



RESOURCE AND PATIENT MANAGEMENT SYSTEM

# **EHR CAC Informaticist “All EHR Roads Lead to Pharmacy”**

Announcement and Agenda  
eLearning/Hands-on

October 24 – 28, 2016

IHS Office of Information Technology (OIT)  
Rockville, Maryland

# Table of Contents

- 1.0 General Information .....1**
  - 1.1 Description.....1
  - 1.2 Details.....1
  - 1.3 Prerequisites.....1
  - 1.4 Continuing Education Information.....1
  - 1.5 Guidelines for Receiving Continuing Education Credit .....2
- 2.0 Learning Objectives .....3**
- 3.0 Instructors and Facilitators .....4**
  - 3.1 IHS Office of Information Technology (OIT).....4
  - 3.2 Claremore Indian Hospital .....4
  - 3.3 Great Plains Area .....4
  - 3.4 Nashville Area Office .....4
  - 3.5 Northern Navajo Medical Center (NNMC) .....4
  - 3.6 Northwest Portland Area Indian Health Board .....5
  - 3.7 Oklahoma City Area Office .....5
  - 3.8 Phoenix Area Office.....5
  - 3.9 Phoenix Indian Medical Center (PIMC).....5
  - 3.10 Pine Ridge Hospital .....5
  - 3.11 Tucson Area Office – Sells Service Unit .....5
- 4.0 Detailed Course Agenda .....6**
- 5.0 Biographical Sketches .....14**
- 6.0 Course Materials.....23**

## 1.0 General Information

### 1.1 Description

Let’s get “Back-to-Basics”! It’s been over 10 years since RPMS EHR was first introduced and many Clinical Application Coordinators (CAC), Pharmacy Informaticists, Lab & Radiology Informaticists, Information Technology (IT) Professionals, and Health Information Management (HIM) Professionals who were originally instrumental in setting up the RPMS applications and parameters are long gone...and so is their expertise!!! The “EHR CAC Informatics” series is offering a succession of Back-to-Basics trainings to compare and contrast RPMS configuration and realign for optimal performance and workflow. The course will be offered on Monday through Friday from 10:00 AM – 3:00 PM Mountain Time. Space is limited to 200 attendees. Participants are expected to give 100 percent of their attention and attend the entire five days. We will schedule Office hours as needed for those who seek individualized assistance for problem solving and trouble shooting.

### 1.2 Details

This eLearning Hands-on course will be offered via Live Adobe Connect web conferencing software offering online experiences for collaboration and large scale training. It is strongly recommended that learners gain access to their own RPMS EHR Database during the course for optimal benefit and troubleshooting.

### 1.3 Prerequisites

Clinical Application Coordinators [CAC], Pharmacy Informaticists, Clinical Informaticists, Health Information Management [HIM] Professionals, and Information Technology [IT] Specialists with a background in the Resource Patient Management System Electronic Health Record [RPMS-EHR]. Each participant must have access to a computer with internet connection and a separate telephone line to dial into the web conferencing number. Participants must have access to their facility’s RPMS EHR system or a training RPMS EHR system [roll and scroll, EHR GUI] as the Clinical Applications Coordinator [CAC] and/or Chief, MIS User Class. Participants are strongly encouraged to connect using a computer that has two monitors attached

### 1.4 Continuing Education Information

No Continuing Education Credit is Available.

## 1.5 Guidelines for Receiving Continuing Education Credit

Certificates of attendance will be awarded upon completion to those who have both registered for this activity AND "signed-in" to the Adobe Connect Session Attendance Pod with **Last Name, First Name, Credentials, and Location.**

## 2.0 Learning Objectives

At the end of the course participants should be able to....

- Describe basic file structure of a relational database.
- Compare and contrast RPMS EHR file structure with the typical relational database.
- Demonstrate use of query tools in RPMS EHR.
- Explain why certain RPMS functions require ALL CAPS and identify two such functions.
- Describe the steps involved in Computer Provider Order Entry (CPOE).
- Identify potential issues that could present challenges for providers.
- Explain order checks.
- Copy to New, Renew, and Change functionality for Medications.
- Validate Provider Best Practices surround Medications.
- Discuss roles of CAC, Pharmacy, Laboratory, and others in system setup for CPOE
- Examine the steps taken by pharmacy to finish an order from EHR.
- Identify potential issues that could disrupt the pharmacy finishing process.
- Order medications to be filled elsewhere (outside prescriptions).
- Print orders for outside prescriptions, and for Controlled Medications.
- Use the Medications tab to manage medications.
- Use the “Lightning bolt”
- Spot check interactions and order checks
- Describe the Medication Reconciliation processes

## 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/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 and/or investigational use of pharmaceuticals or instruments discussed in their presentation. The course directors/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 IHS Office of Information Technology (OIT)

- CAPT (ret) David Taylor, MHS, RPh, PA-C, RN – Clinical Informatics Consultant and BCMA Federal Lead
- CAPT Mike Allen, MIS, RPh, - Pharmacy Informatics Consultant
- CAPT Deborah Alcorn, MSN, RN, CPC – Nurse Informatics Consultant
- Chris Saddler, RN, Information Technology Specialist

### 3.2 Claremore Indian Hospital

- CAPT Cory Wilton, DPh, NCPS
- LCDR David Stecco, PharmD, NCPS

### 3.3 Great Plains Area

- CAPT Leslye Rauth, MS, RD, CDE, Clinical Applications Coordinator
- Deb Odens, RPh, PD, Clinical Applications Coordinator

### 3.4 Nashville Area Office

- CDR Robin Bartlett, PharmD, MSP, CPC, Area Pharmacy Consultant
- Maureen James-Caires, MLS (BOR), Laboratory Informaticist

### 3.5 Northern Navajo Medical Center (NNMC)

- CDR Clint Krestel, PharmD, Inpatient Pharmacy Supervisor.

### 3.6 Northwest Portland Area Indian Health Board

- CDR Katie Johnson, PharmD, EHR Integrated Care Coordinator

### 3.7 Oklahoma City Area Office

- CAPT Amy Rubin, PharmD, MMI, Clinical Applications Coordinator

### 3.8 Phoenix Area Office

- CAPT Elvira Mosely, MSHS, BSN, RN, Clinical Applications Coordinator
- CDR Kendall Van Tyle, PharmD, BCPS, Pharmacy Informatics Consultant
- Tammy Brewer CPC, Clinical Applications Coordinator

### 3.9 Phoenix Indian Medical Center (PIMC)

- CAPT Dan Diggins, PharmD, BCPS, Deputy Chief Pharmacist/Inpatient
- CAPT Jeff Walling, PharmD, Pharmacy Informaticist

### 3.10 Pine Ridge Hospital

- CDR Latona M. Austin, PharmD, BCPS, BCACP, NCPS, Clinical Pharmacist

### 3.11 Tucson Area Office – Sells Service Unit

- CDR John Lester, PharmD – Clinical Applications Coordinator

## 4.0 Detailed Course Agenda

All Times are Mountain Time!

Monday		
Start	Topic	TAB#
9:30 AM	<b>Adobe Connect Sign-In &amp; Assistance</b> <b>Announcements &amp; Instructions</b> <b>Introductions</b> <b>Participant Needs and Expectations</b> <b>Questions &amp; Answers</b>	
10:00 AM	<b>Introduction to Databases and RPMS Fileman</b> CAPT Mike Allen, MIS, RPh CAPT Elvira Mosely, MSHS, BSN, RN Chris Saddler, RN  <b>At the end of this session participants should be able to:</b> <ul style="list-style-type: none"> <li>• Describe basic file structure of relational database</li> <li>• Compare and contrast RPMS EHR file structure with the typical relational database</li> <li>• Demonstrate use of query tools in RPMS EHR</li> <li>• Explain why certain RPMS functions require ALL CAPS and identify two such functions</li> <li>• Generate meaningful reports from Fileman</li> </ul>	TAB 1
11:30 AM	<b>RPMS Pharmacy: Interdependencies and Configuration</b> CAPT Leslye Rauth, MS, RD, CDE CDR Kendall Van Tyle, PharmD, BCPS CDR Clint Krestel, PharmD, BCPS Maureen James-Caires, MLS (BOR) Deb Odens, PD Chris Saddler, RN  <b>At the end of this session participants should be able to:</b> <ul style="list-style-type: none"> <li>• Explain pharmacy taxonomies for GPRA, Diabetes, Asthma, CRS, and other RPMS packages</li> <li>• Configure the pharmacy package to monitor laboratory values</li> <li>• Set up prescription print function for controlled drugs and outside RX</li> <li>• List “pharmacy files” and describe the interrelationship (National Drug File, Drug, Pharmacy Orderable Items, Standard Administration Schedule, Dosage Form, Medication Routes)</li> <li>• Describe the benefits of matching drug file entries to the National Drug File</li> <li>• Explore various medication lists available to health summaries and TIU templates</li> <li>• Examine Pharmacy Health Information Technology solutions to include Audiocare®, Omnicell®, Pyxis®, Scriptpro®, PDMP, and CMOP</li> <li>• Examine Printer Configuration: RX label, Reports (132 vs 80 column)</li> <li>• Examine Pharmacy Data Management (PDM) menu and IHS Pharmacy Parameters menu</li> <li>• Discuss utilization of “Unknown Drug Miscellaneous”</li> </ul>	TAB 2

<b>Monday</b>		
<b>Start</b>	<b>Topic</b>	<b>TAB#</b>
1:30 PM	<b>Break</b>	
2:00 PM	<p><b>Order Checks, Notifications, and Lab Monitoring</b>                      CAPT Mike Allen, MIS, RPh                      Maureen James-Caires, MLS (BOR)</p> <p><b>At the end of this presentation participants should be able to:</b></p> <ul style="list-style-type: none"> <li>• Set up Medication Order Checks</li> <li>• Describe drug formulary and explain how drug formulary checks work</li> <li>• Explain order checks: how they work, how to set them for providers including editing “local terms”</li> <li>• Compare and Contrast EHR Lab Order Checks to Pharmacy Package Lab Monitoring Order Checks</li> <li>• Generate Allergy Order Check Override Report</li> </ul>	TAB 3
3:15 PM	<b>Questions and Answers</b>	
3:30 PM	<b>End</b>	

<b>Tuesday</b>		
<b>Start</b>	<b>Topic</b>	<b>TAB#</b>
9:30 AM	<b>Adobe Connect Sign-In &amp; Assistance</b> <b>Announcements &amp; Instructions</b> <b>Introductions</b> <b>Participant Needs and Expectations</b> <b>Questions &amp; Answers</b>	
10:00 AM	<b>Computerized Provider Order Entry (CPOE)</b> CAPT Amy Rubin, PharmD, MMI CDR Katie Johnson, PharmD CDR Kendall Van Tyle, PharmD, BCPS  <b>At the end of this session participants should be able to:</b> <ul style="list-style-type: none"> <li>• Examine the steps involved in Prescriber Order Entry (CPOE)</li> <li>• Identify potential issues that could present challenges for providers</li> <li>• Validate Provider Best Practices to include “Clinical Indication”</li> <li>• Explain why the diagnosis is required for outpatient medication orders</li> <li>• Copy to New, Renew, Change</li> <li>• Troubleshooting – tips and tricks</li> <li>• Discuss roles of CAC, Pharmacy, Laboratory, and others in system setup for CPOE</li> </ul>	TAB 4
12:00 Noon	<b>Medication Management in EHR</b> CAPT Amy Rubin, PharmD, MMI CDR Katie Johnson, PharmD CDR Kendall Van Tyle, PharmD, BCPS CDR John Lester, PharmD  <b>At the end of this session participants should be able to:</b> <ul style="list-style-type: none"> <li>• Use the Medications tab to manage medications</li> <li>• Compare and contrast provider orders filled elsewhere to Non-VA Medications</li> <li>• Discuss how prescriptions from outside providers are filled at your pharmacy</li> <li>• Describe how to order medications to be filled elsewhere</li> <li>• Print orders for prescriptions, and for Controlled Drugs (C2-C5)</li> <li>• Utilize the “Check Button” to spot check Interactions and Order Checks.</li> <li>• Incorporate “Clinical Indications” as one of the “Six Rights” (Patient, Medication, Drug, Route, Time and <b>Indication</b>) into Medication Ordering as recommended by the National Patient Safety Foundation (NPSF).</li> <li>• Describe Medication Reconciliation processes</li> <li>• Explain How to sort and filter the Medications and Orders tabs</li> <li>• Compare and contrast how medications are displayed based on how they were ordered (i.e. Printed, e-Prescribed, filled at local pharmacy)</li> </ul>	TAB 5
1:30 PM	<b>Medication Management in EHR (Continued)</b>	TAB 5
3:00 PM	<b>Questions &amp; Answers</b>	
3:30 PM	<b>End</b>	

<b>Wednesday</b>		
<b>Start</b>	<b>Topic</b>	<b>TAB#</b>
9:30 AM	<b>Adobe Connect Sign-In &amp; Assistance</b> <b>Announcements &amp; Instructions</b> <b>Introductions</b> <b>Participant Needs and Expectations</b> <b>Questions &amp; Answers</b>	
10:00 AM	<b>Integrated Problem List (IPL) Management</b> CAPT Amy Rubin, PharmD, MMI CAPT Elvira Mosely, MSHS, BSN, RN Tammy Brewer, CPC  <b>At the end of this session participants should be able to:</b> <ul style="list-style-type: none"> <li>• Update patient’s problem list in IPL</li> <li>• Document pharmacy patient education through IPL</li> <li>• Generate RPMS Reports for IPL</li> <li>• Build an IPL Picklist</li> <li>• Examine IPL Best Practices for EHRp1.1 Patch 19                             <ul style="list-style-type: none"> <li>✓ Usability focused on decluttering problem display, ease management of problems, and improve POV management.</li> <li>✓ Laterality prompts in SNOMED CT Search an on Picklists</li> <li>✓ New tabular Design and Core Problems Landing Tab with additional status tabs.</li> <li>✓ Clean up option of reassign statuses based on default DTS status</li> <li>✓ Option of inactivate problems as “Episodic” if problem has not been used as POV in site defined Time Frame</li> <li>✓ User Configuration of IPL</li> </ul> </li> </ul>	TAB 6
12:00 Noon	<b>Break</b>	
12:30 PM	<b>RPMS Pharmacy Order Finishing</b> CDR Latona Austin, PharmD, BCPS, BCACP, NCPS Deb Odens, PD Tammy Brewer, CPC  <b>At the end of this session participants should be able to:</b> <ul style="list-style-type: none"> <li>• Examine the steps taken by pharmacy to finish an order from EHR in Outpatient</li> <li>• Identify potential issues that could disrupt the pharmacy finishing process (The clinic selected when medication order written will affect refills)</li> <li>• Describe the process used by pharmacy to enter verbal, written, or telephone orders</li> <li>• Examine automatic visit creation of pharmacy visit through PCC Coding Queue.</li> <li>• Compare and contrast 12:00 and 1:00 for pharmacy visit creation.</li> </ul>	TAB 7
3:00 PM	<b>Questions and Answers</b>	
3:30 PM	<b>Adjourn</b>	

<b>Thursday</b>		
<b>Start</b>	<b>Topic</b>	<b>TAB#</b>
9:30 AM	<b>Adobe Connect Sign-In &amp; Assistance</b> <b>Announcements &amp; Instructions</b> <b>Introductions</b> <b>Participant Needs and Expectations</b> <b>Questions &amp; Answers</b>	
10:00 AM	<b>EHR Order Menus and Quick Orders for Medications</b> CAPT Cory Wilton DPh, NCPS CAPT Jeff Walling, PharmD CDR Kendall Van Tyle, PharmD, BCPS CDR Clint Krestel, PharmD, BCPS CDR Latona Austin, PharmD, BCPS, BCACP, NCPS LCDR David Stecco, PharmD, BCPS  <b>At the end of this session participants should be able to:</b> <ul style="list-style-type: none"> <li>• List the standard naming conventions for pharmacy orders and menus</li> <li>• Explain the information requested at each prompt of a medication quick order and build them correctly</li> <li>• Compare and contrast the following quick order types: Unit Dose, IV Push, IV Piggyback, IM, IV Continuous</li> <li>• Describe the typical medication order menu</li> <li>• Propose one way the menu could be improved</li> <li>• Explain the challenges of making changes to menus</li> <li>• Enumerate best practices in medication menu design</li> <li>• Explain the importance of having proper and correct dosages when creating quick orders</li> <li>• Name two ways a medication quick order can become broken</li> <li>• Identify two Quick Order “Bells and Whistles” and explain how they improve patient safety</li> <li>• Describe the difference between a “Quick Order” and a “Semi-quick order”</li> <li>• Utilize the “Restrict to Quick Order” functionality</li> </ul>	TAB 8
11:30 AM	<b>Hands-on Activity</b>  <b>At the end of this session participants should be able to:</b> <ul style="list-style-type: none"> <li>• Fix Broken Medication Quick Orders</li> </ul>	
12:00 Noon	<b>Break</b>	

<b>Thursday</b>		
<b>Start</b>	<b>Topic</b>	<b>TAB#</b>
12:30 PM	<p><b>Disease Specific Menus</b></p> <p>CAPT Cory Wilton DPh, NCPS                      CAPT Jeff Walling, PharmD                      CDR Kendall Van Tyle, PharmD, BCPS                      CDR Clint Krestel, PharmD, BCPS                      CDR Latona Austin, PharmD, BCPS, BCACP, NCPS                      LCDR David Stecco, PharmD, BCPS                      Deb Odens, PD</p> <p><b>At the end of this presentation participants should be able to:</b></p> <ul style="list-style-type: none"> <li>• Examine Evidence Based Practice (EBP) Recommendations (NCBI, NHLBI, JNC, ADA, ACC/AHA) as a reference.</li> <li>• Create a Chief Complaint or a Disease Specific Ordering Menu</li> <li>• Create an Antibiotic Stewardship Ordering Menu</li> <li>• Document Date and Resource of EBP Menu</li> </ul>	TAB 9
3:00 PM	<b>Questions &amp; Answers</b>	
3:30 PM	<b>End</b>	

<b>Friday</b>		
<b>Start</b>	<b>Topic</b>	<b>TAB#</b>
9:30 AM	<b>Adobe Connect Sign-In &amp; Assistance</b> <b>Announcements &amp; Instructions</b> <b>Introductions</b> <b>Participant Needs and Expectations</b> <b>Questions &amp; Answers</b>	
10:00 AM	<b>Hands-on Activity</b> CAPT Cory Wilton DPh, NCPS CAPT Jeff Walling, PharmD CDR Kendall Van Tyle, PharmD, BCPS CDR Clint Krestel, PharmD, BCPS CDR Latona Austin, PharmD, BCPS, BCACP, NCPS LCDR David Stecco, PharmD, BCPS Deb Odens, PD  <b>At the end of this session participants should be able to:</b> <ul style="list-style-type: none"> <li>• Create the following quick orders: Outpatient (complex and not complex), Unit Dose, IV Push, IV Piggyback, IM, IV Continuous</li> <li>• Identify a broken quick order - troubleshoot and fix it</li> <li>• Add and remove a medication quick order to a menu</li> <li>• Create an outpatient visit for a Demo patient and enter a Non-VA medication into the medication profile</li> <li>• Order a complex medication order and a non-complex medication order in EHR and finish it in the pharmacy package</li> <li>• In EHR, order an outpatient medication for which the prescription will be printed</li> <li>• Print the prescription</li> </ul>	TAB 10
12:00 Noon	<b>Break</b>	
12:30 PM	<b>Automated Dispensing Cabinets (ADCs)</b> CDR Kendall Van Tyle, PharmD, BCPS CDR Clint Krestel, PharmD, BCPS  <b>At the end of this session participants should be able to:</b> <ul style="list-style-type: none"> <li>• Explain the role of ADCs in your facility</li> <li>• Outline the process by which medications are added and removed from the unit</li> <li>• Examine ADC “Profiling”</li> <li>• Utilize the “BOP” Menu</li> </ul>	TAB 11

<b>Friday</b>		
<b>Start</b>	<b>Topic</b>	<b>TAB#</b>
2:30 PM	<p><b>Miscellaneous Topics</b></p> <p>CAPT Deborah Alcorn, MSN, RN, CPC                      CAPT Mike Allen, MIS, RPh                      CDR Robin Bartlett, PharmD, MSP, CPC                      Leslye Rauth, MS, RD, CDE</p> <p><b>At the end of this presentation participants should be able to:</b></p> <ul style="list-style-type: none"> <li>• Review Immunizations (Pharmacy POS and CPT Superbill)</li> <li>• Set up and troubleshoot Pharm-Ed (pharmacy patient education) button</li> <li>• Generate a health summary and inspect the medication list</li> <li>• Generate a CCDA document and inspect the medications list</li> <li>• Discuss Personal Health Record (PHR)</li> </ul>	TAB 12
3:00 PM	<p><b>Questions and Answers</b></p> <p><b>Final Business</b></p> <p><b>Survey Monkey</b></p> <p><b>Certificates of Completion</b></p>	
3:30 PM	<b>End</b>	

## 5.0 Biographical Sketches

**CDR Latona M. Austin, PharmD, BCPS, BCACP, NCPS**

**Clinical Pharmacist**

**Pine Ridge Indian Hospital**

CDR Latona Austin has been a clinical pharmacist with the Indian Health Service since 2003. Her primary responsibility is direct patient care with duties as a Clinical Outpatient/Inpatient Pharmacist and Anticoagulation Clinic Co-Manager at Pine Ridge IHS Hospital. She collaterally manages pharmacy informatics for the Pine Ridge IHS Service Unit which includes 7 Outpatient Pharmacy divisions, Inpatient Pharmacy, Mobile Clinic, EHR for Emergency Department, Inpatient Medications for Outpatient for Labor and Delivery Triage, Barcode Medication Administration, and Automated Dispensing Cabinets. CDR Austin was instrumental in converting Pine Ridge IHS Outpatient Pharmacy from Viking to RPMS Pharmacy 5/7 and implementing EHR for Emergency Department and Inpatient EHR. She managed implementation of Telepharmacy, Multidivisional Drug File, Inpatient Medications for Outpatient and Barcode Medication Administration at Pine Ridge IHS Hospital. She is currently the Pharmacy Informatics lead for converting Pine Ridge IHS Hospital from Omnicell to Pyxis Automated Dispensing Cabinets. CDR Austin was a member of the IHS PSG committee from 2007 through 2010 and has served as a guest instructor for multiple IHS pharmacy informatics courses.

**CAPT Deborah Alcorn, MSN, RN, CPC**

**BCMA Nurse Consultant, BCMA Training and Deployment**

**IHS Office of Information Technology**

Deborah has been a Registered Nurse since 1980. During this time her nursing practice led her to work in a variety of private sector hospitals, clinics, tribal facilities, and for the last 28 years in Indian Health Service. CAPT Alcorn has been on assignment to OIT since 2005 as the National EHR Training/Deployment Specialist and has worked diligently to train and deploy the IHS RPMS EHR across the nation in federal, tribal, and urban health facilities. Captain Alcorn is currently serving as the IHS OIT BCMA Co-Lead and the OIT CCDA Federal Lead. Deborah is a citizen of the Cherokee Nation of Oklahoma. She received her Commission in the U.S. Public Health Service in 1988 and presently teleworks from Nashville, TN. Deborah has functioned in a number of nursing practice roles including Community Health Nursing in which she has Advanced Practice Master's preparation, Addictions, Ambulatory Care, Pediatrics, Injury Prevention, and Managed Care. She is also a Certified Professional Coder. Deborah is strongly committed to improved patient care through the use of the Healthcare Technology and has found her assignment to OIT to be one of the most satisfying nursing experiences to date.

**CAPT Michael Allen, MIS, RPh**

**EHR Pharmacy Consultant, IHS Office of Information Technology**

**USET Regional Extension Center**

CAPT Allen came from a family of pharmacists and started working in his father's pharmacy at a young age. He holds a BS degree in Pharmacy from Idaho State

University and a Master of Information Systems degree from University of Phoenix. He worked in retail pharmacy for several years before joining USPHS Commissioned Corps in 1990, assigned to IHS. He served in Portland Area, Phoenix Area, and Tucson Area prior to joining Office of Information Technology. His Pharmacist assignments include Assistant Chief Pharmacist and Acting Chief Pharmacist; he also was the pharmacist in charge of starting up the pharmacy in a new clinic in the Sells Service Unit. Outside of pharmacy, his duties have included Site Manager, Assistant Site Manager, Clinical Applications Coordinator, Pharmacy Package Administrator, Pharmacy Point of Sale (POS) billing specialist, Assistant GPRA Coordinator, and trainee QA Coordinator. He served on the Pharmacy PSG for several years representing Phoenix Area then Tucson Area. He also was appointed to the POS Technical Advisory Group and served briefly prior to joining OIT. He currently lives in Tucson, Arizona.

**CDR Robin Bartlett, PharmD, MSP, CPC**

**Area Pharmacy Consultant**

**Area Clinical Applications Coordinator**

**Area Meaningful Use Coordinator**

**Nashville Area Indian Health Service**

CDR Robin Bartlett is a Commissioned Officer in the United States Public Health Service and has been in the Indian Health Service for 15 years since 2001. CDR Bartlett received her Doctor of Pharmacy and Master of Science in Pharmacy (MSP) with special track in Patient Safety and Risk Management from the University of Florida, College of Pharmacy. She has completed an IHS Pharmacy Practice Residency program at Cherokee Indian Hospital and has been assigned to Whiteriver Indian Hospital, Cherokee Indian Hospital, and Indian Health Service Nashville Area Office as a pharmacist, clinical applications coordinator, and pharmacy consultant. CDR Bartlett is an adult pharmacy-based immunization provider, certified professional coder (CPC), and is currently enrolled in the Society of Infectious Disease Pharmacists Antimicrobial Stewardship Certificate Program. CDR Bartlett currently serves as the Nashville Area Pharmacy Consultant, Area Clinical Applications Coordinator, and Area Meaningful Use Coordinator since April 2010. CDR Robin Bartlett is currently Vice-Chair of the Indian Health Service National Pharmacy Council.

**Tammy Brewer, CPC**  
**Clinical Application Coordinator**  
**Phoenix Area Office**

Tammy Brewer currently has served as one of the Phoenix Area Clinical Applications Coordinator (CAC) since 2014. She began her career with Indian Health Service as a Data Entry/Coder in 1991. Tammy then earned her Certified Professional Coder (CPC) through the American Academy of Professional Coders (AAPC) in 2001. In 2008, Tammy became the HIM-CAC at the Pine Ridge Hospital and was a member of the Outstanding Coding Team that received a National Directors award. In 2012, Tammy advanced her career by becoming the Clinical Applications Coordinator for the Cheyenne River Health Center in Eagle Butte, SD and to progress even further, accepted her current position as the Phoenix Area CAC in 2014. Tammy is a member of the Oglala Lakota Tribe located in Pine Ridge, South Dakota and brings 25 years of IHS experience to the table.

**CAPT Dan Diggins, PharmD, BCPS**  
**Deputy Chief Pharmacist/Inpatient Pharmacy Supervisor**  
**Phoenix Indian Medical Center (PIMC)**

CAPT Dan Diggins holds 30 years of practice in inpatient/hospital pharmacy, most of which has been at Indian Health Service Medical Centers (Alaska Native Medical Center and Phoenix Indian Medical Center). His RPMS experience as a user dates to 1988, and drug file/pharmacy package experience dating to 1996. From 2003 to the present CAPT Diggins served as the director of inpatient pharmacy services at PIMC, and during that time directed, co-directed, or collaborated on numerous large projects including the implementation of RPMS inpatient order entry, use of computer-generated Medication Administration Records (MARs) on inpatient wards, use of automated drug dispensing machines (Pyxis), implementation of Pyxis-RPMS Interface, planning, testing and launch of Inpatient EHR, Emergency Department E.H.R. including use of Inpatient Meds for Outpatient (IMO) in our E.D., and most recently Barcode Medication Administration for all inpatient wards.

**Maureen James-Caires, MLS (BOR)**  
**Laboratory Informaticist**  
**Nashville Area Office**

Maureen holds a Bachelor of Science in Clinical Laboratory Science from the University of Massachusetts @ Lowell, and is a certified MT (ASCP), CLS (NCA) since 1985. During her 30+ years in Laboratory Medicine, Maureen has served with the Alaska Area (1992-1998), the Tucson Area (2007-2011) and most recently, the Phoenix Area (2014-2016) of the Indian Health Service encompassing RPMS from the lab package through EHR implementation. Her tenure with the VA (CPRS & VISTA), an additional 14 years of private sector experience, combined with her involvement with 3-D Audio Visual Communications/ now RazorCut Entertainment (assisting her husband owning/operating), gives Maureen a broad working knowledge of national TV, multimedia, 3D animation, web administration, medical/educational/entertainment digital media creation and dissemination. She has a well-rounded ‘outside the box’ perspective with enthusiasm for Quality

Management. Laboratories under her supervision consistently score in the top 3% of hospitals nationwide.

**CDR Katie Johnson, PharmD**  
**Integrated EHR Coordinator**  
**Northwest Portland Area Indian Health Board**

Katie Johnson graduated from the University of Kansas School of Pharmacy with a Pharm D in 2004. She then joined the United States Public Health Service as a Commissioned Corps Officer and completed an ASHP Pharmacy Practice Residency at Warm Springs Health and Wellness Center in 2005. She was able to start working with RPMS EHR and informatics during her this time as Warm Springs was an early adopter of RPMS EHR. She continued to work with the Indian Health Service in Whiteriver Indian Hospital where she worked as both a pharmacist and Clinical Applications Coordinator, gaining experience implementing RPMS EHR in new settings (Emergency Room and Inpatient) and furthering and optimizing use in the Outpatient setting. She then moved to the Northwest Portland Area Indian Health Board in 2011 to take on Meaningful Use and EHR support for the 43 Tribes in Oregon, Washington and Idaho. She continues this rewarding work and is enjoying life in the Pacific Northwest.

**CDR Clint Krestel, PharmD**  
**Inpatient Pharmacy Supervisor**  
**Northern Navajo Medical Center (NNMC)**

CDR Clint Krestel has been a pharmacist since 1999 in a variety of settings including retail, hospital, and multiple IHS sites as a contractor, including Ft. Yuma, Ft. Defiance, Gallup, & Northern Navajo Medical Center, prior to being commissioned in the US Public Health Service in 2003. From 2003 – 2005 he was a staff pharmacist at Northern Navajo Medical Center working in Outpatient and Inpatient Pharmacy as well as the Anticoagulation Clinic. Among other supervisory roles CDR Krestel has been the Assistant Chief of Pharmacy and Inpatient Pharmacy Supervisor at NNMC since 2006. Over the years he has been instrumental in implementing many advancements for the service unit, including 24/7 inpatient pharmacy coverage, overnight ER pharmacist coverage, initiating the use of the RPMS Pharmacy Unit Dose package, upgrading NNMCs Pyxis System to including interfacing it with RPMS, implementing Inpatient EHR & computer generated MARs, and utilization of BCMA. CDR Krestel has assisted multiple sites setting up or troubleshooting Delayed Orders, Auto DC rules, Release Events, and processes for converting Observation Patients to Full Admissions. With the loss of the NNMC Pharmacy Informaticist, CDR Krestel was recently selected as the alternate Navajo Area Representative to the IHS PSG committee.

**CDR John Lester, PharmD**  
**Clinical Applications Coordinator**  
**Tucson Area Office**

No biographical sketch submitted

**CAPT Elvira Mosely, MSHS, RN**  
**Clinical Application Coordinator**  
**Phoenix Area Office**

Elvira Mosely, RN, is the Clinical Program Consultant for the Electronic Health Records (EHR) for the Phoenix Area Indian Health Service. She received her BSN degree in 1988 from Jacksonville University in Jacksonville Florida and received her MSHS degree in 2006 from Touro University California. Elvira worked as the Clinical Application Coordinator for the Hopi Health Care Center for one year before she applied and was accepted to be the Clinical Program Consultant for the Phoenix Area Indian Health Services in June 2006. Prior to the Indian Health Service CAPT Mosely served 11 years in the US Air Force on active duty status in a wide range of nursing positions. In 2004 Elvira transferred to the US Public Health Service and is presently on Active Duty status assigned to Phoenix Area Office. Elvira has been the lead project manager for the implementation and coordination of the RPMS EHR for all Phoenix Area Indian Health Services since June 2006.

**Deborah Odens, RPh, PD**  
**Clinical Applications Coordinator**  
**Great Plains Area**

Ms. Odens holds a BS degree in Pharmacy. She started working with IHS after working in retail pharmacy from 1984 to 1989. She worked at the Lower Brule Health Center as the Chief Pharmacist, Primary Clinical Application Coordinator and IT specialist. In January of 2016 she joined the Great Plains Area staff as one of the Clinical Application Coordinators providing support to the 19 facilities in Great Plains Area.

**Marcie Platero, BSN, RN**  
**Clinical Applications Coordinator**  
**Gallup Indian Medical Center (GIMC)**

Marcie Platero, BSN, RN is currently working at Gallup Indian Medical Center. She has been a nurse since 1997. She started her nursing practice at a private facility. In 1999 she started working with IHS in various clinical areas and also as a Supervisory Clinical Nurse. Marcie is now serving as a Clinical Application Coordinator since 2011. She currently provides technical support to Tohatchi Health Center and Gallup Indian Medical Center.

**CAPT Leslye L. Rauth, MPH, RD, LMNT, CDE**  
**Clinical Applications Coordinator**  
**Great Plains Area**

CAPT Rauth has been working with the Indian Health Services for over eighteen years. CAPT Rauth has worked in the Aberdeen Area as a contractor, civil services employee and Commission Corp Personnel. During this time she has served as the Diabetic Coordinator and Chief Dietitian providing clinical support and administrative leadership. CAPT Rauth was detailed as Lead Clinical Applications Coordinator and Electronic Health Records Coordinator. In 2009 became the American Recovery and Reinvestment Act (ARRA) Clinical Application Coordinator for the Aberdeen Area. She received her Bachelors in Dietetics from Indiana University of Pennsylvania. She completed her Dietetic Internship with the University Of South Dakota. Leslye completed her Master's in Public Health (MPH) spring of 2008.

**CAPT Amy Rubin, PharmD, MMI**  
**Clinical Applications Coordinator**  
**Oklahoma City Area Office**

CAPT Amy Rubin began her career with the United States Public Health Service Commissioned Corps and the Indian Health Service in 1999 as a pharmacist with the Clinton Service Unit. She obtained her Pharmacy Doctor degree in 2003. She served in various pharmacy roles for 10 years within the Clinton Service Unit. She began the transition into an informatics role when the service unit started to implement the RPMS Electronic Health Record. She was the project lead for this initiative which resulted in successful implementation at 3 facilities. CAPT Rubin started as the Area Clinical Application Coordinator for Oklahoma City Area in 2009 and still serves in this position. In 2011, she was awarded her Masters in Medical Informatics. She also performs duties for her area as the Meaningful Use Coordinator.

**Chris Saddler, RN**  
**Information Technology Specialist**  
**IHS Office of Information Technology**

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 development of the VA's 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.

**LCDR David Stecco, PharmD, NCPS**  
**Clinical Applications Coordinator**  
**Claremore Indian Hospital**

LCDR David Stecco graduated from the University of Oklahoma with a Bachelor of Science in Microbiology in 2006 then with a Doctor of Pharmacy in 2010. He is a National Clinical Pharmacy Specialist (NCPS) in Congestive Heart Failure and Anticoagulation. He served as a clinical pharmacist for more than 5 years at the Claremore Indian Hospital. For his last year and a half as a pharmacist he worked primarily in the inpatient setting and was a part of the deployment of 24-hour pharmacy coverage, BCMA, IMO, and remote order processing for Pine Ridge Indian Hospital. He has been serving as a Clinical Applications Coordinator (CAC) since November 2015. In addition, he is currently serving as Executive Secretary of the U.S. Public Health Service Information Technology Professional Advisory Committee (ICAC).

**CAPT (ret) David R. Taylor, MHS, RPh, PA-C, RN****Clinical Informatics Consultant****BCMA Federal Lead, BCMA Training and Deployment****IHS Office of Information Technology**

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 39 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 manager, 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 Indian Health Service. Since 2002 David Taylor has been assigned to the Indian Health Service Office of Information Technology as a National Medical Informatics Consultant and has been charged with both training and deployment of the Meaningful Use of an Electronic Health Record 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.

**CDR Kendall Van Tyle, PharmD, BCPS****Pharmacy Informatics Consultant****Phoenix Area Office**

CDR Van Tyle is a Commissioned Officer in the United States Public Health Service. He earned a BS in Microbiology and worked as a clinical microbiologist for 10 years before graduating with a Doctor of Pharmacy degree from the University of Arizona in 2006. CDR Van Tyle completed a PGY1 Pharmacy Residency with the Indian Health Service in 2007 at Northern Navajo Medical Center (NNMC) in Shiprock, New Mexico where he continued to work as a board certified clinical pharmacist, pharmacist clinician, and informaticist until 2016. While serving in the Navajo Area, he was part of the BCMA deployment team and served as one of the Navajo Area pharmacy technical consultants. CDR Van Tyle initiated the Antibiotic Stewardship Program at NNMC and continues to work in that interest area with the I.H.S. National workgroup. CDR Van Tyle is currently employed at the Phoenix Area Office, Office of Health Promotions where he serves as the Phoenix Area Pharmacy Informatics Consultant.

**CAPT Jeff Walling, PharmD, BCPS, NCPS**

**Pharmacy Informaticist**

**Phoenix Indian Medical Center (PIMC)**

CAPT Jeff Walling holds more than 22 years of practice in Inpatient/Hospital pharmacy, most of which has been at Indian Healthcare Medical Centers to include Claremore Indian Hospital, Sells Indian Hospital, and Phoenix Indian Medical Center. His RPMS experience as a user dates to 1995, and drug file/pharmacy package experience dating to 1996. From 2005 to the present Jeff has served as the Pharmacy Informaticist at PIMC, and during that time directed, co-directed, or collaborated on numerous large projects including the (a) implementation of RPMS inpatient/outpatient order entry; (b) use of computer-generated Medication Administration Records (MARs) on Inpatient Wards; (c) use of Automated Drug Dispensing Machines (Pyxis); (d) implementation of Pyxis-RPMS Interface; (e) planning, testing and launch of Inpatient EHR; (f) implementation of CMOP (Consolidated Mail Order Pharmacy) and (g) Emergency Department EHR. including use of Inpatient Meds for Outpatient (IMO) in the PIMC Emergency Department, and (h) most recently Barcode Medication Administration for all Inpatient Wards.

**CAPT Cory Wilton, DPh, NCPS**

**Clinical Application Coordinator**

**Claremore Indian Hospital**

No biographical sketch submitted.

## **6.0 Course Materials**

### **At the IHS FTP Site**

The following materials may be downloaded from the RPMS Training FTP site at <ftp://ftp.ihs.gov/pubs/rpms-training/>

Course Agenda (this document)