



**When there is an advantage in having a consistent UI, across multiple applications that access the same database, then we should be implementing a single system for those processes.**

Clinical processes are typically multidisciplinary and integrated. Consequently, clinical information systems (CIS) need to be multidisciplinary and integrated, supporting the entire workflow, end-to-end. For example, the medication management system, as an integral part of clinical workflows, must be an integral part of the CIS. Implementing a separate medication management system breaks the workflow, compromises electronic clinical decision support and increases the risk of adverse medication events.

**Core CIS applications must be capable of integration with specialist clinical systems.**

Data from specialist systems such as clinical communication, medical equipment, LIS, RIS, cardiology systems etc., contribute to the EMR. Integrating these systems so that data flows to the CIS means that comprehensive, relevant, clinical summaries can be generated from the CIS and sent to other provider systems.

**The data presented at the UI must be relevant to the task in hand and the roles involved.**

A complete set of clinical data should be accessible if required. However, day to day tasks and workflows require data that is relevant to the task in hand and the roles involved. For example, surgical safety checks during handover from admission/ward nurses to theatre nurses.

**Systems must be HL7 compliant and support the use of clinical terminologies.**

Implemented systems must be compliant with HISO standards to ensure that data that can be exchanged effectively and understood by the receiving system.

**Clinical summaries that are both human readable and machine readable are an effective integration tool as they provide information that is relevant to a particular episode of care while allowing data to be compared across episodes.**

Sharing clinical data as a clinical summary provides information that is relevant to a particular episode of care.

Individual data elements should be viewable as a history across multiple episodes of care without losing the context of episode from which they originated.

Integrating discrete data (via a summary document or as individual elements) allows the data to be re-used by the receiving system.