Community Connect

A Digital for Care Programme

Healthcare that moves with you

Community Connect: What is it?

Community Connect is a **single integrated solution** delivering patient administration and some clinical functionalities across Community Services.

Community services rely on paper or local systems. This can cause delays, duplication and frustration for staff and service users. Community Connect will **transition current, mostly paper-based workflows, into digital processes**, replacing paper-based processes for over 60,000 staff.

This will help staff easily **manage items such as referrals, appointments, documentation and caseloads all in one place**, improving the health service experience for all.

SCS-CMS **Specialist Palliative Care (SPC) Services project** & the SCS-CMS Child and Adolescent Mental Health (CAMHS) services project (both previously approved by the DGOU) are being **consolidated into Community Connect.**

This digital system is an important step towards a National Electronic Health Record (EHR).

Status:

- Regional engagements completed
- Solution proposal approved by programme governance and the National Blueprint Build is on track to be delivered by year end.

Approval and tender:

- 2025

First sites live:

- Single Point of Access for all 6 regions live in June 2026
- First region, HSE Midwest, live in Q3 2026 including Specialist Palliative Care Phase 1 Sites (Milford Care Centre and Our Lady's Hospice & Care Services)

A Complete Patient Health Record

National Shared Care Record

A digital snapshot of a patient's records available to health professionals wherever needed

National EHR

A digital record of a patient's life across care settings. Improving quality and safety of care

HSE Health App

Patients can view their health data, navigate care and engage with the health system

Community Connect

A Foundation System available in the community as a precursor to the EHR and with Advanced Clinical functions for Palliative Care & CAMHS

Programme Functionality

Service Management Functionality

- Community Services
  - Primary Care
  - Enhanced Community Care
  - Social Inclusion
  - Older Persons
  - Disability
  - Mental Health
  - Population Health & Wellbeing
- Child and Adolescent Mental Health Services
- **Specialist Palliative Care**

Advanced Clinical Functionality

Services in-scope for full Advanced Clinical functionality:

- Child and Adolescent Mental Health

Services (CAMHS)

- **Specialist Palliative Care (SPC)**

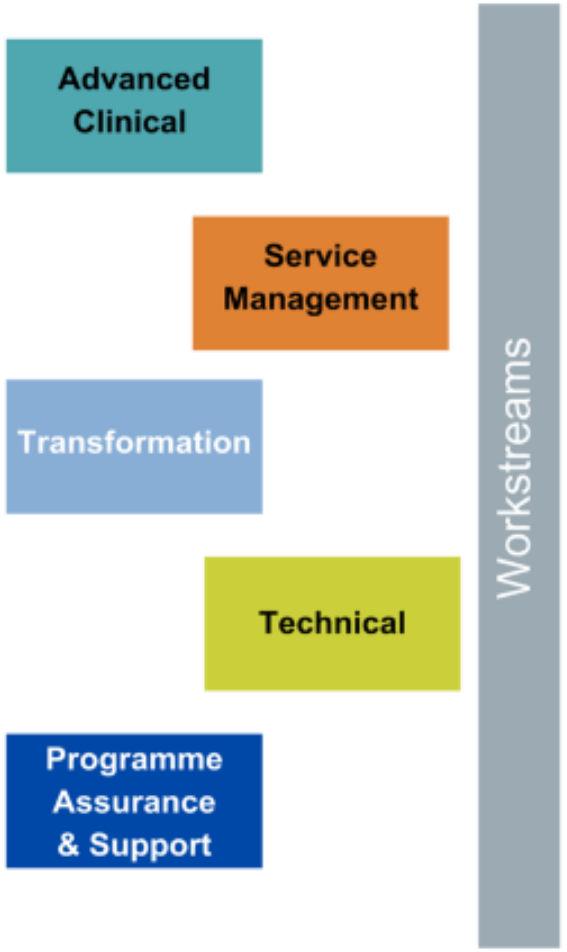
Service Management Solution

provides operational management, clinical noting and key clinical data capture capabilities

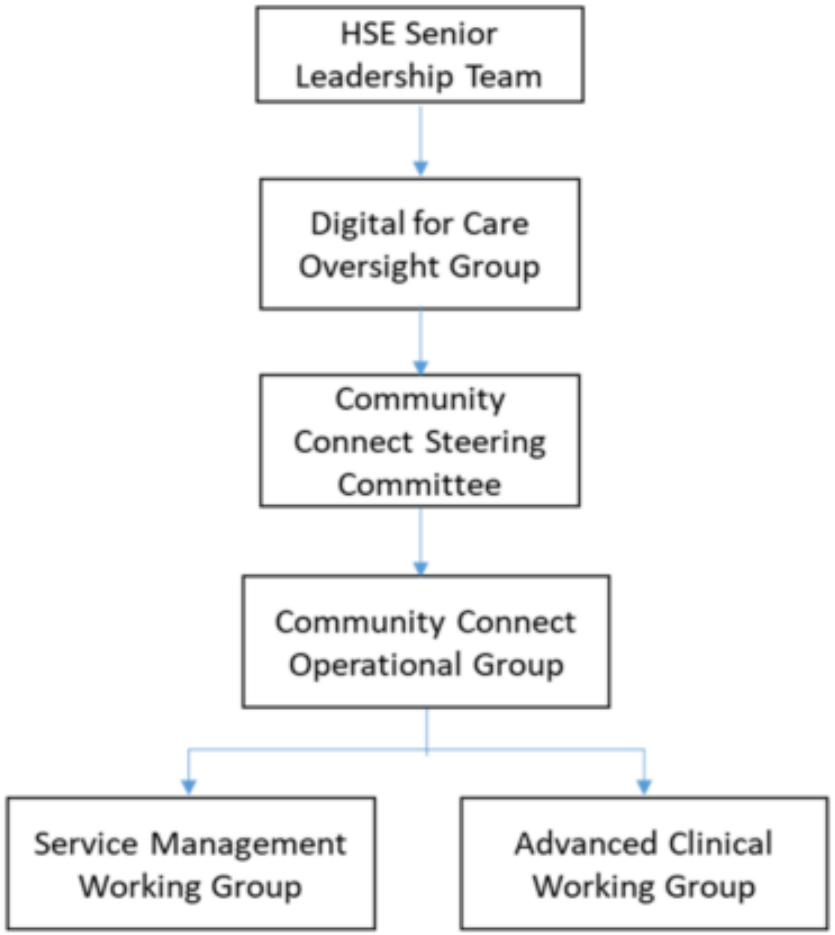
Advanced Clinical Solution

provides advanced clinical documentation, prescribing and medication management, and clinical decision support capabilities

Community Connect Governance Model



Internal Governance & Oversight



External Support & Oversight

Regional Implementation Teams

Community Connect Programme Team

Community Connect **Specialist Palliative Care National Advisory Group**

Scope & Responsibilities of the National Advisory Group CMS-SPC

This Specialist Palliative Care National Advisory Group's primary objective is to support the ongoing Discovery work and ensure a cohesive and unified approach to the development of a Clinical Management System-SPC within the Community Connect program structure.

The CMS-SPC National Advisory Group will:

Provide **clinical and operational expertise** to inform system design and implementation.

Facilitate sector-wide engagement and feedback loops, ensuring representation from SPC in all Health Regions

Support a cohesive and unified sectoral approach to the development of a CMS within the Community Connect program for Specialist Palliative Care.

Support the model of utilising Phase 1 sites of OLHCS and MCC to lead the engagement with the Vendor during 2025 Community Connect Discovery and support wider engagement with SPC sector as appropriate throughout the Community Connect Discovery process.

Provide a forum to enable key stakeholders in specialist palliative care to **discuss issues and decisions arising in program work streams** that will have an important bearing on the design of the Clinical Management System SPC blueprint.

Continue to support ongoing work, including **national standardisation** of clinical documentation, to ensure the specialist palliative care sector is **prepared for implementation** commencing in Q2 2026.

Enable communication and flow of information from and between key specialist palliative care stakeholders involved in work streams and governance structures of community connect along with local regional representatives.

Serve as an escalation point for decisions/issues which require appropriate escalation through National Office of Palliative Care and Community Connect governance structures.

The **National Advisory Group** is co-chaired by Maurice Dillon, HSE National Lead for Palliative Care and Mary O'Brien, CEO of Milford Care Centre.

The membership of the group reflects the requirements for oversight and deployment of a Clinical Management System for Phase 1 **and will be reviewed and updated prior to future project phases.**

Regional Steering Groups

Purpose of the Regional Steering Group

The Community Connect Regional Steering Group for ……will be responsible for the strategic oversight of the Community Connect project in the ……region, **encompassing planning, resource allocation and deployment of the system for all services within the region**, commencing with system deployment in ……..as per the National Project Plan on sequencing of the system rollout.

The group will ensure **alignment with project objectives and oversee the execution of the project in conjunction with the national project team. I**t is envisaged that Project Teams (national teams and local site teams) will oversee the day-to-day running of the project and report to the Steering Group through the various Project leads.

Programme Roadmap

Phase 01

Discovery

- During 2025 building our foundations has been key
- Engagement with staff and patients to agree the system design and functionality
- Evidence to secure go-ahead of Programme (business case) collated

Status: Complete

Phase 02

Implementation

- 2-year implementation timeframe
- Regional rollout with early launch for SPOA in early June
  - First Region “Live” in Q3 2026
  - All Regions “Live” by Q4 2027

Status: Not started

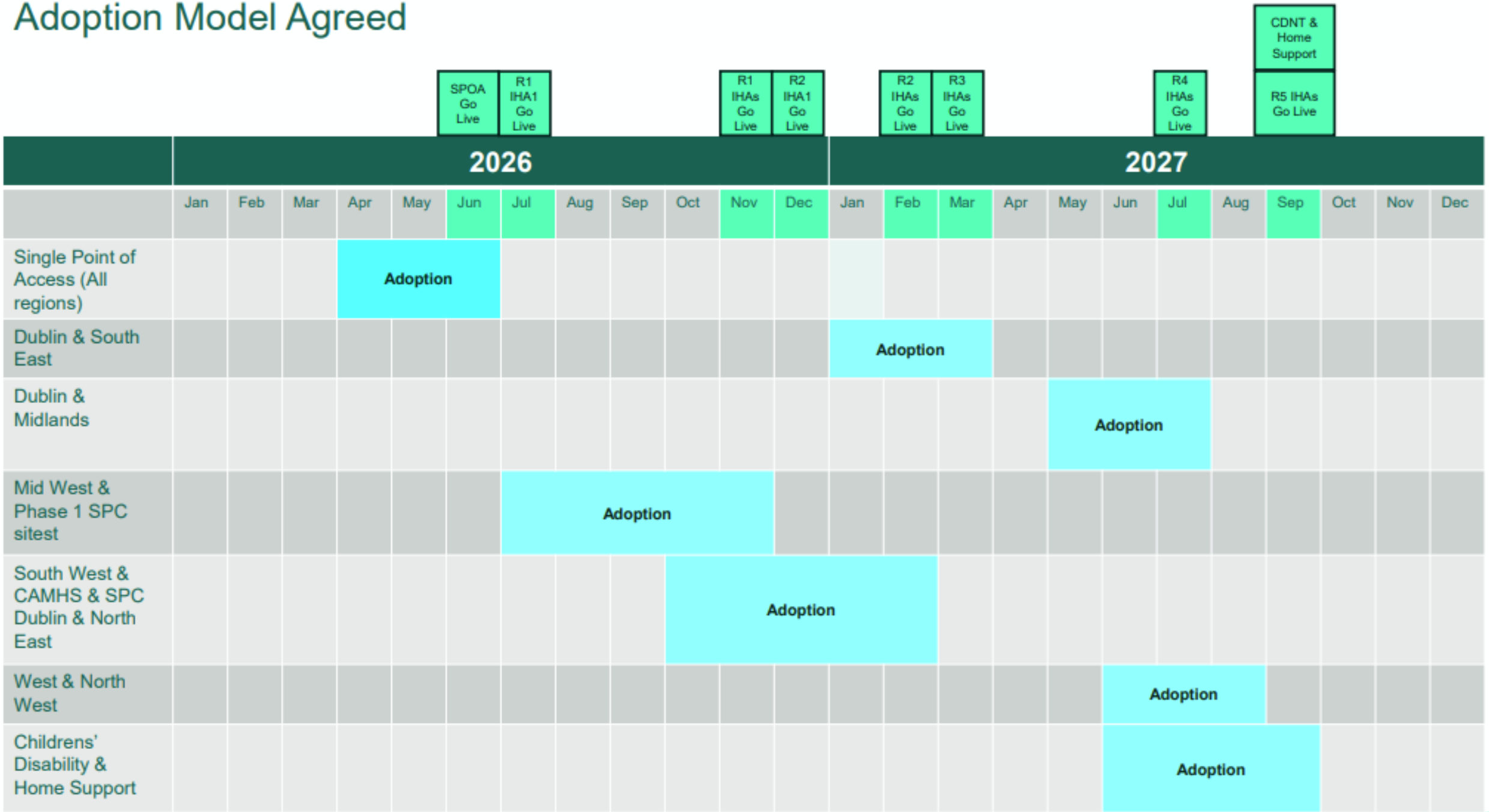
Phase 03

Optimisation

- Continuous improvement and ongoing support

Status: Not started

Adoption Model Agreed



Discovery

Regional Engagement Sessions
National Playback Seminar
Synthesis Report

Digital for Care | Community Connect

Regional Engagement

Regional Engagement was a large-scale consultation with community service teams, aimed at informing an appropriate platform configuration.

Objectives:

- Review the patient journey and corresponding workflows and make alterations where required to reflect the community health services context today.
- Flag key pain points or steps in the journey or workflow that are most critical for a future solution to address.
- Understanding staff sentiments and insights on the suitability of the demonstrated functionality to their context, noting potential challenges and risks associated.

6

HSE Regions

800+

Staff

36

Workshops over 9 weeks

(3 in person, 1 virtual briefing each week)

Synthesis Report and Findings

- A comprehensive summary of all feedback and information gathered during the Regional Engagement stage of the Community Connect.

Next Steps

Ongoing Activities

General Communications will be ongoing both internally to staff and patient representatives.

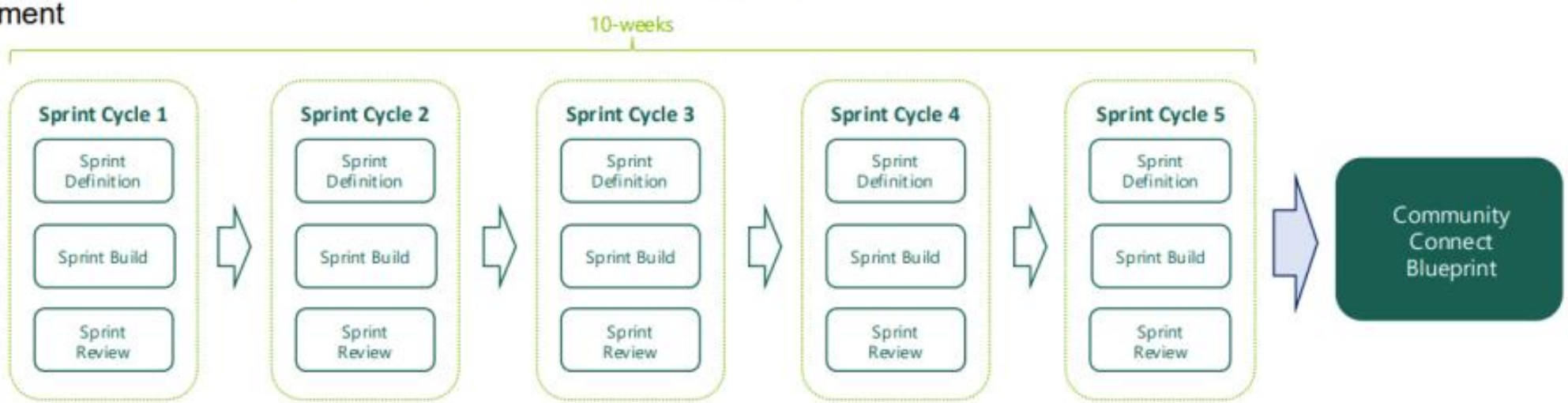
Change Network activities and communications – during this period we will look to activate the change network to leverage your collective support to inform planning, readiness and implementation.

Community Connect Blueprint Build

In Progress

- Take learning from Discovery into solution configuration build
- Five agile sprints over a 10-week period
- Will provide a foundation of generic configuration to support regional deployments
- Region specific configuration will be produced during each regional deployment

Sprint Validations Items to cover (informed by care group use cases)	CAMHs	Disabilities	Health & Wellbeing	Mental Health Adults	Older Persons	Primary Care	Social Inclusion	Specialist Palliative Care
System User Login and Workbench (Admin and Clinician)	√	√	√	√	√	√	√	√
Referral to Appointment workflows and lists (external and internal)	√	√	√	√	√	√	√	√
Patient registration information	√	√	√	√	√	√	√	√
Managing Clinics/Appointments Outpatients	√	√	√	√	√	√	√	√
Managing Clinics/Appointments Inpatient	√	√		√	√	√	√	√
Appointment Letters	√	√	√	√	√	√	√	√
PAS Clinical Notes, Patient EHR functionality	√	√	√	√	√	√	√	√
Inpatient functionality	√	√		√	√		√	√
Service Dashboards	√	√	√	√	√	√	√	√



Overview of Blueprint Build and Sprints

The solution blueprint build will aim to deliver two key outputs:

- **Baseline solution software environment** with configuration reflecting the learning form the Discovery Programme.
- **Configuration build guidelines** for those solution elements that should only be configured during regional adoption (e.g. outpatient clinic schedules, and users).

The blueprint build process will be structured across five Agile sprint cycles, each of two weeks in duration.

Each cycle will conclude with a governance review scheduled on the following dates for SMS, Clinical Documentation, Orders and Results and Medication Management.

Workstream	Governance Group	Sprint 1 Review	Sprint 2 Review	Sprint 3 Review	Sprint 4 Review	Sprint 5 Review
Service Management	SMS Working Group	Friday 10th October	Friday 24th October	Friday 7th November	Friday 21st November	Friday 5th December
Clinical Documentation	Advanced Clinical Working Group	N/A	Friday 24th October	Friday 7th November	Friday 21st November	Friday 5th December
Orders and Results	Advanced Clinical Working Group	Friday 10th October	Friday 24th October	Friday 7th November	Friday 21st November	Friday 5th December
Medication Management	Advanced Clinical Working Group	Friday 10th October	Thursday 23rd October	Friday 7th November	Friday 21st November	Friday 5th December

Sprint 2 Report – Clinical Documentation

Key Progress During Sprint 2

- 47 clinical documents built and included in the Blueprint during Sprint 2.
- 3 documents outstanding and moved to Sprint 3
  - 2 x initial assessments for ADHD (CAMHS) – some standardisation progressing.
  - Making Decisions Questionnaire for SPC. Build , tested, refined and ready for re-test.
- The following documents were shown (this was not a review or test) in the Sprint Review on Friday 24th October for CAMHS and SPC

S No.	Document Name	Main Document
1	Risk and safeguarding concerns	Inpatient Discharge Summary
2	Diagnostic formulation, recovery journey and outcomes	Inpatient Discharge Summary
3	Mental State Examination	IDS/ Initial Assessment/ Eating disorders
4	Transition Plan Checklist	Transition Plan
5	MDT Discussion form	Blueprint
6	Reason for Referral to CAMHS	Community Discharge Summary
7	Community Discharge Summary	Community Discharge Summary

	SPC Document Name
1	Multifactorial Falls Risk Assessment
2	MDT Meeting Record
3	Family Meeting Record
4	Palliative Care Outcomes Collaboration (PCOC)
5	Occupational Therapy Initial Assessment
6	Pain Assessment

Plans for Sprint 3 and subsequent Sprints (Work off Plan)

Sprint 3	Sprint 4	Sprint 5
- 30 questionnaires, assessments and documents for SPC and CAMHS	- 9 x documents, assessments and assessment tools (8 for SPC, 1 for CAMHS) - Alerts and Allergies - History Components - SMS Clinical Notes	- Encounter Entry Configuration - EPR Configuration - Patient Summary Chart - Mini EPR with Chartbook Configuration

Issues, Impact & Top Risks

- No issues

Sprint 2 Report – Orders and Results

Key Progress During Sprint 2

- Review of access profiles that have been configured for Blueprint.
- The NiMIS (Radiology) catalogue for Radiology has been loaded in in Blueprint.
- Decision made not to load MedLis catalogue and work progressed around reviewing and refining the NRH Pathology list. The loading of this list into the Blueprint is still WIP as final draft version only received 24th October so will be checked and loaded hopefully in Sprint 3.
- Access profile work started and access profiles for Doctors (Inpatient), Nurses (Inpatient) and HSCP (Combined) started around what they can Order

...eprint. Aim is to have a meeting in Sprint 3 and end date any items on the list that aren't needed.

	Sprint 4	Sprint 5
	- Chartbooks configuration	- N/A

Sprint 2 Report – Medication Management

Key Progress During Sprint 2

- Knowledge transfer and configuration setting discussions continuing with the core Medication Management team during Sprint 2 covering Allergies and Sensitivities, Medication Administration, Medication History and Pharmacy Review.
- Review of drug files by pharmacists and deciding on formulary setting in progress. First load tested in blueprint with formulary flag now loaded for 863 lines that had been set to "Y". Large piece of work which will continue throughout blueprint build.
- Work continuing around setting rules for second signature for administration of meds which will work Nationally for SPC and CAMHS taking into account meds administered both in an Inpatient and Community setting and practicalities around how this will work.
- Agreed to move Sprint 2 Review to Thursday 23rd October due to unavailability of key staff on Friday afternoon.

List of Workshops Completed in Sprint 2

Week 1 – Sprint 2

- Tuesday 14th October (Build Meeting 1) and Thursday 16th October (Build Meeting 2)
- Thursday 16th October – Meds Management Workstream Decision Making Forum (Discussed Second Signature Set Up, Administration Settings for Meds with long intervals, Administration Chart sequence)

Week 2 – Sprint 2

- Tuesday 21st October (Build Meeting 3) and Thursday 22nd October (Build Meeting 4)

Plans for Sprint 3 and subsequent Sprints

Sprint 3	Sprint 4	Sprint 5
- Medication History Entry (ongoing from Sprint 2) - Admission & Discharge Planning Knowledge Transfer (from Sprint 2) - Admission & Discharge Reconciliation KT (from Sprint 2) - Creating Prescriptions Knowledge Transfer - Medication Summaries - Therapeutic Leave and Supply Request - Syringe Driver RFC Review	- Business Continuity - Clinical Decision Support and Visual Rules - Syringe Driver RFC Review - Syringe Driver Product Changes Agreed	- CAMHS Favourites - CAMHS Medication Process Definition - CAMHS Order Sentences - CAMHS Order Sets - SPC Favourites - SPC Medication Process Definition - SPC Order Sentences - SPC Order Sets

Issues, Impact & Top Risks

- Lack of CAMHS pharmacist input into the formulary setting piece of work, which is a large piece of work to decide which drugs should be set to formulary and which should not is impacting this piece of work. No CAMHS input means pharmacists working on the programme are limited with regards to their knowledge and experience of the drugs regularly and most frequently prescribed in CAMHS.

Join the Community Connect Change Network Today

700+ Members (as of October 2025)

01

Be the first to know about the latest updates

02

Have your voice heard, and continue to shape Community Connect

03

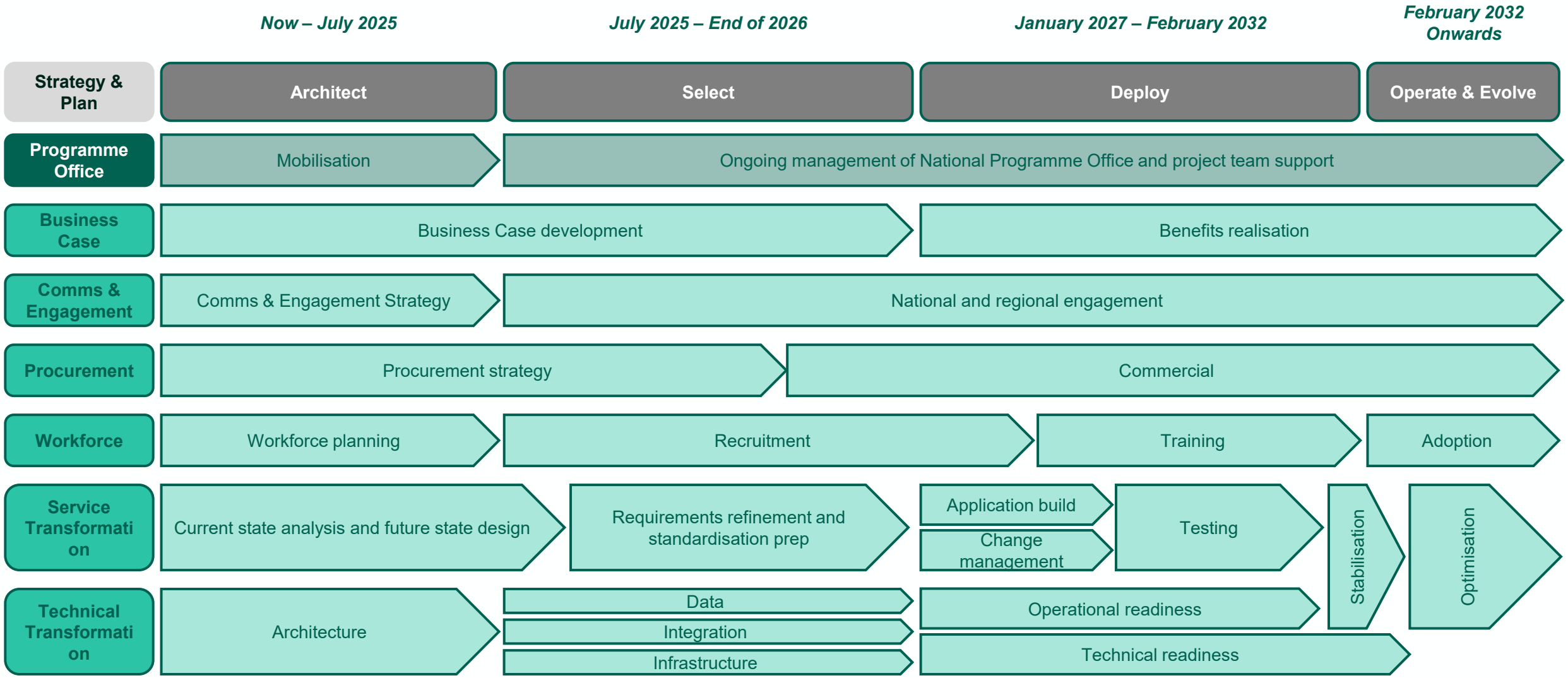
Connect with colleagues across the country and grow your network

04

Advocate for, and champion, the change in your team

Q&A

Community Connect Programme Timeline



Solution Scope (Service Management)

Referral & Wait List

- Service User Registration
- Referral Process
- Wait List Management
- Waiting Time Standards
- Triage of Referrals
- Communication & Messaging
- Interdisciplinary Team Meetings & Booking
- Workflow Reports & Dashboards

Outpatient & MDT Scheduling

- Outpatient Schedule Structures
- Cancelling / Rescheduling Clinics
- Appointment Booking Process
- Appointment Management (Cancel, DNA)
- Appointment Communication

Inpatient

- Inpatient Registration Process
- Bed Management
- Movements
- Appointment Scheduling
- Leave Periods

Documentation & Observations

- Contemporaneous Noting / Encounter Notes
- Alerts
- Allergies
- Base Observations
- Social History
- Clinical Summary

Discharge

- Discharge Planning
- Discharge Process
- Post Discharge Activity (Follow Up)

ANALYTICS & REPORTING

INTEGRATION WITH NATIONAL SYSTEMS

Solution Scope (Advanced Clinical)

Medication Management

- Medication Reconciliation
- ePrescribing
- Clinical Pharmacy
- Dose Administration

Documentation & Observations

- Structured Clinical Assessments
- Care Plans
- Documentation Summaries (Discharge)
- Clinical Observations
- Allergies
- Alerts
- Diagnosis
- Problems
- Social History
- Family History
- Coding Structures i.e. SNOMED CT IE

Orders & Results

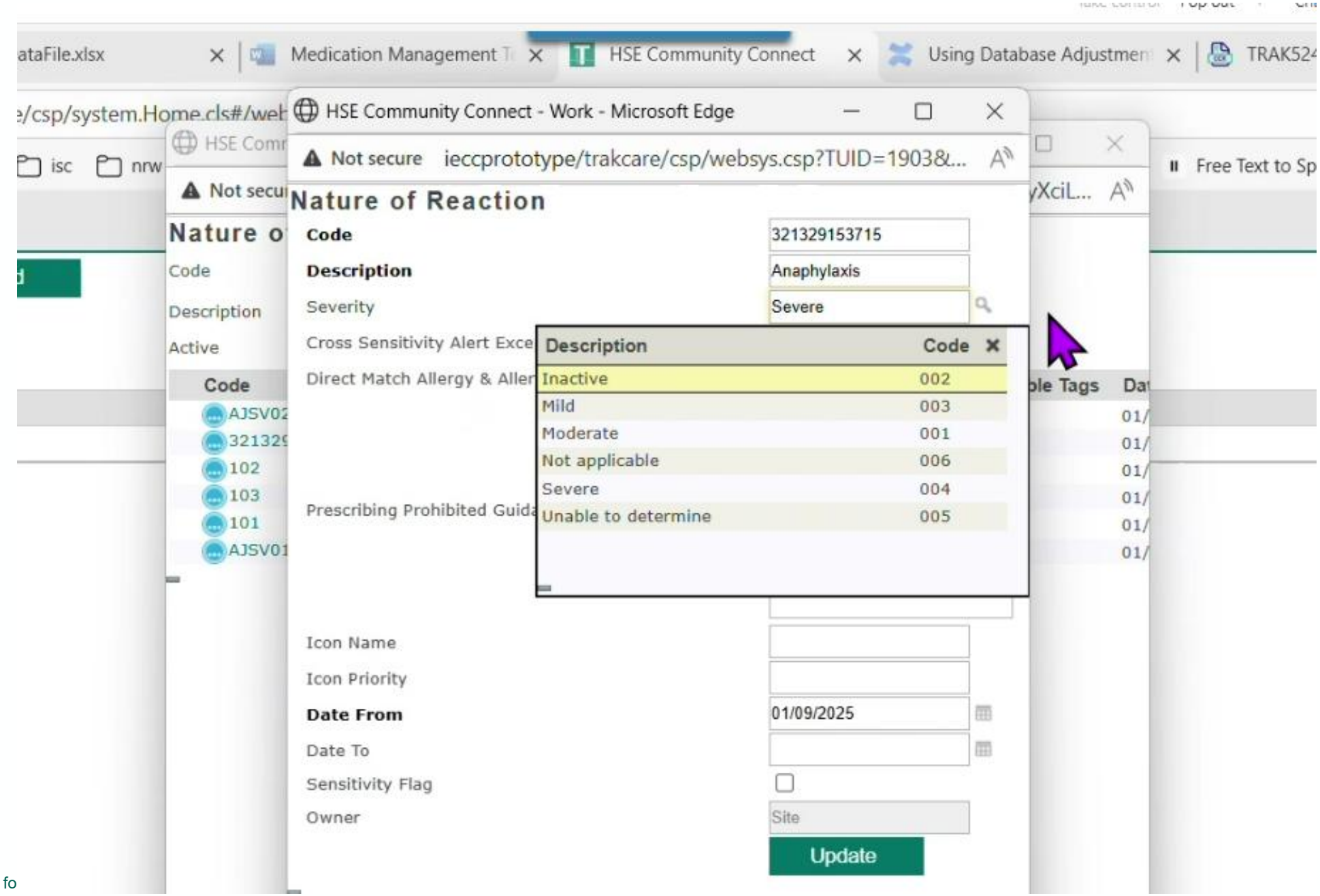
- Blood Orders & Results (MedLIS)
- Imaging Orders & Results (NIMIS)
- Task Orders (Observation Schedules)

MDT Clinical

- MDT Team Definition & Allocation
- MDT Clinical Documentation

ANALYTICS & REPORTING

INTEGRATION WITH NATIONAL SYSTEMS


HSE Community Connect - Work - Microsoft Edge
Not secure
ieccprototype/trakcare/csp/websys.csp?TUID=1903&...
Nature of Reaction
Code
321329153715
Description
Anaphylaxis
Severity
Severe
Cross Sensitivity Alert Exce
Direct Match Allergy & Aller
Prescribing Prohibited Guida
Description
Code
Inactive
002
Mild
003
Moderate
001
Not applicable
006
Severe
004
Unable to determine
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Icon Name
Icon Priority
Date From
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