Meditech Minute

6.1 Implementation Monthly Newsletter

This edition

- *6.1 PROGRESS*

- *Team Spotlight: Pharmacy*

- *Application Highlight: Surveillance*

6.1 PROJECT STATUS

Database Build Phase Continues

With the February 1, 2018 go-live date in sight, the 6.1 application teams are deep into the system build. With few exceptions, the build deadline is June 30, 2017. All team members are attending a variety of classes such as application training, dictionary build sessions, medication management classes, and report development training. Each of these sessions build on the next class, so it's very important for all team members to attend each session. Each of the classes is 3 to 4 days in length.
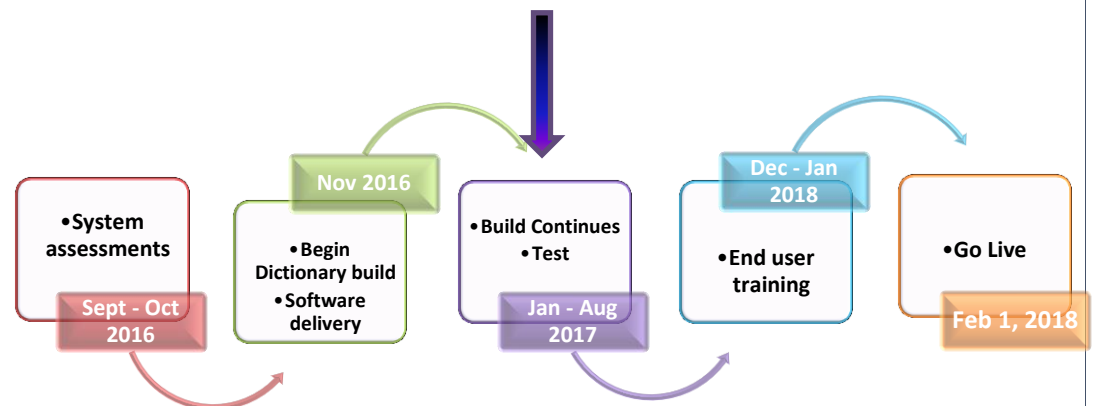
Other teams are concurrently designing the new requirements for all the Interfaces that feed 3rd party software, such as the PAC application in radiology, or the Mosaiq system in the Cancer Treatment Center. Yet another team is reviewing all the system reports that have been written over the last 20 years and prioritizing which ones are required moving forward. Any report we plan to keep must have new specifications developed, a report developed and tested and then signed off by the end-user requesting the report. Many of the teams are also planning for the conversion of our existing data from the current system to the new 6.1 application. In some cases this data dates back to 1999 !!

Once the build is complete and the system is stable, the next step will be testing! More next month on the testing process.

6.1 High Level Project Implementation Timeline

- •System assessments
  - **Sept - Oct 2016**
- **Nov 2016**
  - •Begin Dictionary build
  - •Software delivery
- •Build Continues
- •Test
  - **Jan - Aug 2017**
- **Dec - Jan 2018**
  - •End user training
- •Go Live
  - **Feb 1, 2018**

The Meditech Minute 🕐 Newsletter is a monthly publication with lots more information to come !! Each month we will spotlight one or two of the core teams working diligently to complete this project on time. Next month we will discuss the project goals, as well as information on some of the new tools available in 6.1.

Team Spotlight – Pharmacy

Team members include Kurtis Stutsman, Cassie Thornburg, Brian Brassfield, Rosemary Garcia, Bryan Lam, Randy Asuncion

Meet SVMC Pharmacy Core Team members for MT 6.1 Project!

This team will be focusing on utilizing all of Meditech's Best Practices to achieve optimized system usage for the pharmacy.   This will be achieved by optimizing the drug formulary used by SVMC which includes over 1900 medication listings. The team will optimize the medication order strings in OM (order management) to make it easier to find single med orders as well as Order Sets. Updating and reviewing all Pharmacy dictionaries to bring them up to date with new features.

One of the great enhancements that have the Pharmacy team excited is Electronic Surveillance application. This is an electronic surveillance system, which will broadcast alerts to status boards and trackers available throughout the facility in 'real time'.   This system reduces the communication delays and expedites intervention.   It will rescue the Pharmacists from countless hours of running reports and hand auditing.

Pharmacy is one of the departments which interact with all other modules. Our goal is to build an effective PHA module to service the needs of all end users.
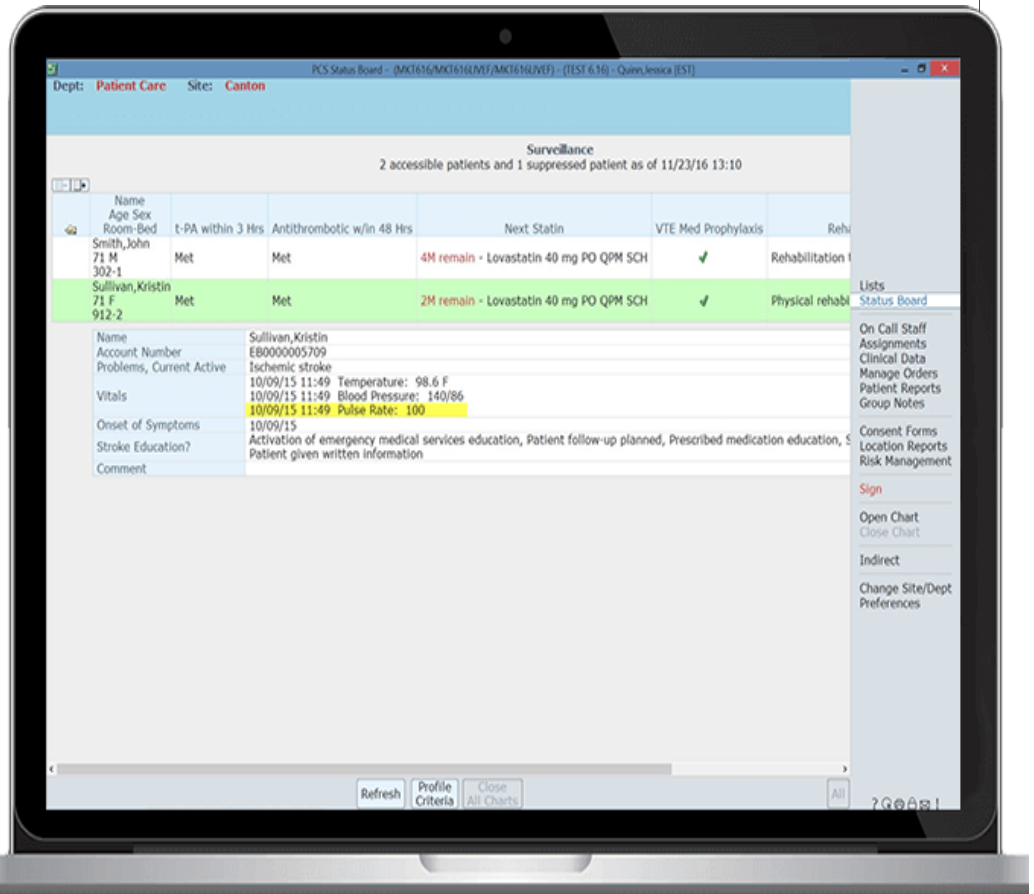
Application Spotlight

Surveillance

Patient Surveillance: Real Time Tracking on Status Boards, Trackers and Clinical Panels

Surveillance is the newest application to be included in the 6.1 implementation. This solution analyzes patient data and can automatically identify patients who qualify for quality measures or potential Hospital Acquired Conditions (HAC). Working with the data collected through our clinical workflows and documentation, this solution seems to have no limit to its potential. Surveillance boards can draw staff attention to Sepsis, urinary catheter, central line catheters, VTE and vaccine administration. Additionally, disease management profiles such as stroke, diabetes and COPD save substantial amounts of time for patient identification and data retrieval. Advantages include:

Fixing problems before they start

- Evidence-based rules search the clinical and demographic data in the EHR, 24/7. Patients who meet profile criteria automatically populate tracking boards that indicate when quality measures are due, or if the patient is showing signs of a potential HAC. These boards are actionable, so clinicians can order, document, or message the care team, right on the spot.

- **Shines Light on Documentation Processes**

  - For accurate surveillance data must be entered in real time; the boards are only as good as the data it processes

  - This process is also effective in identifying duplicated documentation practices and streamlining where data is documented.

  - Surveillance is a positive reminder of the power of multidisciplinary documentation. As the sepsis algorithm monitors the EHR for the latest vital signs, it doesn't matter where the vital signs are documented or by which discipline.