EHR Site Tracking Record

Site Name: _____ **Date:** _____

Lead EHR Site Contact: _____

Phone: _____

E-Mail Address: _____

Use this form to document your facility's activities in preparation for Electronic Health Record (EHR) implementation. From time to time the EHR Deployment Team will request an updated copy to track your progress and coordinate deployment activities with other facilities. Please email an updated copy of this document each month to Mollie Ayala, EHR Deployment Coordinator, at mollie.ayala@ihs.gov.

For each item in this form, enter the name of the person or persons responsible (please include specific names when known) and describe any applicable actions or decisions relating to the item. If the item has been completed, enter the date completed (include only month and year if the actual date is not known), or enter the date the item is projected to be completed, if known.

Example:

24. Identification of go-live clinic / location

The decision of where to start with EHR is a purely local one, and may be influenced by such disparate factors as hours of operation, patient volume, physical layout, the presence of computers and network connections, and the specific clinical and nursing staff who work in the area.

Action/Decision:

Decided to start using EHR in all areas (OP, ER, FCU) for ordering labs

Responsible Party: EHR Team

Projected Completion Date:

Completed Date: 12/15/2010

Remember, every site is unique. Your site may not encounter these items in the same chronological order as they appear in this form, and you may not have progressed far enough in your planning to have considered or even to understand some of the items listed here. Do not feel that you must complete each item before going on to the next one, and leave items blank if they don't seem to apply to your current situation. Use this form as a working document to track your site's progress as you proceed through the EHR implementation process.

Please email Mollie Ayala at mollie.ayala@ihs.gov with questions or for further clarification of any item.

Organizational Infrastructure

1. Make the decision to participate as an EHR site. *The most important step is the first one – deciding to transition to EHR. This is not a decision to be taken lightly, because of the implications for and impact upon the entire facility.* **Action/Decision:**	**Responsible Party:** **Projected Completion Date:**	**Completed Date:**
2. Ensure that organization leadership is committed. *Neither the decision to use EHR, nor the activities required to implement it, can take place without the full knowledge, consent, and support of an organization's administration and governing body (including Area Office officials), as well as local tribal leadership. The steps required are complex, difficult, and potentially costly and controversial. Unless leadership is exerted to both support and enforce the transition, it will not succeed.* **Action/Decision:**	**Responsible Party:** **Projected Completion Date:**	**Completed Date:**
3. Ensure that medical staff are committed. *EHR is above all a clinical application, and its greatest impact will be on providers. While the medical staff do not need to be unanimous in their support for EHR, the transition will be more likely to succeed if influential clinicians are enthusiastic and energetic about EHR and are given the opportunity and time to take leadership in the effort. The experience and example of these clinicians will be invaluable as the use of the application penetrates to the remaining staff.* **Action/Decision:**	**Responsible Party:** **Projected Completion Date:**	**Completed Date:**

4. Organization leaders convey new vision, communicate core values, and increase their visibility. *By whatever means are most appropriate for the culture of the facility, leadership must begin early on to promote the EHR effort among the staff. EHR implementation is more than just installation of new software: comprehensive process changes are required throughout the organization if the potential improvements in patient safety and quality of care offered by EHR are to be realized. Success will depend upon all staff understanding the new vision and how it relates to the work in their own departments.* **Action/Decision:**	**Responsible Party:** **Projected Completion Date:**	**Completed Date:**
5. Organization leaders and EHR Team develop change management plan to demonstrate their commitment to staff. *The implementation of EHR brings many changes to a facility. Many of the facility's business processes must be reviewed and possibly revised to better fit the use of an electronic health record. Such large changes can make staff wary about the project and less willing to participate in the use of EHR. To demonstrate its commitment to its staff, the facility must develop a plan for change management to assist staff with the transition.* **Action/Decision:**	**Responsible Party:** **Projected Completion Date:**	**Completed Date:**
6. Assign EHR project manager *The project manager takes overall responsibility for the successful implementation of EHR at the facility and is the main contact person for the EHR Program.* **Action/Decision:**	**Responsible Party:** **Projected Completion Date:**	**Completed Date:**

7. Hire and/or appoint a clinical application coordinator (CAC).

The EHR Program expects all facilities to have a CAC. For most facilities, this will be a full-time, new-hire position, and larger facilities will require more than one CAC as EHR use moves into all clinical departments.

The typical CAC is a nurse or midlevel provider with strong computer skills who understands all aspects of the EHR graphical user interface (GUI). The CAC provides ongoing training for clinical users as new staff enter the organization and as enhancements to EHR are developed. The CAC is also a day-to-day troubleshooter, available to assist users with the application at any time during the clinical workday to facilitate patient care. Finally, the CAC works closely with clinicians and other staff to customize screen views, TIU templates, order sets, and POV, CPT, and other pick lists for the facility and its providers. Sample position descriptions for the CAC have been provided to each EHR site.

Action/Decision:

Responsible Party:

Projected Completion Date: **Completed Date:**

8. Establish EHR Implementation Team to include (a) CAC, (b) Pharmacy Package administrator, (c) Lab Package administrator, (d) Radiology Package administrator, (e) Quality Assurance officer/GPRA coordinator, and representatives from (f) nursing staff, (g) HIM (h) coding staff, (i) data entry staff, (j) business office, (k) medical staff, (l) other clinical departments and services as necessary, and (m) information technology staff.

The implementation of the EHR application cannot be effected by one person working alone. An implementation team consisting of representatives of major affected departments must meet regularly both during preparation and indefinitely after implementation.

The recommended EHR Implementation Team would include representatives from the following departments: administration, medical staff, nursing staff, pharmacy, medical records, business office, laboratory, radiology, information systems, and other support departments depending on local implementation plans.

Action/Decision:

Responsible Party:

Projected Completion Date: **Completed Date:**

9. Develop CAC training plan. Consider (a) CAC Implementation Team, (b) site visit to EHR site, (c) FileMan, (d) PCC Outputs, (e) Lab Package, (f) Radiology Package, (g) advanced EHR trainings, and (h) basic site manager training. *The CAC(s) will be the most knowledgeable person(s) about EHR at each facility and will require the most training.* **Action/Decision:**	**Responsible Party:** **Projected Completion Date:**	**Completed Date:**
10. Complete EHR site survey (found at ftp://ftp.ihs.gov/pubs/EHR/Preparing%20for%20EHR/). *This site survey provides the EHR Program with basic information about your facility and its readiness for EHR, and also serves as a starting point for your internal discussions about planning for EHR implementation. Submission of this survey to Howard Hays is required before a facility can be added to the EHR implementation queue.* **Action/Decision:**	**Responsible Party:** **Projected Completion Date:**	**Completed Date:**
11. Review the EHR Web site and sign up key staff for the EHR ListServ (http://www.ihs.gov/CIO/EHR/index.cfm?module=listserv). *The EHR website (http://www.ihs.gov/cio/ehr) contains valuable information for a facility's successful implementation of EHR. It is important for the EHR Implementation Team to read this website thoroughly at the beginning of the facility's EHR implementation process and to review it periodically for new information during the implementation process.* *The EHR ListServ is the principal forum for discussion of EHR-related issues and has proven to be a valuable support and networking tool for EHR sites.* **Action/Decision:**	**Responsible Party:** **Projected Completion Date:**	**Completed Date:**

12. Attend an EHR "Lessons Learned" seminar.

It is highly recommended that facilities send staff to the EHR: Overview, Implementation and Lessons Learned course. This one-day course shows the EHR in action and discusses the steps in the EHR implementation process. Participants receive a number of helpful documents

Action/Decision:

Responsible Party:

Projected Completion Date: **Completed Date:**

13. Perform Force Field Analysis to identify both "driving forces" and "restraining forces" for EHR implementation.

The EHR Implementation Team should put together a list of forces that are driving the implementation of EHR at their facility (e.g., striving toward better documentation, federal mandate, etc.) and those forces that might hinder a successful implementation of EHR (e.g., need funding, lack of provider support, etc.). Using this Force Field Analysis, the implementation team can discuss ways to mitigate the restraining forces and use the driving forces to their benefit.

Action/Decision:

Responsible Party:

Projected Completion Date: **Completed Date:**

14. Identify clinical champions/super users from each clinical service.

Clinical champions and super users are influential members of the medical staff with enthusiasm for EHR and a measure of technical skill who are likely to be the first EHR users and who will take the lead in bringing the rest of the medical staff on board.

Action/Decision:

Responsible Party:

Projected Completion Date: **Completed Date:**

15. Develop staff incentives. *Although it will be exciting, EHR implementation can also be challenging, difficult, and even discouraging. Providing incentives to encourage committed and enthusiastic participation in the initiative can go a long way toward preserving staff morale throughout the transition.* **Action/Decision:**	**Responsible Party:** **Projected Completion Date:**	**Completed Date:**
16. Communicate with labor union (if applicable). *If any employees at the facility are members of a labor union, the EHR Implementation Team must make sure it discusses any potential changes in these employees' scope of work with the union.* **Action/Decision:**	**Responsible Party:** **Projected Completion Date:**	**Completed Date:**
17. Determine staff concerns and follow up. *On a regular basis, the EHR Implementation Team should discuss the upcoming changes related to EHR with the facility's staff and talk about any concerns that may arise. These concerns should be addressed in a timely manner.* **Action/Decision:**	**Responsible Party:** **Projected Completion Date:**	**Completed Date:**

EHR Team

18. Identify a subgroup of the EHR Implementation Team to ensure regular communication about project endeavors and status with employees and the community. *A few members of the EHR Implementation Team should form a subcommittee to communicate with employees and the community regarding changes that will occur as a result of the EHR implementation. This committee might consider creating a pamphlet for the facility's patients that explains what EHR is and how it might affect them.* **Action/Decision:**	**Responsible Party:** **Projected Completion Date:**	**Completed Date:**
19. Create an EHR implementation plan and timeline. *The EHR Implementation Team should consider major milestones in the EHR implementation process. The team should create an estimated timeline for these milestones and create a plan for how they are going to reach these goals. This Site Tracking Record can be a helpful tool in this process.* **Action/Decision:**	**Responsible Party:** **Projected Completion Date:**	**Completed Date:**
20. Attend EHR CAC/Implementation Team training. *The National EHR Program will work with the EHR Implementation Team to determine which CAC training they should attend. Most facilities should be using Pharmacy 5/7 for at least one month prior to attending CAC training.* **Action/Decision:**	**Responsible Party:** **Projected Completion Date:**	**Completed Date**

21. Provide Area Office with a copy of the implementation plan. *After the EHR Implementation Team has created the facility's implementation plan (which may consist of this Site Tracking Record and possibly other documents), they should submit this plan to their Area Office.* **Action/Decision:**	**Responsible Party:** **Projected Completion Date:**	**Completed Date:**
22. Publicly promote the EHR initiative using newsletters, community meetings, local newspaper, fliers on bulletin boards, etc. *The community should be aware of the upcoming changes in business process and clinic flow. The facility can take the opportunity to promote EHR as a modernizing initiative intended to improve patient safety and quality of care. At the same time, advising patients of the possibility of delays or other inconveniences during the transition may help reduce the likelihood of confusion and complaints.* **Action/Decision:**	**Responsible Party:** **Projected Completion Date:**	**Completed Date:**
23. Identify baseline measures and metrics. *Evaluation is a critical component of the EHR Program, both locally and nationally. The EHR Program will provide a description of the evaluation process, along with recommendations for metrics that should be baselined during the preparation phase.* **Action/Decision:**	**Responsible Party:** **Projected Completion Date:**	**Completed Date:**

24. Identify the first go-live clinic or location. *The decision of where to begin a facility's EHR implementation is a purely local one that may be influenced by such disparate factors as hours of operation, patient volume, physical layout, the presence of computers and network connections, and the specific clinical and nursing staff who work in each location.* **Action/Decision:**	**Responsible Party:** **Projected Completion Date:**	**Completed Date:**
25. Ensure that all EHR Implementation Team members and key clinical staff have viewed an EHR demonstration. *It has been our experience that many facility staff members, including those on the EHR Implementation Team, have not viewed an EHR demonstration and/or explored the EHR software prior to key EHR trainings. This puts them at a disadvantage during these trainings.* **Action/Decision:**	**Responsible Party:** **Projected Completion Date:**	**Completed Date:**
26. Develop training plan for new software packages (PIMS, Radiology, Pharmacy, etc.). *If the facility is not currently using EHR-required software, such as PIMS, Radiology, and Pharmacy, the facility may want to send staff to trainings to learn how to use these new software packages. Currently offered trainings can be found on the RPMS training website* (http://www.ihs.gov/Cio/RPMS/index.cfm?module=home&option=OITTrainingLinks). **Action/Decision:**	**Responsible Party:** **Projected Completion Date:**	**Completed Date:**

27. Design an implementation plan (for example, by provider, by clinic, by function, or a combination thereof). *The facility should consider the strengths and weaknesses of its departments to determine where and when it will first begin to use EHR. Most facilities will use a stepwise rollout of EHR, beginning in one department and later moving to other departments. Each facility must determine if it would like to begin using EHR "tab by tab" (e.g., beginning with the Wellness tab to document immunizations and patient education, and then moving to the Lab tab, etc.) or "provider by provider" (e.g., beginning with one provider using all tabs of the EHR, then bringing on other providers one by one).* **Action/Decision:**	**Responsible Party:** **Projected Completion Date:**	**Completed Date:**
28. Perform productivity risk assessment and develop mitigation plan. *Sites implementing EHR can expect to see a decline in provider productivity (number of patients seen per day) for the first several weeks, and possibly lasting as long as two to three months. Each facility will need to consider how it will address this issue, such as through a staggered rollout strategy or by hiring temporary providers. Through the EHR WebBoard and other means, sites can learn about the experience of other sites in the management of provider productivity during implementation and develop a strategy that is most appropriate for the local situation.* **Action/Decision:**	**Responsible Party:** **Projected Completion Date:**	**Completed Date:**

29. Develop contingency plans for system down time, etc.

All systems fail from time to time, but effective planning for system failure can reduce the risks and chaos that result. Procedures must be developed for rapidly identifying and correcting the cause of the failure, and for continuing to provide patient care while corrective measures are being applied.

Procedures for populating the database with information gathered on paper during down times should be developed as well.

Action/Decision:

Responsible Party:

Projected Completion Date: **Completed Date:**

30. Review CAC User Guide and Clinicians Guide user manuals (available from the OIT website).

Well in advance of attending EHR CAC and Implementation Team training, each member should begin to review these documents to familiarize themselves with the material that will be covered. All documents can be found at http://www.ehr.ihs.gov/index.cfm?module=preparing.

Action/Decision:

Responsible Party:

Projected Completion Date: **Completed Date:**

31. Perform work flow analysis and business process review for EHR.

Implementation of an electronic health record forces a broad range of business process changes in a variety of departments. A list of recommended business process changes, based on the experiences at a number of early EHR sites, is provided on the EHR Web site. Although the recommendations may not apply to every site, it is important to review and consider them as early as possible in the preparation phase to give the facility adequate time to implement necessary changes before going live with EHR.

The Business Process Recommendations document is not guaranteed to be comprehensive, so a thorough assessment of local business and workflow processes, with an eye to changes that will be needed with EHR, is strongly recommended.

Action/Decision:

Responsible Party:

Projected Completion Date: **Completed Date:**

32. Determine which consults must be set up in EHR. *Consults are referrals of patients by the physician to another hospital service or specialty, with the goal of obtaining a medical opinion based on patient evaluation and on completion of any procedures or treatments deemed necessary by the consulting specialist to render a medical opinion. The EHR Implementation Team should determine which consults are used at their facility and must be set up in EHR.* **Action/Decision:**	**Responsible Party:** **Projected Completion Date:**	**Completed Date:**
33. Begin planning for EHR quick orders. *A quick order is a single order or a set of orders that is predefined in the system, allowing providers to choose it with a minimum amount of clicks. The EHR Implementation Team must determine which orders they would like to include in the Quick Order menus and how they would like these menus to be arranged.* **Action/Decision:**	**Responsible Party:** **Projected Completion Date:**	**Completed Date:**
34. Implement Adverse Reaction Tracking (ART) package. Assign GMRA keys to data entry staff and turn on the ALG mnemonic. *Only allergies and adverse reactions documented in ART will be included in order checks in EHR. Allergies on the Problem List will not be detected by the order checking routines. It is very important that sites take the time to enter allergies into ART, rather than depending on the Problem List for allergy documentation. This process will take time and must begin as early as possible.* **Action/Decision:**	**Responsible Party:** **Projected Completion Date:**	**Completed Date:**

35. Define protocol ("standing") orders for nursing staff

EHR requires standing orders (so-called "policy" or "protocol" orders) to be very clearly defined. Ambiguous standing orders that may have been acceptable in the paper environment will not work in EHR. It's important for the organization to take the time to very clearly describe any standing orders they wish to use after implementing EHR.

Action/Decision:

Responsible Party:

Projected Completion Date: **Completed Date:**

36. Review notifications.

Notifications must be reviewed and the following decisions must be made for each notification: (1) Will it be shown as Mandatory, Enabled, or Disabled? (2) What is the priority of the notification? (3) Who will receive the notification? (4) What makes the notification go away?

Action/Decision:

Responsible Party:

Projected Completion Date: **Completed Date:**

37. Review order checks.

A site must determine when an order check will be applicable. For example, when is a lab order a duplicate lab? The entire order checking menu must be reviewed before going live.

Action/Decision:

Responsible Party:

Projected Completion Date: **Completed Date:**

38. Review note titles.

Identify and revise note titles according to discipline rather than provider.

Action/Decision:

Responsible Party:

Projected Completion Date: **Completed Date:**

39. Design order menus. *One of the powerful features of EHR is the ability to create an unlimited number of quick orders that greatly simplify the entry of common orders by providers. These orders are arranged in menus, and it is important for the provider staff to define how these menus should be laid out so they will be the most understandable to all users. The menu layout should be carefully designed and documented on paper prior to the National EHR Team's onsite setup visit.* **Action/Decision:**	**Responsible Party:** **Projected Completion Date:**	**Completed Date:**
40. Develop quick orders for medications, lab, radiology, and nursing. *The EHR Implementation Team should already be considering which quick orders would be useful at their facility. At this point, the quick orders should be discussed again with the appropriate departments and finalized.* **Action/Decision:**	**Responsible Party:** **Projected Completion Date:**	**Completed Date:**
41. Establish a medical records subcommittee for approval of Text Integration Utility (TIU) templates. *Since TIU templates define the format for many clinical notes, it is important for the templates to be reviewed and approved by the medical records committee.* **Action/Decision:**	**Responsible Party:** **Projected Completion Date:**	**Completed Date:**

42. Prepare and obtain approval for general, clinic-specific, and provider-specific TIU templates. *After receiving training, a facility's CAC(s) are responsible for the TIU documentation templates in use at the facility. Model templates are available from the VHA and the EHR Program, but local customization, in consultation with users, will be required.* **Action/Decision:**	**Responsible Party:** **Projected Completion Date:**	**Completed Date:**
43. Determine the effect of EHR on departmental policies and procedures, rewriting as needed. *Each department should review its policies and procedures to determine if any will be affected by the implementation of EHR. Those affected should be rewritten to reflect the new policies and procedures that will be enforced.* **Action/Decision:**	**Responsible Party:** **Projected Completion Date:**	**Completed Date:**
44. Inform the community and staff of the EHR go-live date and what they can expect. *Communication with both facility staff and the community about the EHR transition is important throughout the project. Especially as the go-live date approaches, the organization should identify ways to publicly promote the advent of this new technology and also to advise staff and patients on potential impacts on patient flow and other processes during the transition phase. Many facilities have accomplished this through fliers and articles in local papers. Examples of fliers can be found on the WebBoard.* **Action/Decision:**	**Responsible Party:** **Projected Completion Date:**	**Completed Date:**

45. Go live with EHR Phase I (according to implementation plan). *Only very small facilities will be able to effect full-scale implementation of EHR in a single event. The majority will start with a handful of providers in a single clinic or ward, and will move to other locations and providers according to a predefined schedule.* **Action/Decision:**	**Responsible Party:** **Projected Completion Date:**	**Completed Date:**
46. Run and report follow-up metrics (1, 3, and 6 months; 1 year). *At 1 month, 3 months, 6 months, and 1 year following the facility's EHR go-live date, the reports used to compile baseline metrics should be rerun and the metrics reported to the National EHR Program.* **Action/Decision:**	**Responsible Party:** **Projected Completion Date:**	**Completed Date:**
47. Perform stepwise, scheduled rollout of EHR to remainder of facility. *Each facility's implementation plan will be different, but the EHR Program strongly recommends that a specific timeline for moving the application through all clinical departments be adopted in advance and followed to assist in overcoming bottlenecks and other impediments.* **Action/Decision:**	**Responsible Party:** **Projected Completion Date:**	**Completed Date:**

Information Technology Infrastructure: Hardware

48. Evaluate current hardware and network.

It is the role of the EHR Program Technical Lead to provide consultative support to EHR sites on the hardware and network infrastructure at each facility. This support will include both evaluation of the existing infrastructure and recommendations for new equipment that will be required to support EHR.

- *Evaluation of RPMS hardware, server, and capacity*
- *Evaluation of facility network infrastructure*
- *Evaluation of end-user hardware needs*

Action/Decision:

Responsible Party:

Projected Completion Date: **Completed Date:**

49. Begin procurement process for hardware.

Following the technical consultation described above, it's important to begin the procurement process for identified hardware needs as soon as possible, as the time required to obtain new hardware may interfere with the transition to EHR.

Action/Decision:

Responsible Party:

Projected Completion Date: **Completed Date:**

50. Evaluate IT staffing available to support EHR implementation and maintenance; hire additional IT staff if necessary.

Although the EHR implementation is largely a clinical project, it cannot be completed successfully without the proper IT personnel. Some of the duties of the IT department in this project include networking, installing new computers, and assisting in software installation, upgrades, and patches. Many facilities will be able to utilize their current IT staff for this project, though others may wish to consider hiring additional staff.

Action/Decision:

Responsible Party:

Projected Completion Date: **Completed Date:**

51. Install new equipment.

When new equipment has arrived at the facility, it should be installed in the appropriate locations and checked for functionality.

Action/Decision:

Responsible Party:

Projected Completion Date: **Completed Date:**

Information Technology Infrastructure: Software

52. Obtain and review VueCentric installation guides.

These documents can be found at
http://www.ihs.gov/Cio/RPMS/PackageDocs/EHR/clientsideDocs.asp

Action/Decision:

Responsible Party:

Projected Completion Date: **Completed Date:**

53. Perform RPMS package optimizations.

Before successfully implementing EHR at your site, be sure that your RPMS packages have been optimized. See the RPMS Package Optimizations document at
http://www.ihs.gov/CIO/EHR/index.cfm?module=preparing

Action/Decision:

Responsible Party:

Projected Completion Date: **Completed Date:**

54. Set up a share drive prior to implementing EHR.

The share drive is where the EHR application files reside, and must be shared so that client computers can access the application. Setting up a share drive is a part of the VueCentric Framework Installation Guide. This must be done prior to installing the EHR GUI since creation of a shared folder requires administrative rights to the Windows Server.

Action/Decision:

Responsible Party:

Projected Completion Date: **Completed Date:**

55. Install remaining EHR components (including GUI files).

OIT staff and/or contractors will assist local IT personnel to ensure successful installation of required applications and the GUI EHR framework on local servers and client computers. Substantial local configuration of the applications is required as well, which will be part of this support activity.

Action/Decision:

Responsible Party:

Projected Completion Date: **Completed Date:**

56. Prepare training database.

After EHR setup is complete, it's a good idea to copy the database over to a training server for use by staff in the EHR training process.

Action/Decision:

Responsible Party:

Projected Completion Date: **Completed Date:**

57. Set up EHR client on user computers. Provide access to training database for exploration after staff attend CAC School and/or prior to EHR onsite setup.

Giving users the opportunity to explore EHR in the training environment will increase their familiarity and comfort with the application before they need to start using it for clinical care. It is highly recommended that users become familiar with the EHR interface prior to super user training.

Action/Decision:

Responsible Party:

Projected Completion Date: **Completed Date:**

58. Run XBEHRCK at the outset to identify and install required upgrades to existing RPMS software. *The XBEHRCK routine identifies deficiencies in RPMS application versions and patches. All required upgrades and patches must be installed before any EHR-specific applications are installed.* **Action/Decision:**	**Responsible Party:** **Projected Completion Date:**	**Completed Date:**
59. Run XBEHRCK again when Pharmacy is ready to upgrade to version 7 to ensure that the system is ready for Pharmacy/EHR installation. *The technical consultation will include an evaluation of the present state of RPMS and other software installations at a facility. All required upgrades and patches must be installed before any EHR-specific applications are installed.* **Action/Decision:**	**Responsible Party:** **Projected Completion Date:**	**Completed Date:**

Pharmacy Infrastructure

60. Chief Pharmacist consults with OIT pharmacy consultants.

With the exception of clinical providers, the pharmacy staff will see the most significant changes in process and practice as a result of EHR implementation. The new Pharmacy 5/7 applications (Inpatient Pharmacy 5, Outpatient Pharmacy 7) are considerably different than their predecessors, and the changes are made more complex by the introduction of online medication ordering by providers. The Chief Pharmacist should work with the EHR Program pharmacy consultant to develop training and implementation plans for the new pharmacy applications.

Action/Decision:

Responsible Party:

Projected Completion Date: **Completed Date:**

61. Perform pharmacist training for Pharmacy 5/7.

Pharmacist training for the Pharmacy 5/7 applications is coordinated through the OIT offices in Albuquerque. Sites should speak with their EHR Program pharmacy consultant for further information.

Action/Decision:

Responsible Party:

Projected Completion Date: **Completed Date:**

62. Perform Pharmacy 5/7 training, installation, and go-live.

After all pharmacy file preparation is complete (see above), training of pharmacy staff on the new applications will be scheduled, and use of the applications will begin.

Action/Decision:

Responsible Party:

Projected Completion Date: **Completed Date:**

63. Implement "Paperless Refill" option.

Paperless refills are an option in the Pharmacy package that allows pharmacists to refill medications and create a completed visit in the pharmacy package, eventually without pulling the paper chart. The patient encounter is documented in the pharmacy package instead of on a PCC form.

Using paperless refills familiarizes the pharmacists with the capabilities of the Pharmacy Package. In addition, the use of paperless refills alters the work processes for medical records and data entry staff, as data entry staff must now work error reports and coders will see an increase in uncoded diagnoses for pharmacy visits. However, PCC data entry for pharmacy visits will no longer exist.

Action/Decision:

Responsible Party:

Projected Completion Date: **Completed Date:**

64. Perform pharmacy file cleanup and preparation for Pharmacy 5/7

Because of the differences introduced by the new pharmacy applications, considerable revision of pharmacy data files is required. The revision process is estimated to require a full-time pharmacist a minimum of two weeks to complete.

In addition to cleaning up drug files, orderable items must be created and configured for each drug, and nouns and verbs must be linked to specific dosage forms before the pharmacy is able to go live with the new versions. The pharmacist may want to consider attending one of the Preparing Pharmacy for EHR training courses.

Action/Decision:

Responsible Party:

Projected Completion Date **Completed Date:**

Radiology Infrastructure

65. Implement Ward Order Entry for Radiology (if not already in use).

This is another opportunity to utilize the point-of-service options already available in RPMS. Using Ward Order Entry for radiology will help the Radiology staff become accustomed to receiving (and trusting) electronically generated orders, as opposed to paper requisitions. Having providers originate these orders from the exam room will help them become familiar with RPMS and its capabilities, and will facilitate the transition to order entry in EHR.

RPMS order entry is somewhat more time-consuming than it is in EHR, which ensures that providers will welcome and appreciate the advantages offered by the EHR GUI.

Action/Decision:

Responsible Party:

Projected Completion Date: **Completed Date:**

66. Implement Radiology Reports within the Radiology Package (if not already in use).

Facilities should move away from paper radiology reports as soon as possible. The only radiology reports visible within the EHR are those created within the Radiology Package, so providers will not be able to call up old reports unless they have been entered using the Radiology Package.

The sooner the Radiology Reports function is utilized, the more historical reports will be accessible to providers after EHR is implemented.

Action/Decision:

Responsible Party:

Projected Completion Date: **Completed Date:**

67. Perform Radiology file setup and training for Radiology Package.

Most sites are presently running Radiology. Some file preparation is required, but the amount of end-user preparation is expected to be small; this should be addressable through updated documentation rather than focused training.

Action/Decision:

Responsible Party:

Projected Completion Date: **Completed Date:**

68. Perform Radiology go-live. *Install Radiology 5.0 at the facility.* **Action/Decision:**	**Responsible Party:** **Projected Completion Date:**	**Completed Date:**
69. Set a date to stop printing paper reports. *Radiology results will be available in the Radiology Package, so hard copies no longer need to be printed.* **Action/Decision:**	**Responsible Party:** **Projected Completion Date:**	**Completed Date:**

Laboratory Infrastructure

70. Perform Laboratory file cleanup for Laboratory 5.2 (if not already in use).

Although not as extensive as that required for pharmacy, a certain level of file preparation is required for the Laboratory order entry component.

Action/Decision:

Responsible Party:

Projected Completion Date: **Completed Date:**

71. Perform Laboratory 5.2 training, installation, and go live (including installation of most recent patch).

Most facilities are already running Laboratory 5.2, so the upgrade and training requirements to use this application with EHR are minimal.

Action/Decision:

Responsible Party:

Projected Completion Date: **Completed Date:**

72. Implement Ward Order Entry for Laboratory (if not already in use).

As with Radiology, the use of Laboratory ward order entry will introduce providers and laboratory staff to the benefits of computerized order entry and facilitate the transition to EHR.

Action/Decision:

Responsible Party:

Projected Completion Date: **Completed Date:**

73. Set up label printers and printers for reports and labels at clinics and in lab.

Labels will be needed for specimens, and hard copies of interim reports may be requested.

Action/Decision:

Responsible Party:

Projected Completion Date: **Completed Date:**

74. Set a date to stop printing cumulative reports.

Laboratory results will be available in the Laboratory package, so hard copies no longer need to be printed.

Action/Decision:

Responsible Party:

Projected Completion Date: **Completed Date:**

75. Develop a system for bringing Point-of-Care (POC) labs into the Laboratory package (File 60) (if not already in place) by interfacing with POC machines or using the Fast Bypass option.

In order for POC lab tests to be available to providers using EHR, the results must be entered into the Laboratory package. Staff can accomplish this by performing tests using the Fast Bypass option in the Laboratory package.

Action/Decision:

Responsible Party:

Projected Completion Date: **Completed Date:**

76. Develop a system for bringing microbiology reports into the RPMS Laboratory package (if not already in place).

In order for microbiology reports to be available to providers using EHR, these results must be entered into the Laboratory package.

Action/Decision:

Responsible Party:

Projected Completion Date: **Completed Date:**

77. Develop a system for bringing reference labs into the Laboratory package (File 60) (if not already in place).

Reference laboratory results also are not available within EHR unless they have been entered into the Laboratory package. The upcoming availability of the bidirectional Reference Lab Interface will facilitate this by having results from Quest and LabCorp reference labs electronically passed to the Lab package.

Action/Decision:

Responsible Party:

Projected Completion Date: **Completed Date:**

78. Set a date to stop printing Reference Lab reports

Reference laboratory results will be available in Laboratory package, so hard copies no longer need to be printed.

Action/Decision:

Responsible Party:

Projected Completion Date:

Completed Date:

Patient Management/HIM Infrastructure

79. Review medical records policy and begin to define the legal medical record and its primary source.

When changing from a paper medical record to an electronic medical record, facilities must delineate the source system within the EHR system of the hybrid electronic health record. The source system is defined as the system where the information is originally created (such as RPMS or scanned documents).

Switching to EHR means that facilities must update policies and procedures that outline the maintenance, use, disclosure, and retention of the medical record.

Action/Decision:

Responsible Party:

Projected Completion Date: **Completed Date:**

80. Perform Patient Information Management System (PIMS) training and go live. Discontinue use of appointment books in all locations.

PIMS is the first new RPMS application that is required to be installed and running preparatory to EHR implementation. PIMS incorporates scheduling, admission/discharge/transfer (ADT), and sensitive patient tracking functions.

PIMS is somewhat different from the previous scheduling and ADT applications, so specific staff training is required and will be scheduled for each site by the EHR Program PIMS application team lead.

Action/Decision:

Responsible Party:

Projected Completion Date: **Completed Date:**

81. Set up ICD-9 pick lists by clinic and/or by provider.

EHR allows for facility- and provider-specific pick lists for ICD-9 codes to facilitate entry of POV data. The CAC(s) will develop these as well.

Action/Decision:

Responsible Party:

Projected Completion Date: **Completed Date:**

82. Set up CPT superbill pick lists (usually by clinic or specialty).

EHR allows for the entry of procedure and supply data directly into PCC, where it is picked up by the billing application. The CAC(s), in collaboration with nursing staff, coders, and other staff as appropriate, are responsible for developing facility- and provider-specific pick lists for procedures and other billable items.

Action/Decision:

Responsible Party:

Projected Completion Date: **Completed Date:**

83. Review the Provider File with input from CHS, Pharmacy, Nursing, and Medical staff

Ensure that only active providers with appropriate affiliation and discipline are listed.

Action/Decision:

Responsible Party:

Projected Completion Date: **Completed Date:**

Clinical RPMS Package Infrastructure

84. Perform utilization assessment and implementation of RPMS point-of-service package: Immunization. *The Immunization package is one of the more important point-of-service applications, and nursing staff should be using it exclusively for immunization entry and management of the immunization registry. Dependence upon immunization "blue sheets" must be eliminated.* **Action/Decision:**	**Responsible Party:** **Projected Completion Date:**	**Completed Date:**
85. Perform utilization assessment and implementation of the RPMS Diabetes Management package. *Ensure optimization of the Diabetes Registry, Visual DMS, and the Audit tools. More information is available at* http://www.ihs.gov/MedicalPrograms/Diabetes/ **Action/Decision:**	**Responsible Party:** **Projected Completion Date:**	**Completed Date:**
86. Perform utilization assessment and implementation of point-of-service package: Behavioral Health. *The integration of behavioral and medical information supports coordinated care and improved health outcomes. More information is available at* http://www.ihs.gov/cio/bh/ **Action/Decision:**	**Responsible Party:** **Projected Completion Date:**	**Completed Date:**

87. Perform utilization assessment and implementation of Women's Health package for Pap smears, mammograms, breast exams, and biopsies (if not already in place).

The Women's Health package is another very important point-of-service case management application. At present, there is no EHR component for direct entry into the Women's Health package, so staff must be familiar with using the application in RPMS. Several EHR reminders depend upon accurate data in the Women's Health package, making it even more important to keep this data up to date.

Action/Decision:

Responsible Party:

Projected Completion Date: **Completed Date:**

88. Perform utilization assessment and implementation of case management packages (e.g., Asthma package).

Review Case Management options in RPMS

Action/Decision:

Responsible Party:

Projected Completion Date: **Completed Date:**