

Information Technology Report to Medical Executive Committee

Contents

- 1 McKesson Cardiology Echo PACS
- 2 Financial Number Allocation Change
- 2 Patient Portal
- 3 Direct Email Protocol Project
- 3 Ambulatory Project Update
- 4 Cerner Performance Improvements
- 5 Appendix 1 – Orders Team January Update
- 6 Appendix 2 – Planned vs. Unplanned Downtime

McKesson Cardiology Echo PACS

McKesson Cardiology Echo PACS is successfully implemented for all adult facilities.

- Germantown-Sutherland-University-Fayette: Week of January 13
- North-South-Olive Branch: Week of February 3

Forty total go-live issues reported to date with thirty-six closed within the first few days or weeks (see table below).

Four issues remain open as of February 5:

- 1 issue: requires a software fix by McKesson R&D – no target date
- 2 issues: response time related under investigation by a joint McKesson-IT team
- 1 issue: 3D image transfers from a specific model Philips device being pursued by Clinical Engineering.

	Issues Reported Go Live Week	Issues Closed Go Live Week	Issues Open as of 2/5/14
First Wave	38	30	2
Second Wave	2	0	2
Total	40	32	4

McKesson Pediatric Cardiology Echo PACS implementation is scheduled for the week of March 24.

The MDs, Cardiology Leaders and Associates, Clinical Engineering, and McKesson and IT Associates worked well together as a team. A special note of thanks to Dr. Beverly Danley and Dr. Timothy Woods for their leadership and expertise.

Financial Number Allocation Change

A downtime is planned for Tuesday, February 25, at 12:00 p.m. with an anticipated duration of thirty minutes.

On Tuesday, February 25, at 12:00 p.m. the method for allocation of patient FIN (financial number) numbers which are unique for each patient encounter in oneChart will change. This will result in a thirty minute downtime for Cerner Registration and Scheduling, but should not impact any other Cerner modules. The largest visible change will be that financial numbers currently beginning with 8 will begin with 2. This is required to extend our capacity to assign unique FINs for many years. Please report any issues to the IS Help Desk.



Patient Portal

Patients can now access the Cerner portal through myMethodist, our online health management tool for patients. Patients will have access to their discharge summary, medication list, results (not including sensitive lab results), at their convenience. Lab results are posted 36 hours after the result is final. Patients can view and request appointments, request changes to appointments, and submit changes to their demographic and insurance information. Patients can also communicate directly with their physician via the Patient Portal through Cerner Direct, a secure email-like service.

Patient Portal access became available to patients admitted to the following hospitals on these dates:

- Fayette Hospital: September 10, 2013
- Olive Branch Hospital: September 17, 2013
- North Hospital: October 15, 2013
- South Hospital: November 15, 2013
- University Hospital: January 28, 2014

Germantown Hospital patients and Le Bonheur Children's Hospital patients will be offered access to the portal beginning in March.

This is the same Patient Portal that will be available to patients whose physicians begin using Cerner Ambulatory in April. These patients will access their office visit information from the same list as their MLH hospital visits. Patients will have access to previous hospital encounters as well as current encounters.

Direct Email Protocol Project

Direct email provides the ability to send and receive encrypted medical information between healthcare providers, hospitals and other medical communities. Types of medical information include:

- Medical care summaries, lab results, hospital discharge information, diagnostic tests reports, etc.

The use of Direct satisfies requirements of Meaningful Use Stage 2 (MU2) of the EHR incentive program. The requirement is to send a patient's summary of care with specific data elements electronically for 10% of the discharges (transfers) to other facilities and follow up care providers. Direct email capability is now available within Cerner's inbox for hospital based providers and specific Health Information Management associates. Other providers and hospital based associates will be set up to use Direct by April 1.

Effective last quarter, patients discharged from Methodist Fayette transferred to the National HealthCare facility have had their record electronically transmitted.

Physician practices with their own Electronic Health Record should check with their vendor to determine availability of a Direct email address for their practice. Physician practices without an existing EHR will be able to obtain a Direct email address through QSource' Health eShare.

The QSource website is: <http://www.healthsharetn.com/>. The phone number for Natalie Frady, the West Tennessee contact, is 901-483-9624.

Ambulatory Project Update

One Chart Ambulatory Project is on schedule for an April 14, 2014 Go Live at UPLS, UTMP, Sickle Cell, MTP and Transplant Clinics. In this phase, entering patient information on the computer will be the only way to perform many of the daily functions that clinical team members currently document on paper charts or in stand-alone clinics. As a result, this will impact just about every clinical workflow and process in these offices and clinics and also allow both our inpatient providers and clinics to view a comprehensive record.



We could not do this without physician, clinician and practice support Associates. We know our physicians and Associates are essential to making these ideas a reality. We have made a significant effort to involve physician, clinician and operational expertise throughout the health system to help design many of these ambulatory solutions. Training begins this month and will continue until Go Live.

Cerner Performance Improvements

Below is a list of items that Cerner and Information Systems are currently working on to improve performance at Germantown and across all MLH sites.

Ongoing

- Cerner Focused Client Support Team (FCST) engaged to review and optimize the management and use of Cerner solutions and services. We are currently are implementing changes as needed.
- Cerner DBAs are assessing database statistics to help pinpoint any poor performing scripts.
- MAR Summary slowness - Our current system and user specific MAR settings are being reviewed to ensure they comply with Cerner recommended settings. One instance showed the MAR Summary look back was set at thirty days rather than forty-eight hours.

Completed

- Slowness on Discharge Meds Rec – On January 21 an update designed to improve Meds Rec performance was installed.

Planned

- Slowness in Pulmonary Summary – New Cerner code has been created to improve performance of medications data in the mPages medication component. Go-live of this latest mPage release scheduled for mid-March.
- RadNet Tab Performance – Coding changes to improve the processing performance of the flowsheet and clinical notes with modified prerequisite logic are being developed by Cerner. This release is to be included in our code upgrade scheduled to go live in early June.
- Replacement of primary Windows servers used for running our Cerner front-end applications, e.g., PowerChart, being planned for mid-March.



Appendix 1 – Orders Team January Update

Diagnosis and Problem List

- The vocabulary default has been set to *IMO, Intelligent Medical Objects*, in order to improve searching by adding synonyms that are linked to ICD-9 diagnosis codes and SNOMED problem codes. This is required for Meaningful Use.

Orders

- Order description has been updated with removal of *ORIF* from the *Arthroplasty/ORIF Precautions* order. Special instruction details were also updated.
- The *Restraint Medical/Surgical Nursing* order has been hidden from the physician's order search view. This order is used for nursing process only.

Updates to PowerPlans and Caresets

- One-hundred and twenty medical service line Caresets were converted to PowerPlans on January 14, 2014, with the exception of P&T Protocols and Emergency Department service lines. This was done to improve the ease of ordering and to allow for use of *My Plan Favorites*. **Caresets will be inactivated on February 18 and will automatically be removed from all Favorites folders.**
 - *ED Stroke Symptoms Orders, ED Initial Stroke Symptoms Orders, Neuro Ventriculostomy Plan* and the *Neuro Antihypertensive PRN Meds Plan* were updated to meet the 2013 regulatory guidelines
 - A new order, *Reason P2Y12 Inhibitor not Prescribed at Discharge*, was implemented and added to the *PCI Post Procedure Plan* to meet CMS requirements.
 - *Oncology Medical Admit Plan* revised.
 - *Cardiac Surgery Admission Plan* revised.
 - *Deceased Donor Orders* revised.
-

Appendix 2 – Planned vs. Unplanned Downtime

The following table depicts the Cerner Production system uptime and planned and un-planned downtime in minutes from February 1, 2013 – January 13, 2014.

This table does NOT include network downtimes that may have impacted access to oneChart.

	Total Minutes	Planned Downtime	Unplanned Downtime	Total Uptime %	Cerner Uptime %
February 2013	40,320	240	0	99.40%	100.00%
March 2013	44,640	0	0	100.00%	100.00%
April 2013	43,200	0	0	100.00%	100.00%
May 2013	44,640	0	0	100.00%	100.00%
June 2013	43,200	357	0	99.17%	100.00%
July 2013	44,640	0	0	100.00%	100.00%
August 2013	44,640	0	8	99.98%	99.98%
September 2013	43,200	0	197	99.54%	99.54%
October 2013	44,640	0	0	100.00%	100.00%
November 2013	43,200	0	0	100.00%	100.00%
December 2013	44,640	0	137	99.69%	99.69%
January 2014	44,640	0	0	100.00%	100.00%
Total	525,600	597	342	99.821%	99.935%