Introduction:
Clinical Information System (CIS) is a computer system used in collecting, processing, and presenting data for patient care. It can reduce staff workload and errors; help in monitoring quality of care; track staff’s compliance to care bundles; and provide data for research purpose. However, the transition from paper record format to electronic record involves changes in all kind of workflow in ICU. Therefore, an effective, efficient and evaluative rollout plan was required to minimize the risk that might arise from the new practice.

Methods:

1. Small groups training were provided. A working station with different case scenarios were set up for practices.
2. Individual tutorials were conducted to clarify questions. Emphasis on patient care was always top priority.
3. Contingency plans were available in case of server breakdown and power failure. Downtime drills were conducted to prepare the staff in emergency situations.
4. Step-by-step transition from paper record to electronic format was gradually carried out. A plan was discussed among CIS team with clear dates and goals.
5. New items in CIS were first reviewed and amended in team meeting until consensus was made; then were promulgated to all staffs during handover before implementation.
6. Staff compliance and outcomes were then monitored; further review and amendment would be possible if necessary.

Results:
CIS roll-out plan was smooth. All staffs were able to integrate CIS into the daily routine. The contingency plans were well acknowledged. New items were followed as planned. Ongoing enhancement in CIS was put forward on nursing orders, handover summary, and integration with Inpatient Medication Order Entry (IPMOE) system.

Conclusion:
With emerging benefits CIS brings along, our staff has more time to devote to direct patient care. Human input in data interpretation and clinical judgment on top of CIS play an irreplaceable role in patient care.