past month, the MIS implementation process has begun to develop in a variety of ways. We have summarized a number of these issues in this newsletter.

NEW MIS COMPUTERS:

It is clear from correspondence received from a number of clinics, that there is uncertainty about the status of hardware required to run the MIS. Several clinics have indicated that they already have personal computers (PCs) that would be available for this purpose. However, as part of this process, a budget has been provided by the CBA for hardware purchase and we believe that having the same hardware present in all MIS sites is essential for the implementation of this system. Therefore, the intent is to purchase the same computer and printer for all of the 25 sites involved in the MIS. We want to make sure that this is clear to all clinic sites because we realize that the issue of space may be a problem for some of you and you will need to plan for a small area in your clinics in which this new computer and laser printer can be set up.

The exact specifications for this new hardware are still being debated but these PCs will have, as a minimum, a Pentium 133 MHZ processor, 32 MB RAM, 2 GB hard drive, a CD-ROM and a modem.

COMPETITION TO PROVIDE A NAME FOR THE MIS SOFTWARE PROGRAM

For both practical purposes and also to consolidate our ownership of this MIS, the core group of the MIS Steering Committee has decided to run a competition to provide a name for this new program. As you know, although this program is being developed by the Computing Group at McMaster, this program is very different from the "McChip" program with which some of you are familiar. We are therefore looking for a novel title to give to the program for future reference.

Suggestions should be forwarded to Andrea Vogel at the AHCDC Executive Office by the end of April and the winning name will be announced at our Annual General Meeting in May. An appropriate prize will be presented by Dr. Teitel at this meeting.

RESPONSES REGARDING THE MIS SPECIFICATIONS

I would like to thank all of you who responded to our request regarding a review of the MIS specifications. These have been very helpful in our initial discussions with the McMaster Group and will be very useful for their programmer during the next few weeks of software development. During these discussions, it has become clear that there will likely be two levels of utilization of this system. The first will be a group of specifications that will be required of everyone to fulfil our obligations in terms of blood product accountability. These absolute requirements will be kept to a minimum and will, of

course, represent the criteria by which the ultimate success or failure of this system will likely be judged. In addition to these absolute requirements, there will be a second level of MIS utilization that will vary considerably between clinics. These specifications will include details of items such as clinic visits, bleed diaries and blood product inventory that will be managed differently at different sites across the Country. However, we feel that for the system to reach its full potential, these specifications should be made available to everyone for their optional use.

***MEETING OF THE CORE STEERING GROUP AND THE MCMASTER DEVELOPMENT TEAM
IN TORONTO, FRIDAY FEBRUARY 7, 1997***

The McMaster MIS Development Team met with members of the Core Steering Group and with Jerry Teitel during the first week of February. Three issues were discussed at this meeting: MIS hardware specifications, choice of pilot testing sites and MIS software specifications. As a result of these discussions, we are hoping to negotiate a lease on computers for the four clinic Pilot Testing Sites and for pilot testing at the AHDCDC Executive Office by mid-April. The early phases of field testing will then commence with entry of demographic specifications and will continue until the early Summer. The McMaster clinic will be one of the pilot sites, to provide day-to-day help for the programmers. The other three Pilot Clinic Sites that have been chosen are the Montreal Children's Hospital, The Vancouver Clinic, the Saskatoon Clinic.

MIS DEFINITIONS

It became apparent during our meeting of February 7, that one of the critical areas concerning MIS utilization concerns consistent definitions for items that are to be entered into this system. Two examples would be definitions for adverse reactions and wasted units of blood products. It will be critical to apply uniform interpretations of definitions such as these and the Core Steering Committee will be attempting to develop these definitions for your consideration within the next couple of months.