RESOURCE AND PATIENT MANAGEMENT SYSTEM

BCMA (eMAR) Drug File Optimization

Announcement and Agenda

Six Week Foundational Series

Fridays

August 29– October 3, 2014

Office of Information Technology
Albuquerque, New Mexico

Table of Contents

1.0 General Information 3
1.1 Background 3
1.2 Definition of Terms....4
1.3 Attestation Requirements 4
1.4 Certification and Standards 4
2.0 Meeting Purpose and Objectives 6
2.1 Purpose of Training 6
2.2 Prerequisites....6
3.0 Detailed Agenda 7
3.1 Week One....7
3.2 Week Two....7
3.3 Week Three 7
3.4 Week Four 8
3.5 Week Five....8
3.6 Week Six 8
4.0 Biographies of BCMA Project Team Members....9
4.1 Instructors and Facilitators....9
4.2 IHS VA Cross Functional Team....11
Acronym List 18

1.0 General Information

1.1 Background

The Centers for Medicare and Medicaid Services (CMS) recently published a final rule that specifies the Stage 2 criteria that eligible professionals (EP), eligible hospitals, and critical access hospitals (CAH) must meet in order to continue to participate in the Medicare and Medicaid Electronic Health Record (EHR) Incentive Programs. Through the Stage 2 requirements of the Medicare and Medicaid EHR Incentive Programs, CMS seeks to expand the meaningful use of certified EHR technology. Certified EHR technology used in a meaningful way is one piece of a broader health information technology infrastructure needed to reform the health care system and improve health care quality, efficiency, and patient safety.

This final rule specifies the Stage 2 criteria that EPs, eligible hospitals, and CAHs must meet in order to qualify for Medicare and/or Medicaid EHR incentive payments. In addition, it specifies payment adjustments under Medicare for covered professional services and hospital services provided by EPs, eligible hospitals, and CAHs failing to demonstrate meaningful use of certified EHR technology and other program participation requirements. This final rule revises certain Stage 1 criteria, as finalized in the July 28, 2010 final rule, as well as criteria that apply regardless of Stage.

New Core and Menu Set Objectives and Measures for Stage 2:

> Automatically track medication orders using an electronic medication administration record (eMAR).
>
> (16)(i) *Objective.* Automatically track medications from order to administration using assistive technologies in conjunction with an eMAR.
>
> (ii) *Measure.* Subject to paragraph (c) of this section, more than 10 percent of medication orders created by authorized providers of the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) during the EHR reporting period for which all doses are tracked using eMAR.
>
> (iii) *Exclusion in accordance with paragraph (i)(2) of this section.* Any eligible hospital or CAH with an average daily inpatient census of fewer than 10 patients.

Stage 2 Eligible Hospital and Critical Access Hospital Meaningful Use Core Measure 16 of 16:

- Automatically track medications from order to administration using assistive technologies in conjunction with an eMAR.

- More than 10 percent of medication orders created by authorized providers of the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) during the EHR reporting period for which all doses are tracked using eMAR.

Exclusion: Any eligible hospital or CAH with an average daily inpatient census of fewer than 10 patients.

1.2 Definition of Terms

electronic Medication Administration Record. Technology that automatically documents the administration of medication into certified EHR technology using electronic tracking sensors (for example, radio frequency identification) or electronically readable tagging such as bar coding).

Average daily inpatient census. The total number of patients admitted during the previous calendar year divided by 365 (or 366 if the previous calendar year is a leap year).

1.3 Attestation Requirements

Denominator: Number of medication orders created by authorized providers in the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) during the EHR reporting period.

Numerator: The number of orders in the denominator for which all doses are tracked using eMAR.

Threshold: The resulting percentage must be more than 10 percent in order for an eligible hospital or CAH to meet this measure.

Exclusion: Any eligible hospital or CAH with an average daily inpatient census of fewer than 10 patients

1.4 Certification and Standards

The corresponding certification and standards criteria for electronic health record technology that supports achieving the meaningful use of this objective follows:

> § 170.314(16) Inpatient setting only – electronic medication administration record
>
> (i) In combination with an assistive technology that provides automated information on the “rights” specified in paragraphs (a)(16)(i)(A) through (E) of this section, enable a user to electronically verify the following before administering medication(s):
>
> (A) Right patient. The patient to whom the medication is to be administered matches the medication to be administered.

(B) Right medication. The medication to be administered matches the medication ordered for the patient.

(C) Right dose. The dose of the medication to be administered matches the dose of the medication ordered for the patient.

(D) Right route. The route of medication delivery matches the route specified in the medication order.

(E) Right time. The time that the medication was ordered to be administered compared to the current time.

(ii) Right documentation. Electronically record the time and date in accordance with the standard specified in § 170.210(g), and user identification when a medication is administered.

*Depending on the type of certification issued to the EHR technology, it will also have been certified to the certification criterion adopted at 45 CFR 170.314 (g)(1), (g)(2), or both, in order to assist in the calculation of this meaningful use measure.

§ 170.210(g) Synchronized clocks

The date and time recorded utilize a system clock that has been synchronized following (RFC 1305) Network Time Protocol, (incorporated by reference in § 170.299) or (RFC 5905) Network Time Protocol Version 4, (incorporated by reference in § 170.299).

2.0 Meeting Purpose and Objectives

2.1 Purpose of Training

The purpose of this training is to prepare for the deployment of Bar Code Medication Administration (BCMA), specifically focusing on the pharmacy drug file. A critical aspect of this deployment is to make sure that the pharmacy drug file **Pharmacy Data Management** is optimized. Emphasis will be placed on Unit Dose drugs, IV Additives, IV Solutions, Orderable Item File, and the Standard Schedule File.

2.2 Prerequisites

Indian Health Care System Pharmacy Informaticists directly involved with the implementation and maintenance of the Resource and Patient Management System (RPMS) Inpatient Pharmacy Suite of Applications and RPMS EHR within the inpatient setting.

BCMA Coordinators, Clinical Applications Coordinators (CAC), and other multidisciplinary BCMA Team Members are also encouraged to attend in order to increase their breadth and depth of understanding of the BCMA Foundations.

As this is both a training and deployment activity, participants are expected to connect to their site's RPMS database throughout the course and configure the Inpatient Pharmacy Drug File. Please maintain communication with your Site Manager throughout the course. He or she may need to assign you the necessary keys for your RPMS system as we go through the hands on exercises and configuration. Please alert your providers and pharmacy staff (if applicable) that change will be occurring in the pharmacy file. These changes can cause temporary inactivation of medication orders from the EHR side. If a change occurs please inform them to contact you regarding any issues that may have occurred. These changes can quickly be resolved once the drug file manager has been alerted.

3.0 Detailed Agenda

All times are Mountain Time!

3.1 Week One

Time	Activity	TAB #
Start	**Overview and Unit Dose File Clean up**	
10:00	**Welcome and Introductions** At the end of this session participants should be able to: • Navigate Adobe Connect sessions • Enroll on the RPMS Training Page **All attendees should be registered for all SIX weeks of the course**	TAB #1
10:15	**PowerPoint Presentation: Barcode Medication Administration RPMS Setup** At the end of this session participants should be able to: • Examine the impact of pharmacy file setup on BCMA and the eMAR • Recognize challenges of medication order processing	
12:15	**Foundation of BCMA: Pharmacy File Optimization** At the end of this session participants should be able to: • Understand the need for intensive pharmacy file optimization before deploying BCMA	
1:15	**Drugs Selectable for BCMA and Inpatient Use** At the end of this session participants should be able to: • Generate VA FileMan Reports specific to the drugs selectable for BCMA and Inpatient use	

3.2 Week Two

Time	Activity	TAB #
Start	**Pharmacy Orderable Item (File 50.7)**	TAB #2
10:00	**Orderable Item File Clean-up** At the end of this session participants should be able to: • Generate VA FileMan Reports specific to the Orderable Item File (50.7)	

3.3 Week Three

Time	Activity	TAB #
Start	**Dosage Form File; Medication Route File; and Standard Schedule File**	TAB #3
10:00	**Associated Files Clean-up** At the end of this session participants should be able to: • Generate VA FileMan Reports specific to the Associated Files: – Dosage Form File (50.606) – Medication Route File (51.2) – Standard Schedule File (51.1)	

3.4 Week Four

Time	Activity	TAB #
Start	**IV Additives and IV Solutions**	TAB #4
10:00	**IV Additives File Clean-up** At the end of this session participants should be able to: • Generate VA FileMan Reports specific to the IV Additive Fields (52.6) • Generate VA FileMan Reports specific to the IV Solution Fields (52.7)	

3.5 Week Five

Time	Activity	TAB #
Start	**Medication Quick Orders and Pharmacy Order Sets**	TAB #5
10:00	**At the end of this session participants should be able to:** • Compare and contrast the difference between medication quick orders and pharmacy order sets • Examine the impact EHR Patch 11 has on building medication quick orders	

3.6 Week Six

Time	Activity	TAB #
Start	**Conclusion & Wrap-up**	TAB #6
10:00	**At the end of this session participants should be able to:** • Review of previous material and homework assignments • Compare and contrast the quick order menu(s) developed by each Eligible Hospital for BCMA testing purposes within the cohort group • Provide an overview of Site Parameters (IV and Unit Dose)	

4.0 Biographies of BCMA Project Team Members

4.1 Instructors and Facilitators

CAPT Michael Allen, MIS, RPh
EHR Pharmacy Consultant, Indian Health Service Office of Information Technology
United South and Eastern Tribes Regional Extension Center

CAPT Allen is a commissioned officer in the United States Public Health Service (USPHS). He came from a family of pharmacists and holds a BS degree from Idaho State University. He has a Master of Information Systems degree from University of Phoenix. He started with USPHS after working in retail pharmacy for a few years. During his years in Indian Health Service (IHS) he has served in Portland Area, Phoenix Area, and currently is in Tucson Area. His duties have included, besides being a pharmacist: Site Manager, Assistant Site Manager, CAC, Pharmacy Package Administrator, and POS specialist. He serves on the Pharmacy PSG and was recently appointed to the POS Technical Advisory Group. His children are out of the house and he has one granddaughter he misses greatly. He lives in Tucson with his wife and cat.

LCDR Matthew D. Olson, PharmD, NCPS
Pharmacy Informaticist
Pharmacy Residency Program Director
Choctaw Nation Health Services Authority

LCDR Matthew Olson is an active duty Commissioned Corps Officer in the United States Public Health Service. He is a registered pharmacist and is nationally certified as an Anticoagulation Clinical Specialist. LCDR Olson began his PHS career by completing a Pharmacy Practice Residency at the Choctaw Nation Health Care Center Hospital. He has served as staff pharmacist, Anticoagulation Clinic provider, and Inpatient Pharmacy Director. For the past 4 years he has served as the health system Pharmacy Informaticist, for both inpatient and outpatient settings. He has been involved with the implementation and maintenance of the EHR for pharmacy applications and preparing the health system drug files for e-prescribing.
LCDR Olson also currently serves as a staff pharmacist, Anticoagulation Clinic provider, and the Pharmacy Residency Program (PGY-1) Director.

Daphen Shum, BS Pharm, RPh
Pharmacy Supervisor/Informaticist (at Perry Point Division)
BCMA Coordinator, Veterans Affairs Maryland Health Care System
Pharmacy Clinical Specialist, Veterans Health Administration PBM Clinical Informatics/Pharmacy Reengineering

Daphen Shum is a registered pharmacist working in a variety of roles within the Department of Veterans Affairs (VA). She has over 31 years of service in the VA, with a few years working as a hospital pharmacist in the private sector. Her VA

career started as a Pharmacy Technician. After becoming a pharmacist, when was involved in the initial implementation of DHCP/VISTA. She was involved as an ADPAC/Informaticist soon after she started working at VAMC Perry Point in 1988, in addition to working in both the inpatient and outpatient pharmacy areas. She was involved in the implementation of BCMA in 2000 and was appointed BCMA Coordinator in 2005. She was involved on the team from Veterans Affairs Maryland Health Care System, selected as a part of the national BCMA Collaborative Breakthrough Series, to facilitate the resolution of issues to optimize the use of BCMA. Other BCMA projects include a VISN 5 Pharmacist BCMA training initiative, BCMA Cross-Functional Team and BCMA Web-based Training Planning team. Current projects include iEHR Pharmacy SME, iEHR Bar Coding SME and BCMA for IHS.

LCDR Carla Stearle, PharmD, BCPS, NCPS
ePrescribing Pharmacy Consultant, IHS Office of Information Technology
United South and Eastern Tribes Regional Extension Center

LCDR Carla Stearle is a Commissioned Officer in the United States Public Health Service and has been in the IHS since 2004. She received her Bachelor of Science Degree in Biology from Penn State University in 2000 and her Doctor of Pharmacy degree from the University of Maryland College of Pharmacy in 2004. Carla completed a pharmacy practice residency at W.W. Hastings Cherokee Nation Indian Hospital in 2004 and remained at Hastings as a staff pharmacist until 2009. During her years at Hastings she was a member of both the local EHR implementation team and the local Medication Safety Team. She is now employed as an ARRA Pharmacy Consultant with the Office of Information Technology (OIT).

LCDR Randy Steers, PharmD, BCPS, NCPS
Assistant Chief of Pharmacy – Inpatient Director
Choctaw National Health Care Center, Talihina, Oklahoma

LCDR Steers is a Commissioned Officer in the United States Public Health Service. LCDR Steers completed a PGY1 pharmacy practice residency in 2009 at the Choctaw Nation Health Care Center. LCDR Steers served as a staff pharmacist, smoking cessation clinic director, and poly-pharmacy clinic director following the PGY1 pharmacy practice residency. LCDR Steers has been serving as the Assistant Chief of Pharmacy Inpatient Director for the Choctaw Nation Health Care Center since 2010. LCDR Steers is board certified pharmacotherapy specialist, and is a nationally certified pharmacy specialist in anticoagulation management.

4.2 IHS VA Cross Functional Team

Jonathon Bagby, MSN, MBA, RN-BC
Nurse Consultant
Veterans Health Administration Office of Informatics and Analytics, Bar Code Resource Office
Department of Veterans Affairs

Jonathan Bagby, MSN, MBA, RN-BC is a board-certified informatics nurse with over 10 years' experience with the VA, spending much of that time representing the interest of field nurses as a subject matter expert in developing the electronic medical record. Jonathan is a Nurse Consultant for the VA's Bar Code Resource Office (BCRO) providing nursing informatics support and education to staff at the national level supporting over 150 VA medical centers. Prior to joining the BCRO, Jonathan worked for five years as the Nursing Informatics and BCMA Coordinator at McGuire VA Medical Center in Richmond, Virginia and led the nursing side of numerous projects (including revising the electronic medical record orientation program for new nurses, developing an electronic report for patient handoff, developing an electronic staff scheduling assistance program, and the implementation of automated medication distribution cabinets). Jonathan has presented topics at several national informatics conferences including HIMSS, VeHU, and the unSUMMIT and is a published author of several peer reviewed articles. Jonathan has an Associate of Science degree from Richard Bland College of the College of William and Mary, a Bachelor of Science in Nursing from Virginia Commonwealth University, and a Master of Science in Nursing and Business Administration in Health Care Management from the University of Phoenix. He holds a Master's Certificate in Project Management from the George Washington University School of Business and is board-certified in Informatics through ANCC. His clinical background is in medical, surgical, and orthopedic nursing and has worked as a staff nurse, nurse manager, nursing informatics/BCMA coordinator, and nurse consultant.

CDR Bradley Bishop, PharmD, MPH
Pharmacy Consultant, IHS OIT

CDR Bradley Bishop is a Commissioned Officer in the United States Public Health Service and has been in the IHS since 2001. CDR Bishop received his Doctor of Pharmacy from the University of Tennessee College of Pharmacy and Master of Public Health from the University of Massachusetts-Amherst. He has been assigned to Sells, AZ, Tahlequah, OK, Tucson Area Office, and IHS Headquarters as a pharmacist, chief pharmacist, CAC, and pharmacy consultant. CDR Bishop currently serves

Jaculyn Bloch
Information Technology Specialist
Clinical 1 Support Team/Clinical Product Support
Product Development, Department of Veterans Affairs

Jaci is currently working as an Information Technology Support Specialist with the VA. She started her career in 1984 as a Licensed Practical Nurse at the St. Cloud VA

Health Care System working on the Nursing Home Care Unit. Jaci transferred to pharmacy, where she worked for 15 years as a registered pharmacy technician in all areas of the pharmacy including inpatient, outpatient, controlled substance management, inventory management and procurement. She has worked as Vista Applications Coordinator in the Pharmacy and Business Office service line acting as the liaison between the service and Information Resource Management (IRM). In 2008, she joined the VISN 23 IT Department as a Vista Applications Support Specialist for the Vista pharmacy packages providing Vista and COTS pharmacy support for all sites in VISN 23. Since 2011, Jaci has been working as an Information Technology Specialist for the Clin 1 Support Team, CPS, PD, Department of VA. Jaci' s duties include reviewing and releasing software and supporting the Vista pharmacy packages including Inpatient, Outpatient, Controlled Substances, Drug Accountability, BCMA and CMOP. Jaci is currently working on several projects and workgroups including Electronic Prescribing of Controlled Substances, IMR V, IMR VI and BCMA for IHS.

CAPT Deborah Alcorn, MSN, RN, CPC
EHR Deployment Specialist, IHS OIT
United South and Eastern Tribes Regional Extension Center

Deborah has been Registered Nurse for 32 years. During this time her nursing practice led her to work in a variety of private sector hospitals, clinics, tribal facilities, and for the last 20 years in IHS. Ms. Alcorn is a citizen of the Cherokee Nation of Oklahoma. She received her commission in the U.S. Public Health Service in 1988 and works from the Nashville Area Office, IHS where she had served Tribes and IHS facilities in the role of Area Managed Care Consultant. Currently she has been assigned to support the implementation of the IHS EHR by assisting the IHS OIT as one of the EHR Implementation Team Consultants. Ms. Alcorn is also a Certified Professional Coder and has worked diligently with the Nashville Area Tribes to train and certify coding professionals at the Service Unit, Tribal, and Urban levels. Health Care Compliance is another field of particular interest and work for Ms. Alcorn. Ms. Alcorn's knowledge and expertise in nursing has enabled her to provide assistance to IHS, Tribal, and Urban facilities from both clinical and business perspectives with a focus on quality health care service delivery.

Barbara Connolly
Information Technology Specialist
Clinical 1 Support Team/Clinical Product Support
Product Development, Department of Veterans Affairs

Barbara Connolly has been a member of the Clinical 1 Product Support team since 1998. In this capacity she has supported BCMA, Inpatient Medications and Outpatient Pharmacy and CMOP. She has been actively supporting BCMA since its inception in 1999. Prior to her position with Product Support she was the Data Manager for Primary care at the Albany VAMC. She was responsible for the management of the Primary Care teams and provided upper management with a variety of reports centered around provider work load. She mentored graduate school interns who were earning a degree in Public Health. Barbara also worked for 10 years

as an IT Specialist for the Albany VAMC supporting a large variety of applications and developing local software.

Sean Cook (Contractor)
Applications Systems Analyst, Data Networks Corporation

Sean Cook is an Applications Systems Analyst with Data Networks Corporation and has worked on contract with the IHS since 2010. His professional experience in Pharmacy spans more than a decade and includes in-depth experience in interoperability, automation, and team leadership. Sean spent several years with, Omnicare, the largest long term care pharmacy in Northern Illinois and a year with Provident Hospital of Cook County, Chicago. Prior to coming to Albuquerque, he provided systems and programming support for six pharmacies at Columbia St. Mary's in Milwaukee.

Kevin Cownie
Information Technology Specialist
Clinical 3 Support Team/Clinical Project Support
Product Development, Department of Veterans Affairs

Kevin Cownie is currently an Information Technology Support Specialist with the VA. Prior to working for the VA he was an Application Programmer for a manufacturing company and a member of the Air National Guard. He has 25 years of service with the VA which included seven years as Chief, IRM service. He joined national support as a member of the National Database Integration Team. This team was responsible for integrating numerous VA Hospital databases. Currently as a member of the Clin 3 Support Team he is responsible for supporting and releasing software for BCMA Contingency, Clinical Procedures, Functional Independence Measurement, Home Based Primary Care, Medicine, My HealtheVet, National Database Integration, QUASAR, Radiology, Spinal Cord, Suicide Hotline and VistA Imaging. He was heavily involved in the development of the BCMA Contingency package and more recently the startup of the Valley Coastal Bend Hospital along with the realignment of clinics in VISN 1.

Kirk Fox
Information Technology Specialist
Clinical 1 Support Team/Clinical Product Support
Product Development, Department of Veterans Affairs

Kirk Fox has 22 years of service with the VA; he is currently a member of Clinical 1 Support Team since 2008 as an Information Technology Support Specialist. In this position, Kirk has been charged with releasing and supporting software, including but not limited to BCMA, Inpatient Medications (both Unit Dose and IV Medications), and Outpatient Pharmacy packages.

Kirk has been involved with BCMA since version 1, at a site level and as active role in the BCMA Multi-Disciplinary for VISN 2 (five Integrated VA Medical Centers in New York). Additional VISN 2 roles include Application Support and Team Lead Application Support for BCMA for VISN 2. This position provided the opportunity to

work on many projects assisting in the Development of National BCMA Contingency Plan, and the creation of BCMA Reports.

Prior roles in the VA include: Nurse Service 6 years, Medical Administration Service 2 years, and Information Technology Specialist for the last 14 years.

A firm believer in Gene Kranz's statement ," I don't care about what anything was DESIGNED to do, I care about what it CAN do."

Cathi Graves
Management Analyst, Bar Code Resource Office
Veterans Health Administration
Office of Informatics & Analytics
Health Informatics

With over 27 years of VA experience, Cathi Graves is the senior Management Analyst for the BCRO. Cathi is an accomplished professional with in depth knowledge of project management, contract management, information systems training, information systems support, and hospital executive support. Ms. Graves is consistently recognized by peers for her ability to manage the strategic implementation of information technology systems within the VA. As part of the BCRO management team, Ms. Graves provides Project Management and Contract Management oversight, as well as business operations management support, overseeing the contractual aspects of the Bar Code Expansion-Positive Patient Identification (BCE-PPI) Project. Her project management and training development expertise serve as an integral part of the BCRO work efforts to assist, implement and operationalize the use of VA's BCMA and BCE-PPI applications.

Ms. Cathi Graves earned her Project Management Certificate from Baldwin Wallace College and a Master's certificate in Project Management from The George Washington University in March 2004. Ms. Graves began her VA career in 1985 at the Dallas VA Medical Center transitioning from Executive Assistant to the Associate Director to Computer Assistant within the IRM Office. In 1991, Ms. Graves transitioned to the Dallas IRM Field Office, National IRM Training Directorate, and was responsible for various Practicum Programs, planning, and delivery of VA National IRM Chiefs Conferences. She also provided oversight for the National IRM Training Program and provided contract oversight for national VMS System Management Training for IS professionals. Ms. Graves also provided National VistA Support for the Fiscal Management Team to support IFCAP, Pharmacy, and Fee Basis VistA applications.

In 1996, Ms. Graves joined the National Training and Education Office (NT&EO), now known as Employee Education System (EES), as the National Education Project Manager for BCMA, Voluntary Service System, Patient Advocate Tracking System, Blind Rehabilitation V5.0, Veterans Personal Finance System, VistA Blood Establishment Computer Software, and the Medical Information Security Service. Ms. Graves also served as a National Education Project Manager for Computerized Patient Record System (CPRS). In her Education Project Manager roles Ms. Graves

was responsible for the management of all aspects of national training program development and execution. National training development and execution activities have included the delivery of training plans, objectives, and curricula, as well as overall management of SMEs/trainers and education assistant staff. In 1999, Ms. Graves was responsible for the planning and delivery of five national face-to-face training sessions for over 1,500 VA train-the-trainer staff, to support the deployment of BCMA. In her role with NT&EO, Ms. Graves frequently represented the Director on OI national workgroups including representatives from VACO Senior Executive offices in the establishment of goals/objectives, processes, and tools as the VA moved from VistA to a HealtheVet architecture.

Dale K. Johnson, BSN, RN
IT Specialist
Clinical Product Support Team 2
Office of Information and Technology
Department of Veterans Affairs

Dale Johnson is currently an Information Technology Specialist with National Clinical Product Support, VA. Prior to national support, Dale labored as a CAC at VA Salt Lake City Health Care System for 10 years. Dale was the Lead CAC and handled a variety of issues at the VA Hospital. He has previously been involved in training IHS facilities in regards to shared applications with the VA VistA health record; consults, notes, clinical reminders and his group was recognized for this support. Dale has worked as a Registered Nurse at the Salt Lake VA Telemetry unit, Acute Medicine and Recovery. This experience gives him a working knowledge as an end user of an Electronic Medical Record. Dale Started at the VA in 1991 after 4 years in the United States Marines. He is a strong advocate for veteran issues. In his spare time he likes reading and writing about himself in the third person or can be found camping with his family whenever time and weather permits.

Kim M. Lyttle, BS, MT(ASCP)
Information Technology Specialist
Clinical 1 Support Team/Clinical Product Support
Product Development, Department of Veterans Affairs

Kim Lyttle is a registered Medical Technologist and is currently an Information Technology Support Specialist with the VA. She has several years of experience as a Medical Technologist in the private sector. She has over 26 years of service within the VA, including 6 years as a Medical Technologist, and 7 years as an Information Technology Specialist at Martinsburg VAMC. Since 2000, Kim has been assigned as an Information Technology Specialist for the Clin 1 Support Team, CPS, PD, VA. Kim has been charged with releasing and supporting software, including but not limited to BCMA, Inpatient Medications (both Unit Dose and IV Medications), Pharmacy Data Management, Dental, Surgery, Drug Accountability, and Controlled Substances. Kim released BCMA Version 2.0, and was one of the primary release people for IMR IV. She has received multiple awards and accolades for her work, especially with BCMA. She is currently working on several projects and workgroups including SQWM, IMR V, IMR VI, Patient Safety for BCMA and Inpatient

Medications, the BCMA workgroup, the Inpatient Medications Workgroup, BCE, and BCMA for IHS.

Chris Saddler, RN
Information Technology Specialist, IHS OIT

Chris Saddler began working for IHS in 1980 as a Nurse Epidemiologist at the Alaska Native Medical Center. In 1984, she joined the fledgling IHS RPMS Development Team. She was responsible for the initial VA Laboratory package and instrument interfaces for IHS. Transferring to OIT National Programs in 2003, her initial assignment was upgrading the Radiology package for EHR. Other projects included the upgrade to Kernel v 8 and other infrastructure packages, PCC+, Vista Imaging, Women's Health, and serving as IHS Database Administrator for two years. She provided technical support for EHR deployment in Alaska, and continues to support multi-division and urban sites.

CAPT (ret) David R. Taylor, MHS, RPh, PA-C, RN
EHR Training and Deployment Manager, IHS OIT
United South and Eastern Tribes Regional Extension Center

Captain (ret) Taylor is a retired Commissioned Officer in the United States Public Health Service and is a certified physician assistant, registered pharmacist, and registered nurse. He holds more than 36 years of public health, clinical, and clinico-administrative experience in the IHS as both a Commissioned Officer and Federal Employee. Mr. Taylor has served as a pharmacist, physician assistant, quality manger, risk manager, and compliance officer for the Pine Ridge, South Dakota and Cherokee, North Carolina Indian Hospitals. He has also served as an HIV/AIDS/STD consultant, performance improvement consultant, pharmacy consultant, diabetes clinical consultant, and RPMS health informatics consultant for the Nashville Area IHS. Since 2002 David Taylor has been assigned to the IHS OIT as a National Medical Informatics Consultant and has been charged with both training and deployment of the Meaningful Use of an EHR throughout the entire Indian Health Care system. David was awarded the PHS Meritorious Service Medal in recognition for his accomplishments in the EHR arena during his Commission.

Phil Taylor, BA, RN (Contractor)
Clinical Applications Specialist, Medsphere Corporation

Phil is a Clinical Consultant for Medsphere Systems Corporation. Phil has been a Registered Nurse for over 35 years. He holds a degree in Nursing from Vincennes University and a B.A. in Classical Studies from Indiana University. Phil provided clinical application support to VA Medical center staff using the VistA electronic medical record system for over 12 years prior to joining Medsphere. Phil's clinical history was primarily in Psychiatric Nursing. Currently Phil's primary responsibilities are providing training support (such as Basic CAC School and EHR for Inpatient) and configuration/setup support to OpenVista/EHR installations.

Jan-Erik R. Zeller, RN-BSN, MBA-TM
Education Project Manager
Employee Education System, Veterans Health Administration

Jan-Erik Zeller is currently a Project Manager with the EES Clinical IT Applications Division charged with developing and implementing education and training plans involving various Veterans Health Administration clinical applications projects. He specializes in clinical applications such as the BCMA, Bar Code Expansion, Simulation and CPRS packages. His professional career consists of eight years of IT experience followed by eight years of working as a registered nurse in the Neuro-Trauma and Surgical ICUs and three years working as a CAC. He has served as a Subject Matter Expect for numerous clinical applications and Root Cause Analyses. Over the years he has assisted with and presented at various health care related conferences.

Acronym List

BCE-PPI	Bar Code Expansion-Positive Patient Identification
BCMA	Bar Code Medication Administration
BCRO	Bar Code Resource Office
CAC	Clinical Applications Coordinator
CAH	Critical Access Hospital
CMS	Centers for Medicare and Medicaid Services
CPRS	Computerized Patient Record System
EES	Employee Education System
EHR	Electronic Health Record
eMAR	electronic Medication Administration Record
EP	Eligible Professionals
IHS	Indian Health Service
IRM	Information Resource Management
NT&EO	National Training and Education Office
OIT	Office of Information Technology
RPMS	Resource and Patient Management System
USPHS	United States Public Health Service
VA	Department of Veterans Affairs