

Issue 7 Newsletter February 1999

Association of Hemophilia Clinic Directors of Canada

Canadian Hemophilia Assessment and Resource Management System Newsletter

CHARMS IMPLEMENTATION PROCESS

As you know, during last Fall, Khursh Ahmed visited all 24 hemophilia clinic sites to install the CHARMS software program and to provide preliminary instruction on the use of this data base. Since then, we have asked that each clinic indicate that they have received the computer on which CHARMS will be installed, that the CHARMS software program has been installed and that preliminary instruction relating to CHARMS has been provided and finally, we have asked for the transmission of a limited amount of information from CHARMS by diskette to the AHCDC Executive Office in Toronto. To date, diskettes have been received from 14 clinics.

The Core Group of the CHARMS Implementation Steering Committee held its latest telephone conference on Monday February 1, 1999. As a result of this teleconference, we will be recommending release of the penultimate payment for the CHARMS development project. The final 10% of the contracted cost will be paid upon release from the McMaster developers of the AFinal version@ of the software. Following many useful comments from Clinics over the past 2-3 months, Cecilia Stiles and Khursh Ahmed are making a number of revisions to the program that will be included in this next version of the software. We are assuming that this will be released to the clinics within the next several weeks.

CHARMS BUDGET

Enclosed with this letter, you will find a cheque to cover your clinic=s expenses for CHARMS data input and maintenance for a 12 month period. As you may recall, this allocation derives from a total annual budget of \$100,000.00 and is based upon the number and clinical severity of the hemophiliacs entered by your clinic in the Canadian Hemophilia Registry. A request for a similar budget has recently been submitted to the CBS for the upcoming year.

CHARMS SOFTWARE PROGRAM MAINTENANCE AND UPGRADING

As part of the initial CHARMS contract, funds were allocated for a minimum three year follow-up period to maintain and upgrade the original version of the software. Since that time, McMaster University has made it clear that they no longer wish to be associated with this project. However, the three CHARMS developers, Cecilia Stiles, Khursh Ahmed and Irwin Walker are very interested in providing this service. Thus, as soon as we have heard from the CBS about our recent budget submission, we will be contacting Cecilia about the implementation of this maintenance program. In essence, this means that future questions and concerns about CHARMS can still be referred to the programming group through Cecilia. It also presumably means that further upgrades of the program will be made available over time.

AHCDC, CBS INTERACTIONS RELATED TO CHARMS

During the latest Implementation Group Teleconference, a large amount of time was spent discussing the significance of CHARMS as it relates to the requirements of the CBS. Clearly, they will not continue funding this project unless they recognize it to be a worthwhile exercise in accountability. With this thought in mind, the Implementation Group is making the following recommendations to the AHCDC membership and its clinics.

1. Every effort be made to update CHARMS data input to include at least 50% of each clinic's patients by the time of the AHCDC Annual Meeting at the end of May.
2. In order to facilitate meeting this deadline, it is strongly recommended that clinic personnel stop filling in and returning the hard copies of blood product accountability sheets that they have been filing for the past several years (no one seems to know whether any attention is being paid to these reports any longer).
3. Listed below are details of the reports that we would like you to be able to generate at your centre (NOT to be sent to the AHCDC). An export disk of information accumulated at your centre should then be sent to Andrea Vogel at AHCDC before the Annual Meeting in May. These reports are as follows:
 1. A1 Clinic Number Summary
 2. A2 Clinic Summary by Deficiency Type and Severity
 3. L1 Patients by Factor Deficiency
 4. L5 Patient Category List
 5. M1 Individual Treatment Protocol
 6. D1 Patient Bleed Diary
 7. D3 Recall Notification
 8. D5 Individual Inventory and Usage Log
 9. D6 Clinic Issues and Returns
 10. D7 Expired Products

The Implementation Core Group recognizes that this schedule may present a difficult challenge for clinics, but we also believe that it is very important that we demonstrate to the CBS the utility of CHARMS as soon as possible.

Of course, during this period of time, there may be many questions relating to CHARMS and you are encouraged to contact either one of the Steering Group members, Andrea Vogel or Khursh Ahmed with these concerns.