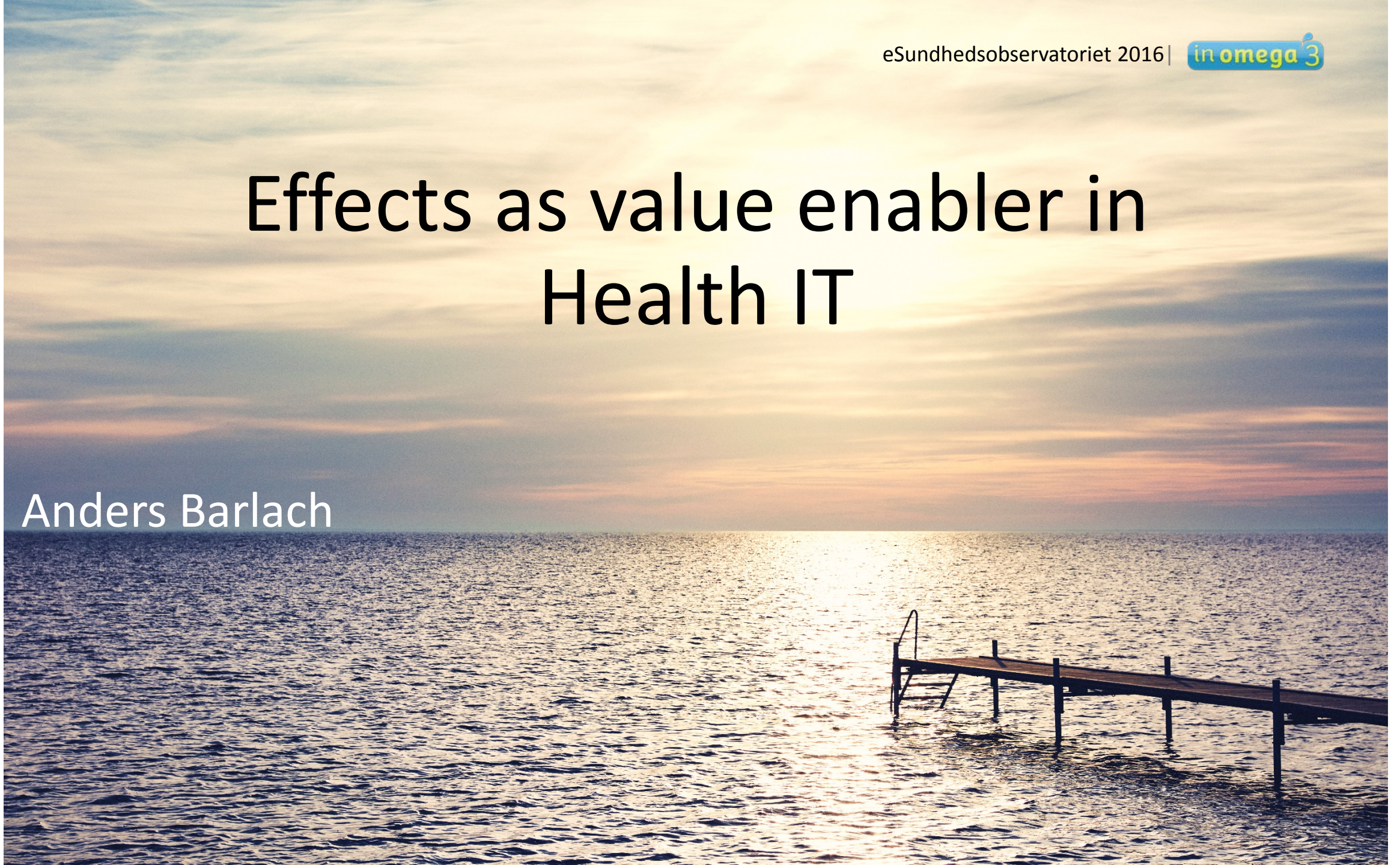


# Effects as value enabler in Health IT

Anders Barlach





# Finding the answer is the easy part

“The Answer to the Great Question... Of Life, the Universe and Everything... Is...  
Forty-two,' said Deep Thought, with infinite majesty and calm.” ....  
I think the problem, to be quite honest with you, is that you've never actually  
known what the question is.”

— [Douglas Adams, The Hitchhiker's Guide to the Galaxy](#)

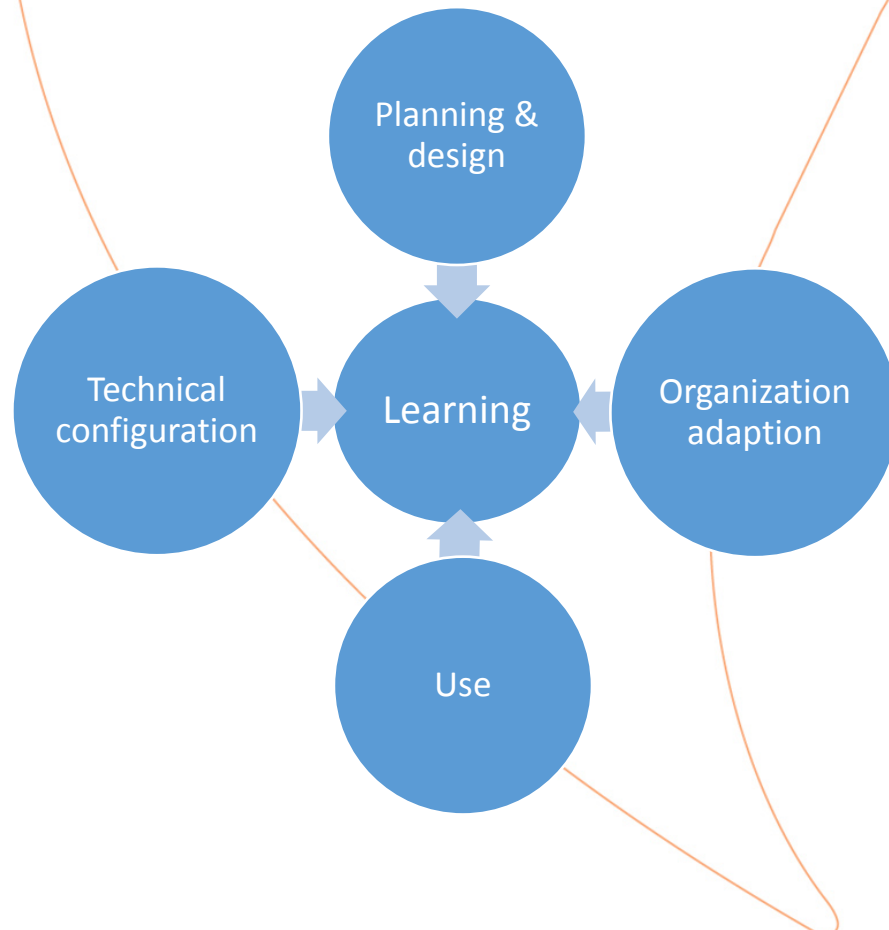
# Categories – different effect values

*Quality:* Accuracy and completeness with which users achieve specified (ISO, 2007, WHO, 2007). Example: The professionals' ability to comprehend the complexity of the individual patient pathways to improve transfer and reuse of knowledge.

*Efficiency:* Resources expended in relation to the accuracy and completeness with which users achieve (ISO, 2007, WHO, 2007). Example: by adapting the documentation to the work process before and after the consultation the time and effort spend doing these tasks would decrease.

*Satisfaction:* Freedom from discomfort, and positive attitudes towards the use of the product (ISO, 2007). Example: The ability to monitor the patients "wellbeing" in progressing the consultations to follow-up on their own perspective of quality of life.

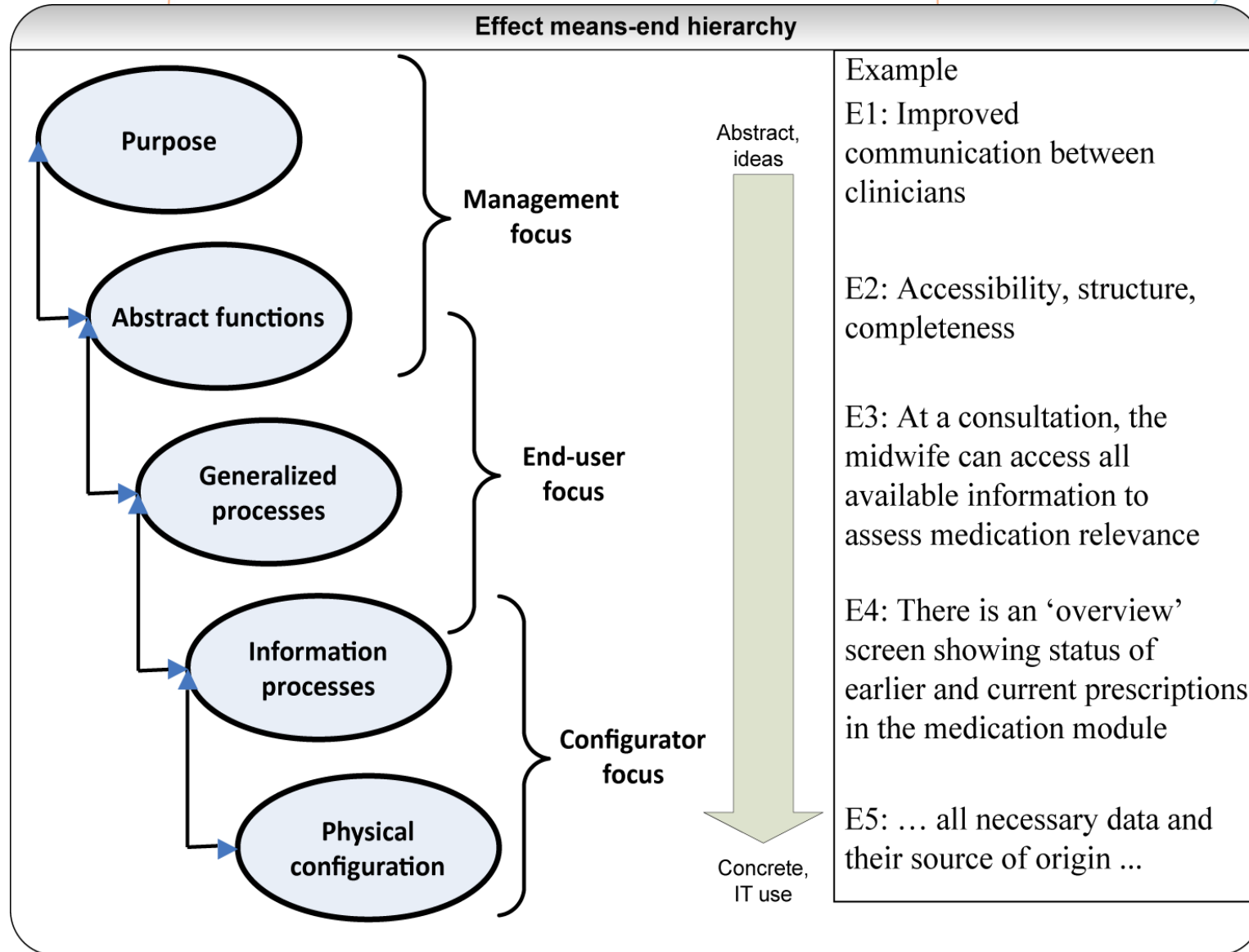
# Effects as an learning enabler



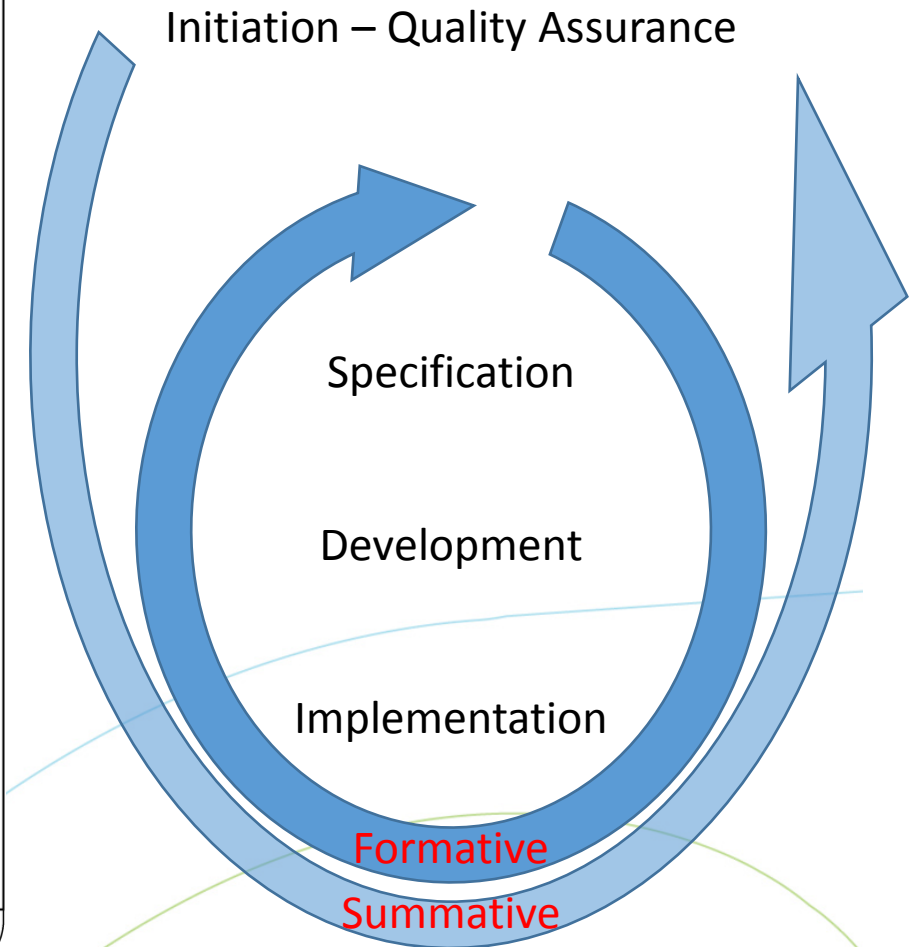
Generalized Process - Effect for the work situation 'Overview' (coordination of responsibility and tasks during a handover)

- *Effect:* The new midwife who is responsible has an overview that makes her capable of acting correctly and be informed about the observations and interventions relevant for the patient in the nearest future.
- *Agent:* The new midwife taking over a patient during the handover.
- *Practice:* As part of the handover of tasks and responsibilities, the midwife gets information by looking up information available about the on-going delivery.
- *Outcome:* The midwife does not need to look for supplementary information and she can go on to the next patient of the handover or end the handover.
- *Evaluation:* After the information has been handed over (and possibly after the midwife has seen the woman) an evaluation can ascertain whether parts of the 'picture' are missing. Is there a need for clarifying questions that might have been answered by the overview? Does the midwife feel ready to continue her work? How much time does the midwife need to read and/or search for information? Does the midwife get visual support regarding data that require intervention?

# Different Stakeholder views on Effects as valuable



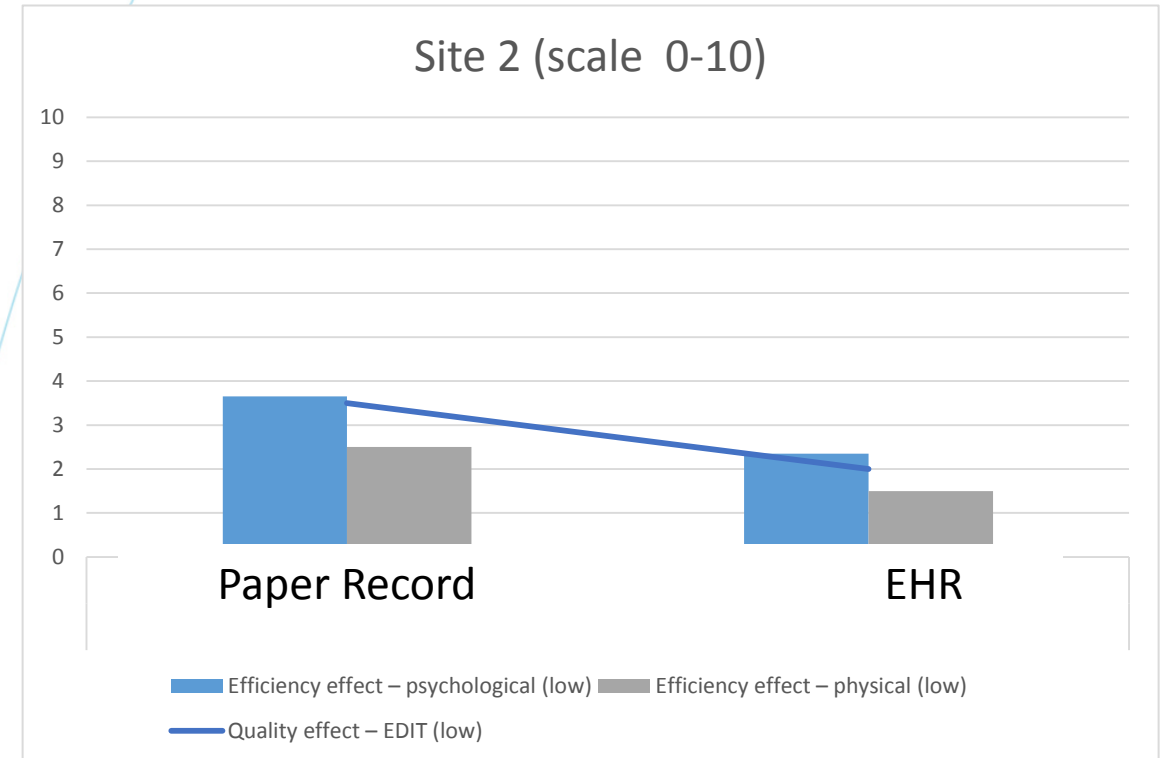
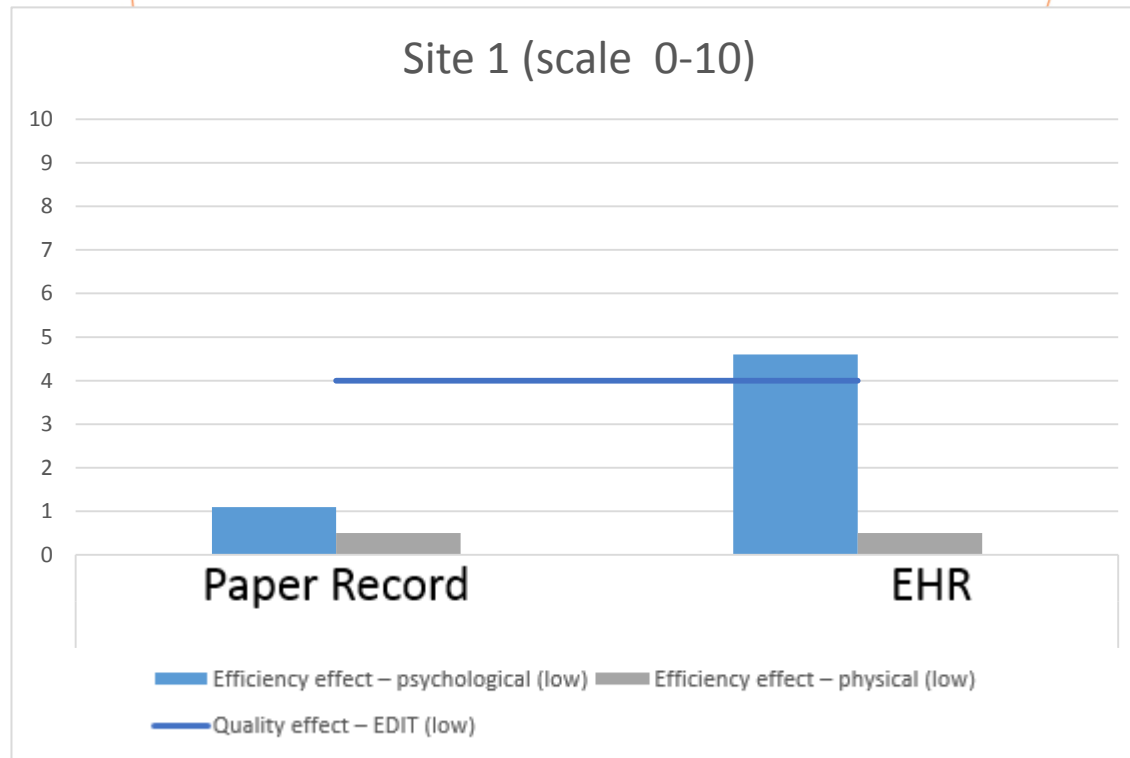
## Stakeholder focus/timeline



# Client–vendor context, effects specifications & typical stakeholders.

Effect means–end hierarchy	Client context, clinical work	Vendor context, IT product	Effects specification (simplified), examples Work vs. Technology	Dynamics and stakeholder representatives
<b>Purpose</b>	Political objectives, programs, regulations, accreditation	Product strategy	Client: Contribute to increased patient motivation Vendor: Products supporting the clients business strategy	Politicians, Corporate Vendor, Senior Management <b>Effects are stable</b>
<b>Abstract functions (Priority)</b>	Quality requirements for clinical work, service goals for clinicians.	Product suite; EHR, Paraclinical system, Patient Adm. System (PAS)	Client: Managing the patients' state of health during evaluations (quality of life, well-being) Efficient recording by customizing documentation to work tasks (efficient) Vendor: Priorities of functionality in accordance with other client requirements	Senior Management, client and Vendor Middle manager, Business Architect <b>Effects are stable</b>
<b>Generalized processes</b>	Areas of clinical specialization, Nursing or treatment	Specific IT systems CCS, LABKA, VITAE, OPUS	Client: Consultation – coordination of responsibility/tasks during consultation. Therapist and patient can account for the distribution of responsibility. Vendor: Providing a module supporting consultation and coordination between therapist and patient	Clinicians/end-users Vendor Process Consultants <b>Effects are stable</b>
<b>Information processes</b>	Treatment regimes, patient trajectories, interventions, nursing plans	Modules, templates, booking-schemas, test-profiles.	Client: Patient's responsibility regarding goals and actions can be described by the patient giving a clear indication of the patients' own responsibility. Vendor: To configure forms and views handling the recorded distribution of responsibility between the patient and the therapist.	Clinicians/end-users Vendor process consultants, configurators, and developers. <b>Effects are dynamic</b>
<b>Physical configuration</b>	Specific elements within an intervention	Screens, forms, views, satellites, controls, data fields	Client: Schemas, templates. Vendor: Prototype – IT supporting the intervention: A division of the screen/form when recording responsibility or a screen/view displaying the distribution of responsibility between healthcare provider and patient	Clinicians/end-users Vendor developers. <b>Effects are dynamic and technically implemented</b>

# Formative vs Summative evaluation









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