Beth Israel Deaconess community hospitals Clinical Informatics Committee Charter

Name	Clinical Informatics Committee (CIC)
Purpose	The Clinical Informatics Committee, as designated by Medical Executive Committees of BID-Milton, BID-Plymouth, and BID-Needham, will oversee the governance of the electronic health record ("EHR") for the Beth Israel Deaconess community hospitals. The CIC is charged with developing strategic plans; establishing clinical IT priorities, policies and procedures; and identifying improvement opportunities through the appropriate use of clinical informatics. The EHR is designed to support the organizational goals of: Improving clinical quality and safety of patient care Standardizing content and processes to the extent possible to improve efficiency and create consistent provider, staff and patient experiences Optimizing communication among stakeholders (patients, caregivers, administration, communities) Promoting usability of the EHR, workflow efficiency, and effective data
Ownership	consumption System
Scope of Governance	All hospital staff
Reports to	Executive Committee Medical Executive Committees (MEC) at BID-Milton, BID-Needham, and BID-Plymouth Hospitals
Duties	Clinical Quality Assist in incorporating best practice into order sets and clinical workflows Review and approve new clinical decision support tools and upgrades Monitor adverse events Meet national safety and quality standards and reporting requirements Electronic Health Record Oversee the design and implementation of clinical applications Create, update, and approve policies and procedures related to EHR use Review, approve, and prioritize requests to the EHR Evaluate and make recommendations regarding EHR orientation, training, and optimization Monitor provider satisfaction with the EHR Recommend and monitor metrics to evaluate the success of the EHR as this relates to patient outcomes and provider satisfaction Communicate changes to the EHR to medical staff Promote a process for the development of standardized clinical content for BID community hospital members including order sets, provider documentation, and clinical decision support IT Work in conjunction with operational support to maximize utilization of technology Assist in the prioritization of IT initiatives Recommend and prioritize clinical process redesign initiatives that require significant IT support

Guiding Principles to Support Decision Making	 The committee will strive for balance between system quality, regulatory compliance, and usability. Standardization of clinical workflows should be sought whenever possible, as necessitated by a single EHR, defined IT resources to support end users, and evidence-based practices that support reduced care variation. Interdisciplinary input should be sought during the development and implementation of new EHR Configuration and design choices should be made within the context of the user's workflow Usability and principles of human factor engineering should be considered when designing interventions. Providers will be treated equally, and facility and specialty support will be fairly provided with consideration of institutional and regional differences such as patient population. Metrics will be defined based upon clinical quality and efficiencies, rather than cost savings. Impact of decisions should be monitored and feedback should be obtained. Best practices will be identified within each specialty and supported by evidence and clinical practice 	
Chair Selection Process	The Community CIO, in consultation with the hospital CEOs, appoints the chair and vice chair.	
Chair Responsibility	The Chair is responsible for reporting ongoing decisions and IT recommendations to the MEC.	
Vice Chair Responsibility	The Vice Chair is responsible for conducting meetings and making interim decisions in the event that the Chair is unable to do so.	
Membership Selection Process	The MECs will inform and approve committee membership.	
Membership	Membership shall consist of the following members: representatives from Medical Administration, Nursing Administration, Nursing leadership, Quality, Pharmacy, IT clinical analysts, clinical representatives, HIM, Legal, Compliance.	
Member Responsibilities	Core membership is expected to attend meetings at a regular basis. Additional representation will be solicited when topics are applicable.	
Committee Type	Standing	
Frequency of Meetings	Monthly	
Meeting Practices	Meeting minutes will be recorded following each meeting Standing agenda items include: • Status report from Clinical Management Committee • Status report from major taskforces established by the CIC • Topics for the next monthly meeting Task force and project committee meetings will be established as necessary for stakeholder involvement	
Authorities Delegated	 Create and enforce policies governing the comprehensive electronic health record Approve and prioritization of order sets Send monthly communication to medical staff on clinical informatics improvements 	
Charter Review	This charter will be reviewed every 2 years.	

Charter Approval:		
Beth Israel Deaconess-Milton Medical Executive Committee Chair	Date	
Beth Israel Deaconess-Needham Medical Executive Committee Chair	Date	
Beth Israel Deaconess-Plymouth Medical Executive Committee Chair	Date	