Invitation to
Centre for Communication and Computing's Workshop on

Large scale evaluations in Health IT projects

Organized by Jørgen Bansler and Finn Kensing
June, 21 2016, 10:00-15:00
University of Copenhagen
Room A101 at HCØ, Universitetsparken 5.
Online registration is required no later than 12 June 2016

IT projects in the health care sector are a complex endeavour and they often run into trouble due to various reasons. However, many of the reasons may be traced back to lacking or insufficient evaluations in the course of the design, development, and implementation process - when the systems are build from scratch, or during the procurement process - when implementation is based on a standard system.

The discussion at the workshop will be based on four presentations (see abstracts below). The format of the workshop will allow much time for discussion as each session is scheduled for 45 minutes, while the presentations are scheduled for approximately 20 minutes.

Programme

10:00	**Welcome and a round of presentations (Finn Kensing)**
10:30 – 11:15	Geraldine Fitzpatrick: Bridging the disciplinary divide - can we find shared evaluation approaches?
11:30 – 12:15	**Jesper Simonsen:** **Effects Driven Participatory Design and Evaluation in HealthIT**
12:15 - 13:00	Lunch
13:00 – 13:45	**Jonas Moll:** **Prototyping Evaluations in HealthIT: Making a Living Lab**
14:00 14:45	Sanne Jensen: Clinical simulation: an evaluation method in health informatics
14:45 – 15:00	**Wrap up and good bye (Jørgen Bansler)**

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Geraldine Fitzpatrick, Technical University Vienna:

Bridging the disciplinary divide - can we find shared evaluation approaches?

Abstract:
Until recently HCI/CSCW/PD and medicine could be characterized as being at opposite ends of an evaluation continuum – from smaller-scale often bespoke evaluations often using mainly qualitative methods in HCI/CSCW/PD to large scale Randomised Control Trials (RCTs) using largely quantitative methods in medicine. Interestingly there have been recent moves on both sides of the disciplinary divide to recognise that current methods have limitations particularly when it comes to real world impact. I would like to explore some of the recent discussions in HCI/CSCW/PD about needing to connect more with medical approaches, and discussions in the medical literature about the limits of Evidence Based Medicine (EBM) and the call for 'real EBM', and the limits of RCTs for evaluating complex interventions and the call for more 'realist evaluation' approaches. I will suggest that there is actually much in common at the intersection of these disciplines and am keen to explore these possibilities together with the workshop attendees.

Jesper Simonsen, Roskilde University

Effects Driven Participatory Design and Evaluation in HealthIT

Abstract:
Effects Driven Participatory Design and Evaluation in HealthIT includes engaging in large-scale information-systems projects throughout design, organizational implementation, diffusion and reconfiguration by (1) emphasizing participatory design experiments and pilot implementations by formative evaluating fully integrated systems exposed to real work practices; (2) incorporating improvisational change management including anticipated, emergent, and opportunity-based change; and (3) extending initial design and development into a sustained and ongoing implementation and reconfiguration that constitutes an overall technology-driven organizational change. This sustained participatory design approach is exemplified through large-scale projects in the Danish healthcare sector.

Jonas Moll, University of Copenhagen

Prototyping Evaluations in HealthIT: Making a Living Lab

Abstract:
I will show how we experiment with evaluations of and in eHealth in the SCAUT project.
Specifically, how we use our living lab to figure out what we can *actually* evaluate.

Sanne Jensen, Center for IT, Capital Region of Denmark

Clinical simulation: an evaluation method in health informatics

Abstract:
This contribution will give a short presentation of clinical simulation and how it may be used for evaluation in HealthIT. Clinical simulation can be used for proactive evaluation of new technology for clinical work practice and involves real end-users as they simulate the use of technology in realistic environments performing realistic tasks. Using clinical simulation makes it possible to assess effects on clinical workflow and enables identification and evaluation of patient safety hazards before implementation at a hospital.