Abstract
A large health care system developed standard data sets for business and clinical modules using clinical content experts from across the organization. Vendor software to control facility edits was employed. The organizational structure and decision making methodology for managing change requests, challenges encountered and solutions developed are described. More than 1000 change requests have been handled in the nursing and clinical ancillary modules during the 1st year of the process.

Introduction
In January, 2005 CHRISTUS Health launched a multiyear project (Unity Project) to implement a common clinical information system platform across 18 acute care and 2 long term care facilities. A primary goal of the project is to implement standard data sets and processes across the organization.

Early in the project, the steering committee determined that changes to standard data sets would be managed by system level business process owners. The Quality Improvement and Patient Safety Improvement Division assumed responsibility for 7 modules...nursing and clinical support services.

Background
Content experts from around the organization were gathered to create the standard content. Design work began with creation of current state vs future state process maps and then progressed to building of the data standards.

After creation of standards and the initial implementation, post live change management became critical...for live regions as well as implementation.

Organizational Structure
Pods (Module advisory groups [MAG] or affinity groups [AG]) were created for each module and/or clinical specialty discipline with representation from regions/facilities, Information management, system level quality and other technical resources as needed. Module specific request forms and in some cases specific management procedures were created.

Challenges
In some modules, we continue to experience extreme challenges in achieving desired turnaround time for change requests. These occur due to complexity of request, lack of participation to obtain change approval, and lack of appropriate staffing levels.

Outcomes:
In one year, more than 1500 changes (CLINICAL DOCUMENTATION or clinical support) have been made in the system, using the MAG/AG requests and consensus process. Turn around time for most non-nursing modules has been reduced by almost 50% from beginning of centralized review/approval process to date.

Future Plans:
Continue to enhance quality of data in system by leveraging content expertise of MAG members; Decrease delivering needed services.