E-safety professional practice standard consultation
David Rowlands and Dr John Zelcer

I think it was slide 6 - but it wasn't clear from the slide what the "8 dimensions" of the socio-technical system were (didn't quite add up to the labels in the text, or I could have missed something!) - Please clarify these 8 dimensions are.

The 8 dimensions are:

- Hardware and software
- Clinical content
- Human computer interface
- People
- Workflow and communication
- Internal organizational features (e.g., policies, procedures, and culture)
- External rules and regulations
- Measurement and monitoring

The 8-dimensional model was published in 2010 by Dean Sittig and Hardeep Singh**.
The reference is: Qual Saf Health Care. 2010 October ; 19(Suppl 3): i68–i74.
doi:10.1136/qshc.2010.042085

From their abstract:
"...an 8-dimensional model (was) specifically designed to address the socio-technical challenges involved in design, development, implementation, use, and evaluation of HIT within complex adaptive healthcare systems. The 8 dimensions are not independent, sequential, or hierarchical, but rather are interdependent and interrelated concepts similar to compositions of other complex adaptive systems. Hardware and software computing infrastructure refers to equipment and software used to power, support, and operate clinical applications and devices. Clinical content refers to textual or numeric data and images that constitute the "language" of clinical applications. The human computer interface includes all aspects of the computer that users can see, touch, or hear as they interact with it. People refers to everyone who interacts in some way with the system, from developer to end-user, including potential patient-users. Workflow and communication are the processes or steps involved in assuring that patient care tasks are carried out effectively. Two additional dimensions of the model are internal organizational features (e.g., policies, procedures, and culture) and external rules and regulations, both of which may facilitate or constrain many aspects of the preceding dimensions. The final dimension is measurement and monitoring, which refers to the process of measuring and evaluating both intended and unintended consequences of HIT implementation and use. We illustrate how our model has been successfully applied in real-world complex adaptive settings to understand and improve HIT applications at various stages of development and implementation."

Dr Hardeep Singh will be presenting at HIC 2016.

Would you see HISA asking Project Management standards organisations such as the Australian Institute of Project Management for their views on this standard?

Any person or organisation can comment and any member who thinks an organisation like the AIPM should be made aware of the documents can alert them to them – i.e. members can initiate action as well as HISA. But I don't see HISA contacting AIPM, as we are more concerned about

how the health industry responds, given that health players are well aware of how project management plays out in health.

Another observation/question related to the scope of the proposed standard - understand that its focused on HIT Supporting Systems that facilitate the delivery of effective patient care - but interested in hearing David's and John's views on the applicability of scope would extend beyond HIT Support Systems to say HIT systems supporting the delivery or Medical Training itself, both in an individual and team training context (i.e interoperability)

There is no intention to extend the scope beyond care delivery. However, this does not stop organisations using it for supporting purposes.