

Health Information Sciences Report to Medical Executive Committee

April 2011

CMIO Major Topics:

Meaningful Use

On April 5 Cerner returned to MLH to present their complete report, based on a series of nine interviews with almost 30 corporate leaders conducted January 18-21, 2011, and reports run against our EMR to determine gaps. Based on the assessment a comprehensive action plan will be developed. Please dashboard report in Appendix 1 for current level of Meaningful Use Stage 1 Attainment.

Ambulatory EHR

The Steering Committee Kick off was held March 7. An RFP has been developed for vendor evaluation and will be distributed to selected vendors on April 7. The target time line is to have a vendor selected by end of July, 2011 with implementation at least one practice by June, 2012.

Chart Search

Have you ever been frustrated by not being able to find past historical details that you know were documented somewhere in the patient's electronic record?

In May new oneChart functionality will be released that enables physicians and clinicians to use a "Google" type search to find records of past clinical documentation. This will provide the physicians and clinicians with a chronological list of results that allows the users to click on the report hyperlink and go directly to the relevant part of the patients chart.

Key benefits include:

- Increase Provider Productivity
 - Find clinical data faster, with fewer misses
 - Find clinical facts in unstructured clinical documents
 - Improve overall awareness of patient's medical history
- Improve Patient Safety
 - Avoid errors caused by a lack of awareness
 - Search textual documents for adverse reactions
- Reduce Costs
 - Avoid unnecessary repeat lab tests and procedures that are dangerous and costly for the patient

Health Information Sciences Report to Medical Executive Committee

April 2011

The current version of Chart Search indexes and retrieves the following information from the electronic chart:

- Textual documents (transcribed notes, clinical notes, PowerNotes, radiology reports).
- Vital Signs and lab results.

Chart Search **does NOT currently index and retrieve** information from:

- Non textual information such as scanned documents, images, forms
- Problem and diagnoses lists, allergies
- Orders, order sets or prescriptions
- Microbiology, I/O, or procedures
- Encounters, financial data and billing diagnoses

Dictation System Replacement

A steering committee has been formed and conducted its initial meeting on March 31. A detailed Request for Information is being finalized and will be submitted to two leading vendors in April. Subsequently on site demonstrations will be conducted with a vendor of choice identified.

FirstNet Enhanced Tracking

Enhanced tracking to be implemented on May 4, 2011 will benefit the ED physicians by making the tracking board more efficient. There are quick launch icons for the functions they use most frequently:

- PNED
- Orders
- Add Order
- Notes
- Billing form
- Pneumonia Uncertainty form
- Swallow Screen form
- NIH Stroke Scale form
- There is also hover functionality that will allow them to see some detail without using any clicks: status of lab and radiology orders, what patient care activities have not been completed yet, and (for the eMAR facilities) which meds have not yet been charted as given. In addition, a new column is being added which will display the status of their documentation thus promoting completion of the ED Provider Note at disposition.

Health Information Sciences Report to Medical Executive Committee

April 2011

National Hospital Inpatient Quality Measures (NHIQM)

This new project recently received financial approval by the MLH Strategy Committee. NHIQM involves system-wide capture and utilization of CMS-related health information quality metrics. Cerner is offering product development training the first week of March. Project planning has begun for system-wide implementation. Methodist North Hospital will be the pilot location.

Lab Tests Cancellation Process

The new standardized process for cancellation of lab tests will be implemented on Tuesday, May 3. The reason for this process change is due to the fact that the process was different across the system and causing confusion for nursing and physicians about the status of their ordered lab tests. The new process will improve communications between physicians and associates so that lab order status can be addressed uniformly across the system. Training materials will be available for associates on CHEXweb by April 5. Announcement for physicians will be posted in oneChart on May 3, 2011.

MPages Inpatient Patient Summary

HcIS plans will open up use of the mP-IP Summary page to MD and MD-like positions on April 12. Education materials and details on how to customize viewer MPage view will be posted on CHEXweb on April 12. Additional help will be provided by facility Physician Analysts.

MPages Nursing Communications

Nursing Communication, which follows the SBAR (Situation, Background, Assessment, Recommendation) format, is currently being developed with a team of nurses from across the organization and will be implemented sometime in May. The project was officially kicked off on March 16. The projected go live is June 14, 2011.

MPages Mobile

The Clinical Mobile Summary version of MPages allows the clinician to view patient list information on mobile devices such as the iPhone, iPad, Blackberry and Android devices. See Appendix 2 for additional information. Go live is projected for July 6, 2011. The project was officially kicked off on March 31.

Health Information Sciences Report to Medical Executive Committee

April 2011

Problems and Diagnosis

The second Steering Committee was held March 24. The initial project phases, goals and preliminary scope have been established. The target time line is to complete design requirements and project plan by end of 2011.

HcIS Activities of the Last 30 days

Note: For more details and information about these changes, please contact the physician analyst at your facility.

Orders

- 1) Order Communication types have been modified to
 - a. "Policy/MEC-Approved Protocol" – This will not require physician signature in the inbox nor will it impact CPOE targets.
 - b. "Protocol/Standard Order, To be signed" – This will require physician co-signature in the inbox and it will not impact CPOE targets.
- 2) If the ordering provider sets the search parameter to "Contains" the setting will be retained for all oneChart sessions.
- 3) New Order Set: ED-CDU Admit Orders made available at North and South.

IView Documentation

Post Partum and Nursery IView go-live is scheduled for April 26 at South and then May 17 at Germantown. This will stop the current paper documentation for assessments, Intake and Output as well as Admission History and Assessment documentation for the Nursery.

PowerNote ED

New Sedation PowerNote ED templates converted on March 7 for all Emergency Departments.

Epiphany

- 1) MUSE History Upload – Issues were uncovered in testing the upload. Epiphany is re-running the conversion.
- 2) LifeNet (ECGs from Ambulance Arrivals) – North ED was successfully converted. Germantown will go live on April 5 and University and South will immediately follow. We have been live at North for 2 weeks, and have not had an appreciable decrease in "door to balloon" time because only the local fire department has LifeNet, and patient episodes of care have not called for any balloons. The City of Memphis which is our largest ambulance provider is working on getting LifeNet implemented. No time line has been

Health Information Sciences Report to Medical Executive Committee

April 2011

agreed.

- 3) Stress (Treadmill) – The roll out sequence will be University, Germantown, Le Bonheur, South and North. University is piloting Epiphany Stress and the focus is on streamlining and standardizing workflow before moving to the other sites. The target completion date for the project is May 1, 2011.

HcIS Activities of the Next 30 days

- 1) Standardize mealtimes to generate standard times for order related order tasks.
- 2) Add new order for Aquapheresis at North.
- 3) Continue Order Set build for University CPOE conversion. Final approval date for design is May 2.
- 4) Implement Reason for Testing field for PT and PPT orders in the Emergency Departments. This will be piloted in the Germantown ED, and stems from a Six Sigma project. There have been many denied payments for these tests in the ED due to lack of medical necessity.
- 5) Change to Lab Order Sentences to reorganize them to a uniform format. Effective April 5, a gradual change will occur to lab orders that contain the order sentence for **T; N, Routine, qam x 3 days**. The order sentence will change to **T+1, 0400, Routine, qam x 3 days** to more clearly indicate the lab will begin the following day with the 0400 lab collection.
- 6) Electronic Surgical Pathology Tissue Request to be implemented at North and South.

CIO Major Topics:

Physician Practice Acquisition Projects

Since March 1, four physician practices have been technically transitioned to the Methodist IT infrastructure. During the onboarding process, the Networking Services team developed a VPN solution that allows any physician practice to use a Kronos timeclock for automated time tracking—even if the practice does not have a direct connection to the Methodist network. This new VPN solution markedly reduces networking costs because the practice can continue to use their existing Internet connection and use a timeclock without being connected to the Methodist network. It also reduces part of the timeframe for practice integration because installation of the timeclock is no longer dependent upon connection to the Methodist network via the fiber ring.

An IT team led by Maria Haywood has been conducting an RFP process to select an IT support vendor for the acquired physician practices and clinics. A vendor has been selected and will be announced when contract negotiations are complete. At that point, Methodist IT will notify all acquired practices of the new technical support process, which is as simple as calling the IS Help Desk to request assistance.

Health Information Sciences Report to Medical Executive Committee

April 2011

Microsoft Outlook Transition

All outbound and inbound Internet messages are now being processed through Mimecast. The methodology for encrypting an email message has not changed: you should continue to type a variation of the word “encrypt” in the subject line when sending messages containing patient health information (PHI) or confidential business information (CBI). Note that the Mimecast system policies are such that any message containing more than three medical terms will result in a notification from Mimecast regarding the need to encrypt messages containing PHI—even if the message does not contain PHI. These messages are merely notifications from the Mimecast system and require no action on your part.

MS Outlook is currently being installed and configured. Testing and a small pilot are slated to begin later this month. More information about the Outlook transition (including key dates, training materials, and FAQs) will soon be available on the Outlook site on MOLLI. Site availability will be announced via email with the next week.

Stockamp

The IT Revenue Cycle team led by Richard Choate has completed several major tasks related to the Stockamp project by providing a series of data extracts from the Legacy Mainframe and Cerner systems. This data has been loaded onto Stockamp’s TRAC and OnTRAC systems; is being updated daily, weekly, or monthly; and is already being used to uncover areas at risk for or actively experiencing revenue loss. The overall goal of the Stockamp project is to address those areas to mitigate risk and recoup revenue, which will be a boon for the entire Methodist Healthcare system.

Within the next week, Clinical Documentation Specialists will be brought onboard at each adult hospital. These clinical Associates will focus on reviewing physician documentation to uncover instances where documentation needs to be enhanced or clarified to ensure that the information is interpreted accurately during coding and billing. More information about the Clinical Documentation Specialists will be provided as their roles are further defined.

ICD-10 Transition

Information Sciences team leaders are completing an inventory of all applications and systems currently in use throughout the Methodist system. The IT Web Services team has developed a SharePoint site where this application inventory resides. All applications and systems are being assessed to determine if they contain, receive, or transmit ICD-9 codes along with vendor plans for ICD-10 compliance. The initial goal for the application inventory is to determine the scope of the ICD-10 transition so that resources, training needs, and budget can be determined; however, the inventory likely be expanded to include information regarding Meaningful Use and HIPAA II compliance.

Health Information Sciences Report to Medical Executive Committee

April 2011

iPad

Methodist IS has discussed iPad connectivity solutions with the University of Miami and St. Jude resulting in a clearer understanding of how to proceed in configuring the Methodist iPad infrastructure.

A significant issue with the current iPad configuration was identified and resolved on March 31. The initial iPad pilot begins April 4. If no major issues are found, next steps include an expanded pilot with 10 physicians, after which we will start planning for formal support of iPads, which includes educating the IS Help Desks and Physician Analysts, creating documentation, and communicating availability.

Planned vs. Unplanned Downtime

The following table depicts the Cerner Production system uptime and planned and unplanned downtime numbers from March 1, 2010 – March 31, 2011. Note: This table does NOT include network downtimes that may have impacted access to oneChart.

	Planned Downtime	Unplanned Downtime	Total Uptime %	Cerner Uptime %
March 2010	0	50	99.89%	99.89%
April 2010	0	92	99.79%	99.79%
May 2010	0	48	99.89%	99.89%
June 2010	360	30	99.10%	99.93%
July 2010	0	0	100.00%	100.00%
August 2010	0	0	100.00%	100.00%
September 2010	180	0	99.58%	100.00%
October 2010	0	10	99.98%	99.98%
November 2010	0	0	100.00%	100.00%
December 2010	0	0	100.00%	100.00%
January 2011	360	0	99.19%	100.00%
February 2011	0	120	99.70%	99.70%
March 2011	0	0	100.00%	100.00%
Total	900	350	99.78%	99.94%

Health Information Sciences Report to Medical Executive Committee

April 2011

Attached:

Appendix 1 – Meaningful Use Stage 1 Attainment

Appendix 2 – MPages Mobile Clinical Summary

Appendix 3 – CPOE Inpatient and ED Adoption Rates

Appendix 4 – Performance Data

Health Information Sciences Report to Medical Executive Committee April 2011

Appendix 1 – Meaningful Use Stage 1 Attainment

+ equals Meeting Meaningful Use Metric, ? equals not meeting but planned, - equals no plans in place yet

Objective Readiness and Adoption Status	2/01 - 3/02		All				Not including The ED			
Core Objectives	Threshold	Plan Status	Adoption Status		Num	Den	Adoption Status		Num	Den
Demographics	50%	In Process	+	53%	8560	16235	-	45%	1586	3555
Vital Signs	50%	In Process	-	15%	2179	14677	+	53%	1666	3122
Medication Allergy List	80%	Live	+	99%	16129	16235	+	100%	3542	3555
Smoking Status	50%	In Process	+	98%	12085	12346	+	99%	2842	2857
Problem List	80%	Live	+	98%	15876	16235	+	97%	3441	3555
Medication List	80%	Live	+	97%	15685	16235	+	92%	3260	3555
CPOE	30%	In Process	+	83%	12863	15473	+	99%	3555	3575
Drug-drug, Drug-allergy	NA	In Process	?	NA	--	--	?	NA	--	--
Clinical Decision Support	NA	Live	+	NA	--	--	+	NA	--	--
Clinical Quality Measures	NA	In Process	-	NA	--	--	-	NA	--	--
Provide patients electronic copy of Health Information	50%	In Process	?	0%	0	0	?	0%	0	0
Provide patients electronic copy of Discharge Instructions	50%	Gap	-	0%	0	0	-	0%	0	0
Exchange information among providers electronically	NA	Gap	-	NA	--	--	-	NA	--	--
Protect electronic health information	NA	In Process	?	NA	--	--	?	NA	--	--
Menu Objectives	MU Threshold	Plan Status	Adoption Status		Num	Den	Adoption Status		Num	Den
Drug Formulary Checks	NA	In Process	?	NA	--	--	?	NA	--	--
Lab-test results in EHR	40%	Live	+	97%	1232531	1272932	NOT ASSESSED			
Generate lists of patients	NA	Live	+	NA	--	--	+	NA	--	--
Record Advance Directives	50%	Live	+	100%	1078	1081	+	97%	1046	1081

Health Information Sciences Report to Medical Executive Committee

April 2011

Objective Readiness and Adoption Status	2/01 - 3/02		All				Not including The ED			
Menu Objectives (Continued)	MU Threshold	Plan Status	Adoption Status		Num	Den	Adoption Status		Num	Den
Patient Education	10%	Live	+	51%	8356	16235	+	64%	2275	3555
Medication Reconciliation	50%	In Process	-	12%	1588	13475	-	39%	1505	3895
Provide summary of care record	50%	In Process	?	0%	0	1180	?	0%	--	--
Immunization Registries	NA	Gap	-	NA	--	--	-	NA	--	--
Reportable Lab Results	NA	Gap	-	NA	--	--	-	NA	--	--
Electronic syndromic surveillance data	NA	Gap	-	NA	--	--	-	NA	--	--

Appendix 2 – MPages Mobile Clinical Summary

Mobile Clinical Summary

- Provide secure access to the patient chart from multiple mobile devices
- Most common mobile devices: Apple iOS (iPhone, iPad), Blackberry OS (Most web enabled Blackberry devices), Android OS (multiple phones and manufacturers)
- May work but not supported: Windows 7 Phone, Nokia web enabled phones, others

Service, Quality, Integrity, Teamwork



Mobile Clinical Summary

User can select patient lists defined in PowerChart

- Assignment
- Location
- Care Team
- Medical Service
- Etc.

Patient List will display:

- Full Name
- Age (Flexed for Pediatrics)
- Gender
- Location (Nurse Unit + Room)
- Attending Physician

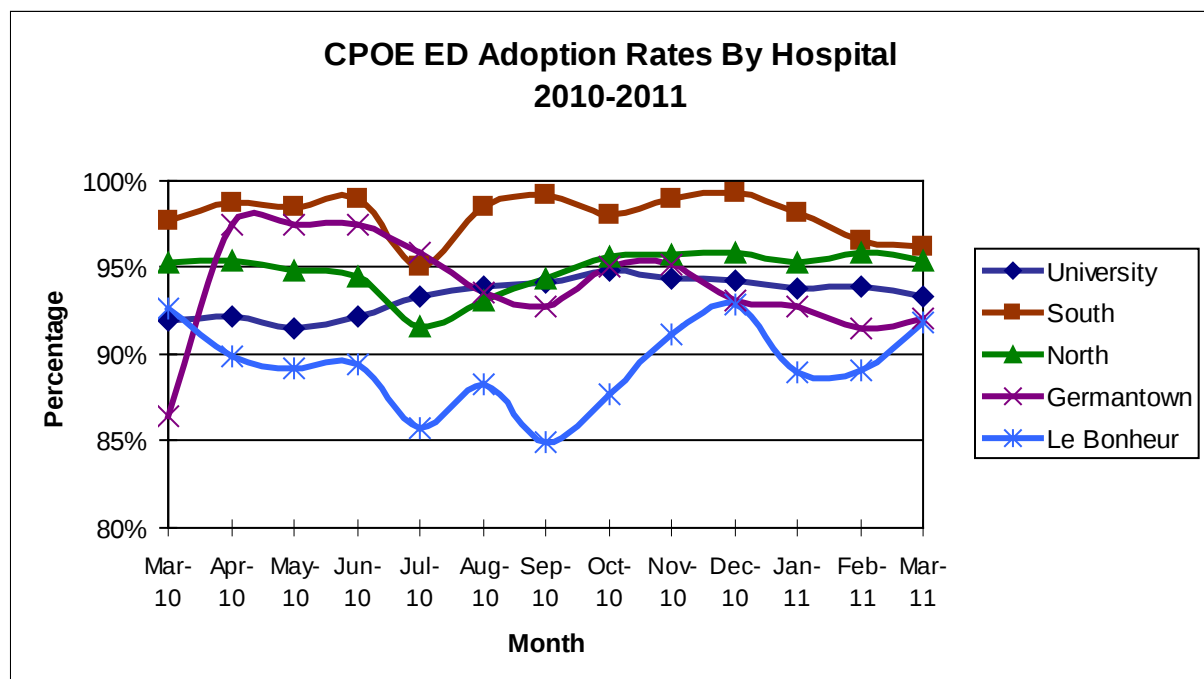
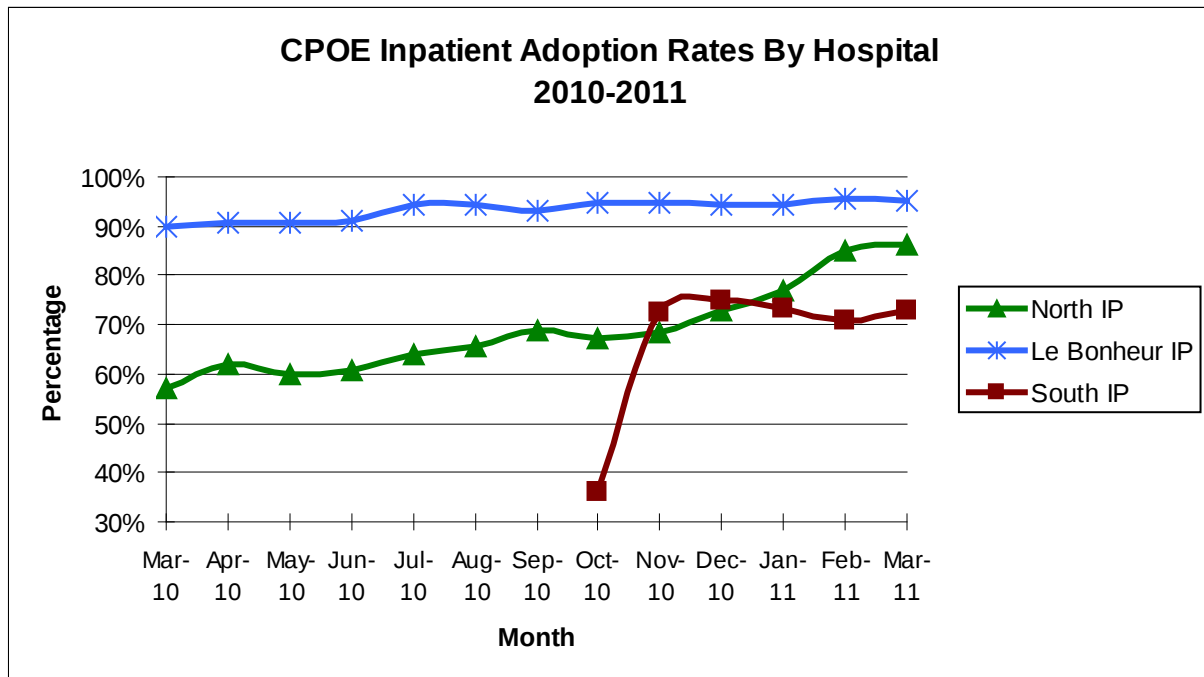
Service, Quality, Integrity, Teamwork



Health Information Sciences Report to Medical Executive Committee

April 2011

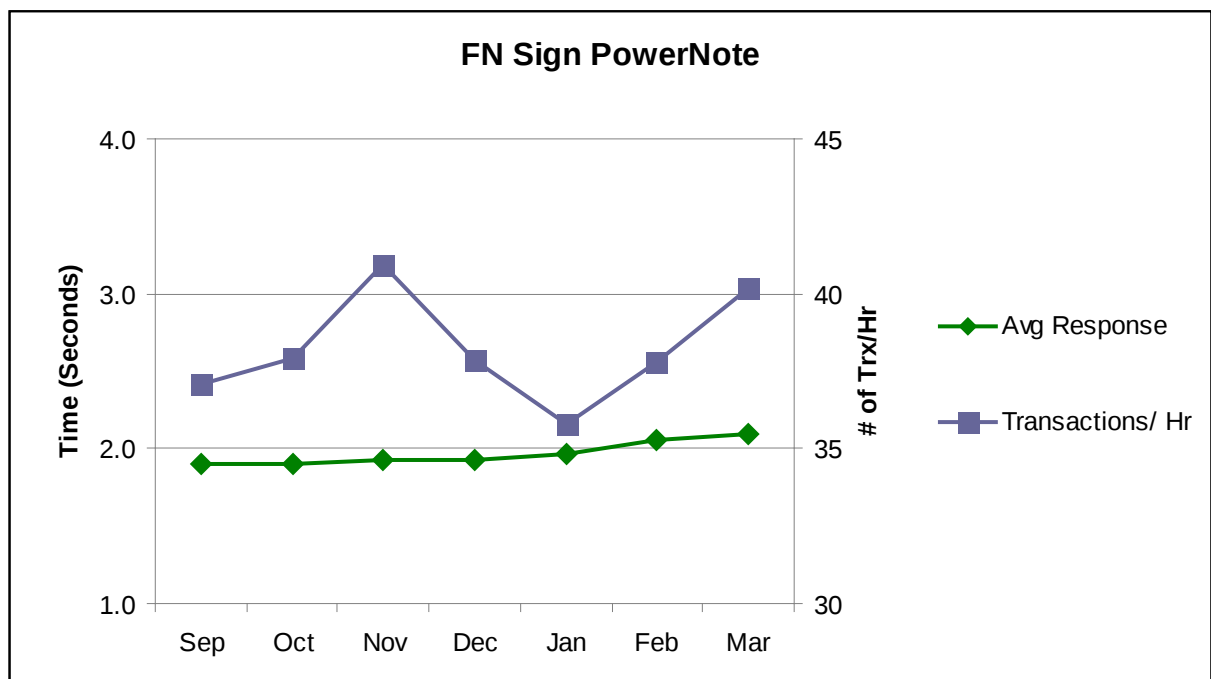
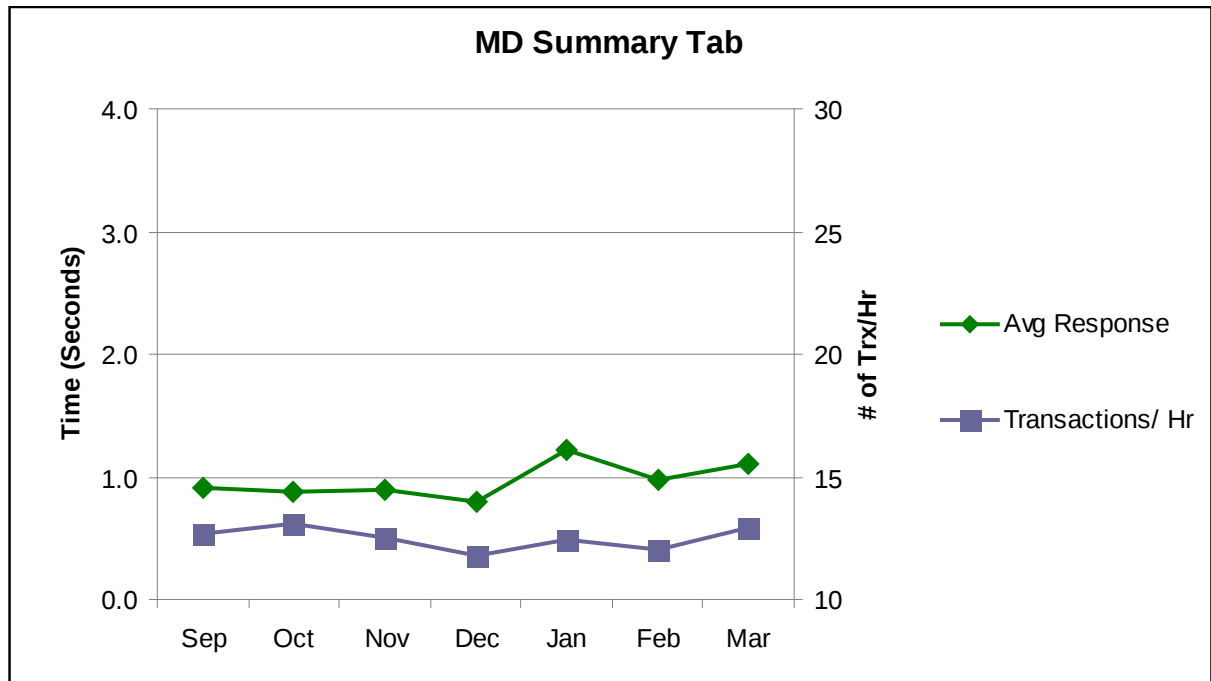
Appendix 3 – CPOE Inpatient and ED Adoption Rates



Health Information Sciences Report to Medical Executive Committee

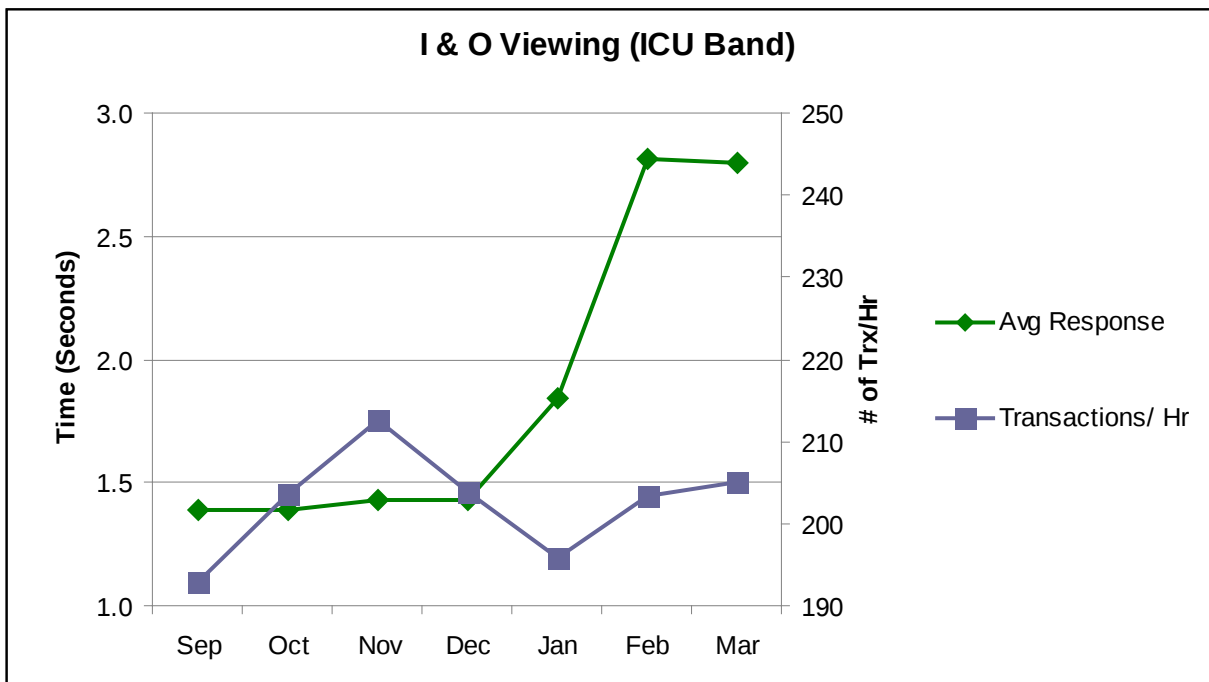
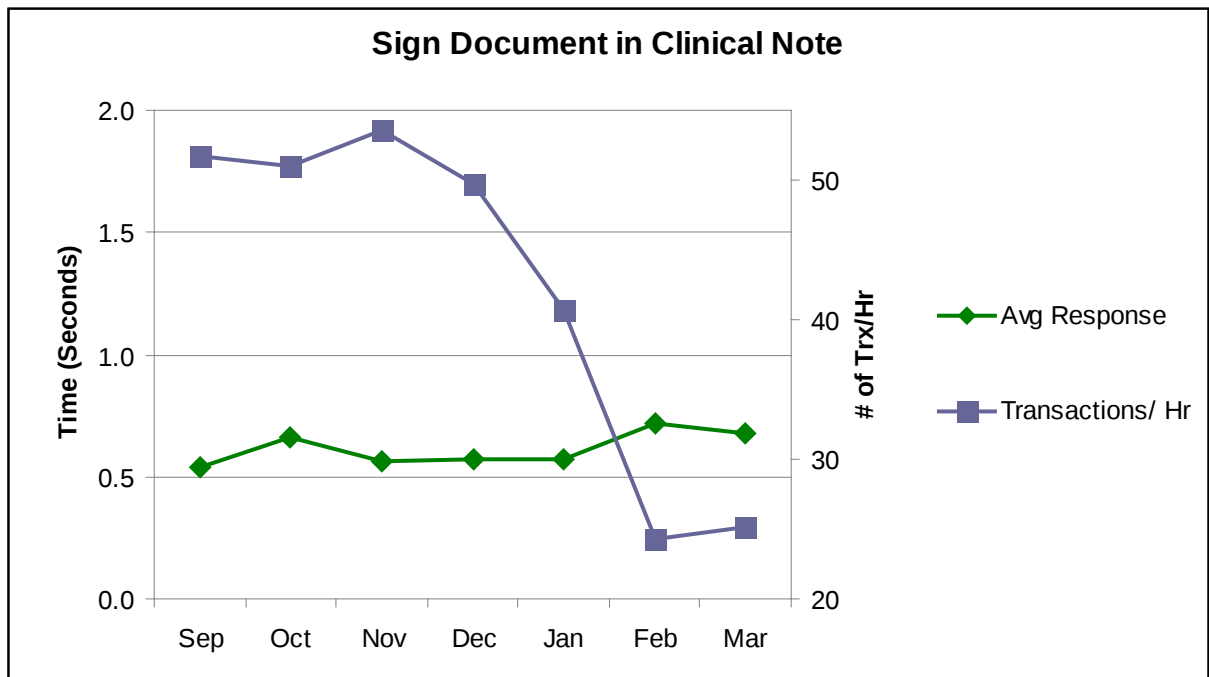
April 2011

Appendix 4 – Performance Data



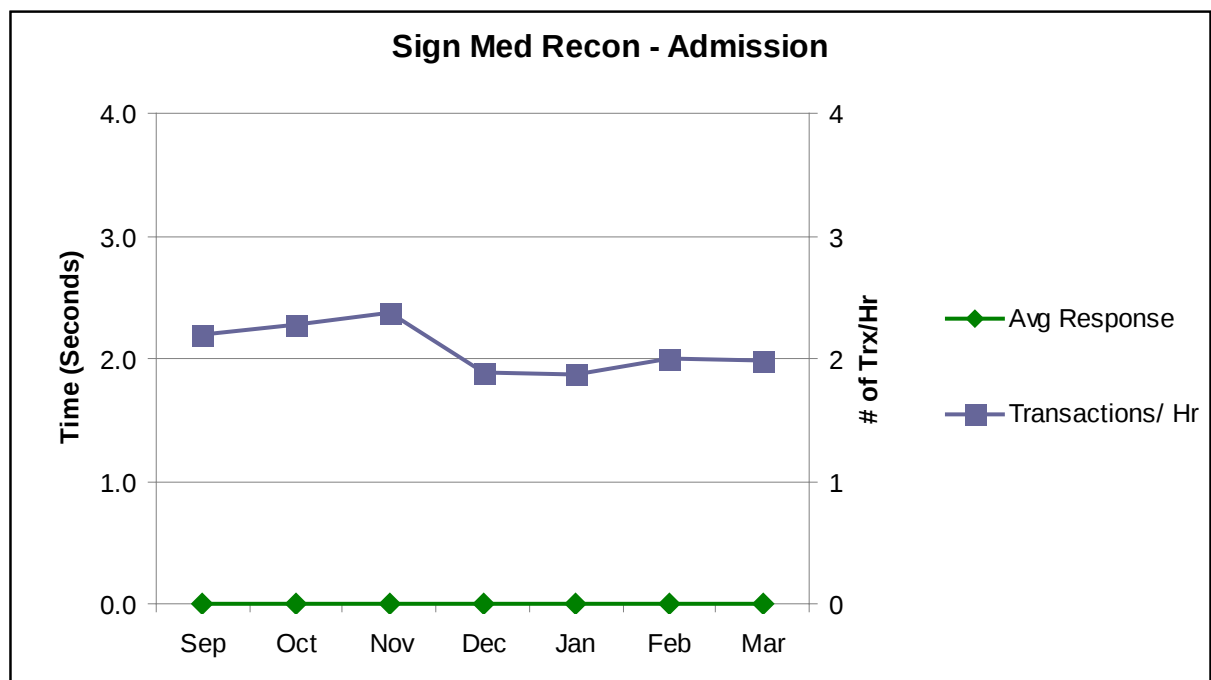
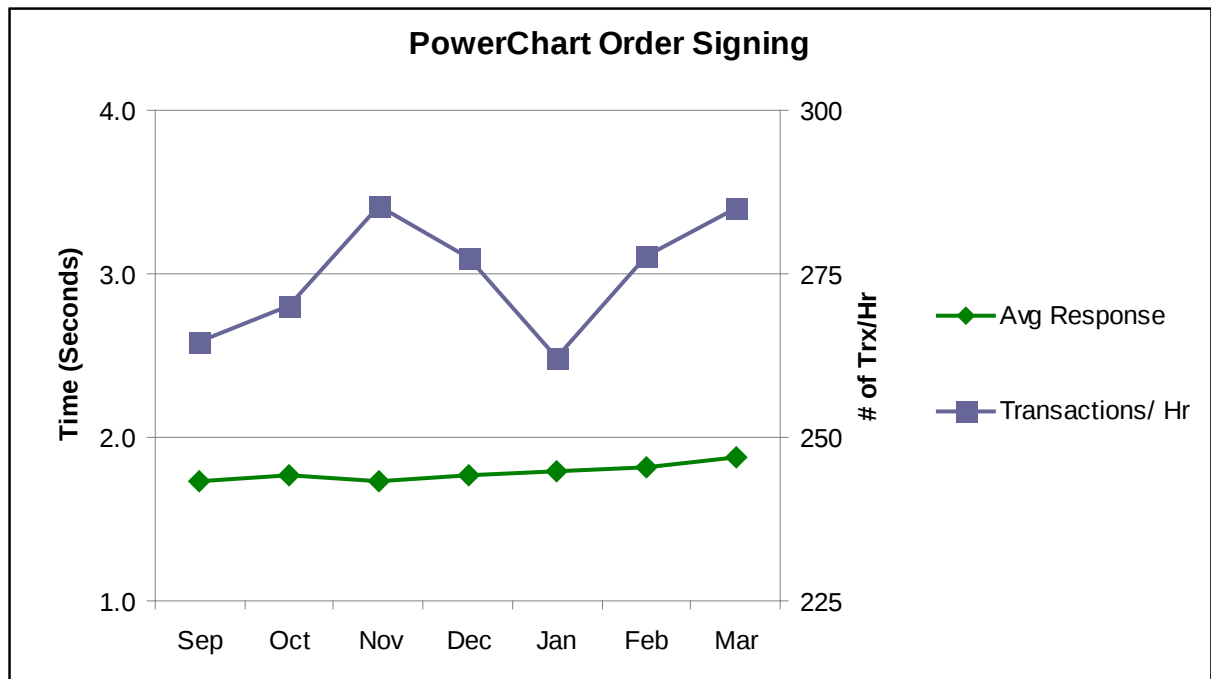
Health Information Sciences Report to Medical Executive Committee

April 2011



Health Information Sciences Report to Medical Executive Committee

April 2011



Health Information Sciences Report to Medical Executive Committee

April 2011

