

Unclassified



CIPHS Collaborative

Terms of Reference - i-PHIS Standing Focus Group

Health Canada

***i*-PHIS Standing Focus Group Terms of Reference**

Reporting Relationship:

To: CIPHS and the *i*-PHIS Program Advisory Group

Through: The Epidemiologist for the Public Health Information System, Communicable Disease Surveillance Coordination, Centre for Surveillance Coordination, Health Canada. See Figure 1 for a schematic representation.

Background and Overview: In Fall 2002, CIPHS organized and held two separate focus groups to review and recommend enhancements to improve the epidemiology and immunization functionality of *i*-PHIS. Participants were recruited through a call-out to CIPHS Collaborative members and represented users and non-users of the application. The focus groups produced prioritized, “high level” enhancement request lists that were presented at the CIPHS Collaborative Retreat in November 2002. Pending costing and CIPHS Collaborative Executive Council approval of the enhancement requests made by the focus groups and other stakeholders, it is anticipated that some of the focus group recommended changes would be part of the 2003 release of *i*-PHIS.

As part of the larger Change Management Process that has been developed for CIPHS products, focus groups will remain an integral part of the development cycle for *i*-PHIS. However, their purpose and function has been adapted to better blend with the vision and strategy of CIPHS Change Management.

A standing *i*-PHIS focus group has been proposed to assist CIPHS Change Management. It is envisioned that this focus group will help the CIPHS Change Management team to prioritize “packages” of change requests over the course of a release cycle that are of a general epidemiology/surveillance/public health nature. In the case of developing a new module, such as water, or more broadly, environmental health, specialized ad hoc focus groups will be formed to ensure that the appropriate content experts are able to guide requirements gathering and development. However, *i*-PHIS Standing Focus Group participants may also be members of such ad hoc focus groups, depending on the public health issue that is being addressed.

The *i*-PHIS Standing Group will also participate in requirements gathering for change requests that it has reviewed and prioritized and that ultimately go forward for development. In addition, if appropriate, it may also participate in the preliminary requirements gathering process for change requests initially submitted to CIPHS Change Management.

Finally, the *i*-PHIS Standing Focus Group will participate in user acceptance testing to ensure that changes/enhancements to the application that it has helped to develop address user needs/requests appropriately.

Participants in the *i*-PHIS Standing Focus Group will be drawn from a number of advisory groups and committees affiliated with CIPHS, including the *i*-PHIS Program Advisory Group. This will ensure continuity of membership and familiarity with application development goals. National Expert Working Committees and other CIPHS Community of Practice stakeholders will also provide ad hoc membership to the Focus Group, as appropriate.

Mandate:

The *i*-PHIS Standing Focus Group will provide the *i*-PHIS Program advisory Group, CIPHS and the CIPHS Collaborative with ongoing and timely advice relating to the current and future development of *i*-PHIS to ensure that basic epidemiology, surveillance, and case management needs are met by the application.

To perform its mandate, the *i*-PHIS Standing Focus Group will:

- review and prioritize, as appropriate, submitted *i*-PHIS change requests, based on their epidemiological, surveillance, and case management merits and the strategic directives established by the CIPHS Collaborative, and report its recommendations to the Epidemiologist for the Public Health Information System in CIPHS.
- work with the CIPHS Change Management team, as appropriate, to identify requirements associated with changes/enhancements to be made to *i*-PHIS in a given release cycle.
- participate in user acceptance testing, as appropriate, to evaluate changes/enhancements to the application for a given release.

Functioning:

i-PHIS Standing Focus Group Meetings, in-person, by video-conference, or by teleconference, will be held up to five times annually, depending on the CIPHS Change Management Cycle, but consideration may also be given to special meetings/conferences should the need arise. E-mail updates will be provided by the CIPHS Change Management Office/ Epidemiologist for the Public Health Information System between meetings.

The agenda for meetings or video/teleconferences will be developed by the CIPHS Change Management Office/ Epidemiologist for the Public Health Information System.

Video/teleconferences will be co-chaired by the CIPHS Change Management Office/ Epidemiologist for the Public Health Information System. Face-to-face meetings will be co-chaired by these CIPHS representatives.

Recommendations will be developed by the *i*-PHIS Standing Focus Group, with Secretariat support from CIPHS, and will be submitted to CIPHS, the CIPHS Product Manager, the CIPHS Collaborative, the CIPHS Collaborative Executive Council, and the *i*-PHIS Program Advisory Group, as appropriate.

Tenure/Life Cycle:

The *i*-PHIS Standing Focus Group will be a standing committee until 2005 with a review at that time.

Membership/Representation:

Membership will include representatives from the following groups:

i-PHIS Program advisory Group

Other CIPHS Community of Practice (CoP) stakeholders (e.g. CIDPC, Expert Working Committees, *i*-PHIS pilot sites, implementation sites, those regions considering the application for the future, etc.)

CIPHS/Communicable Disease Surveillance Coordination (CDS), Health Canada

Size of the Focus Group:

Due to the difficulty of encompassing the necessary scope of skills for this group and the need for small numbers to be a manageable working group, 2 standing focus groups will be formed. One will be focused in communicable disease with the other non-communicable, however both sides will have representation from the other group. (Suggestion from the February 25, 2003 teleconference).

Selection of Members:

- a) **Co-Chairpersons/Co-Facilitators** - One chairperson/facilitator will be the epidemiologist for the Public Health Information System, Communicable Disease Surveillance Coordination, Health Canada. The second chairperson/facilitator will be from the CIPHS Product Management Team.
- b) **Members** – Participants will be drawn from the aforementioned sources. The membership of the Focus Group will include people with the following range of skills/backgrounds: Epidemiology/Surveillance; Public Health Nursing; Environmental Health/Public Health Inspection; Public Health Laboratories; and other skill sets. Consideration will be given to ensure appropriate geographic and expertise representation, as well as front-line user representation.
- c) **Ad-hoc Members** - From time to time, it may be necessary to recruit participants on an ad-hoc basis to ensure appropriate expertise representation. These participants will generally be drawn from the broader CoP for *i*-PHIS.