

Issue 4 Newsletter January 1998

# Association of Hemophilia Clinic Directors of Canada

Canadian Hemophilia Assessment and Resource Management System Newsletter

As this newsletter is being composed, Eastern Ontario, Quebec and some of the Maritime Provinces are recovering from the catastrophic effects of the mid-January ice-storm. Those of us affected by this event have been left in no doubt about the fragility of our society without the provision of electrical power. In a newsletter dealing with implementation issues for a computerized management information system, we should not ignore the potential damage that can result from events such as those that we have witnessed over the past several days.

## ***IMPLEMENTATION COMMITTEE CORE GROUP MEETING - JANUARY 7, 1998 TORONTO, ONTARIO***

On the afternoon of Wednesday, January 7, 1998, the members of the CHARMS Implementation Core Group (Drs. Ritchie, Lillicrap, Anne Marie Stain and Colette Rivet) met with the McMaster Development Group (Dr. Walker, Kirsh Ahmed and Cecilia Stiles) to discuss the results of the Pilot Testing of phases II and III of the CHARMS program. The meeting was held at St. Michael's Hospital in Toronto and was hosted by Andrea Vogel. Phases II and III of CHARMS include the clinical module, the blood products inventory and patient bleed diary.

Pilot testing feedback was available from four sites and has, overall, been very positive. Although numerous minor suggested revisions have been forwarded to the developers, no one has identified critical concerns about the practical value of the program at this stage of its development. Over the next two weeks, the McMaster Group will be preparing responses to the various comments from Pilot Testing Centres and these responses will then be reviewed by the Core Implementation Group prior to signing off the Pilot Testing Phase of this process.

One final component of the Pilot Testing process has still to be completed, that relating to the central collation of data at the AHCDC and CBA offices. This process will be undertaken over the next several weeks and will be evaluated separately from the clinic testing sites.

## ***ACCEPTANCE TESTING SCHEDULE:***

Following relatively minor revisions to the program that has undergone Phase II and III testing in the Pilot sites, the revised CHARMS Program will be delivered to five of the six acceptance testing sites during the first week of February. These sites will be Calgary, London, Toronto Sick Children's Hospital, Kingston and Halifax Adult Program. These acceptance testing sites will be receiving criteria by which they will be asked to evaluate CHARMS. The evaluation period will extend to the 24 April 1998. During the early stages of this acceptance testing process, the McMaster Group will be working with clinics in Montreal to develop the Francophone version of CHARMS for subsequent acceptance testing at the Francophone site, Ste Justine.

At the end of the 12 weeks, acceptance testing the Implementation Core Group will again meet with the

developers in Toronto to evaluate responses from these five clinics. With this schedule of assessment, we should be able to provide a very useful summary of the evaluation process at the AHCDC Annual General Meeting at the end of April.

This meeting will also provide a valuable opportunity to demonstrate the practical value of CHARMS to all those personnel who are involved with clinics across the Country.

#### ***OWNERSHIP OF HEMOPHILIA CLINIC COMPUTER HARDWARE:***

There have been a number of recent questions relating to the issue of ownership of the computers and printers that have been purchased to run the CHARMS software. This issue has been discussed by both the AHCDC Executive and the CHARMS Implementation Core Group and the following recommendations have been formulated. The hemophilia clinic computer hardware is technically owned by the AHCDC and thus, at each centre, the Clinic Director, as the local representative of the AHCDC, is the hardware owner. If the site of the local hemophilia clinic moves, the hemophilia clinic hardware moves with the Clinic Director to the new clinic site.

The other issue that has been raised by several sites relates to insurance for the computer hardware. The responsibility for this insurance lies with the institution within which the hardware is housed, a situation that should already pertain to other institutional computers.

#### ***FLEXIBILITY AND INCLUSIVE NATURE OF THE CHARMS SOFTWARE:***

One of the features of the new CHARMS software that has been apparent to everyone who has used it, is the potential for very detailed documentation of many aspects of Hemophilia Clinic care. As an extension to this observation, it is also obvious that many clinics may not wish to use large parts of the program in the day-to-day management of their patients. This issue will probably be dealt with in a more formal fashion by members of the Implementation Steering Committee who will need to propose a minimal amount of required information that must be maintained on all patients entered into the system. Given the original impetus to establish this system, it should be assumed that blood product utilization will form one of the required areas for data input. Clinics will then have the flexibility to use additional fields within the program as they wish.

#### ***CHARMS MAINTENANCE BUDGET AND PERSONNEL ISSUES:***

At our recent Implementation Core Group meeting, two other issues critical to the successful implementation of CHARMS were discussed; the involvement of personnel committed to data input and manipulation and the identification of a budget to pay these individuals. To date, although the Pilot Testing phase of the CHARMS implementation schedule has proceeded successfully, we have again noticed that the identification of appropriate personnel at each clinic to work with CHARMS is a vital factor in its acceptance. We also appreciate that the type of person working with CHARMS will vary both in terms of time commitment and background for each individual clinic. We will be trying to ascertain clinic preferences about the type of person they would like to employ to perform this work with the circulation of a questionnaire within the next several weeks.

With regards to a budget to support CHARMS personnel, the CBA has already forwarded a cheque for \$30,000.00 to facilitate the initial implementation process. In addition, the AHCDC budget for the upcoming year will also include a budget request for data input and maintenance that will be based upon patient numbers derived from our hemophilia and von Willebrand disease registries. In our discussions with the CBA relating to budget justification for CHARMS, we have continued to stress that during

these early phases of working with the program, budget projections will represent our best educated estimates of the time that will be required to make this system work.

***CHARMS LOGO:***

In a previous CHARMS newsletter, we requested submission of an appropriate logo to appear on the front of the CHARMS CD box. To date, we have only received one submission and would therefore like to extend the submission deadline to the end of April. The winning submission will be chosen by a select group from the CHARMS Implementation Steering Committee and the AHCDC Executive and the winning logo will be announced at the AHCDC Annual General Meeting in Winnipeg. The winner will be presented with a magnificent prize at the AGM.