

2010 International MUSE Conference Facility Member Educational Presentations

Vein to Vein Tracking – A Marriage Made in MEDITECH

Session: 101

Scheduled: Thursday June 3 at 2:30 pm

Presenters: Dorothy Kasibante, Kevin Macaulay, and Wilhelm Pettersson

Organization: HCA International, London, UK

Abstract: In November 2005, United Kingdom Blood Safety & Quality Regulation (Statutory Instrument 2005 Number 50) was inducted into UK law. A major component of the law was the requirement for full traceability of blood products from donor to administration to the patient and retention of that record for thirty years.

The Challenge for HCA International in London with six hospitals, a total of 749 beds and over 3,000 staff, was to implement a 'blood issue to patient' tracking system which met legislative requirements, including a core standard to maintain the 'cold chain' – that is, to ensure that blood products were stored optimally and that they were transported and transfused at the correct temperature.

Prior to commencement of this project, the system for blood product tracking and recording of the transfusion was paper-based – complicated by the fact that medical couriers who transported blood products from the central laboratory to the hospital issue fridges were not employees of HCA. In addition, audits of paperwork revealed that despite training the paper data was often incomplete or illegible and not of the standard where evidence of regulatory compliance could be produced.

To enable this project to come to fruition Information Technology & Services (IT&S) along with clinical staff worked together to source a third party system to electronically track blood products between locations (stock and issue fridges and eventually to the point of transfusion) and to ensure that they were not out of cold storage for too long, while, utilisation of the NMI module would bind MEDITECH and Blood Tracking together.

Other pre-requisites for the success of this project were the implementation of staff bar-coded ID badges, patient bar-coded wristbands and bar-coding of patient prescription charts, wireless network and mobile wireless devices with bar-code readers.

The partial implementation of BMV (Beside Medication Verification module), T.A.R (Transfusion Administration Routine) within NUR 5.6 magic platform, with its greater communication with BBK module, would streamline work process for nursing staff and enhance patient safety.

This presentation will show how HCA International has achieved this.

Dorothy Kasibante has been with HCA International since 2006 as a Transfusion Practitioner. Prior to this Dorothy worked as Transfusion Practitioner in Ashford & St Peters Hospital and comes from a Biomedical Scientist Background practiced at Texas Children's Hospital

Kevin Macaulay has been an Application Team Lead at HCA International for the past five years working with clinical applications. Kevin comes from a Cardiothoracic ICU Nursing background.

Wilhelm Pettersson has been Application Team Lead since 2005 specialising in applications integration; prior to this Wilhelm came from System Engineering background.

Creating Leverage with an Integrated Approach

Session: 102

Scheduled: Thursday June 3 at 1:30 pm

Presenter: Theresa Palasota

Organization: Georgetown Hospital System, Georgetown, South Carolina

Abstract: Every hospital needs to get more out of what is invested. This statement takes on more significant meaning when it comes to making IT investments. Connecting various applications together is a vital investment, and it requires a well thought-out approach to create leverage in the short and long term.

In this session, a quick overview of the different interfacing approaches will be outlined with a key focus on how to create leverage in an integrated application environment. You will learn:

- Georgetown Hospital System's approach in evaluating the integration options – point-to-point vs. interface engine – the key decision points to move forward with an interface engine
- What should you expect from an interface engine in building and testing interfaces as well as the ongoing maintenance of the various interfaces
- Key leverage points and results gained by having an interface engine facilitating the data movement and flow within our hospital
- The role of an interface engine in keeping current with healthcare standards and creating a proactive approach to managing the integrated environment

With the changes in healthcare IT underway, understanding the options in creating an integrated environment is essential and getting the most from your interfacing approach is critical. The key words are “creating leverage” – a key operating principle for successful hospital IT departments.

Theresa Palasota is a Senior Programmer/Analyst at Georgetown Hospital in Georgetown, SC since Oct 2007. She was one of the key decision makers in the Interface Engine selection process. She supports a number of applications, NPR Report Writer, and provides general support of several MEDITECH modules.

Prior to Georgetown Hospital System, she was the Database Administrator at Prince William Health System in Manassas, VA for over 10 years and was a key player in the conversion to MEDITECH in 2001. She has a BS in Business Admin/Data Processing and has been programming for 20+ years.

A Provincial Support Model – Successes & Challenges

Session: 103

Scheduled: Friday June 4 at 11:00 am

Presenter: Krista S. Laybolt

Organization: Health Information Technology Services - Nova Scotia, Halifax, Nova Scotia

Abstract: In 2001, the Province of Nova Scotia embarked on the Nova Scotia Hospital Information System (NSHIS) project aimed at providing an integrated standards-based Hospital Information System in 8 of 9 district health authorities throughout Nova Scotia. NSHIS implemented MEDITECH C/S applications in 34 sites across the province with the first going live in February 2003 and the final live in March 2006.

As NSHIS sites went live, operational support was transitioned from a provincial implementation team to a group of provincial service support staff that later became Health Information Technology Services - Nova Scotia (HITS-NS). HITS-NS is a service delivery organization that provides operational support for health IT solution implemented province wide. HITS-NS provides a full range of support services including: service desk, system infrastructure, technical and application support, user access, decision support and privacy.

The NShIS team at HITS-NS currently consists of 40 dedicated application support staff but is supported by availability of other operational support resources within HITS-NS. This presentation will explore both the challenges and successes encountered by HITS-NS in supporting nearly 10,000 NShIS users in 34 facilities across 8 health districts while ensuring the system continues to support changing practice standards, process redesign and interoperability with other Nova Scotia health initiatives such as the development of a shared electronic health record (EHR).

During a 30 year career in health care and health information management/system support, Krista Laybolt has been responsible for delivery of direct patient care; training health care professionals; managing multidisciplinary health care and IT teams; leading and managing implementation and support of cutting edge clinical IT solutions; and acted as subject matter expert and co-author for numerous research projects using computerized systems and solutions. Her professional roles have included: Medical Laboratory Technologist, Researcher, Laboratory Manager, and most recently Manager of Health IT program and service delivery at Health Information Technology Services – Nova Scotia (HITS-NS). Krista is a registered MLT, with a Bachelor Degree in Health Science in addition to holding PMI Project Management Professional (PMP) designation. In her role with HITS-NS, she manages program and service delivery teams and activities for the Nova Scotia Hospital Information System (NShIS) which is built on the MEDITECH C/S 5.5.5 platform and provides a common HIS for 34 facilities across 8 of 9 Health districts in Nova Scotia.

Integrated Reporting Using Data Repository – SQL Server 2005

Session: 104

Scheduled: Thursday June 3 at 2:30 pm

Presenter: Jordan Russell

Organization: Satilla Health Services. Waycross, Georgia

Abstract: The audience will get an overview of SQL Server Reporting Services (SSRS) features, specifically focused on the reporting features of Business Integrated Development Studio (BIDS) and the Report Builder. There will be a walk-through example of Report Model creation in BIDS, followed by an example report created using the Report Builder tool. Following the presentation and walk-through there will be time for audience questions regarding SSRS.

Jordan Russell graduated from Georgia Tech in fall 2008 with a BS in Computer Engineering. He has lead projects focused on enterprise-wide reporting and Scanning & Archiving. He has also collaborated within IT to provide web-based software to the enterprise. He is currently the Financial Systems Analyst for Information Technology at Satilla Health Services in Waycross, GA.

EDM Module – What Can It Do for You?

Session: 105

Scheduled: Friday June 4 at 11:00 am

Presenter: Janey Richardson

Organization: Norman Regional Health System, Norman, Oklahoma

Abstract: Demonstrate the EDM module and discuss important key points realized during the build and implementation

Janey Richardson is a Registered Nurse with 20+ years experience in the Emergency Department. She has been in the IT field for the past 10 years as a clinical analyst and she is the HIT representative for the EDM module build/design/implementation.

EDM Vital Signs Interface – It Can Be Done!

Session: 106

Scheduled: Friday June 4 at 1:30 pm

Presenter: Janey Richardson

Organization: Norman Regional Health System, Norman, Oklahoma

Abstract: Demonstrate and discuss the trials and tribulations of developing and implementing a Vital Sign interface for the EDM module.

Janey Richardson is a Registered Nurse with 20+ years experience in the Emergency Department. She has been in the IT field for the past 10 years as a clinical analyst and she is the HIT representative for the EDM module build/design/implementation. Janey was responsible for the development, testing and implementation of the interface.

Using LAB Module to Document an Anticoagulation Clinic

Session: 107

Scheduled: Thursday June 3 at 1:30 pm

Presenter: Jim Sehloff

Organization: Holy Family Memorial, Manitowoc, Wisconsin

Abstract: This presentation is not just for lab staff like me. It is intended for providers, nurses, pharmacists, or anyone who monitors anticoagulation therapy. JCAHO and others are focusing on monitoring anticoagulation therapy. We developed a totally electronic system for documenting INR results and the actions taken by anticoagulation nursing staff using the laboratory module. We needed to set up all the tools needed to completely document what patients tell nurses. We now have a consistent method of documentation for all our clinics. This includes both venous draws and point of care testing. There are several things that we still need to improve. Learn what went well and what did not.

Jim Sehloff has a BS in Biology from the University of Wisconsin Green Bay and an MS in computer medicine from Texas Tech University. He received his medical technologist training at Brooke Army Medical Center. Jim has served in various MUSE and HIPAA COW leadership roles. He has worked at Holy Family Memorial for over 20 years.

Behavioral Health Documentation from Paper to Electronic – It Can Be Done!

Session: 108

Scheduled: Thursday June 3 at 2:30 pm

Presenter: Carol Bucknavage

Organization: Eastern Connecticut Health Network (ECHN), Manchester, Connecticut

Abstract: This session is for users that face the unique challenges of converting multidisciplinary psychiatric paper documentation to electronic. It includes Nursing, Social Worker and Occupational therapist documentation sharing common electronic treatment plans with nurses and other medical ancillary staff. Each discipline planned the use of goals and interventions to meet their individual needs. It will also include using CPOE in Behavioral Health.

Carol Bucknavage is a RN and has a bachelor degree in Business. She has 25 years of clinical

experience including OR, PACU, & OR management. She has been an IT clinical analyst for eight years and is now the manager of clinical applications. She has implemented advanced clinicals in a two-facility health care system including CPOE, Nursing and eMAR.

Physician Track

Where Did All the Dictionaries Go? Our Journey from EDM Magic to 6.0

Session: 109

Scheduled: Thursday June 3 at 2:30 pm

Presenters: Dr. John Lee and Troy Judd

Organization: Edward Hospital and Health Services, Naperville, Illinois

Abstract: Edward Hospital is in the midst of a conversion from Magic to 6.0. Currently we are LIVE using MAGIC EDM 5.62. We have successfully implemented EDM with CPOE (>90% physician ordering compliance), PDOC templates, RXM prescriptions, Desktop EMAR/BMV, V2 allergies, and many other EDM features in Magic. As we have proceeded with the conversion, we have encountered the many advantages ...and some disadvantages of the new system. Our project approach will combine both phase I and II 6.0 EDM into one go-live! The overall project goal: move as seamlessly as possible to 6.05 PP7 EDM while maintaining the features, enhancements, and user satisfaction experienced in the Magic platform. We will review our implementation progress and impressions of the system by presenting screen shots, dictionary changes and new dictionary building terminology in the 6.0 platform.

After graduating from Loyola University Medical School and residency at Cook County, John Lee, MD, FAAEM has been a practicing ED physician for 14 years, 13 of them at Edward Hospital. He has always had a strong interest in information systems and, in particular, has worked closely with Edward Hospital's IT department over the past four years on the design and implementation of the EDM module.

Troy Judd, BSN, RN has worked at Edward Hospital for eight years. His clinical background is in the emergency department, where he worked as both a staff and charge nurse. He served as a nurse team member for the initial MEDITECH EDM implementation and is currently working in the information technology department as a Sr. Application Analyst, supporting Magic EDM, RXM, and POM/OM using EDM. Troy is the team lead/project manager for the EDM module conversion from Magic to 6.0.

Monitoring for Drug Diversion Using the Tools You Have

Session: 110

Scheduled: Friday June 4 at 2:30 pm

Presenter: Davie Burgstahler

Organization: Erie County Medical Center, Buffalo, New York

Abstract: This presentation will demonstrate different methods to monitor for drug diversion by utilizing standard and custom reports from MEDITECH within PHA, PCS/BMV, as well as your unit-based cabinet vendor reports. Detailed procedures will be discussed on performing daily monitoring using override and transaction reports in conjunction with BMV module data. Various screen prints of the unit based cabinet reports, as well as the Nursing eMAR will be shown and explained. Also to be discussed, will be where the responsibility for monitoring lies and how frequent monitoring should take place. Procedures on how to follow up on suspicious or inappropriate transactions will be demonstrated and explained. In addition, we review procedures for how to monitor inbound messages using MIS module inbox to identify suspicious transactions and follow up on them.

David M. Burgstahler CPht is currently the Lead Pharmacy Technician at the Erie County Medical Center in Buffalo, New York. He has been at ECMC for over 30 years. David is also a Pharmacy Consultant specializing in Unit Based Cabinets.

PCS: Six Years Later – Advancing Practice and Technology

Session: 111

Scheduled: Friday June 4 at 1:30 pm

Presenter: Laura Jean Sarty

Organization: Health Information Technology Services - Nova Scotia, Halifax, Nova Scotia

Abstract: Six years ago as part of a provincial initiative, Nova Scotia implemented MEDITECH's Patient Care System (PCS). This was intended to be a provincial implementation involving 34 sites. Implementations were stopped after 12 sites went Live.

Initially, standards teams were developed to provide guidance in the design of clinical documentation across 34 sites. The large scale Provincial implementation necessitated support and adoption of processes that would support all sites. This proved challenging. During implementation, to encourage and expedite PCS adoption by nursing staff, an interface between PCS and the physiologic monitors was implemented.

Six years have passed, the system has undergone upgrades and practice guidelines have changed. The existing clinical and technical set up will not support future roll out of PCS across three data bases. These changes have necessitated upgrading the design. This will include a review our current technical architecture as it relates to physiological monitor interface set up, the clinical impact of interfacing to clinical physiological monitors and our approach to evaluating and redesigning a system that will support current practice and a standard provincial PCS build. Also we will address other enhancements that will improve the adoption and quality of documentation.

This presentation will review our initial approach and six years later our efforts to enhance our present electronic documentation practice.

Laura Jean Sarty is a registered nurse with over 20 years experience in healthcare. For the past six years, she has worked as a Clinical Application Specialist and Senior Business Analyst with Health Information Technology Services - Nova Scotia. She has implemented and supported MEDITECH PCS, OE and EMR in a 34-site provincial CMS Client Server environment. She is currently the Senior Clinical Analyst overseeing PCS and OE/EMR.

Physician Summit

Implementation of the Physician Desktop in 5.64 with Pocket PC / iPhone Access to Patient Data

Session: 112

Scheduled: Friday June 4 at 9:30 am

Presenters: Janice Kerwin, RN, Mary Sellman, RN, and Rebecca DiSalvo, MD

Organization: Hospital Sisters Health System (HSBS), Springfield, Illinois

Abstract: To enable physicians to have mobile access to manage their patient lists and access clinical data, this multi-hospital system chose to implement the Pocket PC (PPC) functionality with the rollout of the Physician Desktop. This presentation will guide the participants through the process of developing system wide standards for these physician applications. It will also provide insight into technical set up considerations and security challenges. Utilization statistics and physician feedback for utilization of this application on various handheld devices will also be discussed. Please note that while HSBS is client server, this functionality also exists in MAGIC 5.6.4.

Janice Kerwin, RN, is a graduate of St John's Hospital School of Nursing-Diploma with a degree from Springfield College in Illinois (now Benedictine University). Janice has been an RN for 34

years and is currently serving as co-project lead for PCM and PPC implementation, development and support for four live MEDITECH hospitals in the Hospital Sisters Health System (HSHS) 13 facility system. Janice's other experience includes work in Cardiopulmonary Unit and Level III Maternity Center in the acute setting, physician office experience, telephone triage (11 years) – computer based triage program as analyst, system implementation and development, EHR implementation/training/education/development in ambulatory clinic setting, and functional analyst with MEDITECH implementation and support working with PCS, RXM, BMV/eMAR at HSHS.

Mary Sellman, RN, received her BSN from Rush College of Nursing, Chicago Illinois. In addition to several years of hospital clinical experience in general medical surgical, cardiology, and neurology units, Mary has over 15 years of Clinical Informatics experience including both acute care hospital and physician office experience. Recent MEDITECH implementation experience includes implementation and standardization of PCS, EDM, RXM, and POM at Hospital Sisters Health System (HSHS). Mary currently serves as co-lead in the rollout of PCM and PPC to the hospitals currently live with MEDITECH at HSHS.

Rebecca R. DiSalvo, MD, is a Board Certified Internist with more than 14 years of inpatient experience. She served as CMIO for multi-hospital IDN in the Midwest for four years (OhioHealth) where the focus was on physician adoption, clinical systems strategic planning and implementation of CPOE. Dr. DiSalvo joined Dearborn Advisors in 2008 and through that relationship has been serving as the interim CMIO at Hospital Sisters Health System where they are actively implementing MEDITECH Clinical Systems over their 13 hospital system.

Report Writing Mania – How to Handle It All

Session: 113

Scheduled: Friday June 4 at 11:00 am

Presenter: Beth Summers

Organization: Norman Regional Health System, Norman, Oklahoma

Abstract: Having trouble with reporting out of MEDITECH? Find out how Norman Regional Health System handles their report writing woes and how they manage a plethora of report requests by producing reports through a variety of ways to support the needs of all departments.

Beth Summers has worked for Norman Regional Health Systems in Norman, Oklahoma for 25 years. She has 12 years working in IT with various report writing and application systems. For the past two years, she has worked with MEDITECH. She worked on the implementation teams and helps support several MEDITECH applications including ABS, BAR, ADM, RW, and SCA.

IEE Contestant

ORM Condensing a Timeline and Lessons Learned

Session: 114

Scheduled: Wednesday June 2 at 1:30 pm

Presenter: Max Mortensen

Organization: Sinai Health System, Chicago, Illinois

Abstract: Sinai Health System condensed an ORM time from 24 months to 7 months and then to 3 weeks. The presentation will discuss managing timeline conflicts, critical success factors, filtering the noise and staying the course. Sinai will describe what worked well, what didn't work well, display screen shots of the Intraoperative record, and demonstrate their MM, to B/AR to ORM Supply Chain Management Dictionary synchronization script as part of discussing the redesign of inventories to adapt to ORM.

Max Mortensen began his healthcare career with the National Hospice Organization in DC, before obtaining his MBA from Case Western Reserve's Weatherhead School of Management in Management Information Decision Systems in Cleveland, Ohio. With over 22 years of MEDITECH hands-on experience, Max has personally implemented 27 systems while at Sinai Health System. Currently the Director of the IS Financial Team, Max specializes in Agile Project Management and Critical Success Factors Methodologies. Max has also held various Regional and International MUSE Board roles in the past.

115 – Transforming the Revenue Cycle: A Path to Excellence

Session: 115

Scheduled: Thursday June 3 at 9:30 am

Presenter: Michael G. Wilson

Organization: DCH Health System, Tuscaloosa, Alabama

Abstract: DCH Health Systems, the largest healthcare provider in West Alabama with approximately \$1.5 billion in annual gross revenue, has transformed their revenue cycle operations by improving its technological prowess.

Maintaining the status quo wasn't the goal for DCH – having improved AR days from 82 in 1999, to 60 in January 2008, DCH was motivated to continue to become best practice, but felt limited by a reliance on manual processes, lack of staff accountability, and inefficiencies in the revenue cycle.

In addition, as many providers have faced the financial crisis, cash out of operations was more critical than ever to continue their mission of providing high-quality, compassionate community-based health services to the communities they serve.

DCH will share their path to excellence which:

- Reduced cost of collections from over 2.5 percent to 1.98 percent
- Reduced AR over 90 from 20 percent to 10 percent
- Shaved off 12 A/R days for a \$54 million reduction in receivables.
- Shifted staff from reactive follow up processes to pro-active front end functions
- Decreased denial volume by 60%

DCH achieved these results by:

- Maximizing effectiveness and control over their A/R
- Organizing disparate claim activity into easy to follow workflow
- Accountability of staff and achieving “quality touches” by A/R staff that equates to cash
- Improving processes and increasing staff knowledge
- Improved interdepartmental communication and collaboration
- Transparency and improved efficiencies within the revenue cycle functions
- AR Stratification beyond ATB's
- Higher standard of payer accountability using better reporting tools
- Creation of a denial “strategy” with a move from “management” to prevention
- “Dashboard” view of the entire revenue cycle to fine tune operational strategies and react to revenue issues rapidly

Michael G. Wilson is a graduate of Boise State University and began his medical career in 1985 working for Humana Inc in the Corporate Accounting Division. From 1987 through 1999 he held Director of Business Office positions with both Winter Park Memorial Hospital and Lucerne Medical Center in Orlando, Florida. In October of 1999 he accepted the position of Director of Business Services for DCH Health System.

DCH is a three-hospital health care system that has 875 licensed beds along with an additional 122 nursing home beds. His current position has administrative control over registration, billing,

collection, posting, revenue recovery, denial management and revenue cycle management. His annual budgetary control exceeds 7 million dollars and 103 FTE's.

The Functions of a Project Management Office

Session: 116

Scheduled: Wednesday June 2 at 1:30 pm

Presenter: R. Sheldon Tyndall

Organization: Haywood Regional Medical Center, Clyde, North Carolina

Abstract: Project Management Offices (PMO's) became popular in the mid to late 1990's and still have a precarious existence with frequent restructuring. Most people have heard of a PMO, but few understand the true value and functionality of this department, and are still unsure whether a PMO is legitimate or best practice. A PMO is rather a complex organizational entity; an adequate description requires that several different characteristics be examined including:

- Value
- Organizational Context
- Form and Structure
- Roles & Functions

By having a better understanding as to what, if any, consensus there is in the business community, it will allow you to determine whether a PMO has a role to play in your institution.

Join us for a review of the Project Management Institute's (PMI) white paper on the PMO.

Review of five PMO functional groups:

1. Monitoring & Controlling Project Performance
2. Development of Project Management Competencies & Methodologies
3. Multi-Project Management
4. Strategic Management
5. Organizational Learning

Review of three specialized functions:

1. Execute Specialized tasks for project managers
2. Manage Customer Interfaces
3. Recruit, select, evaluate and determine salaries for project managers

R. Sheldon Tyndall is President of Hunter Stokes & Associates and served as Interim CIO of Haywood Regional Medical for the past 18 months. He has extensive experience in managing Information Technology departments in a variety of hospital environments including a multi-hospital IDN, community hospitals and a regional children's hospital system. In addition to IT management leadership, Sheldon has served in a consulting role to hospital based IT departments and a senior enterprise project management capacity for a nationally known hospital management company during the Y2K era. Additional experience includes healthcare IT consulting, several years with a major HIS vendor and has taught at the college level and corporate training.

Sheldon has an undergraduate degree in Bachelor of Business Administration from Columbus State University and a Masters in Telecommunications and Information Systems Management from Christian Brothers University.

Provider Report Delivery – Challenges and Changes

Session: 117

Scheduled: Friday June 4 at 1:30 pm

Presenter: Jason Potter

Organization: Norman Regional Health System, Norman, Oklahoma

Abstract: Join us for a discussion of the challenges facing hospitals today in delivering patient reports/results to their healthcare providers. We will outline the "old standards" such as faxing, modem printers and related issues, and then compare and contrast newer options for enterprise-wide printing/faxing solutions, secure e-mails, remote connectivity options, and basic EMR-interface populations.

Jason Potter is a Clinical Applications Analyst at Norman Regional Health Systems, and acts as the primary support for Lab, Pathology, Forward Advantage, and is responsible for all clinical scripting and multiple ancillary systems. He offers primary server and application support for all printing and faxing systems. Jason was the installer of physician portal software and he is familiar with the current result interface from MEDITECH. He is also familiar with most available technologies related to report/result deliveries to physician offices.

Change Management Made Easy & Auditable

Session: 118

Scheduled: Thursday June 3 at 2:30 pm

Presenter: Jim Johnston

Organization: St. Joseph Regional Medical Center, Lewiston, Idaho

Abstract: Auditors recently rated our Access Control system "Best in Class", and our auditable change-management system is being duplicated within our organization. How did we achieve these milestones? Quite simply! More than ten years ago we licensed a MAGIC-based task-tracking system to help make sense of and bring order to the critical, ongoing challenge of managing changes and requests. Over the years attempts were made to replace this system with fancier, more graphically-driven applications that looked nice but fell short of establishing a comprehensive yet simple process. In 2007, when pressed to meet both IT General Controls and internal audit requirements, we realized the answer to our problem could be found in our original MAGIC-based tracking system.

In our presentation, we will share how, with some creativity, a little bit of time, and minimal prior report writer experience, we transformed our simple MAGIC-based task-tracking system into an exemplary auditable change management and user access provisioning system. Sometimes simple is better, even for solving large complex problems.

Jim Johnston, Solutions Development Analyst - Integrations has worked for 13 years in Information Systems at St. Joseph Regional Medical Center, Lewiston, ID.

What In The World Are We Doing?

Session: 119

Scheduled: Thursday June 3 at 11:00 am

Presenter: Jean Olsen

Organization: Centura Health, Denver, Colorado

Abstract: As we work toward a goal of Electronic Health Records, the journey is exciting, it is challenging, and it is rewarding. Why do we do it? Why do we care? Why do we have such passion? These will be explored by someone with nearly 18 years of experience in taking healthcare to a new level of patient centered care/communication.

Jean Olsen, RN BSN has been working within the Electronic Health Care arena for nearly 18 years. She is a Registered Nurse with over 43 years of experience – 25 years spent clinically within hospital settings, three years spent within the revenue area of healthcare, and the rest of the time has been devoted to spreading the Electronic Health Care Record as a means of promoting safer care and environments, and communications for patients throughout the United States.

IEE Contestant

Boldly Go Where No Canadian Hospital Has Gone

Session: 121

Scheduled: Wednesday June 2 at 3:30 pm

Presenter: Margaret O'Dell

Organization: Ontario Shores Centre for Mental Health Sciences, Whitby, Ontario

Abstract: We are heralded as being the first Canadian healthcare facility to successfully implement 6.0. In reality, for a facility in its infancy we took a bold step in technological advancement with incredible passion during what was a very strenuous but gratifying experience, and met with a successful GO-LIVE, on time, with little incident. Post Live we've experienced usual growing pains, but in a short time have gained significant efficiency over our previous information systems and processes.

This session will introduce Ontario Shores Centre for Mental Health Sciences, a 329-bed public hospital in Whitby, Ontario providing a spectrum of specialized assessment and treatment services to those living with complex and serious mental illness, during our first attendance at MUSE.

From Divestment to Pre-implementation

An account of our old IS. The first three years in the age of dinosaurs with two systems and few resources. Thankful to innovative energetic staff and Excel, we made it work with downloads, pivots, vlookups, macros and lots of reconciliations.

Standards

The early challenges we faced attempting to standardize the 6.0 platform for future implementation across several facilities in our Local Health Integration Network with the objective of facilitating a centralized electronic health record using one HCIS system and one database.

On Your Mark, Get Set, Implement!

A chronological account of the past two years, highlighting the plan, challenges and lessons learned during our implementation of MEDITECH 6.0 financial applications: including GL, BAR, Resident Trust, AP, MM, ESS/BF and HR/PAY/STS.

Lessons Learned

Key observations of our internal audit of the implementation and conversion process, the

challenges we faced with resources, experience, knowledge, timing, communication, and training throughout the project: What we did well, where we stumbled, and how at the end of Phase I of the project, we began to shine.

Plus, hear the presenter's perspective on MAGIC to CS to 6.0: same vs. different, likes vs. dislikes, efficiencies gained, functionality lost.

With over 11 years experience in healthcare finance, Margaret O'Dell, the Team Lead, is fluent in all three platforms of MEDITECH, with extensive experience in GL, an expert in GL report writer and ESS. She has worked for three hospitals as well as the provincial Ministry of Health's Finance and Information Management branch, responsible for maintaining provincial MIS reporting standards in Ontario. Currently, the Manager, Finance at Ontario Shores, hired during the post divestment period; she's been instrumental in developing operational policies and processes, infrastructure and resources, and building a finance services team that strives to provide effectiveness and service excellence to the organization.

Other team members include the IT Project Lead and Team Lead for the ERP implementation, the Manager, Payroll, Senior Business Analyst. Each will share in the delivery of a specific section of the presentation, and be able to respond to specific questions from the participants.

MEDITECH Updates – Is Your Backbone Ready?

Session: 122

Scheduled: Thursday June 3 at 2:30 pm

Presenter: David Tilley

Organization: Citizens Memorial Healthcare, Bolivar, Missouri

Abstract: As you have probably already heard, 5.6 is not your average update. At Citizens Memorial Healthcare (CMH), we approached our 5.6 update with a lot of caution and careful preparation. Prior to our 5.6 implementation, we thoroughly accessed our network and devices in order attempt to counteract the slowness complaints expressed by other sites. As a result, CMH ended up vitalizing and doing a complete server refresh. The preparations didn't stop there because we also looked closely at our client devices and made replacements and changes necessary at the local level. This presentation will review CMH's 5.6 network and client preparation plan that laid the foundation for a successful update to MEDITECH Client/Server 5.6. We will also review update survey responses from our users regarding the update, which as we all know is the true measure of whether or not an update is a success!

David Tilley, BSCS, serves as the IT Supervisor for Citizens Memorial Healthcare in Bolivar, Missouri. While working in healthcare IT over the last eight years, David has served in a variety of roles and has been involved with numerous projects and IT initiatives at CMH. David is one of the key leaders for business continuance planning, SAN management, and Network planning.

A Big Bang Approach to EMR: A Success Story from Parkview Adventist Medical Center

Session: 123

Scheduled: Thursday June 3 at 2:30 pm

Presenter: Bill McQuaid

Organization: Parkview Adventist Medical Center, Brunswick, Maine

Abstract: Less than one percent of all hospitals in the United States have reached Stage 6 Electronic Medical Record (EMR) Adoption Status and with the government mandate to push EMR implementation, hospitals are now gripped with re-evaluating their IT investments to be amongst the ranks of the most elite hospitals in the nation. As healthcare organizations rush to

EMR, it is important to consider a new set of concerns that arise in this digital territory. With confidential information being accessed and transmitted electronically, serious security considerations need to be evaluated in order to protect the safety and confidentiality of patient data, as well as maintain compliance

Parkview Adventist Medical Center, a 55-bed acute care hospital in Brunswick, Maine, had always taken a best-of-breed approach with interfaces to healthcare information systems, deploying a growing variety of niche solutions for everything from admissions to radiology. However, over the past five years, many programs were no longer sold/supported as companies had gone bankrupt, bought by competitors and folded into their programs without clear upgrade path. Making matters worse, doctors and nurses were writing confidential data on charts, opening the door for security risks, reduced clinician productivity and vulnerability to HIPAA violations. The hospital had to make a move.

When Parkview set out to shift all the hospital's data into a digital format, they were motivated by improved efficiency, cost savings, increased productivity and higher security. Parkview is small, with limited resources and budget. And similar to all the IT projects Parkview assumed, they took a Big Bang approach in the move from an archaic environment to full EMRs.

In this session, the presenter will walk through his "Big Bang" approach to EMR implementation and discuss how he led Parkview to achieve HIMSS Analytics Stage 6 EMR Adoption Status on a shoestring IT budget. He will demonstrate the benefits of utilizing technologies such as single sign-on (SSO) and strong authentication to provide secure and convenient access to Parkview's applications. Attendees will also hear real-world experiences and best practices for implementing and securing access to EMR.

Bill McQuaid is the CIO and assistant vice president at Parkview Adventist Medical Center. McQuaid was named a finalist for the 2007 Information Security Executive of the Year Award, and in 2008 he and his team received the prestigious InfoWorld 100 Award for their IT advancements at Parkview Adventist. In 2009, the hospital was awarded HIMSS Analytics Stage 6 Electronic Medical Records (EMR) adoption status, an achievement only 0.8% of hospitals in the North America have earned. McQuaid is a sought after speaker and presents regularly at industry conferences and educational forums.

Single Sign-On Enhancing Clinical Workflow

Session: 124

Scheduled: Friday June 4 at 2:30 pm

Presenter: Paul Jriyasetapong

Organization: Henry Mayo Newhall Memorial Hospital, Valencia, California

Abstract: Your hospital has learned about a new and exciting technology that will improve patient care. Your mission is to assemble an evaluation team to see if the technology is a fit for your facility. This session will outline the technology planning approach that Henry Mayo Newhall Memorial Hospital used to select their Single Sign-On vendor. This presentation will include the following:

- Evaluating Business Needs
- Vendor Interviews
- Proof-of-Concepts
- Vendor Selection
- System Implementation
- Post Go-Live Optimization

Paul Jriyasetapong is a Senior Systems Analyst for Henry Mayo Newhall Memorial Hospital. Paul has over 10 years of experience working in IT, and over three years supporting Clinical Systems including MEDITECH C/S.

Achieving "Meaningful Use" through Interoperability

Session: 125

Scheduled: Thursday June 3 at 1:30 pm

Presenter: Erica Hoglen

Organization: Randolph Hospital, Asheboro, North Carolina

Abstract: The purpose of this presentation is to discuss deployment of electronic transmission of result data to physician office electronic medical records (EMRs). Reports available for electronic transmission include laboratory results – including Microbiology, and Pathology, as well as dictated reports such as History & Physical, Consult, ED Summary and Discharge Summary. Seamless transmission and flow of results to physician EMR queues improves efficiency and assures that data is available to the physician throughout the continuum of care. As the Healthcare community progresses into new levels of technology, our historic ways of fax and courier communication are becoming obsolete. Obstacles and lessons learned will be shared.

Additionally, this presentation will briefly discuss this project in relation to attaining the ever elusive "Meaningful Use" and interoperability as defined in the HITECH Act. Physician satisfaction was also a key driving force in this project. Improvement in physician satisfaction and cost savings for physician practices will also be addressed. Basic considerations for capital funding for such a project will be addressed at a high level to include options for alternate deployment of this technology thus improving return of investment for the organization.

Erica Hoglen works at Randolph Hospital and serves as a Project Integration Analyst on the Clinical Applications Team. She has worked in the healthcare industry for over 15 years utilizing both Clinical and IT related experience. More specifically, the past eight years have been devoted to focusing on the Strategic Planning and implementation of EMR solutions throughout various healthcare settings such as Nursing, ED, Admissions/Registration, Abstracting, Laboratory, Radiology, Pathology, Cardiopulmonary, and Rehab. Education/Certifications include: Associate IT degree, CNA, LEAN, and Six Sigma.

Physician Track

Working with your Physicians for Meaningful Use Success

Session: 126

Scheduled: Thursday June 3 at 1:30 pm

Presenter: Mark Radlauer, MD

Organization: Rose Medical Center, Denver, Colorado

Abstract: Succeeding with Meaningful Use and other clinical IT initiatives requires succeeding with your physicians and other clinicians. Dr. Mark Radlauer has 10+ years direct experience working with physicians and IT organizations on clinical information system implementations, adoption, and troubleshooting. This session will review strategies for success with physicians - how to engage physicians, physician leadership, put out fires, drive adoption, and achieve long term success.

Dr Radlauer received degrees in Electrical Engineering/Computer Science and Biology from MIT, and his medical degree from Tufts. He is a practicing emergency physician, 10-year Medical Director for Information Systems, and has worked with a variety of hospital organizations, physician practices, and IT vendors on issues related to clinical IT.

The New, New World of HIEs and EMR Connectivity. A Real Interoperable Experience

Session: 127

Scheduled: Thursday June 3 at 10:00 am

Presenter: Jenny Gilberg

Organization: SISU Medical Systems, Duluth, Minnesota

Abstract: The world of healthcare integration has changed significantly, and hospitals cannot afford to sit on the sidelines. Health Information Exchange (HIE) initiatives are being launched. EMR integration projects are being pursued. New requirements are being driven by HITECH and Meaningful Use guidelines. Connected and integrated healthcare is front-and-center in many of the hospital process, infrastructure, and resource discussions occurring today.

Based on real implementation experiences, this session will highlight the key success factors for hospital IT, operational managers and professionals to consider when engaging in these new interoperability initiatives.

Join this session as we explore:

- An overview of the changes occurring in healthcare IT, including HIE initiatives.
- Real world interface experiences and what it means for the hospitals involved.
- Practical insights into sending patient results electronically to physician EMRs.
- Interface tips & tricks, overcoming challenges and how to make the most of what you have.
- The role of IT planning in meeting the new strategic objectives of connected healthcare.

HIEs, MEDITECH modules, standards, mandates and budgets ... how does a hospital survive in this new world of healthcare integration? Every day it seems as if new directives are created. As IT moves beyond networking at the hospital and into integration and defined meaningful use, what's the next step and how do we get there?

Jenny Gilberg is an interface analyst for SISU Medical Systems, a consortium of Minnesota medical centers working together to share information technology resources since 1982. She began her career in medical practice and research, transitioning to serve in several IT and technical capacities, including technical writing. Currently, Jenny develops and implements numerous healthcare interfaces for SISU member sites (21 MEDITECH hospitals) and three GE clinics. Specializing in HL7 interoperability challenges, she manages a range of interfaces from pathology and lab to radiology and admissions.

Laboratory Outreach – MEDITECH's Way

Session: 128

Scheduled: Wednesday June 2 at 10:30 am

Presenter: Karen Birkenholz

Organization: Norman Regional Health System, Norman, Oklahoma

Abstract: MEDITECH Client Server has an Outreach Desktop with several very useful features. In this session we will look at the dictionary set up for Outreach registrations as well as the Call List and Process Issues. At Norman Regional we track all of our specimen recollects with the Process Issues routine from the Outreach Desktop.

We will look at these current features as well as take a peek at MEDITECH's enhancements that are coming out for Outreach.

Karen Birkenholz, MT(ASCP) is a Lab Information Systems analyst at Norman Regional Health System. She has been a medical technologist for over 20 years with seven years MEDITECH Magic and three years Client Server experience.

Achieving Stage 7 with MEDITECH

Session: 129

Scheduled: Thursday June 3 at 11:00 am

Presenter: Denni McColm

Organization: Citizens Memorial Healthcare, Bolivar, Missouri

Abstract: Citizens Memorial Healthcare (CMH) is the first rural hospital and the first MEDITECH hospital to achieve Stage 7 on the HIMSS EMR Adoption Model. In addition to a full implementation of the requirements for Stage 6, Stage 7 requires that a hospital is 1) paperless, 2) provides continuity of care across in and outpatient settings, 3) can demonstrate interoperability and 4) uses the data from the EMR system to improve care and outcomes for patients.

During the presentation, Denni will discuss how CMH is using the MEDITECH system to achieve these requirements.

Denni McColm is Chief Information Officer for Citizens Memorial Healthcare. Denni has been at Citizens Memorial since 1988, serving as Director of Human Resources and Director of Finance before moving into the CIO role in June, 2003. Denni served on the Certification Commission for Health Information Technology as a Commissioner from 2006-2008. She also served on the Davies Awards of Excellence Organizational Selection Committee from 2006 -2008 and again in 2010. Denni is a member of the Editorial Board for Healthcare IT News, published in partnership with HIMSS. Denni holds a Master of Business Administration degree from the University of Missouri-Columbia.

IEE Contestant

GoogleHealth

Session: 130

Scheduled: Thursday June 3 at 1:30 pm

Presenter: Denni McColm

Organization: Citizens Memorial Healthcare, Bolivar, Missouri

Abstract: Citizens Memorial Hospital is the third hospital in the nation to offer a GoogleHealth connection to patients. The integration is not only "cool" (to quote almost every patient who has signed up), but also meets the interoperability criteria for both Stage 7 and for meaningful use as it is defined in the proposed rule published in January.

Patients can sign up for a personal health record account at GoogleHealth and import their lab results, medications, immunizations, diagnoses, allergies and procedures from the CMH EMR system. This information can be combined on GoogleHealth with information from pharmacies, insurers and other health care providers. Patients can even add information, such as over the counter medications and lab results from health fairs.

Upon admission to the hospital, CMH can pull in the information from the GoogleHealth user's account and use it to update the patient's information in Meditech.

Denni will discuss how CMH accomplished the integration and the response from the media and patients to the new service.

Denni McColm is Chief Information Officer for Citizens Memorial Healthcare. Denni has been at Citizens Memorial since 1988, serving as Director of Human Resources and Director of Finance before moving into the CIO role in June, 2003. Denni served on the Certification Commission for Health Information Technology as a Commissioner from 2006-2008. She also served on the

Davies Awards of Excellence Organizational Selection Committee from 2006 -2008 and again in 2010. Denni is a member of the Editorial Board for Healthcare IT News, published in partnership with HIMSS. Denni holds a Master of Business Administration degree from the University of Missouri-Columbia.

From Here to Eternity – Achieving the Seemingly Impossible Move to 6.0

Session: 131

Scheduled: Wednesday June 2 at 2:30 pm

Presenter: Edward D. Ricks

Organization: Beaufort Memorial Hospital, Beaufort, South Carolina

Abstract: Many MEDITECH clients are eager to upgrade to the enhanced 6.0 platform, but they are unsure of how to support the data migration and infrastructure needs from both a financial and operational standpoint. It is important for the dialogue to remain open between the early 6.0 adopters and the MEDITECH community. As a hospital that has implemented the full MEDITECH Magic Suite and will be live on 6.0 in a few months, there is much to share.

The presentation will outline how to implement 6.0 to address the need for meaningful technologies, and more important, how to utilize what is already available in MEDITECH and implement technologies that provide additional benefits. Additionally, the presentation will provide insight on how to leverage other IT systems, such as an EDIS, to meet the financial demands of a 6.0 migration.

This presentation will serve as a roadmap to implementing 6.0 and include tactics and strategies for:

- Setting realistic expectations to align with the organization's goals;
- Creating an understanding of how technology can create efficiencies in the care giving process, and thus changing clinical culture in regards to technology adoption;
- Financing the 6.0 upgrade, such as leveraging IT to generate additional revenue;
- Reorganizing clinical workflow and processes to better utilize the advanced clinicals;
- Promoting physician adoption of 6.0 to obtain optimal results.

Edward D. Ricks, MHA, CPHIMS, CHPS, has more than 20 years of experience in healthcare information systems and is the VP of Information Services and CIO at Beaufort Memorial Hospital in Beaufort, S.C. Prior to joining Beaufort Memorial, he served as CIO at Samaritan Medical Center in Watertown, N.Y. At Beaufort, Ricks leveraged his vast HIS experience to spearhead the hospital's migration to MEDITECH 6.0, and as a result, Beaufort Memorial will be the first hospital to run the new platform's advanced modules across the enterprise. Ricks has worked at many MEDITECH hospitals and is highly experienced with the MEDITECH environment, as well as integrations, upgrades and implementations of the HIS.

Ricks earned a Bachelor of Science degree in computer science from Central Michigan University in Mount Pleasant, Mich., and a Master of Health Administration degree from the University of North Carolina in Chapel Hill.

For the seventh year in a row, Beaufort Memorial Hospital was named one of the nation's Most Wired Hospitals according to the 2009 Most Wired Survey and Benchmarking Study.

Celebrating THE TRANSFORMERS – Moving from Paper to Computer Documentation

Session: 132

Scheduled: Friday June 4 at 1:30 pm

Presenter: Linda Schader

Organization: Samaritan Health Services, Corvallis, Oregon

Abstract: This presentation is intended to celebrate the hard work that has been done by all of you:

- Those of you who are actively "transforming" the healthcare community from one of paper to computer.
- Those of you who are working on "transforming" a clinical staff member from one who never used a computer to a proficient user of software.
- Those of you who spent time "transforming" current workflow and adapting it to a smooth-flowing process for those who never thought it could happen.
- Those of you who standardize and "transform" your paperwork, rebuilding it to optimize the ability to skip fields and input data previously documented.
- Those of you who "transform" the minds of the nay-sayers to champions.

Experiencing the "war" that develops when the decision is made to move from paper to on-line documentation can bring out the best (Autobots) and the worst (Decepticons) of people and institutions. Learn to recognize which ones you are adding to your implementation team and which ones you need to meet head on.

Once upon a time, everything was bliss on the planet of Paperton. Everyone knew where their documentation lived: in the drawers and slots at the nurse's station. They all knew how to get more paperwork: print, print, print ... sometimes calling THE DOCUMENT CENTER to print "tons" of paper for each department. One day everyone on the planet Paperton was transported to a new planet – Cybertron ... (to be continued)

Linda Schader is the Nursing Applications Coordinator at Samaritan Health Services (SHS). SHS consists of five hospital facilities ranging from 25-188 beds, sharing one data base. She has taken part in building and implementing the OE, ORM and NUR modules. She is an RN with 22 years of clinical experience.

The Power of the Portal

Session: 133

Scheduled: Wednesday June 2 at 2:30 pm

Presenter: Karrie Ingram

Organization: Citizens Memorial Healthcare, Bolivar, Missouri

Abstract: Clinic patients at Citizens Memorial Healthcare (CMH) have a great new tool that empowers them to participate in their healthcare with the click of a mouse! CMH is the beta for the Patient Portal which provides patients with an intuitive, secure, web-based method of access to portions of their medical records through our web site. The portal design accommodates access to health record information, a mechanism for secure communications between patients and their care providers, and options for making payments with online bill pay features.

This presentation will include a demo of the live portal in action, as well as highlights our journey from kick-off to the successful completion of a Patient Portal Expansion project to effectively market this great tool to our patient population. Considerations for support and training of patient portal patients will be a key component of this presentation.

Karrie Ingram brought several years of Project Management experience with her when joining

CMH in 2002 to head up the implementation of the EHR for CMH's long term care facilities. While in this role CMH became one of the first LTC's to implement bedside medication verification. She transitioned to begin supporting the CMH's 20+ clinics in 2008 and has taken the lead on new projects for the Patient Portal, e-Prescribing and Clinic Scanning.

Surviving a Clinical Portal and E-sign Implementation

Session: 134

Scheduled: Wednesday June 2 at 1:30 pm

Presenter: Rodney Light, MD

Organization: Tomball Regional Medical Center

Abstract: The Electronic Medical Record (EMR) strategy at Tomball Regional Medical Center (TRMC) began in 2005. A clinician portal was one of the strategic priorities. Tomball envisioned using standard industry technology like XML, Web Services, and HL7 enterprise portal platform giving the hospital a secure way to integrate and aggregate data from disparate systems, providing a foundation for real-time data display and easy access by each of our core stakeholders: providers, office staff, and employees.

The project began first quarter of 2007. A third party vendor was consulted in the search of a solution to make sure that what we have in the pool is the best of breed. The search returned twelve Requests for Proposal which was subsequently narrowed down to five, then two. The solution that got the highest rating was overwhelmingly favored by over fifty (50) physicians who participated in the product evaluation.

The criteria to which providers favored the most included: ease of use, customizability, accessibility, E-sign, capability to complete chart deficiencies on line, and integration giving the user the ability to view of any form of data whether electronic or paper, in one place resulting in a unified record.

While we had a robust technological solution and a reliable partner with the vendor, we realized that the success of implementation was predicated on the integration of new technology with our current processes. One of the many challenges we faced was the adoption of our providers who were truly not technologically ready to advance and change workflow processes ingrained in their practice for many years and the magnitude of the project itself. To overcome these challenges a consultation was received to facilitate a modified Lean Value Stream Mapping session. The consultants led an interactive session to apply a Change Acceleration Process (CAP) Model to the portal and E-Sign implementation. The CAP Model developed specific strategies to drive organizational acceptance to changes, created a shared vision, and enhanced key stakeholders readiness to go live. Clinician Portal and E-sign was launched at TRMC on December 1, 2009 with flying colors.

Dr. Rodney Light, Chief Medical Officer, graduated from Texas A&M University, Magna Cum Laude with a Bachelor of Sciences degree in Biological Sciences in 1981. Dr. Light earned his Doctorate in Medicine from UTMB in Galveston in 1985, completed his internship and residency in Internal Medicine at The Methodist Hospitals of Dallas and was certified as a Diplomat in Internal Medicine by the ABME in 1988. Dr. Light joined the Tomball Regional Internal Medicine Associates where he practiced for over 20 years. In 2007, he served as Lead Documentation coach at TRMC and was retained as Physician Advisor for Documentation and Case Management. Dr. Light joined the administrative team at TRMC in November 2008. Upon this appointment, Dr. Light retired from active clinical practice. Dr. Light is an active member of Texas Medical Association, The American College of Physicians, and The American College of Physician Executives.

Mercy Medical Center: Successfully Deploying CPOE in the Community Hospital Setting

Session: 135

Scheduled: Thursday June 3 at 1:30 pm

Presenter: Kristi Yamilkoski

Organization: Mercy Medical Center, Cedar Rapids, Iowa

Abstract: Ten years after the landmark report “To Err is Human”, the nation’s healthcare system finds itself at a crossroads. Despite clear evidence, the industry has failed to capitalize on the promise of better outcomes and lower costs through automation. Numerous studies have reported opportunities to reduce errors by greater than 80% through Computerized Physician Order Entry. Yet barely one-third of hospitals have purchased some form of CPOE, and even in these rare cases, fewer than 10% of physicians actually make use of the system to enter their orders. The challenges are even greater in community hospitals – not all physicians are employed by the hospital; many have independent practices in the community; they often admit patients to multiple hospitals; and they spend limited time at the hospital each day.

Regardless of the reasons for the failure of CPOE, hospitals must now reconsider this functionality as part of the Meaningful Use objectives, which requires 100% physician adoption within three short years. New and unique approaches to physician order entry will be required to increase physician adoption and help hospitals maximize their HITECH Stimulus incentives.

Mercy Medical Center, a Cedar Rapids, Iowa-based, community hospital and big MEDITECH user, with 10,500 admissions and 350 beds, was faced with these very challenges to deploying a CPOE solution. In this session, learn the roadblocks faced in establishing a successful CPOE system within the community hospital setting and the process of selecting and implementing a CPOE solution.

This session will address:

- Best practices for deploying a CPOE solution in a MEDITECH community hospital setting
- Real-world benefits and examples of CPOE success
- The role of CPOE in achieving meaningful use and securing stimulus funds
- Leveraging CPOE to decrease medical errors
- Rolling out CPOE without interfering in how physicians practice medicine
- Using CPOE to ensure industry and hospital compliance
- How CPOE enables knowledge sharing amongst physicians
- The role of CPOE within the larger healthcare IT ecosystem

Kristi Yamilkoski is a Clinical Project Manager at Mercy Medical Center in Cedar Rapids, Iowa. Kristi began working at Mercy as a Dialysis Technician in 1992. After receiving her B.S. in Health Services Administration she spent three years working in the Outpatient Therapy setting as a Business Manager. She returned to Mercy in 2005 as a Clinical Project Manager in Information Services.

A Fist Full of Documentation – How to Engage our Provider in Patient Documentation

Session: 136

Scheduled: Wednesday June 2 at 2:30 pm

Presenters: Marcia Cheadle, Debra Jahn, and Jay Niehaus

Organization: Inland Northwest Health Services, Spokane, Washington

Abstract: How in the course of a busy daily hospital environment can we motivate health care providers to leave their perceived comfort of paper documentation and to migrate willingly to an electronic format? Incentives like saving time, improving legibility and improved billing all help, ultimately the improvement of patient care that is the goal.

Physicians of all disciplines have always used to a paper chart, and sometimes have difficulty embracing the vision of what an electronic format can do for them. While they claim that paper documentation allows speed, ease of use, and no down time, they do acknowledge things such as legible writing, portability and completeness of the chart/medical records leave something to be desired. Additionally, providers are busy, and have to make time in a busy schedule in order to learn how to use this new tool.

No change is fun, and the work during the implementation of the EPS/PWM and PCM tools must be done with the eye to enhancing the provider's experience. Ensuring that doctors, ARNPs, and PA's feel that they are part of this change, not merely a result is key to the adoption of this tool. The portability of electronically documented notes, providing an anywhere, anytime access adds to the patient safety benefits. Clinical Review with its real time results and clean structured format is both NOW and WOW! Adding the ability to concurrently place orders as you review the patients' data and document brings the provider a "one stop" solution.

At Inland Northwest Health Services (INHS), we find that a close interaction and communication with the providers yield a very good adoption rate. How do we do it? Listening, developing and getting feedback from the providers. The results at INHS speak for themselves: in the 18 months since we implemented our first facility, we now have 300 documenting providers at nine facilities in our database, sharing 50 diverse templates. Providers are generating close to 5,000 electronic documents per month using Daily Progress notes, H&Ps, Discharge Summaries, and Consult notes. A week does not go by that we are getting a call from a new provider that either saw a note in the computer, or saw another provider using the system and wanted to try it also.

Marcia D. Cheadle, RN, is the Director of Advanced Clinical Applications for Inland Northwest Health Services (INHS). Ms. Cheadle is responsible for the implementation of MEDITECH's Advanced Clinical Applications for over 23 facilities. She oversees the design of a multidisciplinary program strategy ensuring successful execution and adoption. She has directed the implementation of 21 MEDITECH Nursing Programs, 14 Emergency Department Management programs (11 include Physician Computerized Order Entry), V2 MIS Allergy Conversion, 10 Ambulatory Order Management/Medication Reconciliation programs and 13 Bedside Medication Verification programs.

Over the past 18 months, Ms. Cheadle has orchestrated facility-wide Physician Computerized Order Entry, utilizing Zynx Evidenced-Based Care Orders at two facilities while designing strategies for Physician Documentation implementing at nine facilities with over 290 physicians documenting approximately 7,000 electronic daily progress notes per month.

A champion of facility and provider involvement, her implementation designs work within the culture and characteristics of an organization to developing a plan that aligns multidisciplinary clinicians, informatics staff and executives. In addition, Ms. Cheadle facilitates planning activities for large project initiatives within healthcare organizations interested in preparing for "Meaningful Use."

Ms. Cheadle maintains her commitment to the nursing profession by continuing an active bedside care practice at a local Emergency Department.

Debra Jahn is a Senior Analyst on the Advanced Clinical Application Team for Inland Northwest Health Services (INHS). Ms Jahn has 20 years experience working in close partnership with MEDITECH and IRM Project Management Teams, producing successful implementations of multiple MEDITECH Applications. Included in these accomplishments are: the PCM Suite: CPOE, Clinical Review, Provider Documentation (PDOC), and EDM/POM. Ms Jahn is an integral component of the INHS relationship with many of our networked facilities' physicians, nurses and ancillary staff. Ensuring a standard methodology is followed with the construction of customer defined screens and templates – including the Discharge Summary note. Coordination with nursing staff for the implementation of electronic medication verification is also part of Debra's experience. Ms Jahn coordinates communication to foster a close relationship with physicians, HIM Staff and MEDITECH, ensuring optimum participation and compliance.

Jay Niehaus is an analyst on the Advanced Clinical Applications Team for Inland Northwest Health Services (INHS). Mr. Niehaus is one of the team members responsible for implementation of MEDITECH's Clinical Review and Provider Documentation (PDOC) Applications in conjunction with Project Managers for 9 facilities. Over the past 18 months, Mr. Niehaus has been on the front line with the facility-wide Physician Documentation project: researching, designing, implementing templates and training at these facilities working with over 260 physicians. These physicians are currently documenting approximately 7,000 electronic daily progress notes per month. Mr. Niehaus maintains a close relationship with the physicians, HIM staff and MEDITECH to ensuring maximum participation and compliance.

Optimizing Your Scanning and Document Management Investment for Today's Healthcare Challenges

Session: 137

Scheduled: Friday June 4 at 1:30 pm

Presenter: Sherry Montileone

Organization: Citizens Memorial Healthcare, Bolivar, Missouri

Abstract: Every healthcare organization who strives towards a fully paperless EMR will face challenges along the way. New regulations, business process changes, evolving trends in patient care and advancements in technology all contribute towards the need to keep your Enterprise Content Management (ECM) solution updated and relevant to the needs of your organization. Seven years after successfully implementing and utilizing their ECM solution, Citizens Memorial Healthcare realized the need to optimize their investment at an organizational level. This presentation will offer an overview of their document management optimization strategy. Areas of interest will include admissions, patient financial services (clinic, hospital, and long-term care), medical records, and accounts payable.

Sherry Montileone has 29 years of IT experience. She has worked with Citizens Memorial Hospital since 2000 assisting with the award winning implementation of the MEDITECH system in multiple acute, LTC and clinic settings.

Clinical Safety Reporting System

Session: 138

Scheduled: Wednesday June 2 at 1:30 pm

Presenters: Jacqueline Dunne and Janet Laidley

Organization: Eastern Health, St. John's, Newfoundland

Abstract: In Nov 2007, Eastern Health and Canada Health Infoway entered into an agreement to deliver a patient safety solution currently known as CSRS – Clinical Safety Reporting System. The goal and commitment of this project is to develop, implement and evaluate an electronic occurrence reporting system across the Eastern Health continuum of patient/client/resident care.

In this session you will learn:

- Project Background
- Patient Safety Issues/Challenges
- Software Tool Selection
- Success to Date
- Lessons Learned
- Future Plans

Jacqueline Dunne is an IT Project Manager for the Information Technology Department of Eastern Health. She has over 16 years experience in the IT industry and been managing projects of varies sizes for the last seven years. Jacqueline played a key role configuration and implementation of the CSRS Project.

Janet Laidely is a Quality Safety Leader for the Quality and Risk Management Department of Eastern Health. Janet played a key role in content development and education delivery for the CSRS project.

Bridging the Gap between MEDITECH Scan Archive and Client Server with Enterprise Forms Management

Session: 139

Scheduled: Thursday June 3 at 3:30 pm

Presenter: Monica Campbell

Organization: Hopkins County Memorial Hospital, Sulphur Springs, Texas

Abstract: MEDITECH facilities often struggle to interface data between the Scanning and Archiving module and Client Server. In this informative presentation, you'll learn how Hopkins County Memorial Hospital is using enterprise forms management to overcome this difficulty. Attendees will discover how this solution is enabling Hopkins County to interface COLD feeds, barcoded forms and clinical device output into Scanning and Archiving without manual indexing. Also covered will be how the enterprise forms management system speeds clinical and admissions processes, and facilitates patient registration and clinical forms retrieval during MEDITECH downtime.

Monica Campbell, RHIT, is the HIM Director, HIPAA Privacy and Security Officer, and the RAC Coordinator for Memorial Hospital in Sulphur Springs, Texas. Memorial Hospital uses MEDITECH Client Server and recently implemented Scanning and Archiving to achieve the electronic legal health record. She has a decade of experience working in Health Information Management. Before coming to Memorial Hospital, Monica served as the HIM Director for hospitals in and out of Texas. She is currently on the implementation team integrating their enterprise forms management system with Scan Archive.

IEE Winner from the 2009 MUSE EU Conference

MEDITECH on the Move – The Community Workers Story

Session: 140

Scheduled: Thursday June 3 at 1:30 pm

Presenter: Catherine O’Keeffe

Organization: Liverpool Women’s Hospital, Liverpool, UK

Abstract: Learn about an innovative solution leveraging the use of MEDITECH: providing HIS access to staff providing care out in the community, either as a remote worker or in a community clinic setting. Using the latest 3G technology, built into a laptop, connectivity to MEDITECH ensures all medical information regarding patients are at the touch of a button.

Using predetermined screens already in use within the MEDITECH platform, these have been re-defined. Originally set up to capture activity data of community clinicians, the solution has been found to provide many more benefits, increasing patient care and staff experience, allowing immediate connection between the hospital IS and the community, and has the capacity to be further developed to the benefit of all.

We feel our multi-disciplinary teams have found a method that encompasses mobile working in the community as a way forward in patient care. Using the leading edge technologies of 3G, remote access and up to the minute laptops, we have provided features within MEDITECH that can be used in order to capture data for activity purposes, and also provide the mobile clinicians with all they need at their fingertips to perform their role.

We have brought together the expertise of different IT suppliers, and trialled a number of combinations of products presenting MEDITECH, in order to create a solution that has provided great benefits to the mobile clinicians and the patients under their care.

The project’s objectives have been very quickly realized, immediate benefits experienced, and additional benefits became apparent in using this approach, and full roll out of the product has had a positive impact on service delivery. Further developments in streamlining this solution, will further enhance its importance in delivering community care.

We feel that this great IT concept could be used by not only remote working clinicians, but in any community clinic provided by organizations that use MEDITECH as their core patient information system.

The solution can be not only used in any health care delivery model, both in the UK and the US/Canada, as a platform for bringing all hospital applications out to the clinician.

Catherine O’Keeffe started her NHS career in 1989 as a Student Radiographer (X-ray Technician) in Oxford, UK. Once a qualified practitioner, she worked in hospitals in London & Liverpool, taking a career break in 1999 to work for Merseyside Police. Returning to the NHS in 2003 as a Senior Radiographer at Liverpool Women’s Hospital, she became an Advanced Practitioner in Radiography in 2006, specializing in Neonatal Imaging, Infertility Procedures and Bone Densitometry, becoming Trust PACS Manager in 2007.

In 2008, she undertook the dual role of Business IT Specialist/PACS Manager, & was involved in Project Management of the IM&T Department Operational Plan. Since March 2010, Catherine has been seconded to the post of IT Services Manager, responsible for IT Service Delivery and Infrastructure. Catherine lives in Liverpool UK, and has one son.

Integration of Vital Signs from PCS to the EMR Electronically

Session: 141

Scheduled: Thursday June 3 at 1:30 pm

Presenter: Kathy High

Organization: Citizens Memorial Healthcare, Bolivar, Missouri

Abstract: Entering vital sign data into your EMR can be time consuming, and is extremely prone to transcription error because of the manual process that can be involved. In order to overcome this obstacle, Citizens Memorial Healthcare has worked toward total integration for the vitals of our residents/patients. This presentation will show you how the users can take the resident/patient vitals through PCS interventions and have the data flow directly into the system and to the EMR. While the benefits of vital sign integration have been great, Citizens Memorial learned some valuable lessons along the way. This presentation will also cover some of the key process that will be critical to your vital sign integration success such as the importance of having enough batteries for the devices, keeping track of the life span of the batteries, and making sure that you have batteries in stock if there are problems. Citizens Memorial has found that this valuable tool has saved hours and hours of manual data entry and has led to more accurate and real time data. Come and see how you can make vital sign integration work for you!

Kathy High, LTC IS Specialist, has been employed by Citizens Memorial Healthcare (CMH) for the past 18 years in the Long Term Care area. Kathy stated with CMH as a CNA and worked to a RMT, and then the Ward Clerk, which involved scheduling for all nursing staff at the facility, keeping track of budget hours, supplies and lab results for the nursing department. In 2004, Kathy became a Superuser for her facility and in September 2009 she took on a new challenge and joined the Information Systems team as a specialist. She is now one of two LTC Specialist supporting MEDITECH for five long term care facilities and one residential care facility, with a total of 588 beds.

Integrated E-Prescribing

Session: 142

Scheduled: Wednesday June 2 at 2:30 pm

Presenter: Andrea Lott

Organization: Northeastern Vermont Regional Hospital, St. Johnsbury, Vermont

Abstract: Northeastern Vermont Regional Hospital (NVRH) needed a solution to streamline its medication reconciliation process, replace its costly medication history application, and to comply with the ARRA meaningful use e-prescribing requirements. Medication reconciliation requires compiling an accurate current medication list for the patient. A patient or caregiver may have limited knowledge and provide incomplete medication lists. Procurement and reconciliation of medication history from multiple sources is time consuming even if the paper lists can be electronically generated. NVRH nurses were spending up to one hour/patient on the process. Per the ARRA, a qualified e-prescribing system must also provide interaction checking, the ability to transmit and print prescriptions, information about lower cost alternative drugs, and formulary/eligibility from the patient's insurance.

In order to resolve these issues, NVRH selected a prescribing system that was able to be integrated into the existing workflow and allowed the information to be incorporated seamlessly into both MEDITECH/LSS. Most of the testing and troubleshooting were carried out in LIVE. E-prescribing was implemented in our managed practices, the ED, and in the inpatient areas.

All scripts are e-signed by providers as a final check on accuracy before transmission or printing. Transmitting scripts to pharmacies eliminates one more chance for a transcription error. Medication reconciliation takes less time. Nurses can select meds from the claims history list with a single click instead of typing them into the med list. E-prescribing added no overhead to the

process; in fact, the integrated formulary and eligibility functions eliminated the need for a standalone PDA application. NVRH systems are now ready to qualify for meaningful use dollars in 2011.

Patients expect us to know what their doctor prescribed no matter where they are receiving care. Patients and providers must understand system limitations, e.g. the med history may be incomplete and there is a processing delay in updating the list. Stress to providers that the purpose of the project is quality and patient safety; financial incentives are secondary and are only available because the government supports the quality and safety aspects.

Andrea Lott has served as CIO, VP of Information Services at Northeastern Vermont Regional Hospital since 1995. Andrea is an advocate of integrating IS planning with the quality and safety driven strategic plans of organizations, supporting public health initiatives as well as traditional allopathic medicine. She has over 40 years of hospital experience in IS and laboratory medicine. She has an MPH from Dartmouth Medical School, an MBA from Bentley College, a BS in Information Systems, and a BA in Biology. She is the Vermont Advocacy Representative to the NEHIMSS board, is a member of the Vermont Act 49 Advisory Body, and has served on the board of VITL, the Vermont health information exchange, since its inception. Andrea and her husband, Barry live in Waterford, Vermont where she is member of the Development Review Board.

Show Me the Money! Integrated e-Prescribing in Client/Server

Session: 143

Scheduled: Wednesday June 2 at 1:30 pm

Presenter: Kim Tilley

Organization: Citizens Memorial Healthcare, Bolivar, Missouri

Abstract: Citizens Memorial wanted to take advantage of MIPPA incentives in 2009 and 2010 and ARRA meaningful use dollars in 2011. We knew that with the MIPPA incentives each of our providers would earn over \$2,000 per year in 2009 and 2010, and we also wanted to ensure that they were not penalized in the following years. In addition, the pending ARRA incentives had the potential of bringing in up to \$65K in additional revenue per provider.

We sought a certified e-prescribing system that could fully integrate with our Medical and Practice Management Suite (MPM). Now new prescriptions and renewals are sent electronically through standards-based EDI to the patient's retail and mail-order pharmacy of choice. The system automatically checks for patient insurance eligibility, performs real-time formulary status checking, displays coverage limits and co-pays, suggests preferred drug alternatives, and presents the patient's medication claim history for easy medication reconciliation. We now can more quickly discuss and process the medication management process with patients upon the patient presenting to the clinic which has significantly helped the provider determine the critical path for patient care. The new process allows our providers and staff handling the patient to better manage the medication process. In order to optimize these benefits at the organizational and community level, next Citizens Memorial plans to extend this functionality beyond the ambulatory setting and into the acute so that upon discharge our inpatient providers will be able to create scripts that are formulary compliant with a patient's pharmacy coverage which will lead to better patient compliance and less call backs from the community pharmacy for medication modifications after the visit.

While Citizens Memorial began to reap the benefits of e-prescribing right away, we learned some valuable lessons along the way that have enabled us to better understand and maximize the benefits of the e-prescribing world. During this session, we will pass our lessons learned on to you so that you can make the most of your e-prescribing implementation and cash in on the Federal incentives!

Kim Tilley, MBA, is the HCIS Manager for Information Systems at Citizens Memorial Healthcare in Bolivar, Missouri. While working in healthcare over the last 13 years (six of which have been in IT), Kim has served in a variety of roles and has been involved with numerous projects and IT initiatives at CMH. In addition, Kim has served as a MEDITECH HIM Advisory Board member since 2004 and has participated in the MEDITECH Revenue Cycle Focus Group since 2005.

Our Journey with CWS in Radiology, Yes It Can Be Interfaced with ITS and PACS

Session: 144

Scheduled: Friday June 4 at 1:30 pm

Presenter: Donna Sauley

Organization: Margaret Mary Community Hospital, Batesville, Indiana

Abstract: This session will show our journey to take the Radiology department to CWS. Prior to implementing CWS, we had:

- Appointment books for each modality
- Manual input of ITS orders for scheduled procedure
- Certain modalities could only be scheduled by selected team members
- No PACS system
- No reliable way to block the schedule
- No medical necessity prior to scheduling

Now we schedule using CWS with these benefits:

- Orders are generated at the time of scheduling
- Any staff member can schedule
- A PACS that pulls our scheduled cases to the DICOM Modality Worklist (DMWL)
- We can block the schedule for equipment downtime
- Medical necessity is flagged at the time of scheduling requiring an input of an ICD-9 code.

Attend this presentation to learn how!

Donna Sauley RN is the PACS Administer and the Breast Health Navigator at Margaret Mary Community Hospital (MMCH) in Batesville, Indiana. She started at MMCH in 1994 in the surgery department and implemented the ORM in 2000. Donna worked in IS for a year and moved to the radiology department in 2006 to become the PACS Administer/ITS coordinator. She then implemented CWS in the radiology department with the last modality, Nuclear Medicine, going LIVE in 2010. Donna became the Breast Health Navigator when the new Women's Imaging Center was completed in 2009. She has also assisted with support for PCS, Pharmacy and POM.

Reducing A/R Through Front End Quality

Session: 145

Scheduled: Thursday June 3 at 2:30 pm

Presenter: Jho Outlaw

Organization: Providence Hospital, Columbia, South Carolina

Abstract: This learning opportunity offers evidence supporting an automated auditing process on the front end. Do you still monitor your registrar's error rate manually? Do you still depend on feedback from the business office to know whether or not your front end data is accurate? Is the data you collect or receive ambiguous, confusing, and incomplete? Is the feedback you provide your staff always way after the fact?

It is no secret that Patient Access Services is the place to make or break an optimum revenue cycle. Eliminating the errors during the registration process is the key to increasing your hospital's revenue, decreasing cost, monitoring the patient flow process, and enhancing your patient's satisfaction. Real time quality assurance was the turning point for the Sisters of Charity Providence Hospitals' revenue cycle improvement initiative. Learn how front end errors were eliminated on a permanent basis. This presentation will provide the details of how this happened and help you decide if the time is right for your hospital to automate your Patient Access Services quality assurance program.

Jho Outlaw's healthcare business leadership career began in 1992 as the Business Manager for Emergency Services. Currently, as the Executive Director for Revenue Cycle at Providence Hospital, Jho leads the patient-specific Revenue Cycle from beginning to end, overseeing Managed Care Contracting, Charge Master Management, Patient Access Services, Centralized Scheduling, Revenue Integrity Measures, Billing, and Collections/Customer Service. Jho has responsibility for the overall Revenue Cycle which includes revenue integrity oversight and management for the Augustine Health Group, LLC hospital-owned physician practices. She works closely with Case Management, HIM, and Compliance and updates best-in-class metrics goals and objectives.

Got Community? Semi-Integrated Medication History and E-Prescribing Solutions for a Connected Community Hospital

Session: 146

Scheduled: Thursday June 3 at 10:00 am

Presenter: Charlie Caruso

Organization: Henrietta D. Goodall Hospital, Sanford, Maine

Abstract: Goodall Hospital wanted to have the most comprehensive patient medication history possible at the point of care. The availability of this information is a significant step in increasing patient safety by providing clinicians a more complete understanding of the medications being used by the patient as well as avoiding costly medication adverse drug events.

Goodall decided to sponsor ambulatory e-prescribing licenses to our community providers through an e-prescribing vendor that was partnered with MEDITECH so that our facility could receive the most comprehensive medication history information available on the market.

Patients, physician/providers, and clinical staff were all served by this patient safety initiative. Our sponsorship of licenses gave the clinicians a useful tool that increased information at the point-of-care while decreasing time wasted in file pulls and renewal requests, and help in the medication review process with their patients. For patients, the benefit is seen in the identification of medications and allergies that he/she is unable to report (unconscious) and/or remember at the encounter time. The staff is served by having this information easily accessible and available for

review in the HIS without having to learn multiple systems and passwords. Benefits are seen for patient safety by providing an additional source of information to caregivers for prescription history and allergy information. It is most beneficial for Emergency Department providers who otherwise would not have access to this information from primary care providers without EHR systems and/or unresponsive emergency patients. Our new medication reconciliation system provides potentially life-saving information and assists in avoiding adverse reactions.

The Surescripts/RxHub database was returning less than 50% hit-rate for medication histories. Since the data source was beyond the control of the hospital organization, focus was directed on our own affiliated providers to write electronic prescriptions using the sponsored e-prescribing system. Since then our hospital has achieved a more complete return on medication history queries and allergy information results.

Charlie Caruso is Chief Information Officer and Vice President of Business Process Improvement for Henrietta D. Goodall Hospital, Sanford, ME. He has served in this role for the past four years. Prior to Goodall Hospital, Mr. Caruso was an independent consultant specializing in MEDITECH Implementations and Project Management. Mr. Caruso was also a former Executive Director of the MEDITECH Group with Superior Consultant Company. Mr. Caruso has 10 years of consulting experience and a total of 20 years in healthcare all with MEDITECH hospitals. Mr. Caruso holds a Bachelor of Science in Finance from the University of Maine, Orono, Maine and a Masters of Science in HealthCare Administration from Husson College, Bangor, Maine.

Converting from 1A and 1B Allergies to V2 Allergens from a Pharmacy and Nursing Perspective

Session: 147

Scheduled: Thursday June 3 at 11:00 am

Presenter: Charles Downs

Organization: Washington County Hospital, Hagerstown, Maryland

Abstract: Washington County Hospital converted to version 1B allergies in the fall of 2007 and converted to version 2 allergies on 9/28/08. Support for version 1A ceased after 1/1/09, but there are still hospitals who have not moved to 1B. Attend this session to learn in detail both conversions since those users who are live with 5.61 will have to convert to 1B, and those live with 5.62 will have to convert to V2. There are specific steps that should be followed, plus certain policies that should be in place to address these changes, because it affects the way one enters allergies.

Version 1B only affects pharmacy, but Version 2 has the potential to affect not only pharmacy, but nursing, radiology, dietary, and other ancillary departments, depending upon what route the organization takes.

Washington County Hospital is a 271-bed hospital located in Hagerstown, MD and is currently a Magic 5.62 hospital. Charlie Downs, Pharm.D., has been in charge of the pharmacy module since the hospital went live with MEDITECH in 1992 and currently is the full-time IT Pharmacist.

Ask Me about CPOE – A Physician Champion's Story About Workflow and Buy in Strategies from the Hospital to the Office and Back

Session: 148

Scheduled: Thursday June 3 at 3:30 pm

Presenter: Dr. Stephen Besson

Organization: Harrison Memorial Hospital, Cynthiana, Kentucky

Abstract: Dr. Besson has been instrumental in influencing the physicians at Harrison Memorial Hospital to accept CPOE. To successfully adopt CPOE, attention to workflow and a willingness to change is important. Some physicians have adopted new ways of rounding and some have tried to maintain old habits.

Dr. Besson will discuss Harrison's latest challenge of convincing physicians to enter all direct admission orders from their office. Harrison's story is unique in that most physicians are in private practices, and they do all their own inpatient rounding. There is no 24-hour pharmacy. This 61-bed acute rural hospital is quite proud of its accomplishments which include bringing someone like Dr. Besson on to lead the mission.

Dr. Besson is the Physician Champion who has led the adoption of CPOE for Harrison Memorial Hospital. CPOE went live in 2008. Dr. Besson earned his Medical Degree from Loyola University Chicago Stritch School of Medicine. He was the Chief Resident of Internal Medicine at the University of Kentucky Chandler Medical Center and is now the Attending Physician at the Licking Valley Internal Medicine and Pediatrics. He is affiliated with both Harrison Memorial Hospital in Cynthiana, Kentucky and Nicholas County Hospital in Carlisle, Kentucky. Dr. Besson is Board certified by the American Board of Internal Medicine and the American Board of Pediatrics.