

# 8x8 Communication Example\*

\*This table was adapted from a 2011 book published by the Healthcare Information and Management Systems Society (HIMSS) entitled "Improving Outcomes with Clinical Decision Support: An Implementer's Guide, Second Edition."

Event to Be Communicated	Method	Message	Start Date	End Date	Responsible Party
Launch of new interruptive alerting about dangerous DDIs in CPOE system	E-mail – 2 instances	An updated CPOE version with new alerting for the most high-risk drug interactions will be in production on 1 June. Extensive work with end users and the CIS/CDS vendors has taken place to minimize nuisance alerting. It won't be perfect at launch, and the CDS team is committed to continually optimizing the value of these alerts. Several channels for feedback are available and will be monitored closely. [Click here to send message to CDS team]	1 April	15 May	Kerry Fieldcrest
	Notices on launch day – via various electronic and paper channels	Same as above	Same as above	1 June	Same as above
	Brochures – distributed in workplaces of each intervention stakeholder and electronically on intranet	See mock-up – includes summary of interactions to be targeted, rationale for selection, benefits expected, highlights from e-mail message	Same as above	Until supplies run out after launch	Luke Smith
	Bulletin boards in pertinent gathering places (such as medical staff lounge)	Same as above	Same as above	1 July	Luke Smith
	EMR notice	New high-risk drug interactions will be in production on June 1; click here for details [link to brochure on intranet]	1 May	31 May	Jim Wann

	Web notice to departmental intranet sites (such as nursing, pharmacy, radiology, etc.)	Same as brochure	Same as above	Same as above	Rhonda Jones – intranet; John Fisher – conference
	Presentation at medical and other staff meetings, prior to launch	Combination of all the above and below	15 May	15 May	David Wells, MD, CMIO
	Positive buzz created by physician and pharmacy champions with colleagues	“There is close collaboration between the medical staff, pharmacy staff, CDS implementation team and others on these alerts; they’re not perfect but they work well. In realistic testing scenarios, we’ve seen how they really will make a significant difference in patient safety.”	1 May	Ongoing	Julie Patel, MD, medical staff, Sam Knight, RPh, clinical pharmacist