OPEN HOUSE OCTOBER 24th, 25th, & 29th.
Finley Hospital is hosting an open house for all providers, to be held in the Finley Conference Room. This will mark the beginning of the official implementation schedule here at Finley. The theme has been selected and you will be seeing signs around campus. Please take the time to visit the open house as there will be a number of opportunities to ask questions regarding the many activities happening over the next 7 months to go-live, May 4th. You will see regular updates on the progress during implementation around this time. Many of you will receive email updates as well. Multiple times will be provided. Attendance is strongly encouraged.

CMIO Report
The Quad City go-live experience went exceptionally well as three hospitals in the IHS Quad City region where involved. Stationed exclusively at the Rock Island facility, I found many of the problems witnessed at previous go-live events ironed out. There are still workflow problems in the same-day surgery sessions as there are continued misunderstandings regarding op-time phase of care. There will be special time dedicated to all surgeons in the training sessions scheduled for March and April. There will also be offerings for non-surgical proceduralists that express interest. (GI, Cardiology) One element to the Rock Island go-live that appeared to make a significant difference was the individual provider attitude toward EHR. The training period is specifically designed for providers to get and gain valuable insight into the nuts and bolts of EPIC. Go Live would not be the optimal time to discuss the relative value of EHR or the philosophical merits of technology in healthcare. This is a very busy time as providers are trying to finish rounds and get to the office. Those providers that have come to grips with EPIC at IHS affiliates seem to use go-live more efficiently than those who still at odds with the concept. We still have enough time for any offices that wish to have lunch with the CMIO and have these discussions.

Physician updates
Hardware walkthrough is the EPIC tool used to decide on hardware placement for each patient area. This will be done in November and we ask any provider that has interest in this topic please call the CMIO or join us on the actual walk through. Once the placement is decided, only minor adjustments can be made. I found that for all go-lives attended to date; the number of stations was more than adequate.

The walkthrough for computer placement will serve a number of purposes. It will identify areas of need for providers as they round. It will identify workflow/access problems as placement can be critical to this rounding workflow. And finally, it delivers key information to the hardware team as they try to best serve providers.
The best thing I ever learned in life was that things have to be worked for. A lot of people seem to think there is some sort of magic in making a winning football team. There isn’t, but there’s plenty of work.”

- K. Rockne

“ab ove maioris discit arare minor”

J. Compton CMIO

Meaningful Use
Stage One objectives are all required. Each stage one objective is thought to be a basic function of any EHR program and would have the most impact on both patient safety and ease of information flow. H122 states that key clinical information will need to be exchanged electronically among providers of care and patient authorized entities. Examples include discharge summaries, procedure notes, problem lists, medication lists, medication allergies and diagnostic tests. This exchange will be required at least once during the meaningful use I period and attestation.

Avoiding the avoidable
There are a number of opportunities to reduce avoidable readmissions to the Finley Hospital. Each primary care setting will have the opportunity to begin a project that will look at avoidable readmissions for the most watched DRGs. Dubuque Internal Medicine is piloting a project in the ambulatory setting that looks at the transitions of care and develops important communication links with each phase of the transition to ambulatory status. The complexities are substantial with many elements to this phase of care. A patient may require input from discharge nursing, physical therapy, occupational therapy, home care agencies, laboratory settings, radiology, sub-specialty care, pharmacy and social work. The primary care provider will play the critical role in coordinating this care. Efficiencies and redundancies are being looked at in an effort to better understand how to best perform this service. Finley has been a stellar performer in this area. There remain areas to refine.

TIMELINE
October 2010            System-wide launch of IHS EPIC Design stage
September 2011        100% of order sets sent to EPIC for embedding
March 2012               Second facility go-live Des Moines
November 2012         Allen Go-live
May, 4th 2013           Finley Go Live

Don’t forget...
Your peers need you. So many of you are gifted in both teaching and computer management. These skills will help your fellow providers with the opportunity to hone skills while learning the EPIC way. We have a few more slots available and 4 alternate positions in the event one of the super users becomes incapacitated. The role will be especially important during the May 4th to June 4th time frame. If you have already agreed to participate as a super user, please be available during that time. Your training will be in March.

For more information
The CMIO office is available any time to clarify questions you may have regarding the EPIC implementation and adoption. Please contact Jody at the CMIO office to arrange a meeting.

Web links
http://www.eclinicalworks.com/
http://www.epic.com/
http://www.ihs.org/body.cfm?id=476
http://www.finleyhospital.org/body.cfm?id=250