Physician Optimization

The Methodist Senior Leadership has recently accepted a pro-bono offer from Cerner. This initiative will assist MLH with a review of our Cerner configuration and help us focus on optimizing the physician experience that can lead to increased efficiencies. This on-site assistance review is intended to optimize our existing Cerner solution by a thorough quantitative assessment of current features and functionality in Cerner Millennium, mapping out any potential gaps, and leveraging the latest configuration features and functions. A short term goal of this initiative is to evaluate the possibility of boosting physician productivity and satisfaction.

Through an agile deployment methodology, Cerner will help MLH define and deliver an “optimization plan of action” targeted on specific features and functions through an iterative review process that will occur over 30, 60, and 120 day intervals.

Physician Involvement - Your Role

Input from the clinical staff is vital for this project. The Information Technology Department will request input and guidance from MEC on many aspects of the project over the coming months. This will involve such tasks as identifying criteria to be used for the appointment of a cohort of 40-50 physicians that will participate in this pilot group. Obviously, we will be recruiting participants from the existing Physician Specialist Informatics Group. Additional details will be forthcoming at the conclusion of upcoming planning sessions with Cerner.
Patient Portal

The project kickoff meeting for the Cerner Patient Portal project was held April 18. This solution is necessary for MLH to meet the Meaningful Use (MU) Stage 2 objective to provide patients the ability to view online, download, and transmit information about a hospital admission.

There are two measures for this requirement, both of which must be satisfied in order to meet the objective.

1) More than 50 percent of all patients who are discharged from the inpatient or emergency department have their information available online within 36 hours of discharge.

2) More than 5 percent of all patients (or their authorized representatives) discharged from the inpatient or emergency department view, download or transmit to a third party their information during the Electronic Health Record reporting period.

The Patient Portal will be implemented by September 1, 2013 to enable Fayette Hospital to achieve MU Stage 2. Patient Portal adoption is required by December 31, 2013 for Fayette Hospital to meet MU Stage 2 requirements.

National Hospital Inpatient Quality Measures (NHIQM)/eQuality

The NHIQM measures for Congestive Heart Failure and Pneumonia will be released on May 21 for all facilities. The eQuality application will be made available for use for selected outcomes coordinators and abstractors. Implementation of eQuality and the measures will do the following:

- Moves organization closer to full implementation of all quality measures for engagement of abstractors and eQuality Check.
- Provide standardized and efficient workflow for the Outcomes Coordinators by eliminating multiple paper checklists for electronic measures.

Medication Reconciliation Optimization Update

In April, the optimized medication reconciliation (med rec) processes and functionality were implemented at Methodist Germantown, South, North Hospital, Le Bonheur Children's Medical Center, and Methodist Fayette Hospital. This implementation completes the rollout of enhanced electronic med rec to all sites. Minimal technical issues were experienced during the go-live, and adoption rates have steadily increased; however, admission med rec adoption remains lower than desired (see
Appendix 2 for the latest adoption rates per site).

Now that the rollout is complete, the Med Rec Core Team is reviewing change requests received and concerns raised by physicians, pharmacy staff, and nurses and is determining which requests to carry forward to the Med Rec Task Force and other bodies for review and approval. Currently, there is a 30-day freeze on most change requests to allow physicians and clinicians to become more accustomed to the med rec workflow before additional changes are introduced.

One exception to the freeze on changes is default prescription printing. Due to significant physician concerns and Cerner’s Physician Experience workflow recommendations, the default for prescription printing will be set to print all prescriptions at discharge effective May 1.

Physicians who have not completed med rec training are encouraged to do so in advance of the deadlines for completion set by MEC: May 10 for MUH, South, and Germantown, and May 23 for Le Bonheur, North, and Fayette (see Appendix 3 for current training completion rates). Most physicians can access the oneChart Quick View – Medication Reconciliation online training module via the To Do list in ChexWeb. Search All MD and it will be the first choice: ALL MD - oneChart Quick View - Medication Reconciliation. The module runs automatically, does not have audio, and takes about 15 minutes to complete. For more in depth med rec training plus one CME credit, physicians can take the 60-minute adult or Le Bonheur MD Managing Patient Care Using Medication Reconciliation and Rx Writer module (search for ADULT MD or LEB MD). All modules include a test and require a score of 80% to pass.

In addition, the Cerner 2012.01.16 code upgrade, which is scheduled for June 23, will introduce additional med rec-related enhancements. These enhancements are being reviewed and vetted by the Med Rec Core Team and will be presented to the Med Rec Task Force for final approval in mid- to late May. Once the enhancements are approved, the list will be shared in the June edition of this report, and training content will be posted on ChexWeb as part of the overall 2012.01.16 training package.

**mPage Update**

- mPages will be migrated to version 4.4 with the July Cemer upgrade. The mPage team is currently working with Cemer on testing the 4.4 content for implementation.
- A Perioperative Summary, Imaging Summary, ICU Summary, and Transplant mPages are currently being developed. These mPages will consist of standard
components along with custom components. Implementation is slated for third quarter 2013 (after the July upgrade).

- Plans to move the Inpatient Summary mPage to the first position in the PowerChart menu have been postponed until after the July upgrade.
- Please submit any questions, concerns, or suggestions regarding mPages to Corp_Mpages@mlh.org or to your facility-based Physician Trainer/Analyst.

**Time and Attendance**

MLH has acquired the SAP Time and Attendance system to provide all Associates and managers online access to correct and approve time entries for payroll. This will improve data timeliness, accuracy, and availability by eliminating paper processes. Associates will be able to access the system from work or via the web. Selected Associates will pilot mobile features on personal devices. Implementation will occur in the second half of 2013.

**Change to GUEST Network Login Process**

In order to make the process simpler for connecting to the GUEST Network, the Information Technology department will be replacing the current login requirements with accepting a terms and conditions acknowledgment.

Effective **June 17, 2013**:

When a user connects a device to the GUEST Network, they will no longer be prompted for a “username” and “password”. They will be prompted to accept terms and conditions for connecting to the GUEST Network by clicking an “I Accept” button.

The connection automatically times out after eight hours of inactivity, requiring the user to re-accept the terms and conditions.

**Change to Active Directory Account Lockouts**

During a recent KPMG audit, an information security vulnerability was identified related to the management of MLH manages user account lockouts. Currently, after five failed login attempts, user accounts are locked but automatically unlocked after five minutes. KPMG recommended that we adopt an industry standard best practice that requires user account validation prior to unlocking.

Effective **July 1, 2013**:

If a user attempts to login with invalid credentials (e.g., user forgets username or password) five consecutive times, their user account will be locked. In this case, they will be required to call the Help Desk to have their account unlocked.
Cerner Downtime Announcement

The Cerner system will be down on Saturday morning, June 22, from 1:00 a.m. to 7:00 a.m. in order to upgrade the hardware and software. This downtime includes some new system hardware and a minor software upgrade that are both necessary for Meaningful Use stage 2. During this downtime, the 724 system will be available on labeled computers to view patient information. The 724 password will be announced on the Self-Service Help Desk before the upgrade. If you have any questions about the downtime please contact David Deas (david.deas@mlh.org).
Appendix 1 - Orders Update, Effective in April 2013

Listed below are some of the key changes made to orders, ordersets or powerplans in April 2013:

Sharing PowerPlan Favorites

Functionality has been added to allow physicians to search and copy another provider’s saved PowerPlan Favorites. This is accessed from the Menu by choosing the mP – IP Summary and locating the New Order Entry component. Select the Shared Favorite button to activate the search window. See your facility Physician Analyst for further details.

Restraint and Seclusion orders

The orders for restraints available in oneChart have been revised to reflect policy changes; this includes additional new orders for Seclusion. The new Restraint and Seclusion policy is attached to the new orders as reference text.

Indwelling Urinary Catheter Insert – Follow Removal Protocol

The order Indwelling Urinary Catheter Insert – Follow Removal Protocol has been added to various pre-operative CareSets and PowerPlans. The comment To be placed in procedural area will default. The order is not pre-checked, but is being added in an effort to facilitate the Indwelling Urinary Catheter Removal Protocol.

CHAMP Referral order

The CHAMP Referral order is now available. Changing High Risk Asthma in Memphis through Partnership or CHAMP is a CMS awarded Innovation Grant. This program focuses on education and advocacy to improve self-care. A dedicated multidisciplinary team will work with identified high-risk asthma patients, ages 2-18 years, to decrease missed school days, and prevent emergency room and inpatient hospital visits.

Diagnosis Patient Status Alert

The Diagnosis Patient Status alert is being added to assist with ensuring the appropriate patient status order is used if the patient with a diagnosis of Gastroenteritis, Headache, Syncope, or related diagnoses requires a stay beyond the Emergency Department encounter. If the patient meets criteria for an inpatient status, the Clinical Indication for Inpatient Status for Admission Form for the associated diagnosis must be completed.

Gastroenteritis Observation Plan and Headache Observation Plan

The new PowerPlans, Gastroenteritis Observation Plan and Headache Observation Plan, will be available to assist with clinical decision making in determining the appropriate level of care for patients with a diagnosis of Gastroenteritis, Headache, or related diagnoses. The appropriate plan will display as a suggested plan when the diagnosis is selected in the Add Order window.
Tolvaptan/Conivaptan PowerPlan – Physician & Physician Related Roles

A new PowerPlan, Tolvaptan/Conivaptan Plan, will be available for use. An inclusion/exclusion form is attached to the plan and must be completed when the plan is initiated.

LEB ED Testicular Torsion – Physician & Physician Related Roles

A new plan, LEB ED Testicular Torsion, will be available for use. This impacts Le Bonheur.

LEB Severe Sepsis Early Management Plan – Physician & Physician Related Roles

A new PowerPlan, LEB Severe Sepsis Early Management Plan, will be available. This impacts Le Bonheur.

Bivalirudin (Angiomax) Protocol Orders – Physician & Physician Related Roles

The care set name, Bivalirudin (Angiomax) Protocol Orders will change to Bivalirudin (Angiomax) Cath Lab Protocol Orders. This impacts all adult facilities except Fayette.

Lepirudin (Refludan) – Physician & Physician Related Roles

The medication, Lepirudin (Refludan) is no longer available; therefore, individual orders and the Lepirudin Dosing for HIT Protocol Orders will no longer be available to place. This impacts all adult facilities except Fayette.

Direct Thrombin Inhibitor (DTI) Protocol Orders – Physician & Physician Related Roles

The existing nested care set, Direct Thrombin Inhibitor (DTI) Protocol – Lepirudin Orders (currently in the Direct Thrombin Inhibitor (DTI) Protocol Orders) will be renamed to Heparin Induced Thrombocytopenia (HIT) Protocol: Bivalirudin Orders. Medication and associated orders in the nested care set for Lepirudin will change to Bivalirudin. This impacts all adult facilities except Fayette.

Hemodialysis Adult Care Set – Physician & Physician Related Roles

The options of 3.5 L/tx and 4.5 L/tx will be added to the order detail, Ultrafiltration. The option of 3.25 hr will be added to the order detail, Length of Trx. This impacts all adult facilities.

Docusate Oral Susp – Physician & Physician Related Roles / Nursing

The comment Please mix with drink/pudding of patient’s preference will be added to this order on the following powerplans:

- LEB Ortho Spinal Care Injury Admit
- LEB Ortho Femur Fracture Admit
- LEB Ortho General Admit
- LEB Ortho General Post Op
- LEB Ortho VEPTR Post Op

This change impacts Le Bonheur.
Appendix 2 - Medication Reconciliation Adoption - University, South, Germantown

MED REC Adoption Admission IP

MED REC Adoption Admission OBS

% Compliance
Appendix 2 - Medication Reconciliation Adoption - University, South, Germantown (continued)

**MED REC Adoption Discharge IP**

|-------------|----------------------------------------|----------------------------------------|----------------------------------------|----------------------------------------|

**MED REC Adoption Discharge OBS**

|-------------|----------------------------------------|----------------------------------------|----------------------------------------|----------------------------------------|
Appendix 3 - Medication Reconciliation Training Compliance

<table>
<thead>
<tr>
<th>Area of Training Compliance</th>
<th># of LIPs Training Compliant</th>
<th>% of SYSTEM Training Complaint</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Medication Reconciliation</strong></td>
<td>572</td>
<td>25.95%</td>
</tr>
</tbody>
</table>

** New LIPs taking the CPOE required modules since April 2, 2013 have already received the required med rec training and are included in the count.
Appendix 4 - Physician Specialist in Informatics Review

April Key Decisions reviewed by PSI Group

- **Decision**: Enable the setting that moves the order sentence selection to the middle of the PowerPlan ordering window and replaces the ellipsis with an arrow.
  - **Consensus**: Recommended

- **Decision**: Enable setting that would allow providers the option to add prescriptions to a PowerPlan phase.
  - **Consensus**: Recommended

- **Decision**: Enable setting that would display the subphase orders of a PowerPlan as a hyperlink.
  - **Consensus**: Recommended

- **Decision**: Enable setting that will take provider directly into the subphase view when the subphase is pre-checked.
  - **Consensus**: Recommended

- **Decision**: Allow Providers to toggle to a patient specific mPage from Message Center without opening the chart.
  - **Consensus**: Recommended

- **Decision**: Reorganize the Message Center folder configuration to improve provider workflow.
  - **Consensus**: Recommended
Appendix 4 - Physician Specialist in Informatics Review (continued)

**Mpage Update:** The (PSI Group) Physician Specialists in Informatics recommended the Inpatient and ED Summary mPages be moved to the first position in the PowerChart and FirstNet menus for physician and related positions in order to increase the visibility and usage of the mPages. This change was scheduled to go-live May 21. However after testing and a review from Cerner, it has been recommended that we reschedule the change to occur after the June upgrade. At this time additional mPage related servers will be added to support this structure (see screenshot below).
Appendix 5 - Planned vs. Unplanned Downtime

The following table depicts the Cerner Production system uptime and planned and un-planned downtime in minutes from January 1, 2013 - March 31, 2013. Note: This table does NOT include network downtimes that may have impacted access to oneChart.

<table>
<thead>
<tr>
<th></th>
<th>Total Minutes</th>
<th>Planned Downtime</th>
<th>Unplanned Downtime</th>
<th>Total Uptime %</th>
<th>Cerner Uptime %</th>
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<tr>
<td>January 2013</td>
<td>44,640</td>
<td>0</td>
<td>0</td>
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<td>February 2013</td>
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<td>0</td>
<td>100.00%</td>
<td>100.00%</td>
</tr>
<tr>
<td>March 2013</td>
<td>44,640</td>
<td>0</td>
<td>0</td>
<td>100.00%</td>
<td>100.00%</td>
</tr>
<tr>
<td>Total</td>
<td>129,600</td>
<td>0</td>
<td>0</td>
<td>100.00%</td>
<td>100.00%</td>
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