MEDINFO23

8 – 12 JULY 2023 | SYDNEY, AUSTRALIA

@ckuziemsky

Building local implementation capacity for the long tail: The need for context-sensitive integrators

Workshop facilitated by:

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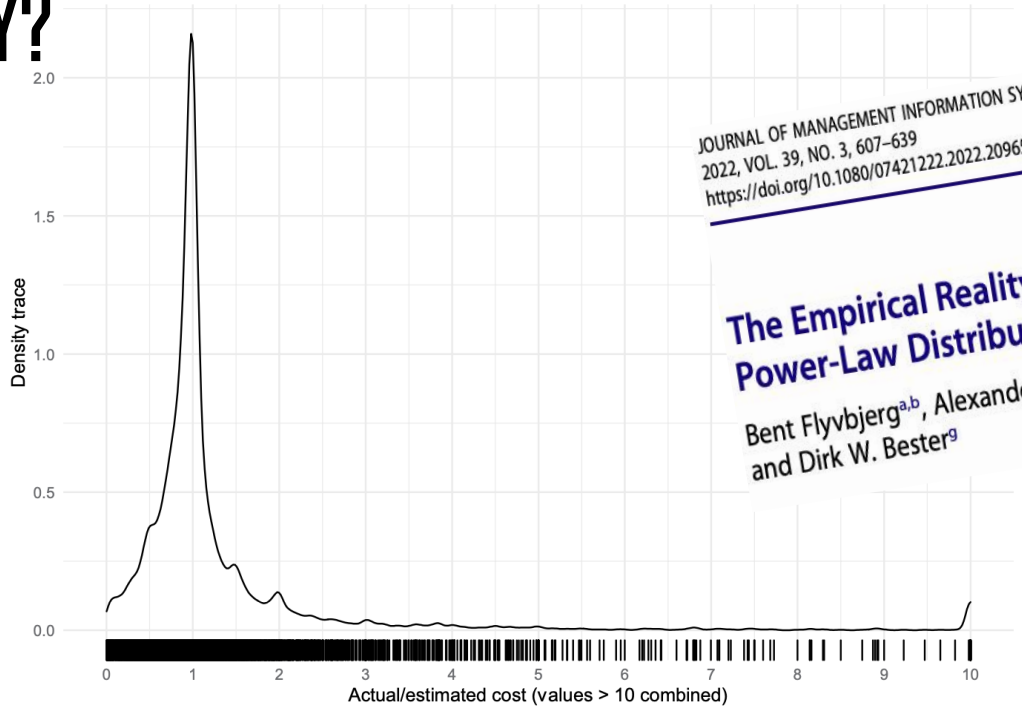
WHY?



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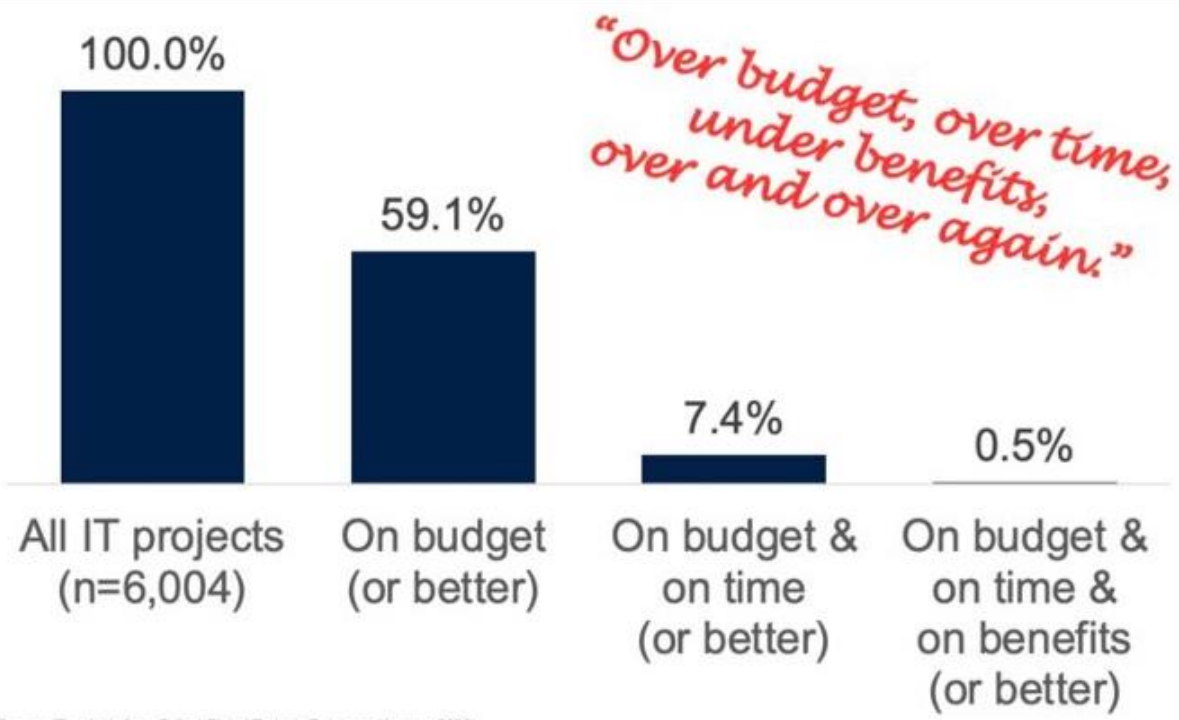
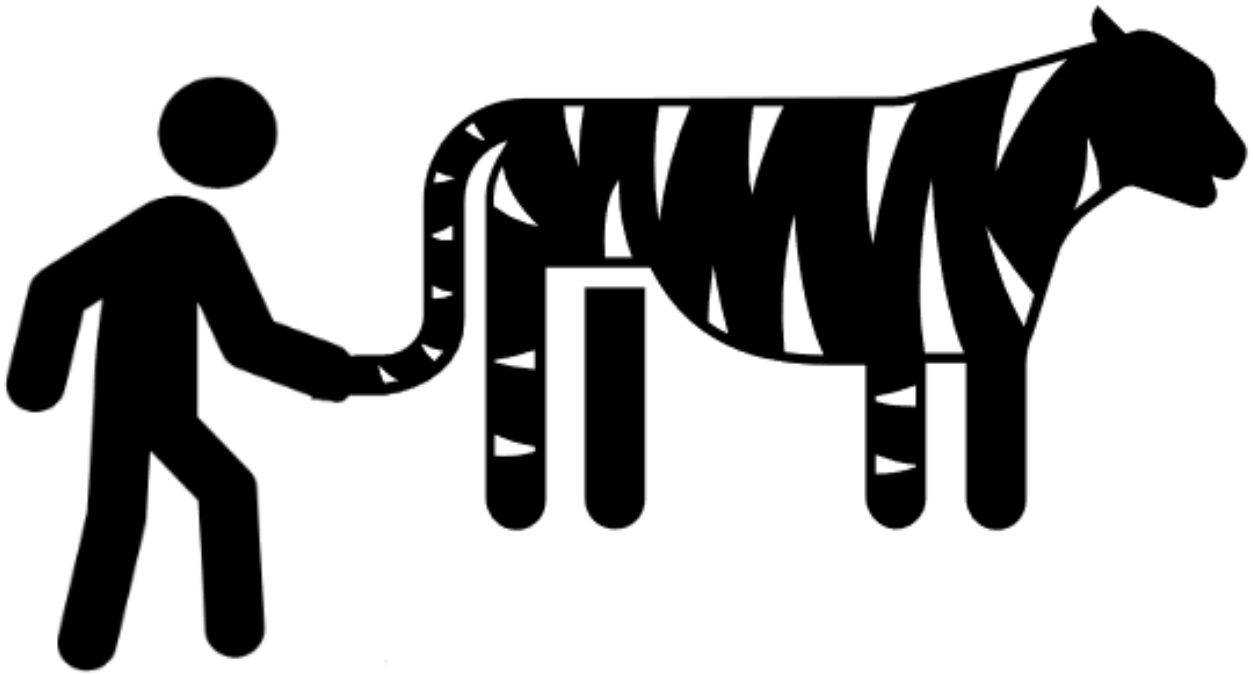
The Empirical Reality of IT Project Cost Overruns: Discovering A Power-Law Distribution

Bent Flyvbjerg[a,b], Alexander Budzier[c], Jong Seok Lee[d], Mark Keil[e], Daniel Lunn[f], and Dirk W. Bester[g]

Figure 1. Probability Distribution of Cost Overruns (actual cost divided by estimated cost) for 4,677 IT Projects. Values over 10 are combined, which explains the bump at the far right of the curve.

WHY?


100.0%
59.1%
7.4%
0.5%
All IT projects (n=6,004)
On budget (or better)
On budget & on time (or better)
On budget & on time & on benefits (or better)
"Over budget, over time, under benefits, over and over again."
Source: IT projects from Oxford Global Projects Database (January 2020)
Note: Measured from decision to build, in real terms
© Bent Flyvbjerg



Program

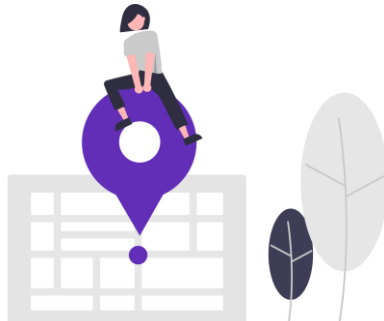
- Context-sensitive digital integrators – who are they?
- A case from Australia
- Working groups
- Summing up

Context-sensitive digital integrators

People who are tasked – either formally or informally - with the local work of ongoing implementation, adaptation, and further innovation of HIT in complex workflows, with (often poor) system interoperability, coordinating within and across departments and acting within limited resources, whilst ensuring high quality of patient care and keeping departments running

CSDIs in Denmark

- Very few trained health informaticians
- An active healthcare workforce **navigating** implementations, **adaptations**, and **innovations** in HIT with little or no training!
- Supporting and training CSDIs is a **challenge**, as they are:
  - many and diverse
  - often not formally appointed
  - have various backgrounds and functions
  - may not recognize their own role in an implementation context
  - nested in disparate contexts and hence, having different needs in terms of competencies



A case from Australia

- Interviews with clinical and IT staff at a Sydney hospital to understand how technology was developed and implemented rapidly during COVID-19
- Both groups noted challenges related to knowledge and skills of staff

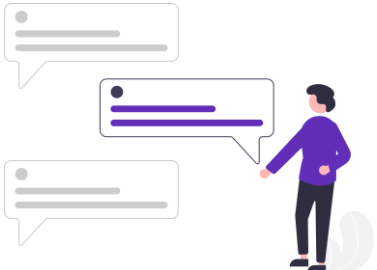
Thanks to Dr Adeola Bamgboje-Ayodele and the project team

Language challenges

“So technically they use English words, and I use English words, but we have different interpretations of what those words mean.”

“Sometimes our request gets lost in translation.”

“She uses very, very complex language. And sometimes we get lost in that. And so I think that just makes [clinicians] just turn off.”



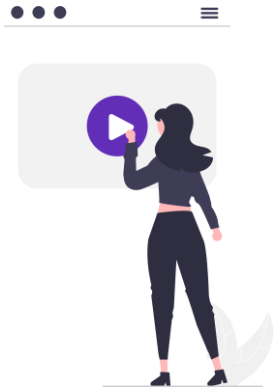
Language challenges

“To understand the same lingo you need to have the same terminology in place so that everybody, as I tend to call it, is feeling the same elephant in the room. It's a strange way of describing it, but if you're actually talking not about the same topic at all, when you think you're talking about the same topic, you end up with some, you know, very disjointed expectations and discussions and communications which has happened in the past ”

“It's probably not the words itself, it's probably the feelings behind those words that get lost in translation. So the importance of it, or the unimportance of it”

Different expectations

“I think their [clinicians’] expectations around time to deliver were very short. Our [IT] expectations are, well this is a whole process that we need to go through, which they don't actually quite understand…”



Different expectations

“I think we need to make it simpler, like the development process, we made it as simple as possible for clinicians to understand what's going on. I think we need to spend more time doing that, so they can really understand because you know, clinicians don't like a black box, let's call it that, they'd like to know exactly what's happening”

Different expectations

“I think also having clinical backgrounds is really important for the [IT] team… a lot of the times when we’re [clinicians] doing something, it's new, and it's challenging… IT … they have no idea it takes time. And then also probably it will be someone quite senior testing that system, so it then takes them away from their duties as well.”

“And I think from a clinician’s point of view, you just want it fixed. And don't know why it takes so long.”

Challenging environments

“The pandemic has put a lot of pressure or more pressure on IT staff because you now need to learn a lot more and really quickly to be able to deliver digital solutions not just for clinicians, now it has moved on to patients and now you have to learn AI, clinical decision support systems and all of that. And at a fast pace.”

Learning opportunity?

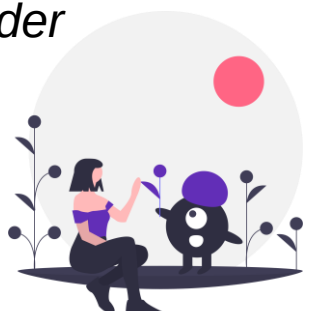
“A lot of the time, it's a learning opportunity, for a lot of, like the clinical staff that are coming in, and being involved with those processes. But understanding the processes and understanding it fully end to end… I think that sort of where the clinical team needs education.”

Context-sensitive digital integrator – a conduit?

“So I think it's selecting the right person [clinician], who has an interest in technology, and how it can improve services.”

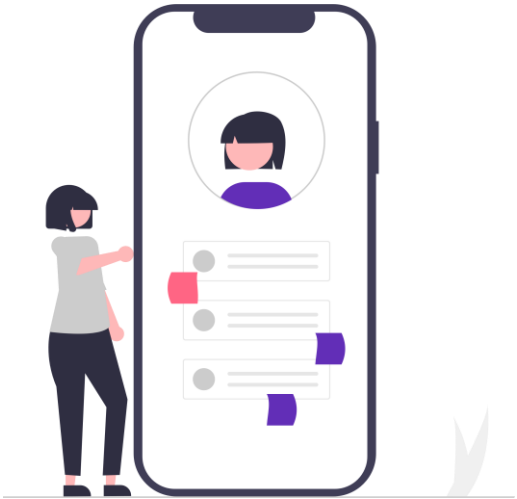
“A role to help translate because the clinical teams and IT… completely different languages.”

“*So having that conduit now that we can talk to, before we go to the wider group has really, really helped."*



Knowledge and skills needed

- Understanding of terms and lingo/jargon
- Understanding of the development and implementation process (and its complexity)
- Adaptability and agility
- Good negotiation and mediation skills



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Collaborative work session

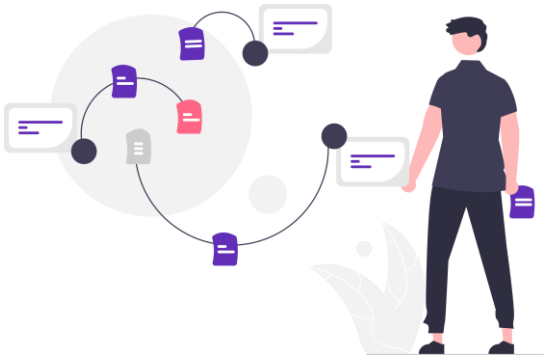
- How does the notion of CSDIs **resonate** internationally?
- How are CSDIs **supported** to acquire the necessary **competencies** and **capability** in your local contexts?
- What can be **learned** from each other?
- How can the HI community **support** this?

Leave your e-mail, if you want a summary of the results

https://tinyurl.com/CSDI2023

Thank you!

- Next steps
- Keep in touch!



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