



RESOURCE AND PATIENT MANAGEMENT SYSTEM

RPMS-EHR Remote for Inpatient Configuration and Test

Announcement and Agenda

October 28 – November 1, 2013

Office of Information Technology
Albuquerque, New Mexico
and
Mt. Edgecumbe Hospital (SEARHC)
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1.0 General Information

1.1 Purpose of Training

The purpose of this deployment and training activity is to prepare Electronic Health Record (EHR) Inpatient Teams for completing Stage 1 Meaningful Use criteria within their Inpatient setting. Because this hands-on intensive course is both a deployment and training activity, the following guidelines apply:

- EHR Inpatient Teams attending should include the following disciplines:
 - Clinical Application Coordinator (CAC)
 - Nursing
 - Pharmacy
 - Laboratory
 - Health Information Management (HIM)
- Each of five participating sites must have implemented Phases I-VI as delineated by the **EHR Inpatient Site Tracking Form**
- Participants will separate into workgroups for the following issues:
 - ADT and Coding
 - Pharmacy
 - Lab
 - Nurse and Physician
- Participants will connect to their site's RPMS database and conduct EHR Inpatient Configuration during the course of the week;
- Area and ARRA EHR Consultants assigned to the site will be available as instructors and facilitators and assist their sites during the week.

1.2 Background

On February 17, 2009, President Barack H. Obama signed into law the American Recovery and Reinvestment Act of 2009 (ARRA) to provide incentives encouraging healthcare organizations and office-based physicians to adopt EHRs and other health information technology (HIT) solutions that reduce costs by improving quality, safety, and efficiency. ARRA contains numerous technology and privacy provisions with aggressive timelines for completion. Many of these ARRA milestones are related to standards and the work of the Healthcare Information Technology Standards Panel.

1.2.1 Health Information Technology for Economic and Clinical Health Act

The Health Information Technology for Economic and Clinical Health Act (HITECH) is a focal point of ARRA and represents an investment of more than \$19 billion towards healthcare IT related initiatives. These funds are divided into two portions:

- \$17 billion toward a Medicare and Medicaid incentive reimbursement program for both healthcare organizations and providers who can demonstrate “meaningful use” of an approved EHR
- \$2 billion available to: providers located in qualifying rural areas; providers serving underserved urban communities; and Indian tribes.

Meaningful use of an approved EHR is required in order for providers to qualify for, and continue to receive, benefits from HITECH.

1.2.2 Incentive Payments

ARRA will provide incentive payments through Medicare and Medicaid reimbursement systems to encourage providers and hospitals to adopt EHRs and HIT. Hospitals that demonstrate meaningful use of certified EHRs and other HIT could be eligible for between \$2 million and \$8 million. Incentive payments are triggered when an eligible provider (EP) or eligible hospital (EH) demonstrates that it has become a “meaningful EHR user.”

The highest incentive payments will be granted to EPs and EHs that adopt EHR technology in years 2011, 2012 or 2013. Reduced incentive payments are granted to EPs and EHs that adopt EHR technology in years 2014 or 2015, while no incentive payments are granted to EPs and EHs that adopt EHR technology after 2015. Providers and hospitals that fail to meet this time limit will be subject to penalties in the form of reduced Medicare reimbursement payments beginning in 2017.

1.3 Meaningful Use

Meaningful Use is a term coined by CMS to describe the ideal situation wherein providers and hospitals that have adopted certified EHR are using the technology to further the goals of information exchange among health care professionals. EPs and EHs will achieve meaningful use if they:

- Demonstrate use of certified EHR technology in a meaningful manner.
- Demonstrate the certified EHR technology provides for electronic exchange of health information to improve quality of care
- Use certified EHR technology to submit information on clinical quality and other measures.

Achieving meaningful use will be accomplished in three stages.

- Stage 1 began in 2011
- Stage 2 began in 2013
- Stage 3 will begin in 2015

The criteria for achieving meaningful use increase with each stage and build upon the prior stage. Medicare and Medicaid incentives are available to providers and hospitals who become meaningful users of certified EHR technology, with the maximum incentives being given to EPs and hospitals that become meaningful users in Stage 1. Hospitals may be eligible for both Medicare and Medicaid incentives but EPs must choose between the two incentive programs.

For the 2011 Medicare incentives, EPs were required to report on three core measures and a set of specialty measures which vary depending on the EP's specialty. Eligible hospitals were required to report on a set of 35 measures that included emergency department, stroke, and VTE, among other measures. 2011 reporting of clinical quality measures was accomplished by attestation. Beginning in 2012 for both Medicare and Medicaid incentives, EPs and hospitals were required to submit information electronically on both the health IT functionality and clinical quality measures.

1.4 Objectives

The first health outcomes policy priority specified by the HIT Policy Committee is improving quality, safety, efficiency and reducing health disparities. The HIT Policy Committee has identified objectives and measures for providers to address this priority:

- Provide access to comprehensive patient health data for patient's healthcare team.
- Use evidence-based order sets and Computer Provider Order Entry (CPOE).
- Apply clinical decision support at the point of care.
- Generate lists of patients who need care and use them to reach out to those Patients
- Report information for quality improvement and public reporting.
- Use CPOE – 10%
- Implement drug-drug, drug-allergy, drug-formulary checks.
- Maintain an up-to-date problem list of current and active diagnoses based on ICD-9 CM or SNOMED CT® - 80% of all patients have at least one problem recorded
- Generate and transmit permissible prescriptions electronically (eRx) – 75% of all prescriptions
- Maintain active medication list – 80% of all patients

- Maintain active medication allergy list – 80% of all patients have allergy or no allergy recorded.
- Record the following demographics: preferred language, insurance type, gender, race, and ethnicity, and date of birth. – 80% of all patients
- Record and chart changes in the following vital signs: height, weight and blood pressure and calculate and display body mass index (BMI) for ages 2 and over; plot and display growth charts for children 2 to 20 years, including BMI – 80% of all patients.
- Record smoking status for patients 13 years old or older – 80% of all patients.
- Incorporate clinical lab-test results into EHR as structured data – 50% of all clinical lab results ordered by provider.
- Generate lists of patients by specific conditions to use for quality improvement, reduction of disparities, research, and outreach – Generate at least one list
- Report hospital quality measures to CMS.
- Send reminders to patients per patient preference for preventive and follow-up care to at least 50% of patients with unique conditions.
- Implement five clinical decision support tools.
- Check insurance eligibility electronically from public and private payers – 80% of all patients.
- Submit claims electronically to public and private payers – 80% of all patients.

2.0 Learning Objectives

At the end of this course participants will be able to setup the Electronic Health Record for Inpatient utilization. Topics will include but not be limited to:

- Review of Inpatient Tracking Form
- Best Practices
- Admission and Discharge Process
- Inpatient Coding
- Use of Computer Generated MAR
- Teams
- Notifications
- Lab and Radiology Orders
- Inpatient Medications and IV Orders
- Nursing and Generic Orders
- Order Sets
- Admission Orders (ADCVANDISL, ADCVANDALISM, ADCVANDIPLE)
- Order Menus
- Completion and Verification of Orders
- Printing Orders
- Order Checks
- CPOE Reports
- Inpatient Note Titles
- Interdisciplinary Notes
- Templates for Admission, Shift Notes, and Discharge
- Consults
- Delayed Orders
- Auto-Discontinue of Medications

3.0 Instructors and Facilitators

Disclosure Statement: As a provider accredited by ACCME, ANCC, and ACPE, the IHS Clinical Support Center must ensure balance, independence, objectivity, and scientific rigor in its educational activities. Course directors and coordinators, planning committee members, faculty, and all others who are in a position to control the content of this educational activity are required to disclose all relevant financial relationships with any commercial interest related to the subject matter of the educational activity. Safeguards against commercial bias have been put in place. Faculty will also disclose any off-label or investigational use of pharmaceuticals or instruments discussed in their presentation. The course directors and coordinators, planning committee members, and faculty for this activity have completed the disclosure process and have indicated that they do not have any significant financial relationships or affiliations with any manufacturers or commercial products to disclose.

3.1 Albuquerque, NM (OIT)

- David Taylor MHS, RPh, PA-C, RN, IHS OIT EHR Training and Deployment Manager
- Phil Taylor, BA, RN, Clinical Application Specialist (Medsphere®)

3.2 Mt. Edgecumbe Hospital

- Dr. Elliot Bruhl, Medical Director
- Dr. John Baciocco, Inpatient Physician Lead
- Noel Rea, Acting Hospital Administrator
- Kendra Pountney, Deputy Hospital Administrator
- Sonja Conner, Chief Nursing Officer
- Bob Cita, Chief Information Officer
- Wade Parrish, Systems Analyst and Site Manager
- Jay Mercurief Barker, Systems Analyst and Site Manager
- Rhonda Stiles, Systems Analyst and Site Manager
- Lisa Lang, Systems Analyst and Site Manager
- Eric Skan, Pharmacy Informaticist
- Teresa Heston, Clinical Application Coordinator
- Sean Huntley, Clinical Application Coordinator
- Bill Anderson, Admitting
- Julie Phipps, HIM
- Ruthie Dearborn, HIM Director
- Christi Henthorn, LIS Manager

- Constance Stager, Laboratory Manager
- Karin Johnson, Radiology Manager
- Traci Gale, Pharmacy Director
- Peter Apathy, Project Manager

3.3 Alaska Native Tribal Health Consortium (ANTHC)

- Kimiko Gosney, MS, CC(NRCC) ANTHC Clinical Applications Coordinator
- Carlene McIntyre, PharmD, ANTHC EHR Pharmacy Consultant
- Karen Sidell, ANTHC Meaningful Use Coordinator

4.0 Detailed Agenda

**All times are Alaska Time!
Day One**

Start	Topic
8:30	<ul style="list-style-type: none"> • Welcome and Introductions • Review of Inpatient Tracking Form • Best Practices • Participant needs and expectations • Work Flow Analysis and Business Process Walk-through • HL7 Interface Considerations • Meaningful Use • ADT Overview • Overview of Inpatient Order Setup
Noon	Lunch Break
1:00	Continue morning topics
5:00	Dismiss

Day Two

Start	Topic
8:30	Review
9:00	Lab Session: <ul style="list-style-type: none"> • Inpatient Laboratory Order Setup • Lab Collect • Ward Collect • AM Collect • Immediate Collect • Printing Labels and Requisitions
10:00	Pharmacy Session: <ul style="list-style-type: none"> • Inpatient Pharmacy Order Setup • Unit Dose • IV Meds • IVPB Meds • OE/RR Order and Menu Management • Printing labels and orders • Computer Generated MAR • BCMA Preparation
Noon	Lunch Break
1:00	Nurse/Physician Work Session: <ul style="list-style-type: none"> • Nursing Orders • Generic • Order Sets

Start	Topic
4:00	HIM & Coding Work Sessions: <ul style="list-style-type: none"> • ADT Processes • ADT Configuration • Inpatient Coding • In Hospital Visits
5:00	Dismiss

Day Three

Start	Topic
8:30	<ul style="list-style-type: none"> • Admitting Orders (ADCVANDISSL or ADCVAANDIML) • Disease Specific Admitting Orders
Noon	Lunch Break
1:00	Continue morning topics
5:00	Dismiss

Day Four

Start	Topic
8:30	<ul style="list-style-type: none"> • Delayed Order Setup • Auto Discontinue • Notifications and Order Checks for Inpatient • Team List Management
Noon	Lunch Break
1:00	Continue morning topics
5:00	Dismiss

Day Five

Start	Topic
8:30	<ul style="list-style-type: none"> • Consults for Inpatients • Note Titles and Interdisciplinary Notes • Documenting and viewing notes • Template Fields • Template Fields and Generic Orders • Printing Notes and Orders • Corrections and Error Resolution
Noon	Lunch Break
1:00	Continue morning topics <ul style="list-style-type: none"> • Wrap up
5:00	Dismiss