

**Brody School of Medicine at East Carolina University
ECU Physicians Policy and Procedure Manual**

Topic: Coordination of Hardware and Software - #IM 16	
Section No. 4	Section Name: Information Management
Approval Date: March 26, 2009	Approval: Paul Cunningham, MD Dean, Brody School of Medicine

I. Purpose:

This policy provides a uniform process for members of ECU Physicians and clinical support services to request and receive guidance in the selection or development of hardware, software systems and databases that support clinical research and operations for the purposes of assuring compatibility with existing East Carolina University/University Health Systems (UHS) systems and promoting operational efficiency.

II. Definitions:

Devices – Network-attached medical devices, desktops, laptops, hand-held personal digital assistants (PDA's), computerized tablets.

Inter and Intra-BSOM Interfaces – System to system interfaces requiring the transfer of data over the university network.

Electronic Protected Health Information (EPHI) – Reference ECU HIPAA Privacy Policies #0004, #0010 and #0019

Non-Standard – Hardware and software not listed on the ITCS recommended list (<http://www.ecu.edu/cs-itcs/software.cfm>).

Members of ECU Physicians and Clinical Support Services – The clinical operations within all clinical academic departments and administrative departments including, but not limited to, Clinical Finance, ECU Physicians Administration, Patient Access Services, Health Information Systems and Services, and the Contact Center.

III. Policy:

It is the policy of ECU Physicians to coordinate with and utilize the advice and technical support of established Information Technology and Computing Services (ITCS) resources when:

- A. Requesting new software or an upgrade to existing software to be installed on computerized devices;
- B. Creating a new computerized database containing EPHI ;
- C. Any inter and intra-BSOM interface is established between disparate systems (ex. interfacing digital electrocardiogram or radiology equipment to the electronic medical record); /or
- D. Requesting hardware upgrades or new computers and devices that require interface changes or the establishment of new interfaces with the university network.

This coordination effort assures efficiency of operations by minimizing duplication of efforts, promoting standardization, minimizing the potential for negatively impacting the university network, and assuring that security and privacy requirements are met.

IV. Procedure:

1. Employees will notify their supervisor when there are imminent plans to purchase and implement

Recommending Body	Signature	Date:
BSOM Executive Committee	n/a	
ECU Physicians Board of Directors	(original document signed)	March 26, 2009
Effective Date: July 1, 2009	Contact Person/Reference Source: Frank Evans, Director of Clinical Finance	Extension: 744-3108
Revision/Review Date:	Revision/Review Person/ Source:	Page 1 of 2

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new software, upgrade existing software, develop computerized data bases, develop system interfaces or purchase computer and/or network attached medical equipment. Information should include a description of the project, scope of the project, the anticipated outcome, implications for other departments, the expected implementation time line and an approximate cost, and resource needs that can not be met by the originating department.

2. The supervisor will inform, via the attached on-line form (<http://ithelp.ecu.edu>), the following, including a copy to his/her Department Head (or Department Head designee):
 - A. University Chief Information Officer – (Dr. Jack Brinn)
 - B. Chair of the BSOM Clinical Information Systems Steering Committee (CIS) - (Director of Clinical Finance)
 - C. For HIPAA systems as defined in ECU HIPAA Security Policy #0009, the supervisor will contact the Director of Health Information Systems Services.
3. All proposed projects, with the incorporation of ITCS recommendations, will be discussed in the next monthly CIS meeting or, if urgent timelines exist, the CIS committee will address outside of the monthly meeting cycle as necessary.
4. The proposed project, with the incorporation of ITCS recommendations, will be discussed in the next monthly CIS meeting or, if urgent timelines exist, the CIS committee will address outside of the monthly meeting cycle as necessary.
5. When steps 3 and 4, above, do not yield mutually accommodating results for both the originating department and ITCS, the CIS committee will submit the proposed project to the Vice-Dean for BSOM, for further direction; the Vice Dean may review the request with appropriate groups, e.g., ECU Physicians Practice Management Committee.
6. At the conclusion of steps 4 and 5, the CIS Committee will communicate a summary of the final disposition to the originating department.

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