Stakeholder Responsibilities and Role Descriptions*

*This worksheet 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."

Example Groups and Responsibilities	Example Roles
Board and Executive Leadership: Set Strategy and Priorities, Clinical Standards, Allocate Resources • Overall board and members with quality/safety interests: help set overall organizational agenda (including quality/safety focus), improvement priorities, resource allocation • Executive leadership: sets a more specific improvement agenda, priorities, resource allocations	• *Board Members*, including the Board Chair, are central to providing guidance and support to corporate officers engaging in CDS implementation, and to showing support for an organization's CDS efforts with the public. • *Chief Executive Officer*: At the level of administrative leadership, the CEO is important to providing both vision and support. Ideally he or she must connect well with the staff and take feedback into account in his or her leadership. • *Chief Medical Information Officer*: At a high level, the CMIO bridges the gap between the clinical and administrative considerations of implementation. CMIOs are often responsible for selecting clinical champions and in some cases may act as champions themselves. They help to translate the administration's vision of CDS to the clinicians. and to communicate clinician's desires and concerns regarding CDS back to administrative leadership.

Management/Oversight: Manage Processes Related to CDS Program
• Healthcare organization departments/functions: responsible for processes/outcomes that will be affected by CDS program
    o Clinical departments (for example, laboratory, pharmacy, nursing, medicine, surgery, infection control) and service lines
    o Organized medical staff
    o Cross-cutting functions (for example, quality, safety, disease management, case managers, risk management)
    o Clinical director of information systems/medical informatics
    o Other organizational committees and departments
• CDS oversight/benefits realization committee: supports execution and evaluation of CDS initiatives; educates senior executives and board of directors on importance and impact of CDS efforts
• CIO/IT steering committee and IT department: responsible for IT infrastructure that underpins CDS interventions
	• *Quality Officer:* The quality officer may take a significant role in helping to align CDS with clinical objectives. Implementing CDS based on specific clinical need is a proven method of selecting specific interventions.
	• *IT/Informatics Leadership:* A stakeholder who understands the technical limitations of the proposed intervention(s) plays an important role in the implementation of CDS systems. A deep knowledge of the clinical information systems, the hardware, and the software might also help to understand the impact a new intervention might have on these systems – and ultimately on workflow. Roles include Chief Information Officer and Directors of Information Systems.
	• *Pharmacy Director*: With the pharmacy's role in medication safety, it is necessary for the director or another representative to be closely involved with the implementation. Drug-Drug Interaction and Drug-Allergy (DDI/DA) alerts need to be carefully calibrated to ensure that they support both pharmacists and physicians. The pharmacy perspective is necessary.
	• *VP/Director of Nursing:* Although the amount of direct interaction nurses have with CDS varies from setting to setting, their workflow is often affected by many different types of CDS interventions
	• *Legal Counsel:* There will be liability questions and considerations regarding CDS deployment. For example, will alert triggers, messages delivered, and user responses become part of the legal record? Engaging legal counsel early in the CDS project is advised.

Implementation/Project Management: Develops, Deploys, Monitors CDS Interventions	*Implementation Manager:* The implementation manager is responsible for assigning ownership and tracking completion of all implementation tasks. This person will report back to the team on how the project is progressing, what challenges have been overcome, and what challenges lie ahead. The team can then plan how to best address those challenges as a whole.
• CDS-specific: overall responsibility to deploy/maintain CDS knowledge assets, collect and analyze evaluation data • General IT: overall responsibility to support and maintain clinical information systems	

End Users and Related Positions: Perform Patient Care Activities Affected by CDS	
End Users and Related Positions: Perform Patient Care Activities Affected by CDS • End users: recipients of CDS interventions (for example, patients, nurses, pharmacists, physicians, others on the care team, case managers) • Related staff: generate data for, or are affected by, interventions • Subject matter experts: clinical authorities for content in CDS interventions • Clinical thought leaders and champions (such as clinicians respected and listened to by colleagues): help ensure interventions meet needs and are successfully adopted	• ***Clinical Champion(s)*:** The clinical champion is perhaps one of the most significant and important roles in the implementation of CDS. These are individuals who help to fight for the cause and help to rally support for CDS. They may also act as a messenger to the administration to suggest changes in the system or to workflow. The ideal clinical champion is respected as a clinician, but also has substantial knowledge in the field of informatics. • ***Super-User(s)*:** Super-users are those who have become adept at using the new system or interventions. They can assist others who are having difficulty, and like clinical champions they may help to garner support. • ***Clinical Curmudgeon(s)*:** As important as the clinical champion, it is often helpful to involve a clinician who might have misgivings about implementing the new system or intervention. According to Ash et al., these stakeholders can provide useful input and they may turn into the most vocal supporters. Convincing these stakeholders can be key to a successful implementation. • ***Patient/Patient Representative:*** Although most of the literature concerning CDS Implementation is physician-centric, most systems affect the patient in some way. In certain circumstances, CDS could detract from the physician-patient interaction. A patient or patient representative might be more cognizant of such potential detractions. In other cases, patients themselves may be the end-users of CDS.