

STRUCTURES		Individual clinician <i>Their knowledge of, skill in operation & attitudes towards EPR use for governance</i>	Clinical task <i>Usually the 1 to 1 clinical consultation – may involve implementing guidelines</i>	Technology <i>With its primary & secondary roles – compare available technology with list Secondary roles may include pay-for-performance</i>	Organisation <i>Practice, Locality, Region, and National drivers/priorities</i>
System architecture	Interface (GUI, CHUI etc.)				
	Clinical archetypes				
	Database (closed, restricted, open API – Local/Hosted)				
	Coding system				
	Recalls (set/free)				
	Shared record capability				
	Audit trail				
	Attribution				
	Security, back-up, system recovery, service support				
Information support	Information retrieval system				
	Drug information database				
	Guidelines				
	Clinical information				
	Types				
	Source (internal/external)				
	Clinical decision support				
	Drug/drug interactions				
	Drug/condition interactions				
	Drug adverse reaction				
	Warfarin dosage				
	Immunisation				
	Clinical				
System linkage (and if to national / international standards)	Patients				
	Registration database				
	Unique ID				
	Laboratory				
	Imaging				
	Clinic				
	In-patients				
	Email & Web				
	Referral				
	Others				

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Search function	Population				
	Practice				
	Linked data				
	Export functionality – and common interlink formats				
	Others				
Patient access / control					
	Access to record (Read only)				
	Add to record (Write)				
	Ownership of record (Control access)				
	Access to pooled quality data				
	Others				
PROCESSES					
Quality markers					
	Denominator quality				
	Data quality				
	Clinical quality – participation in audit – practice / locality / national				
	Fitness for practice – Appraisal / validation				
	Complaints				
	Accreditation (of the system)				
	Training (of the users and their supervisors – e.g. Caldicott guardian)				
Billing pay for Performance					
	Routine data used for pay for performance				
	Local				
	National				
	Separate billing process data				
	Perverse incentives				
Epidemiology /Health needs assessment					
	Epidemiology / sentinel networks				
	Health service management / needs assessment				
	Safety and surveillance				
OUTCOMES					
1)	Surrogate markers of quality				
2)	Critical Incident Reporting				
3)	Outcome markers				