

# Information Sophistication



## MEDITECH STANDARDIZATION Update



*Our path to an integrated, coordinated and connected system of care*

SJMC PAC 07-26-13

# The Big Picture



## MISSION

To extend the healing ministry of Jesus in the tradition of the Sisters of St. Joseph of Orange by continually improving the health and quality of life of people in the communities we serve.

## VISION

We bring people together to provide compassionate care, promote health improvement and create healthy communities.

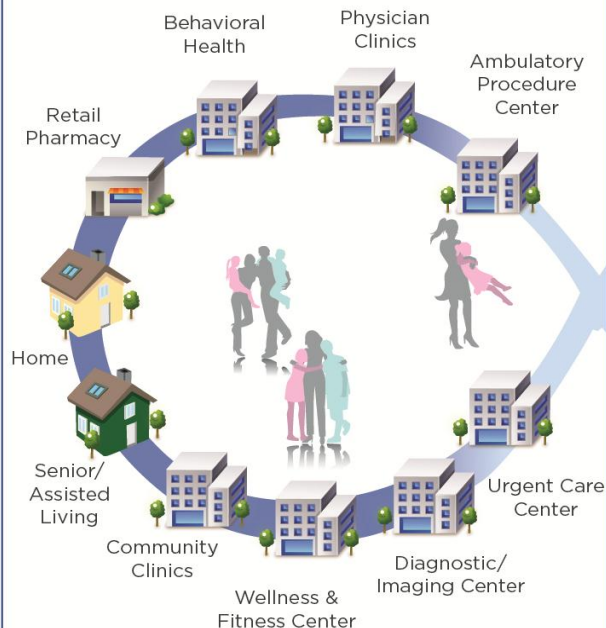
## VALUES

Dignity  
Service  
Excellence  
Justice

## MISSION OUTCOMES

Sacred Encounters  
Perfect Care  
Healthiest Communities

## Community-Based Care

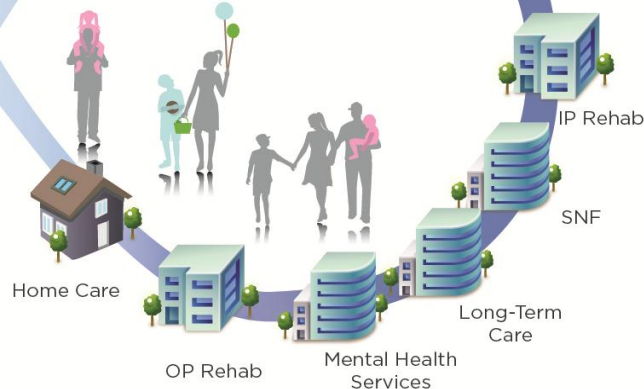


Graphic adopted from Sg2

## Acute Care



## Recovery & Rehab Care



## FY2014-2018 Dimensions of Performance



Population Health  
Management



Network  
of Care



Physician  
Partnership



Engaged  
People



Value



Information  
Sophistication



Essentiality

# How

do we achieve Information Sophistication?

**Achieving Information Sophistication requires focusing on three top priorities.**

## MEDITECH Standardization



Simplify Electronic Health  
Records

## IT Utility



Standardize Data and  
Systems for Agility

## Data Driven Initiative



Free the Data for  
Meaningful Use



# Enhancements

for physicians and staff

## MEDITECH Standardization



- New devices to improve documentation
- Increased nurse/provider mobility as all SJH will use same system/workflow
- Training

## IT Utility



- Centralized storage data enabling expedient updates
- Centralized sign-on improving security

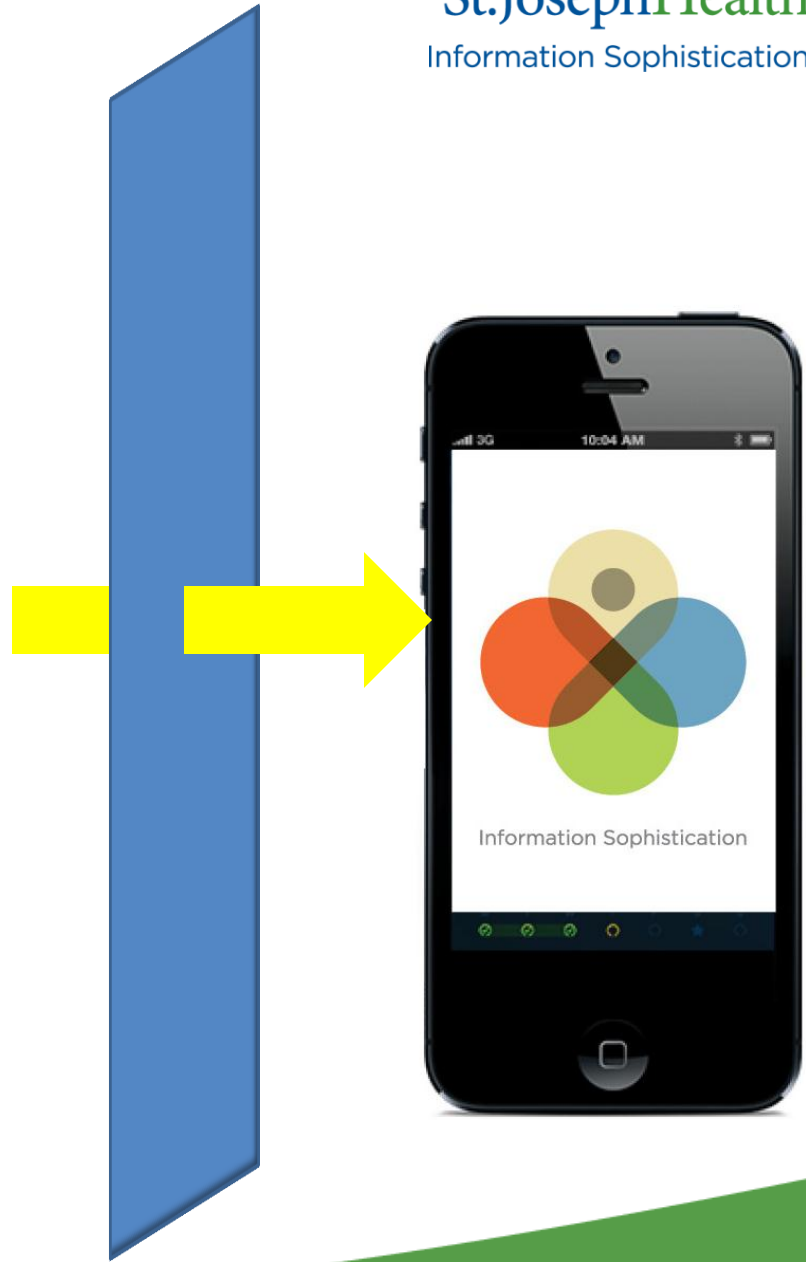
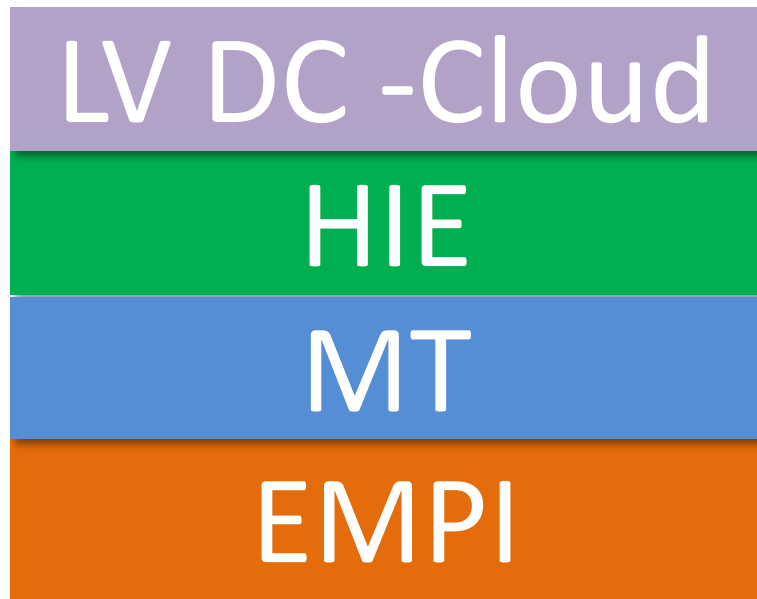
## Data Driven Initiative



- Comprehensive data for more informed care decisions
- Portals to improve communication and patient participation in care and wellness.



# The Building Blocks Behind the Scenes





# Improving the Experience

We are connecting data for improved outcomes ... and an advanced patient experience



**Rapid Data**



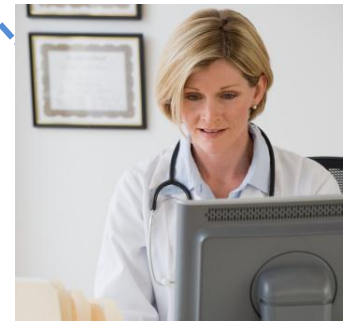
**Apps**



**Global Access**



**Patient Input**



**Portal**



"Everybody has accepted by now that change is unavoidable. But that still implies that change is like death and taxes, it should be postponed as long as possible and no change would be vastly preferable. But in a period of upheaval, such as the one we are living in, change is the norm."

*- Peter F. Drucker*





# MEDITECH Standardization

Single code-set MEDITECH Client/Server 5.66 system with regional databases designed to achieve the following:

- Deliver more consistent, safer and higher quality patient care
- Lower the costs of providing care
- Support Population Health Management and Accountable Care Organizations (ACO's)
- Respond to growth opportunities and the dynamic nature of today's healthcare market
- Accelerate system integration: enabling staff mobility, standardized training process, ambulatory systems integration
- Support regional or system business model opportunities

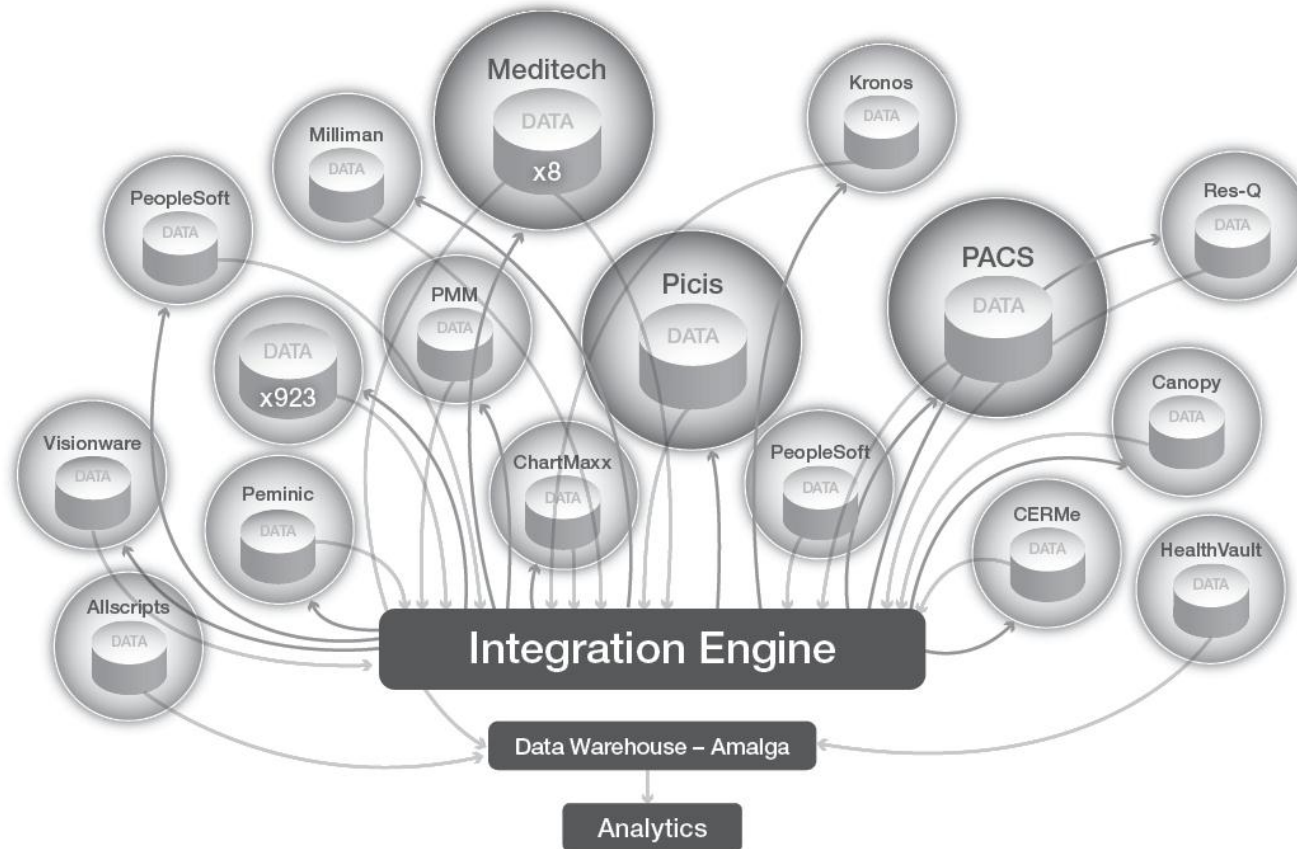


# Why Standardize?

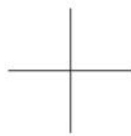
- Board, Executive Leadership and several Value Imperatives (VI's) have documented need to standardize and regionalize to better meet health system goals
- MU incentives and avoidance of penalties
- ICD 10 Compliance
- Healthcare information exchanges as tools to facilitate better quality care and reduce healthcare costs across continuum
- Reduce cost of maintaining operational support of disparate systems with no verifiable quality of care impact
- Executive leadership, representing all ministries, determined design of current systems would not carry us into our future and support regional integrated networks of care



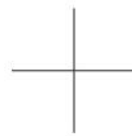
# Current State: Data Tied In Knots



616  
Unique  
Applications



1,811  
Application  
Instances



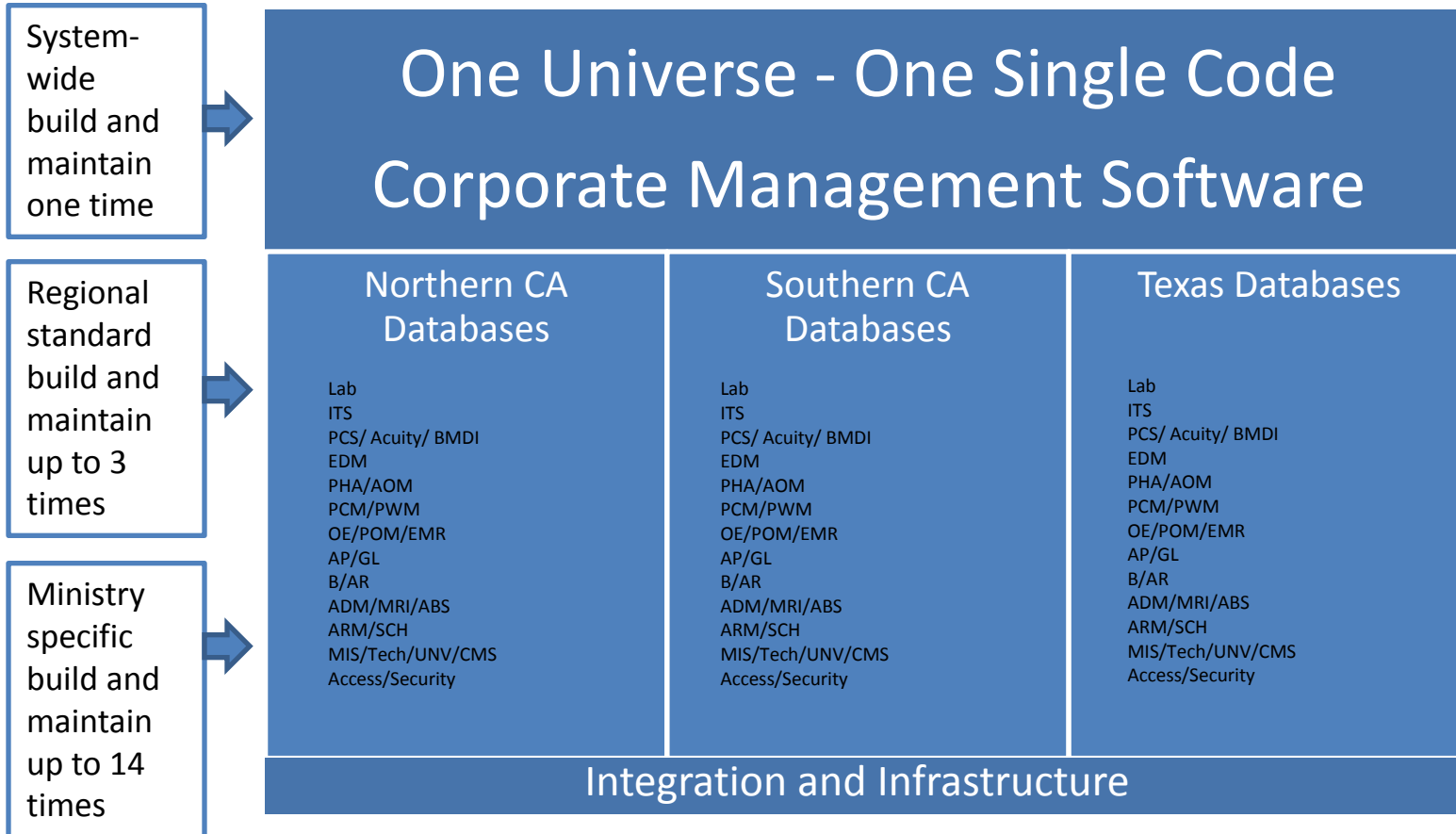
750  
eBiz  
Integrations



1,300  
Brittle  
EDI Interfaces



# Challenge Ourselves to Standardize

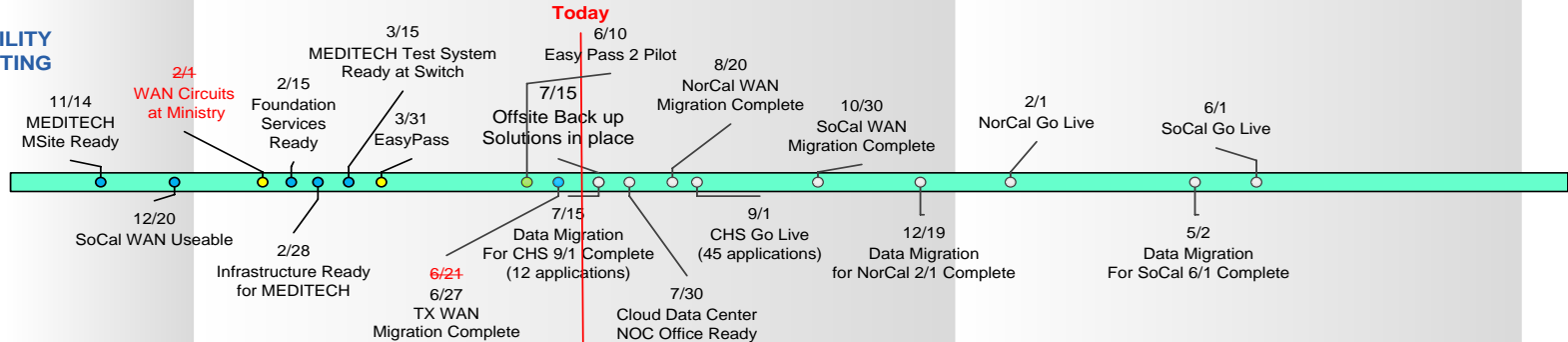


80-15-5

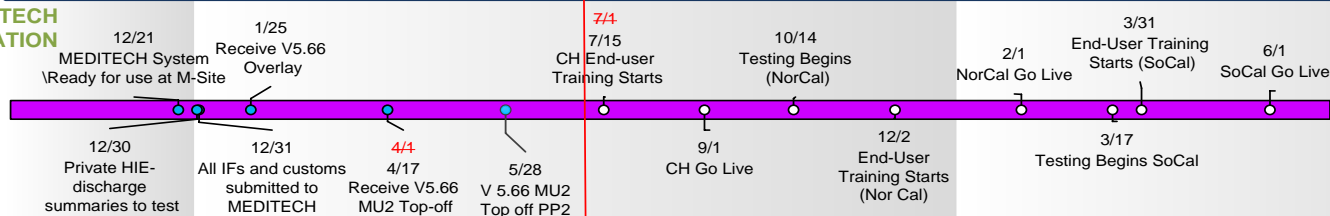


# Information Sophistication High Level Milestones (updated 07/09/13)

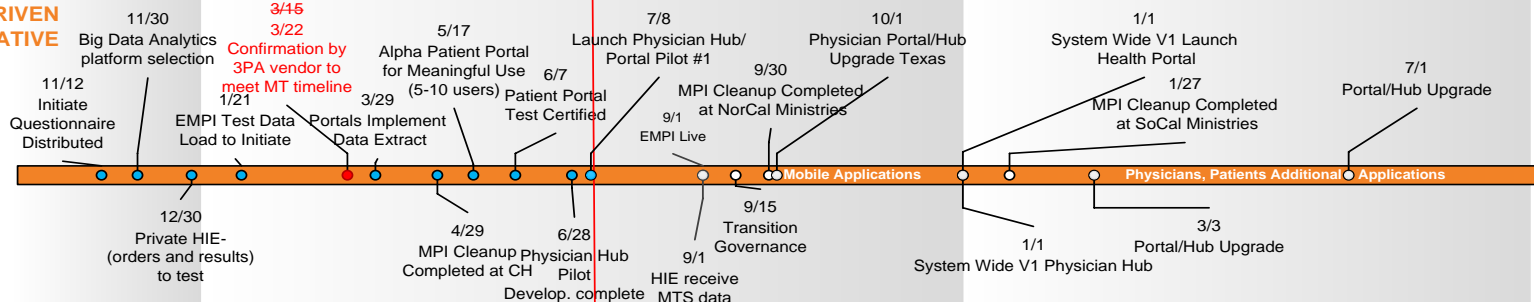
## IT UTILITY COMPUTING



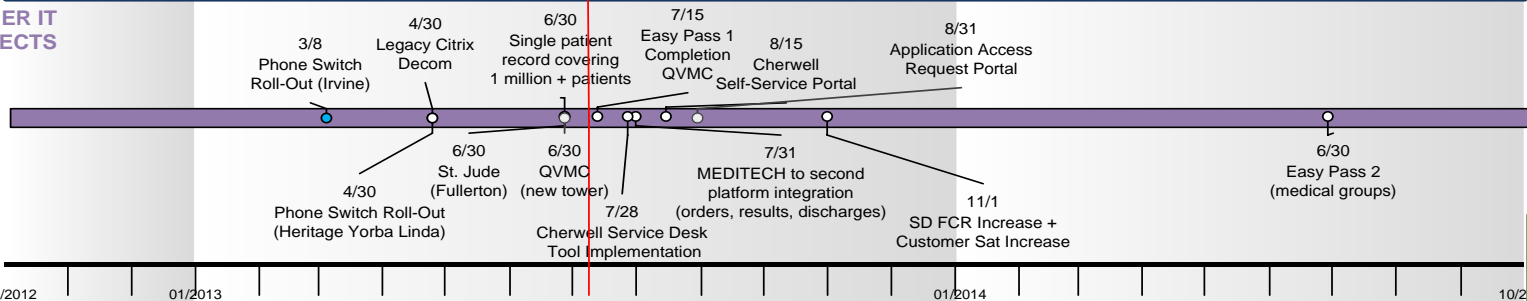
## MEDITECH STANDARDIZATION



## DATA DRIVEN INITIATIVE



## OTHER IT PROJECTS



10/2012 | 01/2013 | 04/2013 | 07/2013 | 10/2013 | 01/2014 | 04/2014 | 07/2014 | 10/2014



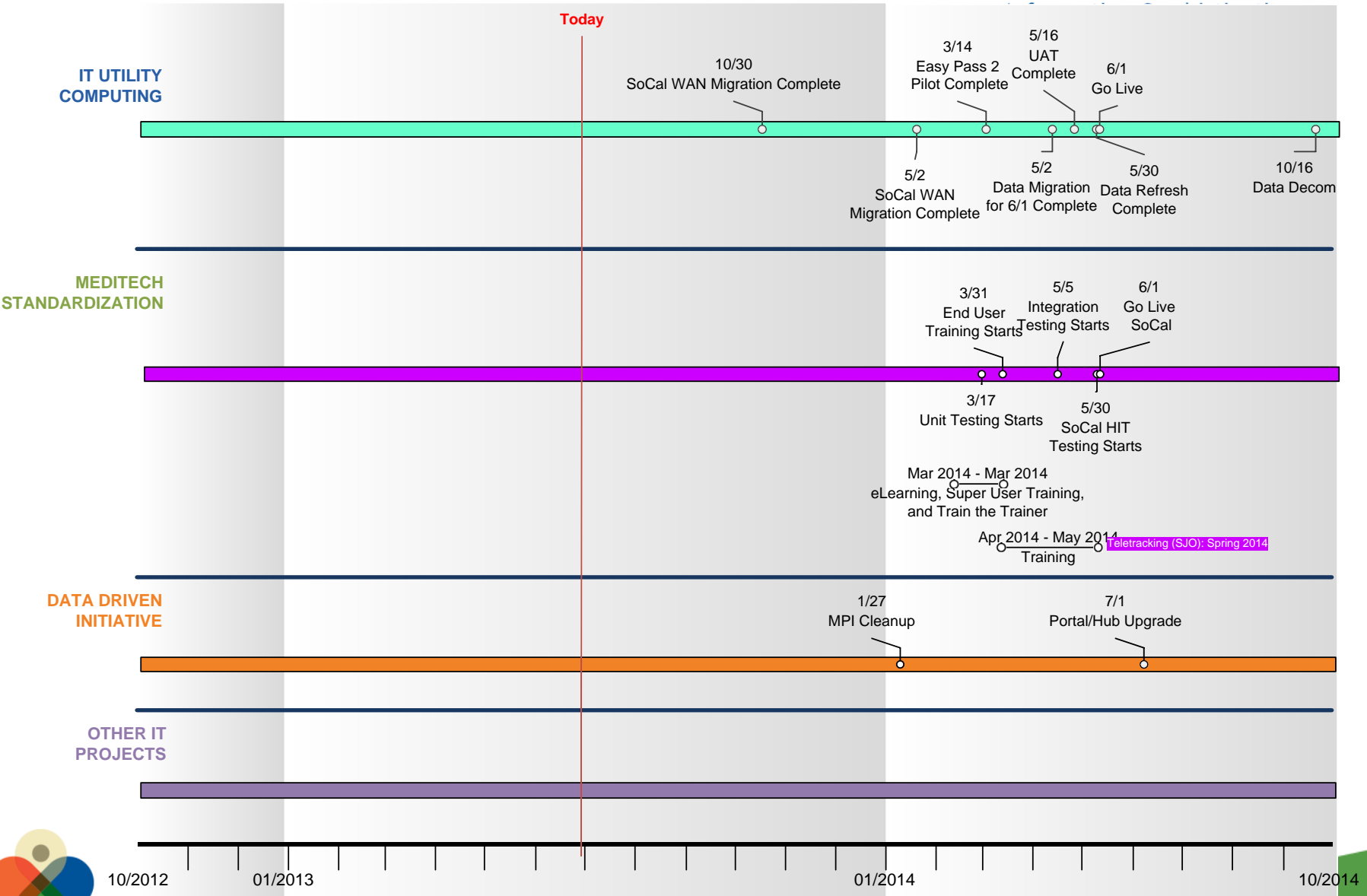
Threatened, plan in place to remediate



In jeopardy, immediate action needed



Complete





**SO WHAT IS BEING  
STANDARDIZED,  
IMPLEMENTED, CHANGED...**



# MEDITECH Standardization

## The REAL Truth

### Knowledge—Action gap

**Study indicates we only supply the care that is needed 55% of the time “...there is a chasm between what we know and what we do for our patients”**

-McGlynn et al, New England Journal of Medicine



The NEW ENGLAND  
JOURNAL of MEDICINE

***“The lag between the discovery of more efficacious forms of treatment and their incorporation into routine patient care is unnecessarily long, in the range of about 15 to 20 years.”***

-Institute of Medicine



INSTITUTE OF MEDICINE  
OF THE NATIONAL ACADEMIES



# MEDITECH Standardization:

## Goals

- Greatly reduce or eliminate MEDITECH customs
- Reduce interfaces by 50% or more
  - 3<sup>rd</sup> party applications eliminated or standardized
- Normative Nomenclature
  - Develop standard naming conventions across the ministries
- Standard build, standard content
  - Shooting for “80/15/5” standardization
    - 80% - Enterprise (Across all of SJHS)
    - 15% - Regional
    - 5% - Ministry



# MEDITECH Standardization: User Goals

## Review of Build/Design Guidelines



- 3D Approach – Do, Document, Done
- No Added Time
- Easy to Use
- Enhance Relationships
- Meet All Regulatory Requirements
- Expert vs. Consensus Build



# What's In Scope Highlights

## **MEDITECH 5.66 (2014 MU certified application)**

- Standardization clinical and business modules
- Regional standardization of order sets
- Physician Documentation (Voice Recognition and Template)
- Standardization of Care Planning, Documentation and Use of EMR
- Standard Transfusion Administration Record (TAR)
- Bedside Medication Verification (BMV)- medication barcoding
- Integration of patient education / discharge instruction (Krames/Exitwriter))
- Integration of E-Prescribing and Medication Reconciliation (Dr. First)

## **Additional**

- Capsule Technology for critical care areas  
Hemodynamic monitoring interfaces
- Wound Care Management (Online pictures- Healthline with wireless Ricoh camera)
- Regional Teletracking and Forward Advantage  
Faxing/Paging
- Standard acuity
- Iatrics Virtual Flowsheet and Mobilab



# What are some benefits from Physician view

- System wide Inpatient physician progress note templates- Voice recognition (DRAGON)
- Regional Order Sets
- Incorporation of the Initiate eMPI product during registration and development of a well-designed, seamless and user-friendly interface.
- Development of a standardized and stable insurance verification process
- Standard and streamlined coding in HIM
- Medical Necessity checking and Authorization standardization
- System Alerts (deliver consistent and appropriate notifications)





# Training : Strategy



## Training Approaches

- Pre-learning events
- Classroom learning events
- At-the-elbow learning events
- Practice Opportunities

## End-User Evaluations

- End of training
- 30 days post go-live



## Instructional Support

- Dedicated instructor team
- Ministry Super Users



# Process **Order Sets**



# Order Set Review

- Dr. Eugene Byun – Cardiology
- Dr. Jesus Vera – Cardiology
- Dr. Timothy Greco – ED
- Dr. Steven Yoon – Hospitalist
- Dr. Panagiotis Bougas - Intensivist
- Dr. Michael Katz – Intensivist
- Dr. Anthony Ciabarra – Neurology
- Dr. Vivian Lin – OB
- Dr. Eric Lin – Ortho
- Dr. James Hardeman – Pulmonary
- Dr. Russell Ness – Nephrology
- Dr. Martin Carr – GI
- Dr. Stewart Shanfield - Ortho



# Order Set Participation (Homework)

- Dr. Peled - Cardiology
- Dr. Michael Gazzaniga – Urology
- Dr. Derrick Marinelli - Urology
- Dr. William Foley - Vascular
- Dr. Steven Kim – Hem/Oncology
- Dr. Kevin Kinzinger – Gen Surgery
- Angela Wangyal – Cardiothoracic PA
- Dr. Punhet Dhawan – CV Surgery
- Dr. Hughes-OB
- Dr. Alan Weinberg-Urology
- Still to be scheduled
  - Dr. Hector Ho – Neurosurgery
  - Infectious Disease



# Governance

- ePAC
  - Overall Design
  - Health System Standards
  - EPAC Membership SJMC
    - Dr. Panagiotis Bougas
    - Dr. Steven Yoon
    - Dr. Despina Kayichian
    - Dr. Timothy Greco
- Regional PAC
  - Monitor/Change Clinical Content
  - Physician Change Management
  - SJMC Membership:
    - Dr. Timothy Greco
    - Dr. Bougas
    - Dr. Kevin Kinzinger

- MEC

Determines if will not be used by local ministry (Toggle Off)  
Requested enhancement/changes routed to Regional PAC



# Going Forward **Living With The System**





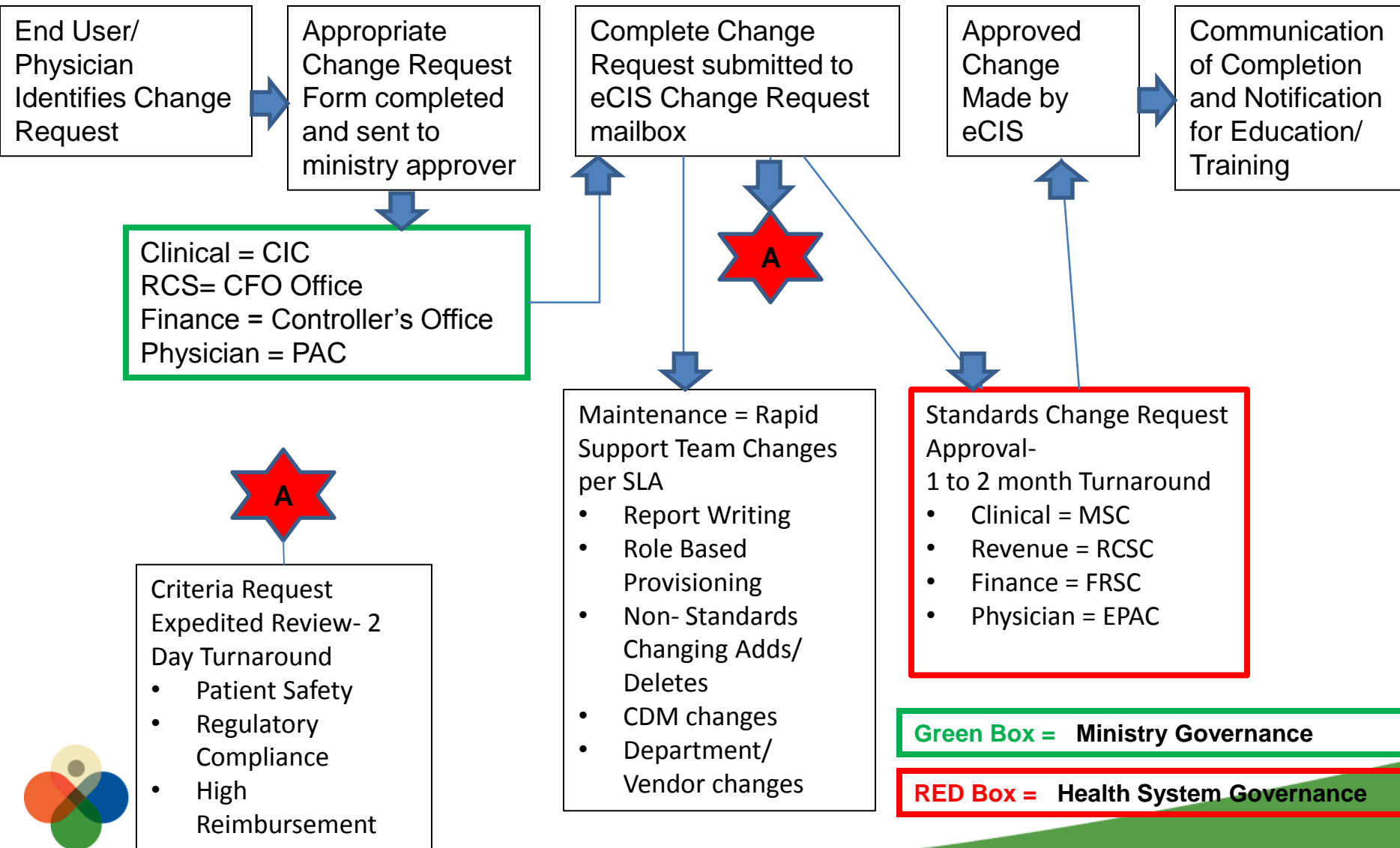
# Changes to the Standards



- Many clinical and business applications/processes will be standardized
- Standards Build based on
  - National standards
  - best practices
  - technology expertise to develop best automation for user interface
- Build must always be responsive to changes in best practice, regulatory requirements, new clinical and business requirements
- As systems go live, health care changes and staff/physicians grow in experience and new ideas for improvements will arise
- Need structures to capture, process, discuss, and reach decisions on changes to standards that will affect all ministries
- Several governing committees provide the mechanism for discussion and approval of change requests affecting standards and multi-ministries
  - MSC- multidisciplinary standards committee considers all clinical related changes
  - RCSC- revenue cycle standards committee considers all revenue related changes
  - FSC- finance standards committee considers all accounting/general ledger changes
  - EPAC- enterprise physician advisory council considers all physician impacting changes



# Enhancement Request Process- High Level



## Additional Mechanisms to Support Optimization Efforts

- Summit Meetings with key stakeholders for strategic planning
- SharePoint site for better transparency and change request tracking
- Rapid Support Teams
- Knowledge maintenance process for routine capture of physician feedback on ordersets
- Clinical Informatics multidisciplinary team on site at ministries for on-going support and consultation
- Clinical Informatics education team for new hire orientation and ongoing training



Clinical Informatics physician liaison team for physician specialized support

“Coming together is a beginning.  
Keeping together is progress. Working  
together is success.”

*–Henry Ford, founder of the Ford Motor Company*



