



EDITORIAL

- BILL W. CHILDS, GUEST EDITOR -

Information Systems; Yesterday and Tomorrow

Bill Childs is an independent consultant in Healthcare delivery systems and has had many varied roles with publishing and building systems since the late sixties. Bill was the project manager for the initial implementation of the Lockheed/TDS project at El Camino Hospital in the early 70's.

When I read or hear about the struggles associated with the achievement of 100% CPOE or a 100% EMR I am always amazed at our lack of progress since the beginnings of these systems in the early seventies. After all, 34 years since the operational date of 100% CPOE and 80% EMR at El Camino Hospital in Mountain View, California is a very long time in the history of technology and Medical advances. Add to this the go live with this same system at Foothills Medical Centre in the Calgary Health Region in 1988 and Saint John / Atlantic Health Sciences in New Brunswick a little later. And not that these were perfect systems, but they did offer unprecedented ability for both CPOE and EMR. And I do mean EMR that stands without hand written backup for the final record.

Today both Calgary and El Camino are embarking on new generation systems from their partner in technology, Eclipsys Corporation. Their expectations are that with new generation systems they will soar to even greater heights in CPOE, Nursing, EMR and communications.

My question is "Why haven't we moved faster as a technology driven market than we have? Certainly when I started the predecessor to "Healthcare Informatics" magazine in 1980 and Steve Huesing and I started "Healthcare Computing and Communications Canada" magazine in 1987 we thought we were starting catalysts to better and sooner technology. Sad to say, information systems that embrace outstanding ability have not been adapted as quickly as we thought possible back some 10 years and 24 years ago.

Why? Three reasons come to mind.

First of all, most of us and especially users would agree that most systems have not lived up to the hype or sales genera of their initial introduction. I have often heard that "Systems were over-sold and under-delivered".

Second, there has been a significant issue around dollars spent to get the right system and then dollars spent to get it fully implemented. Good systems like the ones at Calgary and Saint John's are not inexpensive. And yet in the long run they cost much less than failures and systems propped up by people because they don't do the job they should. Often implementers fail to employ industrial or management engineers whose job it is to see that systems fit properly and job functions get changed or at least viewed to ensure the best fits possible. After all won't it be nice if the new systems replaced as much manual function as possible and achieved the projected benefits that sellers predicted?

Interestingly the major accolades that El Camino has received over the years have in part been due to the significant engineering job that went on along with the implementation. As in most cases the system saved bits and pieces all over the healthcare process. It took engineers to sort out and recommend job changes to take advantage of all that the system had to offer.

Third, "Things Change". By the time systems are RFI'd, RFP'd, purchased and implemented a lot of time elapses. People leave and new owners appear on the scene. New priorities take the place of old needs and sometimes "wants" become needs. Systems and their caretakers need to keep up with this constant change. Often budgets do not allow for the tender loving care required by systems that need to be taken care of and expanded to meet requirements of change. If a system is the central nervous system of your healthcare delivery system it needs constant attention and your people need continued education in its abilities. Often there is not enough money allocated to send people to continuing education seminars or meetings. I would suggest that this costs a hospital in the long run due to not being able to take advantage of the many additions and changes that occur to a system over time. And if you don't think systems change, I recently estimated that the Eclipsys E7000 (formally TDS) system has had 3200 person years of addition and change since it first went into El Camino in 1971.

As for me, I believe that one vendor or another or one hospital or clinic or another has developed at least one of everything we know about today. Some are very sophisticated and some very remedial. So why don't we get on with it? Choose the right vendor - one with the foresight and ability to get it done and get on with it. It is a big job. Don't let anyone fool you. But if you choose right and get it done, the benefits should far out weigh the costs. After all, the system at Foothills has been in place 16 years and the one at El Camino, 33 years. I suspect that new systems will last as long or longer.

As for tomorrow, I am truly excited about "Just in Time Knowledge", an "EMR available anywhere any time and on any device" for those that have a need. "Evidence based practices", "Outstanding graphics and presentations" on screens as well as on paper when needed. And a record that follows you all the days of your life and through all clinical events. At least that is the view from here!

