Resident Information Systems Committee (RISC)

Introduction/Problem

- House staff at BIDMC are frontline experts in our current inpatient systems and are often aware of workflow issues that could pose safety or efficiency concerns.
- There have been few opportunities for trainees to raise these concerns regarding IT systems due to lack of familiarity with existing process.
- Housestaff receive little feedback once suggestions are made.
- Discussions with representatives within the Department of Clinical Information Systems (CIS) revealed there was no specific channel for communication for IT improvements with house staff.
- In response, the Resident Information Systems Committee (RISC), a new subcommittee of the House Staff Quality Improvement Council, was created.

Aim/Goal

1. To establish a clearly defined and well recognized channel for Department of Medicine (DOM) residents to request improvements or modifications to our clinical information systems.
2. To ensure the appropriateness of house staff requests for modifications.
3. To develop interdepartmental relationships with clearly identified representatives who can consult on ideas that affect other clinical departments.

The Team

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- Lawrence Markson, MD
- Anabela Cardoso
- Internal Medicine Residents(All PGY Levels)
- Interdepartmental Representation -Medical, Surgical, Laboratory

The Interventions

- Development of open source submission tool for house staff
- Design and implementation of a standardized process with rigorous rubric for identifying appropriateness and triage of requests.
- Development of network of interested interdepartmental contacts
- Streamlining of requests within to CIS, while providing a mechanism for multiple points of feedback to residents.
- Tracking mechanism for measures of number of projects completed, number of cycles of communication with CIS and RISC to approximate efficiency of submission process, and rate of feedback to residents.

Results/Progress to Date
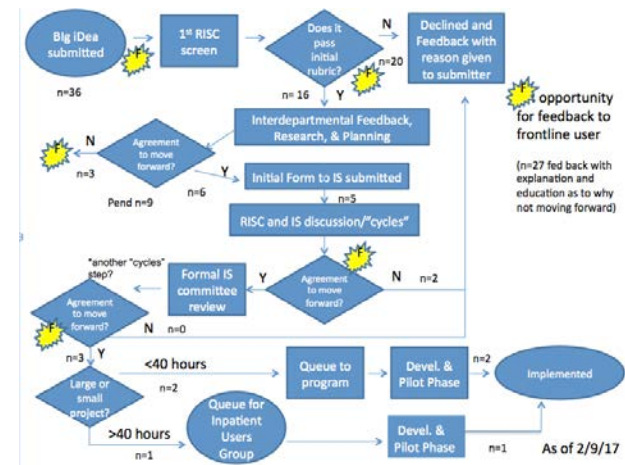
Lessons Learned

1. Housestaff have very little exposure to the wide variety of competing demands facing our own institution with respect to clinical information systems.
2. The volume of requests to CIS is immense. The committee process at the level of house staff can help significantly reduce requests of low clinical or workflow impact as well as ensure that what *is* brought to CIS for formal evaluation passes a strict rubric. Ideally this can ensure the 'signal to noise ratio' is high.
3. A feedback mechanism to house staff has allowed us to engage frontline users in raising their concerns.
4. By partnering with seven other departments we have found a process to gather input beyond the department of medicine. It has been crucial for ensuring consideration of all potential benefits and harms/concerns of a request.

Next Steps

1. Further develop robust relationships with other residency departments especially surgical services as needs differ.
2. Recruit more house staff members to help manage and triage volume of requests from the frontline
3. Analyze the different types of requests to educate our peers on existing solutions and to help improve the appropriateness of CIS requests.

We wish to acknowledge our multiple extra-departmental partners who serve as sounding boards and advisees for our ideas

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