



Computerised Infectious Disease Reporting

CIDR News

Issue 1

Feb 2004

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Introduction:

Welcome to the first edition of CIDR News, a new bulletin to keep you up to date on the CIDR project.

We aim to provide regular updates on the project - pilot implementation which starts shortly, and the subsequent roll out of CIDR in the months ahead.

CIDR will provide a key tool in the fight against infectious diseases and will revolutionise the way diseases are reported. As a web-based system, it uses the latest technology to rapidly identify and monitor any potential disease threats in Ireland.

The emergence of SARS and other new or reoccurring infectious diseases worldwide has highlighted the importance of early detection and monitoring.

Up to now there has been no national information system for disease surveillance, limiting our ability to detect

cases early and to prevent further illness occurring.

Meet the CIDR Team:

There are eight people currently working on CIDR.

Dr Derval Igoe heads up the CIDR project and is a Specialist in Public Health Medicine at NDSC. Derval trained and worked in Public Health Medicine in the Eastern Regional Health Authority before joining NDSC in 1999. She has been involved in planning for disease surveillance since that time and was seconded to set up the CIDR project team in June 2001.

Contact: (derval.igoe@ndsc.ie).



CIDR Team Photo:

Back Row L-R: Colm Grogan, John Foy, John Brazil, Deirdre Hyland.

Front Row L-R: Derval Igoe, Gillian Cullen, Karen Savage.

Absent from Photo: Liam O'Connor and Orla Bannon.

Dr John Brazil has been involved in the genesis of the CIDR project and is responsible for making sure that the system meets the requirements of its users. John is the NDSC IT Manager, currently seconded to the CIDR project. His background is in medical laboratory science and he was the laboratory information system manager in the National Virus Reference Laboratory prior to joining the NDSC.

Contact: (john.brazil@ndsc.ie).

Colm Grogan is a Senior Surveillance Scientist with NDSC and is the head of the CIDR Operations Team. He has been involved in the design of CIDR and liaises with clinical microbiology laboratories to assist in the provision of laboratory data for CIDR and manages the CIDR IT team during build, testing and implementation. Before joining the NDSC Colm worked in medical laboratory science and in healthcare software systems (pathology and radiology).

Contact: (colm.grogan@ndsc.ie)

Gillian Cullen is a surveillance scientist with the NDSC and plays a pivotal role in the CIDR project. Gillian works closely with the UAT Team throughout testing and is responsible for identifying and resolving any issues that arise. Gillian is also the lead trainer for the CIDR project. She has just completed the training of a core group of staff at NDSC and is concentrating on preparing all training materials for future external training. Gillian studied epidemiology at the University of Edinburgh. She has previously worked in data management for clinical trials and managed the National Perinatal Reporting System for the ERSI, prior to joining the NDSC.

Contact: (gillian.cullen@ndsc.ie)

John Foy is an Information Technology

Officer with CIDR. John is responsible for managing access security and for the day-to-day operations of CIDR, including completing data conversions for laboratories and change analysis. He has worked in IT since 1990, including a number of years in medical software.

Contact: (john.foy@ndsc.ie).

Liam O'Connor is also a CIDR IT Officer. He is responsible for many of the technical aspects of CIDR, including data migration, support, security administration, analysis and master file maintenance. Liam has previously worked in the area of software development and software system support.

Contact: (liam.oconnor@ndsc.ie).

Deirdre Hyland is the CIDR Administrator and is responsible for all of the administrative needs of the CIDR team. Deirdre is also a member of the UAT team. She worked as an IT recruitment consultant prior to joining the NDSC over a year ago.

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Karen Savage is the CIDR Communications Officer. She has recently joined the team and is responsible for all aspects of CIDR communications. Karen has worked for the NDSC for almost two years.

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Orla Bannon, Senior Executive – Administrative Services at NDSC, is working as the administrative lead in the organisation and planning of CIDR training sessions. Orla will work with local health board representatives to co-ordinate the set-up of training facilities and organise the distribution of training materials. Orla has been at the NDSC since 2001

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Several key committees oversee the CIDR programme. **The NDSC Board** is accountable for overseeing the CIDR project, particularly in relation to the allocation of resources. **The CIDR Project Board** provides overall direction and management of the project. **The CIDR Development Committee** - representing the key professional stakeholders involved – has a mainly strategic role and advises on the development of electronic surveillance. **The National Business Rules Committee** is made up of the chairpersons of regional business rules committees, and facilitates the development and implementation of agreed business rules for CIDR.

CIDR – what’s happening now?

At the end of January 2004 Fujitsu completed work on CIDR version 1.0 and officially handed the system over to the team. Some design changes still need to be made before going live. These will be carried out separately by Fujitsu and should be completed over the next two months. Final user acceptance testing will follow the changes and CIDR will go live in May 2004, all going to plan.

UAT – users’ views:

User acceptance testing (UAT) initially started on 21st October 2003. The most recent testing phase got underway for two weeks from 5th January and further UAT is planned before pilot implementation.

Elaine Brabazon and Ciara Murray from the North Eastern Health Board (NEHB) share their experiences of UAT for the CIDR system.

“We participated in UAT with a core team from the NDSC and the NEHB. Representatives from various microbiology labs around the country also joined us to provide their expertise.

UAT, to date, has involved testing both the software functionality and the front-end design of the CIDR system. It took place in cycles and as problems were identified they were logged and passed to Fujitsu who implemented fixes, which were then retested. Software failures and business process issues were identified and the usability and user-friendliness of the system was explored. Problems on the reporting side of the system did impact on timeframes and progress has been somewhat slower than we expected.

In summary, UAT is achieving its purpose, i.e. to identify any technical or business process problems with the system and ensuring they are resolved. This will improve the quality of the CIDR application before pilot implementation and subsequent live operation.”

The weeks ahead:

According to Derval, preparation for go-live is underway. Training of a core group of CIDR trainers was completed in early February. Training of users in the pilot implementation sites will begin, starting with the NEHB in late March.

A series of demonstrations of the CIDR system are planned for all Health Boards from Monday 23rd February to Thursday 26th February 2004. Each Health Board will be provided with an opportunity to attend a “hands-on” workshop.

The final two-week period of UAT will start at the end of March, and will be followed by training for the remaining CIDR pilot locations.

Pilot implementation gets underway in a number of locations in May. These include the NEHB, the NDSC and the following reference laboratories: the National Virus Reference Laboratory, the

Irish Meningococcal and Meningitis Reference Laboratory, the Salmonella Reference Laboratory and the Methicillin Resistant Staphylococcus Aureus Laboratory.

Pilot implementation is due to last for three months. For this period, the pilot sites will use the CIDR system in parallel with their current systems. At the end of this phase pilot implementation will be formally evaluated, and recommendations made on subsequent national implementation.

Thanks to:

- Safefood, the Food Safety Promotion Board for providing funding assistance to CIDR communications.
- Elaine Brabazon and Ciara Murray for their contribution.
- Emer Ruane for photography.

Compiled by:

- Karen Savage, CIDR Communications Officer . Since publication, Karen Savage has left the National Disease Surveillance Centre. NDSC Communications Officer, Maurice Kelly is now responsible for CIDR communications. He can be contacted at maurice.kelly@ndsc.ie and 01 8765300.

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