



Educational Presentations

1001 - 'Mayday, Mayday, Mayday': A Nursing Journey to Implementing 6.15

Presenter: Winnie O' Neill

Organization: Galway Clinic, Galway, Ireland

Scheduled: Wednesday May 30 at 3:30 pm



This presentation will focus on the challenging but rewarding journey that the nursing team undertook when implementing MEDITECH 6.15. The modules involved were Patient Care System (PCS) and Surgical Services. Examples of how we translated a US-designed Electronic Medical Record (EMR) into a usable format for an Irish hospital will be provided. We will also give examples of what worked well and the issues we encountered along the way.

Winnie O' Neill has 18+ years of experience working in health care, ranging from general nursing to bed management and for the past 9 years working in health care informatics. She has worked in various health care settings both in Ireland, United Kingdom and Australia. Winnie has a Diploma in Nursing as well as an Honours BSc in Information Technology for Business. This blend of education gives her a unique skill set for her current role in Health Informatics. As a Senior IT Clinical Analyst at the Galway Clinic, she is part of a team that developed a new Electronic Patient/Medical Record for the hospital. She was responsible for coordinating the design and build of the nursing, theatre & allied health modules.

1002 - Preventing Errors in Registration with Rules

Presenter: Kristen Springer

Organization: CalvertHealth Medical Center, Prince Frederick, Maryland

Scheduled: Wednesday May 30 at 3:30 pm



Learn how to create MEDITECH 6.15 Rules and attach them in the Registration Questionnaire dictionary. We will provide many examples of the six types of rules that can be attached to prevent errors, stop the interface issues, and avoid insurance claim rejections. We will also show how rules can be attached in the Registration Parameters to send email notices or print outs.

Kristen Springer is the Information Services Administrator for the Emergency Department at Calvert Health Medical Center. She has a Bachelor's Degree in Clinical Laboratory Science from the Medical College of Virginia, Virginia Commonwealth University. Kristen began her career in the laboratory, with

a focus in microbiology. After 13 years and assisting with the implementation of MEDITECH Magic, she transitioned to the Information Technology Department for the next nine years. After intensive training and strenuous building, our facility went LIVE with MEDITECH 6.15 in October 2016. Kristen was a key player in the build of Registration, Community Wide Scheduling and the Patient Portal. As she gained skills in Report Designer and Rule building, she was also asked to assist in Order Management and Patient Care. She was also asked to assist a Cornerstone consultant with a Registration Rules presentation at MUSE in May of 2016. Through hard work and dedication, Kristen has a working knowledge of MEDITECH which inspired her Emergency Director to ask her to join their team where she is now actively improving processes and developing reports.

1003 - The Dirty Provider Dictionary

Presenter: Robert Farrell

Organization: Royal Victoria Regional Health Centre, Barrie, Ontario

Scheduled: Thursday May 31 at 2:45 pm



Learn how to transform a provider dictionary that nobody wants to talk about into something you can trust with your patient's lives. Understand the criteria required to have an accurate and maintainable solution.

Robert Farrell is an Applications Analyst with the Royal Victoria Regional Health Centre in Barrie, Ontario, Canada. He brings over 17 years of experience in MEDITECH environments with IT and Informatics. He has extensive experience supporting all facets of a MEDITECH environment from SANS, server and networks to scripting, dictionary building, system support and interface development.

1004 - Is Your EHR Governance Process a Well-Oiled Machine or a Rusty Clunker?

Presenter: Sherrie Babcock, BSN, RN

Organization: HCA - The Healthcare Company; West Florida Division IT&S, Clearwater, Florida

Scheduled: Wednesday May 30 at 2:30 pm

In 2011, with the implementation of CPOE (Computerized Provider Order Entry) at eight facilities in HCA (Healthcare Corporation of America) West Florida Division (WFD), a need was quickly identified for governance of the EHR and how system changes, enhancements and modifications would be accomplished. Since the initial onset of CPOE implementations in 2011, another seven facilities have had CPOE implementations crossing three different geographical and system markets, within WFD, for a total of 15 facilities.

Governance, as defined by the Merriam Webster dictionary, is the way that a city, company, etc. is controlled by the people who run it. We are able to apply governance concepts to the Electronic Health Record to ensure EHR integrity is maintained. Governance of the EHR is multifaceted taking into consideration various components of the EHR and how it is impacted by external factors. External factors include, but are not limited to, business owner needs and expectations, compliance and regulatory requirements, billing, and most importantly, patient care. Without a well-defined governance

process, i.e., change control, changes to one component of the EHR could impact other parts of the EHR in an unexpected manner. A well-defined governance process is key to maintaining EHR integrity and minimizing unforeseen impacts.

With a governance process, no single person, area, or department should be any less important than another. All aspects are reviewed and considered for a more cohesive understanding of the change. The governance process in West Florida Division has ensured compliance with regulatory guidelines, increased provider and end-user satisfaction by creating standard experiences and expectations. The expectation is for all sites to adopt the change, enhancement, or modification if approved.

Sherrie Babcock, BSN, RN, graduated from Valparaiso University with BSN degree in 1984 and has worked in a variety of clinical settings, for Hospital Corporation of America (HCA) West Florida Division (WFD) critical care, cardiac rehab, administration, and pre-admission testing. In 2010, transitioned to Information and Technology services for WFD with the onset of CPOE as a facility Evidence Based Order Set Specialist. Has been working the past 4 years as a Division Clinical Specialist - EHR/CPOE for HCA WFD IT&S supporting the EHR and CPOE implementations.

1005 - MEDITECH Bed Management Transport

Presenter: Justine Cavanagh

Organization: HCA - The Healthcare Company, Nashville, Tennessee

Scheduled: Thursday May 31 at 1:45 pm

Hospitals wanting to improve the transport of monitored and non-monitored patients to inpatient units and diagnostic areas are looking for a simple application to help manage their transport team.

MEDITECH Transport is a component of Bed Management. It allows staff and facility transport teams to input and manage patient transports occurring within the facility. It facilitates appropriate patient transport and promotes timely transport for Admission, Discharge, Transfer, ED and Inpatient testing.

This presentation will identify tools and resources you will need for implementing MEDITECH Transport including, project plan, key roles, success stories and lessons learned. We intend to provide an overview of the transport request process, screens and functionality to give you an idea of the product. Hospitals that are already live with MEDITECH Bed Management, will find the Transport component to be a cost effective, simple to use solution to establish facility-wide approach to managing patient transport.

Justine Cavanagh has 23 years of IT experience at both facility and division Level. Justine leads large complex projects throughout West Florida Division. Since March 2010, Justine has implemented MEDITECH Bed Management (including Telephony) at all 16 facilities in the West Florida Division; and since 2015, implemented Bed Management Transport at three facilities.

1006 - Surveillance – Integrating Surveillance and Developing Public Watchlists

Presenter: Chris Neumann

Organization: The Valley Hospital, Ridgewood, New Jersey

Scheduled: Thursday May 31 at 9:00 am



Valley Hospital has built over 90 surveillance profiles over the last three years to assist the staff in identifying different populations of patients in our facility. In this presentation, we will discuss how Valley used a combination of PCS Status Boards and Indicators to integrate these profiles into existing workflow and deployment of Public Watchlists that are tailored to each unit.

Chris Neumann has worked at Valley Hospital for the last five years. He supports the Quality Management, Risk Management, Surveillance, Bed Management and Environmental Services modules.

1007 - The Development of Standardized Electronic Parenteral Nutrition Order Sets

Presenter: Julie Campbell

Organization: HCA - The Healthcare Company; West Florida Division IT&S, Clearwater, Florida

Scheduled: Thursday May 31 at 1:45 pm



The Healthcare Corporation (HCA) of West Florida Division (WFD) clinical nutrition directors and division director of clinical pharmacy services identified excessive use of parenteral nutrition (PN) frequently not meeting ASPEN evidence-based inclusion criteria.

In an effort to standardize the PN process, a division wide policy and procedure was developed and implemented in each facility in the division. Each facility established a Nutrition Support Team consisting of dietitians and pharmacists who have daily collaboration in all PN cases. A computerized physician order entry (CPOE) Nutrition Support Team (NST) consult and PN order sets were developed to support the PN policy. Facility by facility implementation of the CPOE order set began in early 2015.

The Nutrition Support Team (NST) consult includes standard indications for PN administration based upon ASPEN and Critical Care Nutrition Guidelines. Simultaneous electronic notification of the PN consult is sent to the pharmacy and dietitians and includes reports available for each to monitor NST consult ordering.

Electronic order entry of PN order sets follows a standardized format in all 14 CPOE facilities in WFD and is available for physician and pharmacist ordering. PN order sets include: nursing orders, PN, lipids, sliding scale insulin, IV fluids, electrolyte and hypoglycemia protocols, and labs. The PN ordering process helps improve patient care and safety by including max dose warnings, duplicate therapy warnings, display of lab values, and dosing information within the order set. Various PN formula options are available for ordering.

From 4th quarter 2013 to the end of 2016, the West Florida Division reduced PN utilization by 38%, while increasing adherence to evidence based criteria by 33%. Significant annual supply and cost savings were realized. The West Florida Division of HCA improved patient care and safety while reducing supply cost using a consolidated, collaborative standardized approach to PN management and ordering.

Julie Campbell earned a BS in Pharmacy in 1993 from Albany College of Pharmacy and has been working for HCA West Florida Division as a Pharmacy CPOE Division Clinical Specialist since October of 2010. With almost 20 years of MEDITECH experience, Julie has expertise in development, as well as hands on use of MEDITECH in the facilities where she has practiced. She has built and implemented Pharmacy modules in MEDITECH and worked with facilities to implement electronic order entry. Most recently, she did a poster presentation at ASPEN's Clinical Nutrition Week 2017 that focused on the team approach for standardizing parenteral nutrition in CPOE. An abstract of the poster was published in the Journal of Parenteral and Enteral Nutrition. As a part of the West Florida Division, Julie works on a team of Pharmacists that develop creative MEDITECH solutions to streamline workflow and improve patient safety for the patients they serve.

1008 - Queued Orders & Improved CPOE Compliance

Presenter: Melissa Hall

Organization: CalvertHealth Medical Center, Prince Frederick, Maryland

Scheduled: Thursday May 31 at 3:45 pm



Come join in the lessons learned with implementing the MEDITECH 6.15 Queued Order Process from CalvertHealth Medical Center. See how their CPOE compliance rate increased among the anesthesiologists and other specialists.

Melissa Hall is the Director of Information Services/Deputy CIO for CalvertHealth Medical Center (CHMC). Melissa has been with CHMC since 2014 serving as Manager of Clinical Informatics, Director of Application Services before taking on the role of Deputy CIO in 2016. During her tenure, CHMC has successfully obtained Most Wired status, Stage 6 on the HIMSS EMR Adoption Model, and migrated from MEDITECH MAGIC to MEDITECH 6.15.

1009 - Dialysis Nurse Access and Documentation Process Enhancement

Presenter: Mary Brown

Organization: HCA - The Healthcare Company, Nashville, Tennessee

Scheduled: Thursday May 31 at 3:45 pm



The initiative to standardize dialysis access and documentation across the division (15 hospitals) was due to inconsistent vendor- and facility-based dialysis nurses' use of EHR for dialysis documentation. There was a blended use of paper forms and EHR in facilities. HCA West Florida Division has a division-wide contract with a single dialysis vendor. This update provided an opportunity to standardize access and documentation process throughout the division with increased visibility of documentation in the EHR for all users. Plus, many new nursing functions were incorporated into the screen revision and update.

Mary F. Brown, BSN, RN, graduated from Pima Community College (Tucson AZ) with an Associate's degree in Nursing in 1986. In 1993 graduated from the University of Arizona with a BSN degree. Mary has worked a variety clinical settings as an LPN and RN in Arizona and Florida, including Transitional Care, Progressive Care, Med-Surg, Nurse Manager and Nursing Supervision. She has been employed by Hospital Corporation of America (HCA) West Florida since 1998. In 2006, Mary transitioned from clinical nursing to Information and Technology services in the West Florida Division, and her current position is Division Clinical Specialist for Nursing/EDM/eMAR supporting 15 facilities.

1010 - Revenue Cycle Optimization: Tools and Strategies for Success

Presenters: Jodi Frei and William Presley

Organization: Northwestern Medical Center, St. Albans, Vermont; Acmeaware

Scheduled: Wednesday May 30 at 2:30 pm

The session will discuss strategies to optimize EHR build and workflow in the areas of registration, medical necessity, and clinical documentation improvement; tools and resources for reporting, tracking progress, and understanding the revenue at risk; and how to maintain a high-functioning revenue cycle during times of transition.

Reimbursement tied to quality performance has become a reality for hospitals and physicians. CMS' aggressive goals aimed at increasing the percentage of Medicare payments associated with quality outcomes versus quantity of service create operational, procedural, and fiscal challenges. Financial as well as clinical strategies must be redesigned and executed in this new value-based care environment.

Having completed a 12-month system upgrade and rebuild, financial lessons learned will be shared. Metrics that matter, strategies to best prevent revenue loss in times of transition, and optimization of quality based reimbursement are amongst the topics to be covered.

Essential to any highly reliable process is the ability to track progress, report statistics and present actionable data to various stakeholders. We will share tools and resources for reporting and tracking progress from both a clinical and financial perspective.

Revenue Cycle in this era of health care reform is challenging. We all seek success under this new normal in health care. Optimizing revenue capture in a quality reimbursement model requires acquisition of new knowledge and the use of new tools and strategies. Come and be a part of the discussion.

Jodi Frei is the Director of Quality, previously the Manager of Organizational Informatics at Northwestern Medical Center in St Albans Vermont. She has worked in healthcare leadership for over 25 years. She has supported the build and optimization of electronic medical records as well as various quality and population health efforts. She recently managed the transition of Northwestern to MEDITECH 6.16, being the first MEDITECH hospital to take Web ED and Acute. Jodi is a Physical Therapist with a Master's of Science in Managing Innovation and Information Technology. Her passion is leveraging technology to optimize clinical and financial outcomes amidst the ever-changing healthcare environment.

William S. Presley is Vice President at Acmeaware responsible for Product Development. He has been instrumental in creating solid decision support and comprehensive quality measurement software solutions that align with the evolving needs of healthcare reform. Bill has extensive experience in healthcare information technology including 8+ years at New England Baptist Hospital where he was a member of the hospital management leadership team. In this role, he oversaw the Physician Hospital Organization IT and the software development team producing various clinical and financial applications. Bill team made significant accomplishments from 2005 to 2011 implementing EHR Ambulatory software at the PHO physician practices. Bill completed his undergraduate studies at Wentworth Institute of Technology where he received a Bachelor of Science degree in Computer Science.

1011 - Request Management from the Requestors Perspective

Presenter: Jenn Ware

Organization: War Memorial Hospital, Sault Ste. Marie, Michigan

Scheduled: Wednesday May 30 at 2:30 pm

From IT to HR, Engineering to Dietary Services, our goal is to support the people supporting patients and physicians. Learn how meeting their collective needs helped us improve service and reduce costs, while simplifying everyone's needs.

Our story begins 15 years ago, and while we would like to say this was our plan all along, we learned as we went and only recently reached a true enterprise-wide service structure. Like most, IS looked at our work from our own perspective, and when our workload skyrocketed in 2003, we sought a tool to better organize ourselves. Shortly after implementing a MAGIC tracking application we heard from other service departments with similar needs and shared our tracking tool with them, there we were, thinking we had reached the ultimate level.

Despite our progress, our communication methods (e-mails, voicemails, hallway conversations) continued to create significant inefficiencies; interruptions, duplicate requests, incomplete requests, poor status notification etc. We asked our customers to submit their requests using the tool we were using. Following an unsuccessful trial run, they insisted on using OE, giving them a single point of entry. Things improved but not everyone used OE so our adoption rate was not nearly what we had hoped.

Choosing to implement 6.15 meant the end of our MAGIC applications. In seeking a replacement, we not only listened to the service teams, but our collective customers, who made it clear they wanted to use one system and it needed to be simple. Fortunately, we came up with an application with that unique blend, and quickly and easily replaced our MAGIC system. Users can now submit requests and track progress themselves, adoption has never been higher and service teams never more efficient, all at a lower cost.

Jenn Ware has worked at War Memorial Hospital for 10 years now. She started in Medical Records and then moved to Information Systems.

1012 - Using Activation Parties to Increase the Utilization of MEDITECH® Mobile Rounding

Presenter: Chris Pastor

Organization: Fraser Health Authority, Surrey, British Columbia

Scheduled: Wednesday May 30 at 2:30 pm

The MEDITECH Mobile Rounding application (Mobile) is an essential tool to facilitate the transfer of information between clinical practice and the health care information system in a portable and timely manner. We share the lessons learned from a project where the main objective was increasing utilization of Mobile through Activation Parties, including, and not limited to: 1) strategies to increase utilization of Mobile 2) strategies to increase the number of Mobile users 3) how to throw a successful activation party and 4) the results of our activation parties.

Chris Roman Pastor is a Registered Nurse, with ten years of experience in information technology and healthcare. He has worked in different environments, as a support analyst for a programming company

to a surgical frontline nurse to an immunization nurse to residential care supervisor. For the past two years, his career has concentrated on Health Informatics. He is currently a Clinical Information Specialist at the Fraser Health Authority and is excited to discuss his project increasing utilization of MEDITECH® Mobile Rounding application.

1014 - From MaGoo to MacGyver – Growing and Developing your Auditing Program in MEDITECH

Presenter: Becky Blevins

Organization: Ephraim McDowell Regional Hospital, Danville, Kentucky

Scheduled: Wednesday May 30 at 1:30 pm

Do you have an auditing program in place? Is it being utilized effectively? This presentation will step you through the process of defining your auditing program including identifying policies and procedures and training your staff. We'll review the use of profiles and menus in MEDITECH and how this effects auditing. MEDITECH tools from MIS, RAD, and ADM can be used to provide detailed auditing data but these tools may be limited by purge parameters within your MEDITECH system. Finally, we'll review some tips and tricks to help even the most seasoned auditors.

Becky Blevins is Information Services System Manager at Ephraim McDowell Health, a network of facilities in central Kentucky that consists of a regional medical center, two critical access hospitals, and specialty and family medical centers in 38 different locations. With over 31 years of experience in healthcare, she manages both the clinical and project teams for Ephraim McDowell Health. Becky is the current Chair of the MUSE Education Committee and also a MUSE Board member.

1015 - Web ED in Urgent Care

Presenters: Chris Giroux, Louis Dandurand, and Pennie LaFlame

Organization: Northwestern Medical Center, St. Albans, Vermont

Scheduled: Wednesday May 30 at 2:30 pm



In March 2017, NMC was the first organization to go live with Web ED. Now, the team is moving to moving all of their practices from Medent (current ambulatory system) to MEDITECH. The first step is to move the two urgent care sites from to Web ED. NMC plans on going live with Web ED in Urgent Care in March 2018.

Chris Giroux, Manager of Informatics, Data Management and Integration Services, has worked at Northwestern Medical Center of 16 years. Chris was the Clinical/Administrative Coordinator for their original MEDITECH Go-Live in October 2010, then oversaw all Data Management and Integration for March 2017 upgrade to 6.16; and now oversees Data Management, Integration, and Informatics and sponsor for the Urgent Care build.

Louis Dandurand, MD has been an Emergency Room provider of 20 years at Northwestern Medical Center. He was the primary Web ED builder for the March 017 go live for the ED, and Physician Champion/Liaison for Urgent Care Web ED build.

Pennie LaFlame, Revenue Cycle Coordinator has worked at NMC for 17 years. She coordinated the initial build of MEDITECH 6.X in October 2010, was the assistant project manager for March 2017 6.16 upgrade, and the lead on revenue cycle build for Web ED Urgent Care build.

1016 - The Use of a Nursing Screening Tool and a Clostridium Difficile (CID) Clinical Decision Support Order within the Electronic Medical Record to Decrease CID Lab ID events within the Hospital Setting

Presenters: Michelle Charles and Karen Vallejo

Organization: CHRISTUS Health, Irving, Texas

Scheduled: Friday June 1 at 9:00 am



According to the Journal of Emerging Microbes & Infections 2014, Clostridium difficile (C. difficile) is the leading cause of Infectious diarrhea in hospitalized patients. In an effort to reduce C. difficile LabID events, CHRISTUS Healthcare established a C. difficile initiative based on a newly approved C. difficile testing protocol. The initiative was a collaborative that included providers, nurses, infection prevention, clinical informaticist, policy, laboratory and pharmacy. The Initiative included two phases. This abstract will focus on phase 1.

Phase 1 includes the deployment within the Electronic Health Record of a Nursing C. difficile screening tool in the ED and inpatient GI nursing assessment that includes clinical decision support and appropriate follow-up for patients that screen high for risk of C. difficile. The second tool implemented was a C. difficile order that includes clinical decision support and guidance for ordering or not ordering C. difficile test. Providers and nurses obtained three weeks of education and implementation of the tools occurred the last week of January 2017. Review of data after six months of implementation displayed a 78% reduction in CID Lab events over 13 months and a 40% reduction in inappropriate ordering and a cost saving of 87,000 over six months. An analysis of phase 1 and implementation of phase 2 are ongoing.

Michelle Charles MSN, RN is currently the Director of Clinical Content Orders Management at CHRISTUS Healthcare. She received a Master's of Science in Nursing with a Family Nurse Practitioner specialty from University of Southern MS in 1998. Michelle has been a nurse for almost 30 years and has worked as a Clinical Informatics for over six years. She is credentialed in Epic, experienced in Cerner and MEDITECH. In her previous position at Methodist Healthcare, she served as Senior Clinical Informatics. Her role encompassed many functions; Project manager on numerous Clinical Informatics projects, Clinical Analyst with the build of procedures, over 200 order sets, more than 60 progress notes and as a physician educator. While at her previous facility she was awarded the individual GREAT award for high achievement in Informatics.

Prior to her position at Methodist Healthcare, while working at Emory healthcare she developed a 12- and 24-hour electronic chart check policy for nursing that was instituted system wide. This electronic chart check process and implementation results were presented at two nursing research symposiums in Atlanta. In 2017, Michelle presented her work on C. difficile to the American Nurses Informatics Association and a research poster at the CHRISTUS Health Research symposium.

Karen Vallejo MSN, RN, CIC is the System Director of Infection Prevention and Control at CHRISTUS Health in Irving, Texas. Karen has over 30 years of healthcare experience based on the foundation of a Master's of Science in Nursing with a focus on Infection Prevention and Control. Karen has been certified in infection prevention and control for over 20 years along with a background in healthcare quality, risk management, patient safety, performance improvement and employee health. She trained and worked most of her career in the Texas Medical Center in Houston, Texas and has partnered with the Healthcare Informatics team on many initiatives. Karen is married to a pediatric infectious disease physician who practices at Texas Children's Hospital in Houston and they have two sons.

1017 - Inspiring Care Plans

Presenter: Sandra Heine

Organization: Kalispell Regional Healthcare, Kalispell, Montana

Scheduled: Thursday May 31 at 3:45 pm



Few documentation requirements evoke more frustration than care plans. Nurses struggle to complete them and often times feel it is just another task that does not improve patient care. At Kalispell Regional, a Care Plan committee developed a valuable, efficient and multi-disciplinary workflow to address these frustrations. The committee comprised of nursing, case management, therapy, and pharmacy members reviewed the current workflow in the MEDITECH 6.15 environment with the goal of finding a multi-disciplinary methodology which care providers could use effectively. The acronym INSPIRE summarizes the goals of the build:

- Intuitive
- No Duplication
- Streamlined
- Patient Story
- Interdisciplinary
- Relevant
- Efficient workflow

The new workflow optimizes MEDITECH functionality by ensuring that care providers can easily track progress to achieve the desired goals in the electronic medical record. A clinical panel with additional information as determined by the needs of the provider can be built to encourage physicians to be a part of the care planning process. Staff are embracing the new workflow and adding to it by developing unit-specific "helps". Quality approved the new workflows and everyone is excited about doing work that adds to the patient story, is not duplicative, and is meaningful to patient care.

Sandi Heine has been working as the Clinical Systems Educator at Kalispell Regional Medical Center (KRMC) for over two years. Sandi became involved with MEDITECH 6.15 project when she joined the Healthcare Information Technology (HIT) Department at KRMC. At that time, her MSN practicum project was to work with the Skilled Nursing Facility that is part of Kalispell Regional Healthcare to convert their paper nursing documentation into electronic documentation as part of the MEDITECH 6.15 Go-Live.

Previously, Sandi worked as an RN in several hospitals as a medical/surgical nurse, in an OB/GYN office, and recently in a rehabilitation unit of a skilled nursing facility while completing classes for her MS in Nursing Informatics. Currently, one of her projects is to enhance the Care Plan workflows of the acute and skilled nursing care units at KRMC.

1018 - Implementing the Oncology Module: Keys to Success

Presenters: Joo Hyun Ha, Alli Evert, and Robbie Espejo
Organization: Firelands Regional Medical Center, Sandusky, Ohio
Scheduled: Wednesday May 30 at 2:30 pm



Firelands Regional Medical Center (FRMC) is the first hospital to utilize the Oncology Orders dictionary, and the first hospital to have a "big bang" Oncology module go-live. This presentation will cover key points for Oncology module go-live. The topics include registration/schedule, nursing, pharmacy build as well as key points to consider when preparing for Oncology go-live.

Joo Hyun Ha, PharmD, MS is a clinical informatics pharmacist and was in charge of medication building for Oncology module implementation.

Alli Evert, RN, BSN, OCN is a clinical oncology nurse who was in charge of treatment building and overall clinical content building for Oncology module implementation.

Robbie Espejo is a Systems Analyst who was the project lead for Oncology module implementation.

1019 - Using the Order Dictionary for a Successful Oncology Implementation

Presenters: Joo Hyun Ha and Robbie Espejo
Organization: Firelands Regional Medical Center, Sandusky, Ohio
Scheduled: Friday June 1 at 9:00 am



Firelands Regional Medical Center (FRMC) is the first hospital to utilize Oncology Orders dictionary, and the first hospital to have a "big bang" Oncology module go-live. This presentation will cover key points to consider when building medications for Oncology module implementation.

Joo Hyun Ha, PharmD, MS is a clinical informatics pharmacist and has implemented clinical pharmacy surveillance using Surveillance module.

Robbie Espejo is a Systems Analyst who was the project lead for Oncology module implementation.

1020 - Clinical Pharmacy Surveillance

Presenter: Joo Hyun Ha
Organization: Firelands Regional Medical Center, Sandusky, Ohio
Scheduled: Thursday May 31 at 1:45 pm



Firelands Regional Medical Center (FRMC) is the first hospital that has successfully implemented clinical pharmacy surveillance using the Surveillance module. This presentation will cover ways to utilize tools available in MEDITECH to build surveillance system for pharmacy staff.

Joo Hyun Ha, PharmD, MS is a clinical informatics pharmacist and has implemented clinical pharmacy surveillance using Surveillance module.

1021 - Engaging Patients with Automated Appointment Reminders

Presenter: Kathy Coulter

Organization: Ephraim McDowell Regional Hospital, Danville, Kentucky

Scheduled: Thursday May 31 at 1:45 pm



Patient engagement doesn't just happen, it takes promoting and encouraging patients to utilize the tools that are made available and to also teach patients how to utilize. Yes, it takes lots of patience and effort on not only the patient but the staff of each organization to make engaging patients successful.

Kathy Coulter has worked with MEDITECH since 2007 and with Ephraim since 2015. She has helped implement Automated Appointment Reminders at Ephraim.

1022 - The Incredible Benefits of Roles Based Access (and Why You Need It!)

Presenter: Karrie Ingram

Organization: Citizens Memorial Hospital, Bolivar, Missouri

Scheduled: Thursday May 31 at 3:45 pm



We have been working on Account Management and Roles Based Access for years. It isn't something we enjoy, and getting it right is often very complicated, but our work is paying off in numerous ways. Come hear our experience, the steps we took each year to begin to clean up and the rewards we are reaping now. With access being mentioned as one of the top issues during a 6.1 go-lives, we are hopeful that the work we have done will help as we build and go live with 6.16 later this year.

Karrie Ingram is the manager of an award-winning Information Systems team. She has been at CMH for almost 16 years, and feels privileged to work in a fast-paced, innovative, HIMSS Stage 7 environment. A Client/Server shop for over 15 years, CMH is currently working on their 6.16 Implementation for acute, ambulatory and LTC, with a go-live planned for Dec 1, 2018.

1023 - SUR 101 and Beyond

Presenter: Carole Weinstein

Organization: The Valley Hospital, Ridgewood, New Jersey

Scheduled: Wednesday May 30 at 1:30 pm



Join us for an overview of the next generation of ORM – the SUR module, and tips on maximizing functionality in SUR. The Valley Hospital went live with 6.1 SUR in 2015 and is currently using it in four surgical/procedure areas with over 36 ORs in two sites. Topics reviewed will include surgical scheduling, materials management and preference card considerations, billing/time charge rules, and one-time documentation versus assessments.

Carole Weinstein is a Project Specialist at The Valley Hospital in Ridgewood, NJ, a 451-bed acute care facility. She has installed and supported the perioperative areas through four OR systems over the last 20 years, as well as many other MEDITECH modules in her 20+ years at Valley.

1024 - Simple and Powerful: A Case Study on Selecting and Implementing an Electronic Document Filing Solution

Presenter: Sue Plank

Organization: Goshen Health, Goshen, Indiana

Scheduled: Thursday May 31 at 3:45 pm

After evaluating several solutions, Goshen Hospital selected a workflow efficiency tool to improve the management of requisitions and authorizations for outpatient diagnostic services within its Patient Access department. A3 Thinking was used to systematically evaluate and address the problems this department experienced with its current fax system to ensure a compatible fit with the new solution.

This presentation will outline the Patient Access department's journey, how the new workflow solved the problems with its previous system, the implementation plan, and insights regarding the implementation – what helped, what hindered, what went well, and what could be improved.

Goshen Health is located in Northern Indiana and includes a 122-bed hospital and 27 clinics in four counties. Goshen Hospital is currently using MEDITECH Release 5.67, PP.3 for their hospital EMR.

Sue Plank has been with Goshen Health since 2009. She has worked as a social worker on the Inpatient Units, as well as in the Emergency Department. For the past four years, she has facilitated project teams working toward process improvement, with a specific focus in the Revenue Cycle, using A3 Thinking and Lean methodology.

1025 - Our Journey to Incorporate the "One Query Theory" into our 6.1 Implementation Across the Enterprise

Presenters: Lee Ann O'Bryan and Marci Langbaum

Organization: St. Claire Regional Medical Center, Morehead, Kentucky

Scheduled: Wednesday May 30 at 2:30 pm

One Query Theory isn't new to us in the MEDITECH community, but retrofitting it from a past 6.0 implementation into a current 6.1 upgrade is. At St. Claire HealthCare, transforming clinical care to drive patient satisfaction is the bedrock of our organization's mission. And, that mission was no different when we took on upgrading MEDITECH 6.0 to 6.1 to achieve building a Patient-Centric Medical Record.

The challenge grew out of our realization that when we went live in 2011 with 6.0, the system was created in silos with each core team having built their own separate queries. The amount of query duplication that accumulated over the years multiplied exponentially making it difficult (almost impossible) to trend and report critical clinical documentation, not to mention redundant for the clinical and financial workflows. In assessing our 6.1 Web Ambulatory implementation, it was clear that things needed to be done differently to apply one query theory effectively and to realize the full benefits of the system.

In this session, we take you through our journey to demystify the application of one query theory in 6.1 Web Ambulatory. We share lessons learned and provide a more effective approach to one query theory

builds for a 6.0 to 6.1 upgrade. We also cover how we brought both the clinical and revenue cycle teams of the organization together and bridged the inpatient and outpatient sides of the organizational “walls” through optimizing the registration module centered around the patient.

Lee Ann O’Bryan serves as the Administrative Director of Informatics and Imaging at St. Claire HealthCare. St. Claire HealthCare encompasses a 159-bed medical center and a variety of ancillary services, including specialty physician practices, homecare providers, and outpatient clinics in Morehead, Kentucky. Her role at St. Claire is to provide leadership in the planning, implementation, coordination/direction, and optimization of clinical information systems in order to enhance patient care across the enterprise. She is a strong advocate for system-wide adoption of efficient and effective EHR technology.

Lee Ann brings a clinical background having worked as a radiologic technologist, gaining experience across a variety of radiologic specialties, including C.T., Mammography, Lithotripsy, Bone Densitometry, and Surgical Radiography over ten years of direct patient contact. While transitioning into her current operations and project management role, Lee Ann obtained an MBA with an emphasis in healthcare, which afforded her a strong understanding of the fiscal landscape of healthcare. She also holds a Lean Six Sigma Green Belt certification. She uses this, as well as a natural aptitude for strategic planning and IT implementation and optimization, to support St. Claire in developing and maintaining the EHR tools necessary to provide excellent patient care to the community of Morehead and surrounding regions.

Marci Langbaum, RN, BSN, MSN has worked in a variety of roles as an RN for over 35 years. She holds an MSN with a specialty in Nursing Informatics, and offers extensive experience in the field of nursing and clinical informatics, Marci’s career started as a bedside nurse, and from there, she transitioned to clinical management, nursing education and clinical instruction, and systems analysis. For the past 15 years, she has dedicated her expertise and passion to clinical informatics.

In her current role as a clinical informatics consultant, Marci has served as a subject matter expert, project manager, and trainer. She specializes in Best Practice design and build, offering clinical process redesign and clinical documentation standardization expertise across MEDITECH MAGIC, C/S, and 6.1. She recently successfully collaborated with physicians to improve clinical documentation and patient care standards. Marci currently serves at St. Claire Regional Medical Center, supporting their MEDITECH 6.1 implementation as the Clinical Project Lead, working closely with physicians as well as other clinical departments, championing best practice functionality and patient centricity in MEDITECH Web Acute, Web Ambulatory, and Web ED platforms.

1027 - Familiar Faces – Standardizing Care for Frequent Users to the Emergency Department

Presenter: Wendy Konya

Organization: Fraser Health Authority, Surrey, British Columbia

Scheduled: Wednesday May 30 at 1:30 pm



Purpose/Objective:

Fraser Health has launched a key initiative to reduce high frequency usage at their 12 Emergency Departments – Familiar Faces. Utilizing some unique strategies, Fraser Health has used innovation & integration of information systems in developing the Familiar Faces Care Initiative. This initiative has created a platform for providing standardized, integrated care for our frequent visitors to the ED

(Emergency Department). This initiative has also expanded our information sharing, connecting community and acute. The vision is to improve the experience and health outcomes for high frequency users of the ED – ensuring that each receives the right service, at the right place, at the right time to meet their needs.

Methodology /Approach:

Frequent users or ‘Familiar Faces’ of Fraser Health’s ED often represent vulnerable populations who would benefit from coordinated upstream interventions that would both improve care and lower congestion.

The Familiar Faces Care initiative recognized the challenges associated with coordination of care amongst health care teams, and with access to community-based health and primary health care services. These challenges were further compounding the problem of frequent ED use.

When an individual is identified as a “Familiar Face”; the clinical team works together to develop the Familiar Faces Care Management Plan. The Care Management Plan is an integrated and shared comprehensive outline that illustrates the deliberate organization of care activities, resources and services for the Familiar Faces client when presenting to the ED.

The Care Management Plan is saved in MEDITECH (used in acute care settings) or other software (used in community care settings). There can be only one active Care Management Plan per client. Then the Indicator flag is entered in MEDITECH as Critical Program Indicator (CPI) and entered in the community-based software as an Alert.

Due to the lack of integration between MEDITECH and the community-based software; the UCI (Unified Clinical Information) solution was selected to view and share the Care Management Plan between acute and community. The UCI solution provides a holistic integrated view of the client across Fraser Health including Provincial Lab, Provincial DI (Diagnostic & Imaging) and information from the Vancouver Coastal/ Providence Health/PHSA (VPP) CareConnect solution.

Findings/Results:

The Familiar Faces initiative has been implemented in MEDITECH (ITS, EDM & EMR), the community-based software, and UCI. Familiar Faces Care Management Plans from MEDITECH and the community-based software are both accessible in UCI for all Fraser Health users in both acute and community settings. In addition, the community-based software Alert for Familiar Faces is also viewable in UCI.

Conclusion/Implications/Recommendations:

As a result of this key initiative, Fraser Health has achieved the following objectives:

- Familiar Faces alerts and care management plans developed in MEDITECH and the community-based software
- Consistent care and messaging for the Familiar Faces client at all points of care
- Emergency Departments have established links with various community services
- Easier access to care management plans in UCI by clinicians

Summary: Utilizing integrated information systems, the Familiar Faces initiative was introduced to reduce the high frequency users in the Emergency Departments.

Wendy Konya is a MEDITECH Clinical Information Specialist at Fraser Health. She has been working at Fraser Health for 20+ years, with a back ground in Emergency Nursing, Forensic Nursing, and, for the past 11+ years, in Health Care Information Systems supporting MEDITECH acute care users.

1028 - We're Over Analog. It's Not Us ... It's You!

Presentation: Erica Knippling

Organization: Brookings Health Systems, Brookings, South Dakota

Scheduled: Wednesday May 30 at 3:30 pm



Like most complicated relationships, analog faxing can be a game of give and take. Waiting for the fax to arrive, or receiving actual proof that it was sent successfully. In this presentation, we will look at the Brookings Health System's seven stages of grief from the breakup with analog lines and their move towards the impressive digital faxing platform. Throughout this presentation, we will discuss the following areas of the breakup:

- Brookings Health System's issues with analog faxing; solution that was chosen by BHS; decision to cut all fax lines to digital
- Brookings Health System's implementation plan; how end user training was more intensive than we thought; where it is all implemented successfully; audit capabilities saved staff time
- Smart Route capabilities
- Secure Messaging functionality; multiple destinations; what is the current and estimated return on investment

This presentation is geared for all audiences and all platforms of MEDITECH.

Erica Knippling is the Clinical Informatics Specialist at Brookings Health System. In the past 10 years, she has focused her technology career in the healthcare industry. In her current role she is responsible for the design, testing, upgrading, and implementation of the MEDITECH system and many of its ancillary applications at BHS. She received an AAS in Marketing Management Sales from Lake Area Technical Institute and a BA in General Studies with a minor in Studio Arts from South Dakota State University. She uses this background to combine creative and technical processes bringing many unique solutions to BHS. Erica is an active member of SDHIMSS, and is currently serving as President for 2017-2018.

1029 - Telling the Patient's Story ... Literally

Presenter: Mary Orsted

Organization: CHRISTUS Health, Irving, Texas

Scheduled: Thursday May 31 at 1:45 pm



In 2017, CHRISTUS Health piloted the use of dictation and "front-end" transcription for non-physician providers documenting in the PCS module. Well-received by therapists in the pilot outpatient rehab clinic, this documentation methodology is of interest and/or is being adopted by nursing and other disciplines at CHRISTUS who document in the PCS module. Non-physician provider dictation is a superb example of technology addressing the inherent EHR struggle between structured data capture and narrative documentation that "tells the patient's story", and may be a step towards the future use of

natural language processing to minimize the documentation burden for non-physician providers. This is a review of that pilot program for others who may be interested in using dictation in the PCS module.

A "second-career" nurse with both a BBA and a BSN from Texas A&M University, Mary Orsted's initial 20 years of work in risk and data management turned out to be incredibly useful in her subsequent clinical nursing career. Over the last decade, things have come full circle and she has used her acute care nursing experience to inform her informatics work in the MEDITECH Magic, Client/Server and 6.0 platforms for both the CHI and CHRISTUS Health Systems. She is an eager follower of newer science and technologies that show real promise in the support of clinicians delivering extraordinary patient care.

1030 - Successfully Scaling Up Self-Registration in the ED

Presenter: Amy Bellisle

Organization: Georgian Bay General Hospital, Midland, Ontario

Scheduled: Friday June 1 at 10:00 am

Learn how Georgian Bay General Hospital (GBGH) successfully reengineered and streamlined e-triage and patient registration in its Emergency Department, increasing both patient satisfaction and patient engagement, and overall time savings for frontline staff while decreasing patients wait times.

Amy Bellisle Registered Nurse is a Clinical Informatics/Applications Consultant for Georgian Bay General Hospital. For the greater part of her 26 years of her nursing career, she has been active in ED where she excelled in a leadership role. Amy moved to a new role in Information Systems after her contribution as lead, in the successful implementation of the Emergency Department module.

Amy works with the clinical educators, physicians, clinical managers to assess the level of satisfaction and utilization of the information system, evaluate the usefulness, quality and comprehensiveness, and potential of output relating to electronic documentation both for ER patients and inpatient.

Amy looks at efficiencies thru technology as part of our GBGH's lean strategies. Amy was the lead of the successful implementation of the ED Self-Check In Kiosk where she worked collaboratively with frontline staff to streamline the Triage and Registration processes. Amy has continued to improve and enhance the ED Kiosk processes for an overall successful patient and staff satisfaction.

1031 - Tackling the Complexity of Dictionary Synchronization

Presentation: Erica Knippling

Organization: Brookings Health Systems, Brookings, South Dakota

Scheduled: Thursday May 31 at 9:00 am

Like most small facilities, Brookings Health System is constantly looking for ways to automate and control data to allow their IT staff the ability to concentrate on priority projects and focus on supporting the needs of the hospital. One key area of focus at Brookings Health System has been to leverage technology to synchronize countless dictionaries across both test and live environments. The presentation today will cover the following:

- Why leverage technology for dictionary synchronization and management?
- What dictionaries do we currently synchronize?
- How do we prioritize workload and department requests?
- Project rollout; bringing on new data and building dictionaries. How can you streamline this process?
- A use case - comparing assessments. No longer a tedious, manual process!
- Collaboration between IT and key hospital departments and why this matters.
- ROI - how much time are we saving?

From MIS queries, to customer defines screens, to pharmacy drug dictionary, the list goes on. Come join us to learn how we improved our processes and put technology to work! This presentation is geared for all audiences and all platforms of MEDITECH.

Erica Knippling is the Clinical Informatics Specialist at Brookings Health System. In the past 10 years, she has focused her technology career in the healthcare industry. In her current role, she is responsible for the design, testing, upgrading, and implementation of the MEDITECH system and many of its ancillary applications at BHS. She received an AAS in Marketing Management Sales from Lake Area Technical Institute and a BA in General Studies with a minor in Studio Arts from South Dakota State University. She uses this background to combine creative and technical processes bringing many unique solutions to BHS. Erica is an active member of SDHIMSS, and is currently serving as President for 2017-2018.

1032 - Order Set Management: Taming the 2,677 Headed Monster

Presenters: Carolyn Weisbard and Tracy McKinnon

Organization: CHRISTUS Health, Irving, Texas

Scheduled: Thursday May 31 at 9:00 am



Managing order sets in an EMR can become a daunting task for even the smallest of organizations, this presentation will show how we came up with a process to get all of our facilities on the most recent versions of order sets over a year.

Carolyn Weisbard RN, BSN has been a registered nurse for 17 years. She has a background in the Cardiac ICU Stepdown and with informatics. She is currently helping to maintain orders and order sets for CHRISTUS Health.

Tracy McKinnon has been an LPN for 10 years. Her background includes Emergency Room experience and informatics. Tracy is currently working to create new and review previously approved order sets.

1033 - User Access Security – You Need to Be a Detective

Presenters: Peggy Bull and Kim Eldred

Organization: Northern Montana Hospital, Havre, Montana; Cornerstone Advisors

Scheduled: Thursday May 31 at 2:45 pm



Implementing MT 6.1 is a big undertaking. A big part of that undertaking is your users and how they access the system to do their jobs. To accomplish the right balance between the ability to do their jobs and maintain appropriate security, you need to do a lot of investigating. Like a detective, you look for clues and follow leads to solve the mystery. Taking the time and being a good detective, methodically gathering all the clues and putting them together to solve the mystery can make a huge difference. Creating the appropriate access for your users early on will enhance training and lower the angst of your end-users during Go-Live

Objective - There are so many things to do during an implementation that user access can take a back seat while other applications take the forefront of everyone's attention. We don't need to worry about users until we figure out how the new system works. This is not true at all. Investigating user security, needs to start as soon as possible. Preferably once you decide you are going to implement the MEDITECH 6.1xx system. Tracking down the clues of what your users "really" do in your old system, not just what someone thinks they do, will take time. You have the most time to gather these clues before you start building. Taking the time to do this will assist you in building menus and access in the new system much more efficiently using templates that you create. Yes, it does take time and resources to do a thorough job of gathering this information and solving the mystery of appropriate user access/security, but you will see that it pays off in the end. Our goal is to share information that we have gathered along the way and to assist with enhancing your MEDITECH Go-Live from a user security point of view.

Agenda - We will attempt to show you some of the things to include in your investigation and things to think about while building users in your new system. We will cover the considerations pre build and go through the steps of what it takes to put all the pieces of your access/security together. We will discuss the differences in building users in MEDITECH 6.1 and previous versions. Some of the other topics covered will be convert or not convert users and providers from the old system. MPAs vs Access Groups and how they relate. Person Templates and how they can ultimately save you time building users, not only for the implementation but going forward in your system. Why it is important to have a MIS person lead for your organization. Then finally we will share some tips and tricks that we have learned along the way.

Peggy Bull is an Applications Integration Analyst with 22 years of experience in healthcare IT. The majority of which has been MEDITECH Client Server. She has worked as an Applications Specialist, a Service Desk Lead and most recently as the MIS Team Lead for a MAGIC to MEDITECH 6.15 implementation at Northern Montana Healthcare in Havre, MT. While her primary focus for this project was user access and security she has also supported MM, AP, GL and Hospice. With her diverse customer service background, she has the ability to work well and understand the needs of end-users in the MEDITECH applications.

Kim Eldred is Senior Consultant with Cornerstone Advisors LLC. She is an accomplished clinical informatics professional with over 20 years of experience. As evident through her implementation, optimization and support experiences, Ms. Eldred has strong project management and communication skills as well as depth and breadth within the MEDITECH suite of applications in both the 5.x and 6.x arenas.

Ms. Eldred is very experienced with a wide variety of HIT applications and solutions. Specifically, within the MEDITECH space, she has an expert understanding of the Advanced Clinical Suite, specializes in MIS-Person build, ITS and Order Management, PAPD, as well as a strong understanding of non-clinical modules including Admissions, Billing/AR, Non-MEDITECH Integration, and NPR Report Writing. In addition to her technical knowledge, Ms. Eldred has proven, in multiple environments, a strong ability to work with end-users and clinical stakeholders to understand, document and evolve business and clinical processes to take full-advantage of technology.

1034 - Pharmacy Informatics: Analytics and Shortcuts

Presenter: Andrew Ventura

Organization: Augusta Health Care

Scheduled: Wednesday May 30 at 2:30 pm



Join us for a review of informatics workflows developed at Augusta Health. This includes dashboards that cover BMV data, antimicrobial stewardship, pharmacy staff interventions, pharmacy operational efficiency, QA medication events. Also included are NPR solutions utilizing custom NPR code for decision support rules in OE and PHA, diversion monitoring reports, and bringing more data to the pharmacist's fingertips in the PHA module utilizing novel patient view NPR fragment reports and drug dictionary NPR fragment reports.

Andrew Ventura has worked in Pharmacy Informatics for six years with Augusta Health. He is a graduate of Shenandoah University's PharmD/MBA program. He leads numerous medication related initiatives in his organization and is involved in Medication Safety/Quality, Clinical Decision Support, Antimicrobial Stewardship, and writing NPR and SQL code for various workflows. He particularly enjoys finding inventive solutions to challenges in the healthcare world.

1035 - What Trends Does Your Discharge Process Show?

Presenters: Leah Celestin and Penny Mills

Organization: HCA - The Healthcare Company; West Florida Division IT&S, Clearwater, Florida

Scheduled: Friday June 1 at 9:00 am



Delays in the discharge process is a known issue experienced across a multitude of healthcare facilities across the country. The discharge trend report is a tool that captures and measures the various attributes surrounding the discharge processes. It presents a method of analyzing the data to identify any trends or gaps that present opportunities for process improvement. This report is a tool to aid in staff education on real time discharging, identify batch discharging and perhaps glean improvement points from units that are consistently performing well.

This data captured in this report can be manipulated into various visual aids to quickly identify areas of improvement. Dashboards and heat maps as well as graphs and tables can be created from data, making discharges a more efficient process. The inclusion of the late reason as well as the elapsed time fields on this report are key in making this report an important tool for process improvement.

Leah Celestin is a Sr. Clinical Analyst supporting Fawcett Memorial Hospital and Englewood Community Hospital in West Florida Division.

Penny Mills, RN is a Sr. Clinical Analyst supporting South Bay Medical Center West Florida Division.

1036 - Ensuring Patient Care Continues During a MEDITECH and/or Network Downtime

Presenter: Melissa Hall

Organization: CalvertHealth Medical Center, Prince Frederick, Maryland

Scheduled: Wednesday May 30 at 2:30 pm



Superior patient care is the primary goal of any hospital team. This starts with the ability to keep clinicians well-versed at all times so that they are able to make informed decisions. These goals and standards aren't placed on hold if or when a hospital experiences a downtime, whether it's planned or unplanned.

Continuum of Care is a constant. Hospitals need to maintain a continuous flow of information at all times. Making sure your enterprise has a well-defined policy and procedure through downtime situations is imperative. Join us as we discuss our journey and implementation of one streamlined and easily accessible solution that would ensure patient safety. Our current strategy ensures our staff will have access to critical data during any downtime situation.

This presentation will be geared to all MEDITECH platforms and all MEDITECH end user types.

Melissa Hall is the Director of Information Services/Deputy CIO for CalvertHealth Medical Center.

1037 - Integrating Smart Pumps with MEDITECH at Saratoga Hospital

Presenters: Amy Speanburg and Laurie Blount

Organizations: The Saratoga Hospital, Saratoga Springs, New York;
Iatric Systems

Scheduled: Wednesday May 30 at 1:30 pm



In 2017, Saratoga Hospital was named a "most wired hospital" by Hospitals and Health Networks magazine. To quote our CIO, John Mangona, "The 'most wired' designation tells our community that we continually seek new ways to put technology to work to benefit our patients." In fact, part of our hospital's mission and vision is to be a high-quality provider, known for timely acquisition of cutting-edge technology.

Integrating our smart pumps with MEDITECH definitely falls into the category of cutting-edge technology. This educational session will describe our journey in detail to help others profit from our experience. During the presentation, we will discuss:

- What is smart pump integration?
- The reasons why we chose to do it

- Who participated in the project? (and the FTEs it required)
- How was workflow analyzed and improved?
- What testing entailed? (much more than simply testing every IV drug)
- End user training

It's a complex project that involves nursing, pharmacy, IT, and your biomedical engineers. This session will have a heavy focus on nursing, but pharmacists and anyone interested in connecting your smart pumps to MEDITECH will benefit from attending.

Amy Spearburg MS, RN, started her nursing career working in medical/surgical/orthopedic nursing. When she began her career at Saratoga Hospital in 2008, she was asked to be part of the team to implement Nursing Documentation. Since then, Amy has advanced to Clinical Informatics Specialist and has worked on and implemented many projects such as ICU documentation, CPOE, ORM, Physical Therapy, Respiratory Therapy, Smart Pump EHR Integration, and more.

Laurie Blount is the Director of Application Integration at Iatric Systems. She has more than a decade of healthcare experience, half of which has been dedicated to connecting medical devices to hospitals' EHR systems. Laurie has managed successful medical device integration implementations at numerous hospitals and health systems across the nation. She led the Smart Pump EHR Integration projects at Saratoga Hospital and Union Hospital, which went LIVE on June 7, 2017.

1038 - Business Continuity Process – Downtime EMR and Offline Documentation

Presenters: Jerry ChenYu Shao and Christina Lim

Organization: Bridgepoint Health - Sinai Health System, Toronto, Ontario

Scheduled: Wednesday May 30 at 1:30 pm



In 2014, Business Intelligence and Data Quality (BIDQ) corporate with Information Management submitted a project request on developing a home grown solution that will revolutionize how the clinical downtime process are conducted, switching from manual process to electronic, and fully supporting the Clinical Downtime Policy. Information Management collaborated with clinical stakeholders to fully learn and understand the overall downtime process from a clinical lens, as a well as outline the type of information/reports required in carrying out continuity of care to the inpatients while MEDITECH was unavailable. This project was called the Business Continuity Portal (BCP) Project.

The solution's design was created by Dr. Jerry Shao, Manager of BIDQ, and Wei-wen Chang (consultant). The design focused on developing a systematical procedure that would have an application be available on an allocated device (or workstation) within proximity of the main unit team stations, housing all the essential clinical reports/information needed by clinical users and refreshed based on a routine schedule and accessed using a downtime password. These essential clinical reports, MEDITECH reports such as: Patient Profile, Pharmacy Patient Profile, and Pharmacy CMAR, are consistently downloaded along with custom clinical and non-clinical reports developed in SQL routinely every three hours. The downloaded reports are then packaged together and are deployed to allocated devices on the clinical units referred to as BCP computers or BCP Host. This is to ensure that the data is as close an approximation to real-time data as possible. When a downtime occurs, the BCP will act as a downtime EMR to provide the

necessary data and information needed to provide continuous patient care without the availability of the main MEDITECH Application.

In 2015, Bridgepoint faced an unexpected Code Grey situation due to a server failure affecting the organizations network connection and most importantly the HCIS (MEDITECH System). With the Code Grey lasting for three days and the unavailability of MEDITECH, the value of the BCP tool was truly put to the test, providing the information needed to continue operation in providing care to the patients on the nursing level. Not only was it valued at the nursing unit level but more importantly on the medication/pharmacy level, providing pharmacy the information needed to administer the appropriate medication to the patients significantly reducing any major impact due to the unavailability of certain information. Highest praise was given to the BCP solution from across the organization especially from the former CEO. It epitomized Bridgepoint's overall value in providing the best care possible in whatever scenario and thus opened up more potential on how the solution can be expanded further within the organization.

Today, the BCP solution has improved tremendously, undergoing many enhancements and optimization to dynamically improve and meet the needs of the clinicians since its first phase. Current the total number of BCP enable devices is now 160, fully expanding the availability from 34 (two each unit; four each nursing floor). This was achieved by using a Client-Host Method where majority of the BCP enabled devices were installed with a client based application that would access the BCP application of 1 of 34 original BCP computers or Host. This method allows us for more flexibility in increasing the range of BCP enabled devices anywhere within the hospital.

The BCP application has been greatly recognized as a vital component within the Bridgepoint Campus in providing continuous operational service during a service interruption. The ability to provide comprehensive patient related information has allowed the BCP to act as a safeguard for clinicians to ensure the patient is being given most possible care during such event. It truly revolutionized the way downtime procedures are conducted at the Bridgepoint Campus to support the clinical downtime policy as well as eliminate a great deal amount of time in preparing for a time. Overall the BCP act as an "insurance" type application only to substitute for MEDITECH when the system is deemed unavailable, similar to how insurance is relied upon to compensate for certain expenses. It is one of Bridgepoint's greatest tools with the hopes of never being used unless truly needed.

Jerry Shao is currently the Senior Manager of the Business Intelligence and Data Quality team at Sinai Health System in Toronto, Ontario, Canada. Jerry has been active in the area of healthcare business intelligence and process improvement for over 12 years. Jerry received his Doctoral in Management Information and International Development from the University of Michigan, and also holds a Master of Science with honour in Engineering and Business Process Modeling. This is Jerry's second presentation at MUSE International, as he was the first author and lead presenter of "Business Intelligence Using a Data Farm" presentation in May 2014.

Christina Lim is the Director of Clinical Informatics Services and Support at Sinai Health System. Christina is an RN with background in ICU, and held previous Nursing leadership positions as a Clinical Manager and Professional Practice Educator in both inpatients and outpatients in other organizations, including Inpatient Surgery, Bariatric Surgery Program, and Outpatient Rehab and Regional Evaluation Centre, and Inpatient Medicine (Cardiology and Respiriology). Christina received her Master of Nursing in Nursing Administration from the University of Toronto. Christina also currently has her certification in CPHIMS and CPHIMS-CA.

1039 - Security Access Management – EMR Log

Presenters: Jerry ChenYu Shao and Andrew Bunalade

Organization: Bridgepoint Health - Sinai Health System, Toronto, Ontario

Scheduled: Friday June 1 at 10:00 am



Information privacy has always been on the radar of many organizations ensuring information security and prevents exposure of any type of information externally or to unauthorized individuals. For healthcare especially, information security is highly valued to ensure information privacy and confidentiality are strictly being followed due to the sensitivity of the content as it relates to patient related information. This has always been a priority of Bridgepoint's operational focus.

With that being said, Business Intelligence and Data Quality are always seeking solution to develop a solid and streamline process to support the policy of the organization and avoid any unexpected incident. With Bridgepoint's Health Records being the main drivers of ensuring the security of patient information are kept private and confidential based on the policy established by the Information and Privacy Commissioner of Ontario (IPC), this opened up an opportunity to put more emphasis and support on the policy and develop a process to help support Health Records needs ensuring the policy itself is being followed accordingly. To fulfil this requirement and driven by the request from the IPC to enforce the patient privacy and confidentiality agreement all across the healthcare sector, Business Intelligence and Data quality collaborated with Health Records to develop an access management audit tool referred to as the Security Access Management (SAM) auditing tool.

Developed in 2013, the Security Access Management auditing tool delivers a daily report to Health Records to identify unauthorized access to inpatient Electronic Medical Record (EMR) by staff. The auditing tool uses key components/sources from the MEDITECH application, Active Directory, and SQL Server Management to generate the data in the audit report. Using key individual script programming mechanism, the MEDITECH application Log Files from MEDITECH server, and User Information from IT's Active directory server are imported into Bridgepoint's SQL data warehouse. The MEDITECH log files are generated on a daily basis by IT, containing all MEDITECH user activity from the previous day. The Activity Directory information contains user profile related information from IT's Active directory server and links the data to the HR database and MEDITECH user profile information to form a unified user information record between the three sources. The auditing tool then generates the report based on the following conditions:

- If the user has the same last name as patient being accessed
- If the user's home base location or unit is different than the patient being accessed
- If the user's ZIP code is same as the patient being accessed
- If the user does not belong to HR department

That audit report is reviewed on a constant basis. It helps Health Records to identify and inform the patient care managers of the flagged user in order to warrant an investigation, seeking rationale for unauthorized access.

Since post go live of the auditing tool, hundreds of notification have been delivered on a yearly basis. Fortunately, there have been a low number of cases, averaging around 1 to 2 per year without any critical privacy breach ensuring that the privacy and confidentiality policy is effectively being followed.

The success of the auditing was not only recognized internally within the organization, but also across the Greater Toronto Area (GTA). In 2014, Bridgepoint Active Healthcare was acknowledged amongst the other hospitals in the GTA by the Toronto Star as the only hospital to conduct daily audits for inappropriate access to patient records. With this accomplishment, it emphasizes how important auditing access within the Health Records and overall within the Bridgepoint campus.

Jerry Shao is currently the Senior Manager of the Business Intelligence and Data Quality team at Sinai Health System in Toronto, Ontario, Canada. Jerry has been active in the area of healthcare business intelligence and process improvement for over 12 years. Jerry received his Doctoral in Management Information and International Development from the University of Michigan, and also holds a Master of Science with honour in Engineering and Business Process Modeling. This is Jerry's second presentation at MUSE International, as he was the first author and lead presenter of "Business Intelligence Using a Data Farm" presentation in May 2014.

Andrew Bunalade is currently the Business Analyst of the Business Intelligence and Data Quality team at Sinai Health System in Toronto, Ontario, Canada. Andrew has been active in the area of healthcare application support (MEDITECH Financial suites including Human Resource and Payroll) and project management for five years. Andrew received his Bachelor degree in Computer System Technology from the George Brown College. Andrew is one of the major leaders on the Security Access management (EMR log) and Business Continuing Portal (MEDITECH downtime solution).

1040 - Benefits at Stage 7

Presenter: Philip Bradley

Organization: HIMSS Analytics

Scheduled: Thursday May 31 at 1:45 pm

We will review the requirements of the EMRAM2018 standards and the benefits of reaching Stage 7. This will be a deep dive into the process of achieving Stage 7 and the critical prerequisites.

Philip Bradley is a health care executive with over 25 years of experience in senior IT leadership roles. Philip received Fellow status in HIMSS in 2010 and now serves as the Regional Director of North America. In his current role, Philip is responsible for the maturity model across all of North America. This includes guiding organization through all of the maturity models, and performing the on-site validations. Philip holds a BS of the University of South Alabama and a certificate in IT Strategic Planning from the Harvard School of Public Health.

1041 - Streamlining a Multi-Facility EHR Change Request Process

Presenter: Tan Nguyen

Organization: Ontario Shores Centre for Mental Health Sciences, Whitby, Ontario

Scheduled: Thursday May 31 at 9:00 am

As part of a HIS cluster, Hospital X and Hospital Y have shared an EHR for three years. As part of this collaboration, establishing a joint process for the review and approval of EHR change requests was integral to ensuring clinical standardization and adherence to system change control processes. This

created a need to form new joint committees, as well as retire committees that were housed at only one site. The end result was a new review and approval process for change requests prior to being made live in the collaborative EHR. Change requests were managed using Microsoft Word document templates that were stored on a joint SharePoint site and added to committee agendas via the use of hyperlinks.

Challenges arose including understanding the new process, version control issues with multiple copies of the same Word document, difficulty in determining the approval status of the change request, inability to audit changes to a change request, and inability to report on common characteristics within change requests. Software was utilized to create an EHR Application Change Request process. Introducing an electronic solution for EHR change requests in a multi-hospital HIS cluster environment is a robust solution compared to the manual creation, tracking, agenda creation, and storing of change requests using Microsoft Word. The ability to use business intelligence rules allowed for the change request process to be built into the software producing increased compliance to the process and significant efficiencies. The adoption of an electronic solution for EHR change requests is recommended.

Tan Nguyen is a Registered Nurse with over 15 years of mental health nursing/clinical Informatics experience. He joined the Clinical Informatics department as the coordinator for a government mandated electronic assessment tool. He has since supported the Clinical Informatics team implementation of advanced clinicals for the Electronic Health Record from paper based documentation at Ontario Shores. He has continued to implement and support various clinical applications such as nursing/allied health documentation, patient portal, Quality/Risk Management and Regulatory Assessments within the EHR as a Clinical Informatics Analyst.

1042 - MACRA (MIPS = VBP) + MU / ACO = BIG \$\$ (Maybe)

Presenter: Candice Friestad

Organization: Avera Health, Sioux Falls, South Dakota

Scheduled: Thursday May 31 at 2:45 pm

The United States Affordable Care Act of 2010 allowed allocation of funds for both hospital and clinics to enhance the electronic health records at their institutions, as long as specific measures were met. Fast forward to 2018, and the alphabet soup of allocations has changed from carrots to sticks, from appropriation to fine (or a least not as much reimbursement). This session will discuss one health care enterprises' journey through Meaningful Use and their entry into the Accountable Care Organization (ACO) playing field, both from a hospital and clinic perspective. Due to the dry nature of the subject, audience participation jokes and riddles will be interspersed during the presentation to keep participants' attention and prevent those in attendance from nodding off.

Candice Friestad, DNP, RN, MBA is the Director of Clinical Informatics at Avera Health. Her background in nursing practice is critical care and trauma, however she has been in information technology and clinical informatics for the past 25 years. She earned her Bachelor's degree in Nursing and Music from Augustana University, a Master's in Nursing from South Dakota State University, a MBA in Information Systems from the Beacom School of Business, University of South Dakota and a Doctor of Nursing Practice from American Sentinel University, Colorado.

1044 - Our Journey with MEDITECH 6.15 Patient Financials (RCG, CLM)

Presenters: Sean Samiljan and Michael Burke

Organization: The Valley Hospital, Ridgewood, New Jersey

Scheduled: Thursday May 31 at 2:45 pm



Join us to learn about our voyage from Magic B/AR to MEDITECH's 6.15 Patient Financials (RCG, CLM) and a discussion of new automation opportunities to decrease AR days and improve process flows for patient collections. The Valley Hospital is a 451-bed community hospital in northern New Jersey which used Magic B/AR for 20 years before converting to 6.x, and is now celebrating our third year on that platform.

Sean Samiljan is an Applications Manager at Valley Health System. Sean has more than 20 years of systems management at Valley. Prior to joining Valley, Sean was an Implementations Consultant at MEDITECH.

Michael P. Burke RN, PMP, MS, HCM, is the Assistant Vice President and Chief Application Officer at Valley Health System in Ridgewood, NJ, a community health system which provides acute, ambulatory and home care services to Bergen County. Michael has been in health care for over 26 years, in health care IT for over 20 years and is a member of HIMSS and PMI. Michael has worked at several health care institutions and implemented multiple clinical systems, and most recently led the transition from MEDITECH 5.67 Magic to MEDITECH 6.15.

1045 - Highlights and Outcomes of Our MEDITECH v6.1 Implementation Journey

Presenters: Chasity Wilcox and Shane Coleman

Organization: Palo Pinto General Hospital, Mineral Wells, Texas

Scheduled: Wednesday May 30 at 1:30 pm



In November 2017, after more than 20 years on MEDITECH's Magic platform, Palo Pinto General Hospital (PPGH) successfully implemented MEDITECH's 6.15 environment across all clinical and financial areas, including WEB Ambulatory.

This session will share highlights and outcomes in all areas of our MEDITECH 6.15 implementation journey. We will detail our experiences with identified opportunities and realized operational outcomes including Financial, Clinical, and Ambulatory.

PPGH is a 74-bed rural, stand-alone, acute care, PPS hospital that operates four Rural Health Clinics serving Palo Pinto county and contiguous counties with a service area population of more than 100,000.

Chasity Wilcox began her IT career in 1998 with Palo Pinto General Hospital serving as Communications Specialist, Network Administrator and HIPAA Security Officer before being promoted to her current position as Information Systems Director in 2005.

Shane Coleman has over 23 years of healthcare IT experience and has been the Chief Information Officer at Palo Pinto General Hospital since August 2012. During his career and prior to joining PPGH, he has held positions of Programmer, Network Administrator, IT Director, Information Security Officer, and CIO with several healthcare systems including HCA and Franciscan Missionaries of Our Lady Health System in Louisiana and Delta Regional Medical Center in Mississippi.

1046 - Identify, Anonymize, and Encrypt Your Data Repository PHI Data

Presenter: Alex Walker

Organization: Blue Elm Company

Scheduled: Thursday May 31 at 10:00 am

Have you considered all of the security implications when using Data Repository (DR) as a data source for your in-house applications? DR is a game changer when it comes to the availability and convenience of data access in the MEDITECH system. How do we protect data once we've extracted it from the friendly confines of the DR? During this session we will identify the data that MEDITECH stores within its own schema to denote items it considers to be Protected Health Information (PHI). We'll discuss how to apply this metadata to the Data Repository in order to identify columns that need to be protected. Finally, we will consider the various capabilities within SQL Server to encrypt data at rest and evaluate the strengths and drawbacks of each.

Alex Walker has been researching MEDITECH systems and developing products and solutions for over 10 years. Originally a programmer/analyst and then a programming supervisor at MEDITECH in its Data Repository group, Alex developed a deep and wide understanding of the many technical challenges that exist in the MEDITECH system and within healthcare IT at large. At Blue Elm Company Alex is the Vice President of Product Development and has used his talents to create and improve Blue Elm's flagship products. Alex enjoys a comfy flannel shirt, the smell of fresh cut grass and the magical elixir created by combining water, hops, barley, yeast and time.

1047 - How to Tackle the Nightmare of Multiple Legacy Systems for the Successful Adoption of MT 6.1x

Presenters: Martha Sullivan, David Asher and Tim Kaschinske

Organizations: Harrison Memorial Hospital, Cynthiana, Kentucky; BridgeHead Software

Scheduled: Friday June 1 at 9:00 am



Implementing MEDITECH'S Web Ambulatory product into the day to day clinical workflow raises the challenge of what to do with the previous ambulatory application(s). The data contained within these systems still has clinical and operational value, but maintaining multiple legacy applications is both expensive and a potential security risk.

An independent clinical archive (ICA), heralds the promise of a single repository for data from multiple legacy applications that can be integrated with MEDITECH Web Ambulatory to provide clinicians a 360-degree view of a patient. Not only does an ICA improve clinical workflow, but it also allows these legacy applications to be retired, thereby reducing both cost and risk.

This talk will outline a real project intended to fulfill this promise at Harrison Memorial Hospital. We will focus on the project requirements, lessons learned, benefits received and best practice recommendations for others wishing to adopt a similar solution.

Martha Sullivan is currently the CIO at Harrison Memorial Hospital. A graduate of Indiana Wesleyan University with a Bachelor in Management and an Associates from the University of Kentucky in Computer Science. Martha has been involved with multiple projects throughout her career with the most recent being the migration from MEDITECH Magic to the new 6.15 environment. Martha has served on multiple committees and is a Past Chair of the International MUSE Board.

With 25 years' in healthcare and 15 years' in practice management, and now with eight years serving as Physician Practice Support Manager at Harrison Memorial Hospital, David Asher brings a wealth of knowledge and experience to his role. He was a core member of the transition team that moved Harrison's provider practices from eClinicalWorks to the MEDITECH Web Ambulatory product. David holds a Bachelor of Science in Accounting and Business Administration from Union College in Barbourville, KY.

Tim Kaschinske, HealthStore Senior Product Manager, has been with BridgeHead Software for over seven years, but has over 20 years' experience in healthcare and data management. His responsibilities include listening to and understanding the challenges of hospitals, finding innovative ways to help solve their complex data management problems, all in a bid to support better healthcare delivery and make a positive impact in people's lives. Tim has had senior roles in technology and development in organizations such as: Symantec, Agfa and Mitra Corporation prior to BridgeHead Software.

1048 - Data Governance & Business Intelligence; The Connection?

Presenter: Garry McAninch

Organization: Dimensions Analysis

Scheduled: Thursday May 31 at 1:45 pm

This session will take a look into the concepts of building a Data Governance and Business Intelligence Strategic Plan within today's MEDITECH environment. We will review the components of both Business Intelligence and Data Governance in order to develop a unified or 'Single Truth' of enterprise information.

A discussion will also take place about the "HIMSS Analytics Adoption Model for Analytics Maturity", and how it applies to a Data Governance organizational maturity. We will finish with a review of leading BI vendors, as well as tool characteristics to consider, when looking for solutions.

Garry McAninch is the Principal of Dimensions Analysis, a Data Warehouse engineering & Business Intelligence support organization for MEDITECH-based health systems. Since 2005, Garry has been heavily involved in helping healthcare organizations in the United States, Canada, United Kingdom and South Africa. His involvement includes leveraging the Data Repository to produce valuable clinical and financial information models.

1049 - Medication Reconciliation – Status, Challenges, Case Study

Presenters: Theresa Palasota and Lynne Clapp Roch

Organization: DrFirst, Inc.

Scheduled: Thursday May 31 at 2:45 pm



As stated by The Joint Commission in the 2017 NPSG, “The large number of people receiving health care who take multiple medications and the complexity of managing those medications make medication reconciliation an important safety issue.” Yet they also state, “The Joint Commission recognizes that organizations face challenges with medication reconciliation.” As we all know, these challenges are multidisciplinary and can’t be resolved by focusing on a single area, such as people, process or technology. Come learn where your peers are on the road to improvement and learn about one hospital’s journey starting from process issue discovery through performance improvement plan rollout.

Lynne Clapp Roch is a Senior Consultant and a member of the DrFirst Medication Reconciliation Excellence team. In this role, she evaluates processes at acute and ambulatory facilities to assist organizations with improving their medication reconciliation process. By identifying process gaps and variations, offering improvement recommendations and providing end user training, Lynne assists with standardizing process and aids in the design and implementation of performance improvement initiatives.

Lynne is a Licensed Practical Nurse with 16+ years of experience as a Nurse Informatics Specialist. Lynne has specialized in implementation and optimization of MEDITECH’s Advanced Clinical Applications with emphasis on clinical workflows and e-prescribing.

Theresa Palasota is a Program Manager at DrFirst and oversees and actively participates in the Medication Reconciliation Excellence program. She has also supported and implemented several products including Backline, Rcopia and MedHx for clients. She joined DrFirst in 2012 as a Sr. Integration Engineer in the Hospital Services Group of Dr. First helping clients prepare for e-Prescribing by performing readiness assessments.

Prior to DrFirst, she was a Senior Programmer/Analyst at Georgetown Hospital in Georgetown, SC For 5 years and managed several third-party integration and decision support applications and MEDITECH modules including: NPR, RD, NMI, and DR and provided general support of MEDITECH modules. Prior to that, she was the Database Administrator at Prince William Health System in Manassas, VA for over 10 years and was a key player in the conversion to MEDITECH in 2001. She has a BS in Business Admin/Data Processing and has been programming for 20+ years.

1050 - The Oncology Module: Workflows, Desktop Considerations, and Treatment Plan Pitfalls

Presenters: John Vergato, Kerry Rosenthal, and Suzanne Woodbury

Organizations: HealthNET Systems Consulting; Beth Israel Deaconess Hospital Plymouth, Plymouth, Massachusetts

Scheduled: Wednesday May 30 at 1:30 pm



As the oncology application has matured, there are many considerations when implementing or even optimizing the system to accommodate workflow and the comprehensive integration that exists within the system. The pre-build, as it usually stands, is just as important as the build itself. The individual roles need to be reviewed to ensure the build addresses all parties involved and all their needs are met to assist in patient care, not hinder it. This presentation will explore how we addressed some of our issues with workflow, desktops and treatment plans and offer some recommendations to help you avoid these common pitfalls.

John Vergato, CPHT, has over 12 years of implementation, optimization, and sales experience with Healthcare Information Systems, specializing in MEDITECH. He has implemented systems both from the vendor and consulting perspectives in addition to having acted as a Marketing Consultant. He has a distinct understanding of the MEDITECH environment, assisting in the support and implementation of all sizes of organizations, from critical access hospitals through Independent Delivery Networks with 14 facilities.

In addition to implementation assistance, Mr. Vergato has led multiple streamline (quick implementations) pharmacy accounts and also handled large CMS installs. He has assisted in unique Healthcare situations, such as divestitures, CMIO coaching, presented at conferences, contributed blogs and white papers and developed analysts while working with the client.

Kerry Rosenthal, BSN, RN, OCN, CRNI currently serves as a consultant with HealthNET Systems Consulting, Inc. She has practiced extensively as a clinician, staff educator and administrator for over 30 years in the outpatient and inpatient arena including; medical oncology/hematology, bone marrow transplant and chemotherapy infusion. Kerry was the clinical lead for the implementation of MEDITECH's 6.15 Oncology module and most recently, a consultant for 6.16 Oncology at Beth Israel Deaconess-Plymouth. Her areas of expertise are treatment plan and order set building.

Suzanne Woodbury, Clinical Informatics Analyst II at Beth Israel Deaconess Hospital Plymouth in Plymouth, Massachusetts, has worked in healthcare for over 20 years, as a nurse in the ED, as well as a nurse educator. She brings decades of knowledge and experience to the table and has actively managed a number of applications during a READY implementation.

1051 - Achieving Clinical Standardization in a Regional Clinical Information System

Presenters: Donna Foster, Robin Carriere, and Carol Gresswell

Organization: Healthtech Consultants

Scheduled: Wednesday May 30 at 2:30 pm



Throughout Canada, there is a move towards the development of Regionalized Health Information Systems to support large multi-facility clusters of hospitals. The common thinking in the industry is that by sharing servers, human resources, licensing costs and technical hardware there are significant cost savings obtained by sharing and HIS amongst many facilities. As more organizations implement advanced clinical systems including electronic documentation, closed loop medication management and CPOE there is a significant push to support clinical standardization across a region to support a higher return on investment for large HIS implementations.

The benefits of clinical standardization go well beyond financial savings and if completed successfully clinical standardization can have significant impacts on improving the quality of patient care and improving patient outcomes. We led a large 24-hospital regional group through a six-month clinical standardization project. With a focus on face-to-face engagement of clinical subject matter experts, six clinical focused working groups were created to focus on standards for: Medication Management, Medical Imaging, Laboratory, CPOE, Clinical and Physician Documentation and Health Information Management.

Over the six-month timeframe the Regional Working Groups leveraged evidence based clinical standards to support the development of core clinical content standards that will be built into the shared HIS.

Donna Foster is a RN & Director at Healthtech Consultants. Donna has over 30 years of clinical experience and 20 years of experience working in Informatics and helping guide hospitals through HIS implementations.

Robin Carriere is a MN & Senior Consultant at Healthtech Consultants. Robin has worked on numerous HIS implementation projects with a focus on CPOE and Physician documentation.

Carol Gresswell is a RN & Director at Healthtech Consultants. Carol has over 30 years of clinical experience and 20 years of experience working in Informatics and has worked on numerous regional standardization projects across Canada.

1052 - Best Practices for Using Single Sign-on in Roaming Environments

Presenter: Erica Knippling

Organization: Brookings Health System, Brookings, South Dakota

Scheduled: Friday June 1 at 10:00 am



How much time do clinicians spend every day entering usernames and passwords each time they log into a new workstation in different areas of their hospital? How frequently are sessions left open in patient rooms and nursing stations, exposing patient health information? Studies show that clinicians spend on average 45 minutes per shift per day logging into their systems. Today's healthcare organizations need solutions that speed clinicians' access to patient data, eliminate password management headaches, support strong authentication for greater security, and enable compliance

with data privacy and protection regulations. However, many healthcare organizations lack an elegant solution that end users will embrace, and/or the resources or budget to successfully implement adequate controls.

Brookings Health System, a 49-bed hospital and 79-bed nursing home, implemented single sign-on technology to give clinicians streamlined, no-click access to their personalized desktops and applications and address the issues associated with access, data security, and user roaming. The solution integrates easily with existing Citrix environments, ensuring quick, secure access with a single tap of a badge. With single sign-on, clinicians can roam the hospital freely and access all of their applications without additional logins, including EHR, PACS, CPOE, and other applications. The automated workflow saves time and eliminates waste by allowing Brookings clinicians – nearly 300 users to date – to spend more time with patients, and less time with technology. Patient information is more secure, and patients benefit from a faster and safer experience overall.

In this session, Brookings will share best practices for implementing and using single sign-on in a Citrix environment, and discuss how the technology ultimately leads to improved clinical workflow efficiency and increased quality of care.

Erica Knippling is the Clinical Informatics Specialist at Brookings Health System. For the past 12 years, she has focused her technology career in the healthcare industry. In her current role, she is responsible for the design, testing, upgrading, and implementation of the MEDITECH system and many of its ancillary applications at BHS. She received an AAS in Marketing Management Sales from Lake Area Technical Institute and a BA in General Studies with a minor in Studio Arts from South Dakota State University. She uses this background to combine creative and technical processes bringing many unique solutions to BHS. Erica has been an active member of SDHIMSS for the past five years and previously served Program Director and currently in the role of President.

1053 - Lessons Learned with Addressing MEDITECH System Downtimes

Presenter: Clark Carpenter

Organization: Southeastern Ohio Regional Medical Center, Cambridge, Ohio

Scheduled: Wednesday May 30 at 3:30 pm

Business continuance and ensuring uninterrupted access to patient data during downtimes is a top concern for healthcare facilities and none more so than Southeastern Ohio Regional Medical Center (SEORMC). Like every hospital, SEORMC has planned downtimes of its MEDITECH healthcare information system around 2-3 times each year to perform system upgrades and maintenance, which can last 4-6 hours. Then there's the occasional unplanned downtimes due to network outages, etc., which SEORMC found occurred 2-3 times in the last year with each downtime lasting 2-3 hours – a long period of time when treating critically-ill patients.

SEORMC could prepare for planned downtimes by copying, printing and distributing needed reports to departments beforehand, which consumed large volumes of paper and meant that reports could be potentially outdated after completing distribution. With unplanned downtimes, there was no access to up-to-date PHI, which required the hospital to shut down all outpatient areas until the system was back up.

To resolve these issues, SEORMC sought to implement better downtime planning that addressed downtime data access needs and enabled business continuous --- ensuring clinicians could obtain the most up-to-date patient reports during downtimes and meeting the goal of delivering uninterrupted patient care. This session will look at SEORMC's downtime experience and the lessons learned along the way to improving its downtime planning and response.

Clark Carpenter is the Information Services Manager for Infrastructure at Southeastern Ohio Regional Medical Center. Clark has over 25 years of IT experience, which began when he served four years in the U.S. Marine Corps. Clark joined Southeastern Ohio Regional Medical Center in 2000 as Network Administrator and rose to his current position in 2016. As the Information Services Manager for Infrastructure at SEORMC, Clark has overseen patient finance analysts, registration analysts, the PACS administrator, network admins, materials management analysts, business intelligence, the service desk, PC techs and medical records analysts. He also works directly with the Clinical Manager, which puts him in the position to understand the issues departments face during a downtime. As a manager, Clark also conducts training sessions and presentations to staff, making him an accomplished public speaker. He possesses a Bachelor of Science degree in IT Business Management from Phoenix University.

1054 - Got Denials? How's Your Eligibility Process?

Presenter: Jonathan Wiik

Organization: TransUnion

Scheduled: Thursday May 31 at 2:45 pm

Denials represent the number cause of leaked revenue for providers. Digging deeper, eligibility denials represent root cause for the majority of these denials. Eligibility verification is not new to the industry, and mastering eligibility denials management has been problematic at best. In this session, attendees will gain insights in market trends relating to denials and uncover best-in-class approaches to leveraging eligibility transactions to protect earned revenue.

Jonathan Wiik brings over 20 years' experience to healthcare, serving in acute care, insurance and business solutions settings. Jonathan is an officer on the Colorado HFMA Board, President of the Board of Directors at an Assisted Living Facility, and Principal of Healthcare Strategy for TransUnion Healthcare.

As an active advocate of legislative changes to evolve the healthcare industry, Wiik recently authored Healthcare Revolution: The Patient is the New Payer, and has spoken at numerous national and state events. He has developed several nationally-recognized programs in Point-of-Service (POS) Collections, financial clearance, and operational best practices for hospitals.

Jonathan holds a Bachelor's Degree in Sports Medicine from Colorado State University and Master's Degrees in both Healthcare Administration and Business from the University of Colorado. He enjoys spending time outdoors with his family in Colorado, which includes a wonderful wife and two very energetic red-headed boys. Jonathan is a certified whitewater rafting guide instructor, and as an avid traveler and has visited several continents – including a six-month stay in Antarctica and a visit to the South Pole.

1055 - The Arts of Project Management

Presenters: Joy Bauer and Chad Turner

Organization: HealthNET Systems Consulting, Inc.

Scheduled: Wednesday May 30 at 3:30 pm

Quality Project Management is the key to success with any project (large or small). In this session we will help attendees to understand all of the following (and so much more):

- The art of effectively managing a project
- Leadership
- People accountability
- Change control/Change management
- Communication
- Staff mentors/Staff augmentation
- Team building/Development
- Keeping teams motivated
- Methodologies and concepts

Come join us for an exciting discussion about the arts of Project Management.

Joy Bauer, RN-BC, PMP, CPHIMS, CHTS-CP is a Director and senior level informatics consultant who has deep expertise in project management, implementation and optimization of clinical systems. Over the course of 25+ years she has demonstrated a success record of implementing many clinical systems, led and project managed implementations, and developed clinical applications and support teams.

Chad Turner is a Director and senior level informatics consultant who has deep expertise in implementation and optimization of clinical systems, financial services, professional/clinical charge capture and billing optimization, as well as E&M development and optimization. Over the course of 25 years he has demonstrated success record of implementing Physician Advanced Clinicals, CPOE, clinical and ancillary documentation systems, and in particular using MEDITECH rules and attributes and advanced report writing skills to enhance application usage/optimization. He has also led and managed application support teams for all MEDITECH modules, and has been able to integrate other niche systems as well. Chad has an extraordinary talent in leading and facilitating physician and clinical work groups.

1056 - NPR and Report Designer Tips and Tricks

Presenter: Joe Cocuzzo

Organization: Iatric Systems

Scheduled: Thursday May 31 at 2:45 pm

“Still Learning after All These Years” – We will present a variety of handy NPR and Report Designer Tips and Tricks.

Good old NPR Report Writer:

- NPR MAGIC and C/S – how to export a large amount of data in one report run by letting a report break output up into multiple files. For example, send 1 file per month from BAR for multiple years in one report run.

- NPR MAGIC and C/S – for extra credit, how to use FTP with append (MAGIC) or C/S file utilities to export a large amount of data into a set of files.
- NPR MAGIC and C/S – quick techniques to use Edit Picture and Edit Elements to make your NPR report screens smarter and handier.

The new kid – Report Designer:

- RD has the equivalent of “MIS.SCREEN.print” – who knew? Print a PCS assessment in one step.
- How to use the RD report debugger (did you even know it had one?).
- How to use a print rather than an export format for RD downloads. You don’t have to start from scratch when the user asks for an alternative download version of the RD masterpiece you just finished.
- An example of a flexible “grid” output from RD reports.
- Examples of easier programming techniques in rules that use lists and nested lists.

Joe Cocuzzo is the Senior Vice President of Professional and Report Writing Services at Iatric Systems. He leads a team of 30 report writers, and he has more than 30 years of healthcare and report writing experience. He began his report writing career as an Application Consultant at MEDITECH, after which he spent nine years as a Senior Programmer at Newton-Wellesley Hospital before joining Iatric Systems in 2000.

1057 - Scary Stuff You Need to Know About the Internet of Things (IOT)

Presenter: Phil Stravers

Organization: ICE Technologies, Inc.

Scheduled: Thursday May 31 at 10:00 am



Researchers are suggesting that by the year 2020, there will be 34 billion devices connected to the internet, up from 10 billion in 2015. IoT devices will account for 24 billion. Most healthcare organizations already have numerous connected devices, many of which aren’t well managed today and can pose serious risk to your organization and your patients. In this session, you will learn more about these devices; you will develop a healthy awareness of the threats and walk away with some practical tips for mitigation.

Learning Objectives/Key Takeaways:

- Everything you want to know about IoT but were afraid to ask. What is it? Why should I care? What is unique to healthcare?
- Learn why relying on old school preventative maintenance for biomedical equipment just doesn’t cut it anymore.
- Take home some practical tips on how to inventory and mitigate your risk.

Phil Stravers has been in consulting and management roles within the information technology industry for over 27 years and has spent more than 22 years helping hospitals and clinics “make IT work better”. Phil has had the opportunity to act as an Interim CIO for numerous hospitals that gives him a unique perspective on their challenges and associated solutions. Phil really enjoys sharing lessons learned and frequently presents at various hospital associations, HIMSS events and healthcare boardrooms all over the country. In addition to his passion for improving Health IT, he loves baseball (die hard Cubs fan) and

has spent more than 15 years coaching young baseball players. Phil lives in Pella, IA and often shares concepts learned from his background in coaching along with the Dutch farm culture and work ethic that his hometown is known for.

1058 - 6.1 Optimization: The Continued Path to Innovation

Presenter: Kelly Moxon

Organization: The HCI Group

Scheduled: Wednesday May 30 at 1:30 pm



The ever-evolving world of health care necessitates an ever-evolving approach to health information technology. Whether it is governmental or regulatory changes/requirements, changes in medical standards/practices, or changes in departmental roles/responsibilities, the one constant is change. It is inevitable and must be accommodated.

Many healthcare organizations have implemented the MEDITECH 6.1 platform in recent years. While most have been successful, they have still had struggles along the way and, in reality, no EHR is ever a finished product. At some point all systems will require some level of optimization.

This presentation will cover the approach to optimization in general, as well as a focused review of areas of your 6.1 system that may benefit from optimization. We will share some specific workflow and dictionary changes that can contribute to more streamlined processes as well as happier physicians and clinicians.

Kelly Moxon, RN has over 15 years of relevant experience as consultant, project manager, and application specialist in healthcare system implementation and optimization. Area of expertise include Meaningful Use audit preparation, pre- and post-implementation assessments, developing implementation, testing, and training plans, coordinating process and departmental workflow enhancement/redesign, facilitating/managing application implementation teams, training end-users, and change management. Kelly is READY Certified as Clinical Lead, CPOE/eRx, Nursing, PAPD, Surgical Services, Pharmacy, ITS, MIS, and Patient Access consultant. Kelly has implemented/optimized advanced clinical applications in MAGIC, C/S, and 6.0/6.1. She is currently working as clinical lead for a 6.08 to 6.16 Web Acute/ED pathway.

1059 - Population Health: Moving Beyond the Hospital & Clinic and Transforming Lives

Presenter: Kelly Moxon

Organization: The HCI Group

Scheduled: Thursday May 31 at 10:00 am



The shift to value-based reimbursement models necessitates a focus on patient outcomes. Improving patient outcomes brings a new set of challenges that will require much more from an EHR than data collection and result review. A major component to improved outcomes is Population Health management.

Population Health requires a shift of culture and significant coordination of care across the continuum. This presentation will explore the challenges, goals and future of Population Health management. We will discuss determinants of health, tools for tracking and improving the health of a patient population or community. We will also examine the very specific tools developed by MEDITECH to manage your organization's Population Health initiatives.

Kelly Moxon, RN has over 15 years of relevant experience as consultant, project manager, and application specialist in healthcare system implementation and optimization. Area of expertise include Meaningful Use audit preparation, pre- and post-implementation assessments, developing implementation, testing, and training plans, coordinating process and departmental workflow enhancement/redesign, facilitating/managing application implementation teams, training end-users, and change management. Kelly is READY Certified as Clinical Lead, CPOE/eRx, Nursing, PAPD, Surgical Services, Pharmacy, ITS, MIS, and Patient Access consultant. Kelly has implemented/optimized advanced clinical applications in MAGIC, C/S, and 6.0/6.1. She is currently working as clinical lead for a 6.08 to 6.16 Web Acute/ED pathway.

1060 - Grasping MEDITECH Data Structures for Intelligent NPR Report Development

Presenter: Jenny Blue

Organization: Interface People

Scheduled: Thursday May 31 at 10:00 am

Join us as we conduct an in-depth analysis of the MEDITECH data structures, internal database, and data relationships of MEDITECH. This seminar is guaranteed to help you better comprehend where the data is coming from, how to access data appropriately, and what the NPR report writer translator is really doing. During the session, we will dive into the following concepts:

- An Introduction to MEDITECH's database concepts
- Applications and Data Procedure Modules (DPMs)
- Segment hierarchy and relationships
- Subscripts
- Pointers to other DPMs
- Understanding the types of tables
- Reading data structures
- Fields, Field Attributes, Computed Fields
- Physical structures
- Bringing it all together

Jenny Blue, along with co-founder Gary Armfield, started Interface People to provide integration solutions to the MEDITECH community making access to the HIS data open. As CEO she provides top-level leadership and vision to a growing company striving to improve patient care through technology. With over 24 years of experience in the industry, Jenny's strong background in MEDITECH provides solid direction to all departments, while her expertise in programming sets the pace for outstanding innovation, meeting the many challenges and objectives in healthcare. Jenny offers extensive knowledge in Magic programming, NPR Report Writing, Visual Basic, SQL Server, and interface protocols and development. She has consulted for numerous hospitals to improve workflow and process automation across departments and has conducted educational seminars for the MEDITECH population since 1994.

1061 - Digital Business Transformation for Hospitals using MS Azure, Office 365, and Dynamics 365

Presenter: Zia Shams

Organization: The Shams Groups (TSG)

Scheduled: Thursday May 31 at 9:00 am



The presentation will provide the users insight on how digital transformation is occurring in the healthcare industry; the challenges hospitals are facing with cyber-attacks with ransom ware. In addition, how hospitals will be able to build trust with the new technology and ensure security and compliance are in place the session will also provide insight on how hospitals may reduce operational costs.

Zia Shams is President of Software and CEO at The Shams Group (TSG). He is also the President and CIO at Teletrak MT (TSG's partner company for Medical Transcription, Coding Products and Services). He serves as a member of several national and international organizations. He presents at technical conferences throughout the United States and internationally. He has 33 years of experience in computing industry – and has worked with servers, networks and application software programming, spanning hardware, security, development and implementation services.

During his 23-year career at TSG and working with healthcare IT, Zia's experience includes developing desktop and portal-based software modules/applications as well as developing simple to complex HL7 or non-HL7 integration technologies for various EHR/EMR, leading implementation and testing of HIS modules, developing meaningful use certified applications, developing enterprise wide data warehouse for healthcare, designing architecture for iOS/android mobile applications, and performing strategic and operational consulting engagements for various healthcare provider organizations.

Zia holds a B.S. in Computer Science from University of Regina in Canada. Prior to joining TSG, Zia worked at McMillan/McGraw-Hill Software Publishing Company for nine years in the role of a Systems Manager where he managed and led a team of software engineers and technical writers who designed, developed and maintained a software suite for school and public library automation.

1062 - From Vision to Victory: Project Management Techniques for Successful Implementation

Presenter: Liz Wickmann

Organization: Santa Rosa Consulting

Scheduled: Friday June 1 at 9:00 am

U.S. News and World reports that project management is one of the top skill sets sought by employers. As the healthcare industry gleans the benefits of established methods found in other business and technology industries to coordinate and achieve rapid change initiatives, they observe project management adoption saves time and money, improves ROI, reduces risk, and benefits staff collaboration and stress management. Focusing on healthcare, we will demonstrate the benefits of project management, a discipline promoted by Project Management Institute (PMI); review important

concepts of each phase of project management; and provide tips to customize project management processes to fit your organization. There are many areas where these adopted methods have the ability further transform healthcare with the advent of ARRA, MU, MIPS, ACO's and the alphabet soup of regulatory bodies and regulations coupled with market pressures of patient satisfaction, provider burnout, and staffing shortages.

Elizabeth Perkins-Wickmann BSN RN is an informatics nurse with over 25 years' experience in healthcare. During the last 10 years, she has gained proficiency in implementing and supporting advanced clinical systems and fostering integration with ancillary and supportive technologies in project management, training and administrative roles. She has applied her diverse nursing experience as a Senior Consultant at Santa Rosa Consulting for the last four years in implementation and optimization of MEDITECH 6.1. Additionally, Liz facilitates an online Santa Rosa learning series "Project Management in Healthcare" where participants develop their abilities to apply Project Management tools to healthcare IT projects.

1063 - Ambulatory Success in 4 Seconds or Less: Considerations for a Successful Ambulatory Implementation

Presenter: Pamela Watson, Brooke Richard, and Cindy Hiegel

Organization: Santa Rosa Consulting; Conway Regional Health System, Conway, Arkansas

Scheduled: Thursday May 31 at 1:45 pm

Is your organization getting ready to implement the MEDITECH Ambulatory product?

Are you prepared for the changes that are going to affect your physicians and office staff?

Are you resourced to design, build, test, train, and implement the product?

During this presentation, you'll hear about these topics, considerations and strategies that will guide you to achieve a successful ambulatory implementation from a hospital-consulting team that has just been through it. Discover more as they share their successes, recommendations and lessons learned.

Pamela Watson RN, MCBA is a Manager of MEDITECH Implementation Services with Santa Rosa Consulting. With over 23 years of healthcare experience, she has provided various roles from front line staff nurse, Manager, Clinical and Business Analyst and Project Manager. Pamela has extensive experience with implementations and upgrades for small to large health care systems including ambulatory and homecare.

Brooke Richard, RN is a Clinical Analyst at Conway Regional Health System

Cindy Hiegel, RN is a Clinical Analyst at Conway Regional Health System

1064 - 6.1 Reports Migration

Presenter: Joe Cocuzzo

Organization: Iatric Systems, Inc.

Scheduled: Friday June 1 at 9:00 am

Migrating reports to the 6.1 platform from MAGIC, C/S, or 6.0 involves a complete re-write of any reports that use data from the modules that move to the M/AT environment. Instead of the few tweaks a hospital may need after NPR reports are batched converted during an upgrade from MAGIC to C/S, when a hospital converts to 6.1, you will need to write new reports with the “Report Designer” tool, or with SQL out of your Data Repository.

We will discuss 6.1 reports migration approaches, strategies, and pitfalls including:

- How to create your “must have” list of reports (and why the “make departments responsible for that list” strategy will fail)
- When to use Report Designer vs. SQL
- How to use SQL and SSRS (or other SQL reporting tools) to create, control, maintain and distribute reports
- Why to consider more than “what we are running now” when you migrate to new and different applications

Don’t overlook the need to review standard reports in the new platform. They often have changed in M/AT, and the new version on the new platform might not suit your end users’ workflow.

As much as you were let down by “Init Report from Standard” in NPR, there is absolutely no equivalent for your M/AT standard reports. They are not written with the RD tool, and any modification of a standard M/AT report must either be done by MEDITECH as a custom, or written from scratch in RD.

The tendency to leave reporting needs until the last minute (or even post-go-live!) is hard to resist. Attend this session to learn how to avoid falling into that trap. Be aware of the trend and try to minimize it, or at least be strategic about what you defer, decline to convert, or replace.

Joe Cocuzzo is the Senior Vice President of Professional and Report Writing Services at Iatric Systems. He leads a team of 30 report writers, and he has more than 30 years of healthcare and report writing experience. He began his report writing career as an Application Consultant at MEDITECH, after which he spent nine years as a Senior Programmer at Newton-Wellesley Hospital before joining Iatric Systems in 2000.

1065 - What Do They Say About BCA?

Presenter: James Duffey

Organization: Liberty Street Partners

Scheduled: Wednesday May 30 at 2:30 pm



This presentation is a review of the new MEDITECH Business & Clinical Analytics application during installation(s) of MEDITECH 6.15 & 6.16 EHR. It will outline the various hardware/servers and networking options possible to implement the software into your organization’s universe configuration.

It will also provide an analysis of the current BCA integration, data/dashboard overviews, strengths (current/future) and IT operational responsibilities necessary when implementing BCA as your organization's reporting tool. Finally, it will outline the guidelines that should be followed in order to correctly assess your organizations readiness for implementing BCA and/or any other BI tools.

James Duffey has over twenty years' experience in the healthcare information systems installing and supporting the MEDITECH Magic, CPCS, Client Server and 6x applications. For the past 12 years, he has been involved with the implementation, management and support of the MEDITECH Data Repository & BCA systems at facilities and healthcare organizations. James has been the Technical Project Manager for numerous 6.15/6.16 reporting migrations along with individual SQL report writing, management, and custom development projects.

1066 - Data Analytics in 6.1 – Desktops and BCA

Presenters: Chasity Wilcox and Reece Perigin

Organization: Palo Pinto General Hospital, Mineral Wells, Texas; Leidos Health

Scheduled: Wednesday May 30 at 3:30 pm



Palo Pinto General Hospital (PPGH) went live with 6.1 on November 15, 2017. In this presentation, we will explore the data and tools available during the go live period by examining each of the modules and the data desktops available. We will discuss the BCA (Business and Clinical Analytics) setup three months after go live the challenges of set up and data validation. We will discuss the use of these tools to reduce the need for custom reports by the organization.

In November 2017, after more than 20 years on MEDITECH's Magic platform, PPGH successfully implemented MEDITECH's 6.15 environment across all clinical and financial areas, including Web Ambulatory. PPGH is a 74-bed rural, stand-alone, acute care, PPS hospital that operates four rural health clinics serving Palo Pinto county and contiguous counties with a service area population of more than 100,000.

Chasity Wilcox began her IT career in 1998 with Palo Pinto General Hospital serving as Communications Specialist, Network Administrator and HIPAA Security Officer before being promoted to her current position as Information Systems Director in 2005.

Reece Perigin RN has been working with MEDITECH for over 20 years in Magic, C/S, 6.0 and 6.1X platforms. He has been a Registered Nurse for over 40 years with clinical practice areas being ICU/ER and Nursing Management. He currently is employed by Leidos Health as a consultant specializing in clinical and ambulatory modules.

1067 - Get READY – Optimize Supply Chain Management to Improve Financial Performance

Presenters: Patty Caldwell and Steven Godbold

Organization: NTT DATA Services; East Tennessee Children's Hospital, Knoxville, Tennessee

Scheduled: Thursday May 31 at 9:00 am

Supply Chain management is a complex group of processes that spans many departments, touching all areas of the healthcare organization. Supply Chain management often contains inherent operational gaps, risks, and financial challenges.

Healthcare Supply Chain management is much more than inventory management. An effective Supply Chain management program is one of the primary vehicles for achieving operational, financial and patient satisfaction goals. It serves as the engine for increasing revenue and decreasing operating expenses. Optimizing Supply Chain management is a key component in preparing for a successful MEDITECH 6.1x implementation.

We will discuss how we partnered to assess the current state of Supply Chain management operations and develop an action plan that leveraged MEDITECH to implement effective optimization strategies to increase revenue and decrease expenses.

Patty Caldwell is a Senior Management Consultant who has more than 40 years' healthcare experience specializing in Supply Chain Management and Surgical Services. She has over 25 years' MEDITECH experience, has used all platforms, and is READY certified in supply chain, general financials, and surgery. Patty's expertise has been developed through various roles such as Director of Materials Management and Surgical Services Inventory Manager. She has extensive expertise in workflow analysis and process redesign and is well versed with risk management and problem resolution to achieve positive outcomes. Patty's body of work includes hands on support of MEDITECH implementations (all platforms), strategic planning, supply chain and financial assessments and optimizations, application specific training, as well as interim Supply Chain Management. Patty is a member of AHRMM- Association of Hospital Resources and Materials Management.

Steven Godbold is the Vice President of Operations at East Tennessee Children's Hospital. He is responsible for multiple departments at East Tennessee Children's Hospital including Respiratory Care, Security, Laboratory, Neurology Lab, Sleep Medicine, Food and Nutrition Services, Environmental Services, Materials Management, Lean Process, Information Systems, Radiology, Pharmacy and Engineering. Steven has over 17 years' experience in healthcare management and executive leadership. He is invested in pediatric healthcare and advancing the health and well-being of children.

1068 - It's Not Just a Numbers Game – Maximizing Reimbursement Through Coding and Clinical Documentation

Presenter: Teri Jones

Organization: NTT DATA Services

Scheduled: Thursday May 31 at 3:45 pm

Since the implementation of ICD-10 in October 2015, claims denials have increased largely due to coding deficiencies and failure to document medical necessity. With an ever changing and diminishing payment model, healthcare organizations cannot afford to ignore the importance of coding and clinical documentation in maximizing reimbursement. A structured coding and clinical documentation review program is the foundation for sustaining high quality coding and clinical documentation.

Coding and clinical documentation reviews require time and resources, but they provide a significant return on the investment through decreased denials and maximized reimbursement. Coding and clinical documentation reviews are an extremely valuable tool in identifying negative trends and provide an ongoing opportunity to educate coders and clinicians.

Teri Jones is a Senior Management Consultant with more than 25 years' experience in Revenue Cycle and Health Information Management, Clinical Documentation Improvement and Coding. Her expertise has been developed through various roles as such as HIM Director, Coder, CDI Specialist and Workflow Improvement Project Lead. Teri's body of work includes ICD-10-CM/PCS Training, Clinical Documentation Education, Coding and Clinical Documentation Reviews auditing and ICD-10 assessments. Teri is certified by the American Health Information Management Association (AHIMA) as a Registered Health Information Technician (RHIT), Coding Specialist (CCS), Physician Coding Specialist (CCS-P) and Documentation Improvement Practitioner (CDIP).

1069 - Can You Balance Patient Experience with Front-End Collections?

Presenters: Gordon Jaye and Jill Barton

Organization: PatientMatters; St. Luke's Cornwall Hospital, Newburgh, New York

Scheduled: Wednesday May 30 at 1:30 pm

The front-end patient access functions within hospitals are stressed to balance patient satisfaction, provider satisfaction, and improve point-of-service patient collections. The traditional approach is a widely distributed registration and collections function with inconsistent policies, procedures, staffing, and systems. Learn about how St. Luke's Cornwall Hospital transformed their front end by consolidating into a single center to achieve:

- Improved monthly collections by over 100%
- Standardize and shorten pre-registration and collection call procedures
- Improve daily pre-registration and collection productivity per FTE
- Streamline the authorization process and improve daily FTE productivity
- Streamline the registration process to reduce patient wait times by over 50% by month

In this session, learn about the strategy, tactics, and lessons learned in transforming to a unified pre-access registration and collections center:

- Key organizational impacts and strategies
- Key success factors in achieving the goals
- Key project milestones in how the project was managed
- How the new system/approach works with stakeholder interests
- KPIs achieved

Gordon Jaye has worked in healthcare delivery systems, information technology and physician practices for more than 25 years with the last several in leadership positions. As Vice President, Hospital Operations, Gordon brings his expertise in delivering superior patient experiences, revenue cycle management, process optimization and automation and managing hospital mission critical services to PatientMatters. Gordon was previously Director of Patient Access and Financial Eligibility at Eskenazi Health in Indianapolis, where he had roles in Business Integration of HIM, IT Project Manager – Clinical Systems, Program Director for county charity care and Project Director of the ACA Navigator rollout.

Jill Barton, Vice President, Revenue Cycle, has spent over 32 years in healthcare finance. In 2013, her focus became 100% Revenue Cycle. Prior to joining St. Luke's Cornwall Hospital, Ms. Barton was the Chief Financial Officer at Kingston Regional Health Care System. She is a member of the Healthcare Financial Management Association. Jill has extensive knowledge of the revenue cycle and all its moving parts. Under Jill's leadership, St. Luke's Cornwall Hospital was one of the first hospitals to implement Self Pay Rates in NYS. This philosophy led to St. Luke's Cornwall being recognized by HFMA as an Adopter of The Patient Financial Communications Best Practices.

1070 - Adding Electronic Prescribing for Controlled Substances (EPCS) to Your MEDITECH System – What You Need to Know

Presenters: Lee Howard, Erica Knippling, and Tim Thompson

Organizations: Forward Advantage; Brookings Health System, Brookings, South Dakota; DrFirst

Scheduled: Wednesday May 30 at 1:30 pm



With the growing opioid crisis, it is more important than ever for MEDITECH hospitals to meet the requirements for Electronic Prescribing for Controlled Substances (EPCS). It's important to understand the regulations, which states have mandates in effect, and the impacts on physician workflow. MEDITECH has selected a comprehensive, certified solution that maintains ease of use in your clinical workflow. Learn how Brookings Health successfully went through this process, hear about the results they are seeing and learn tips on what you need to know.

In this session we will review:

- Updates on state regulations and deadlines
- DEA requirements for EPCS, and the workflow MEDITECH is recommending
- Benefits and workflow efficiencies to achieve compliance and increased physician satisfaction
- Insights from Brookings Health- steps they took to prepare, and tips for a successful roll-out
- What you need to do to ensure implementation readiness

Lee Howard is Vice President of Client Services for Forward Advantage, Inc. and has over 20 years of experience in healthcare information technology. Lee has been with Forward Advantage for over 15 years and oversees the smooth communication between the company and its customers and associates.

Erica Knipping is the Clinical Informatics Specialist at Brookings Health System. For the past 12 years, she has focused her technology career in the healthcare industry. In her current role, she is responsible for the design, testing, upgrading, and implementation of the MEDITECH system and many of its ancillary applications at BHS. She received an AAS in Marketing Management Sales from Lake Area Technical Institute and a BA in General Studies with a minor in Studio Arts from South Dakota State University. She uses this background to combine creative and technical processes bringing many unique solutions to BHS. Erica has been an active member of SDHIMSS for the past five years and previously served Program Director and currently in the role of President.

Tim Thompson, Strategic Account Manager, joined DrFirst in 2007 after teaching IT and Networking for Draughons College in Tennessee. In his time at DrFirst, Mr. Thompson has led the effort for implementing DrFirst technologies into EHR systems and has worked with MEDITECH since beginning their integrations with DrFirst. Along with integrating these technologies, he has helped these systems stay compliant with ONC, DEA, and CMS regulations through consulting and technical work. To date, he has helped over 500 hospital systems roll-out DrFirst solutions while helping build a multiple teams of people to support these systems.

1071 - Getting Reacquainted with Your Drug Dictionary ... Hello Old Friend

Presenter: David Burgstahler

Organization: Parallon Technology Solutions

Scheduled: Friday June 1 at 10:00 am



This presentation will delve into the PHA Drug Dictionary helping those users understand functionality with tips and tricks. We will also touch on 340 B pricing as well as NDC waste and the implications.

David Burgstahler is a Certified Pharmacy Technician with 35+ years of pharmacy and IT experience including Lead Pharmacy Technician at a large teaching hospital.

1072 - Web Ambulatory Optimization: To Boldly Go Where No One Has Gone Before

Presenter: Kevin Klemme

Organization: Cornerstone Advisors

Scheduled: Thursday May 31 at 10:00 am



As numerous health systems have implemented MEDITECH Web Ambulatory over the past two years, there has been a realization that there is still more to be done. With all the new technology, methodology, and implementation challenges, there are additional opportunities for optimization. These opportunities have resulted in a need for a strategy and process to address optimization needs thus taking us to where no one has gone before.

Kevin Klemme brings over 15 years of hands-on, successful design, build, implementation, training, and support experience in MEDITECH Web Ambulatory and MPM/LSS across many clinic settings, through multiple implementations and optimization projects. Mr. Klemme has served in multiple roles, including Project Manager, Ambulatory Lead and Subject Matter Expert. Mr. Klemme's has experience working with the MEDITECH Web Ambulatory in both the implementation phases and in post live optimization. He is well versed in the specific workflows and processes that drive successful physician practices.

1073 - Training for Project Success

Presenter: Laurie Isaacson

Organization: Cornerstone Advisors

Scheduled: Wednesday May 30 at 3:30 pm



MEDITECH 6.1 implementation success is reached through multiple phases. Planning and Design, Build, Test and Train and Post-live are the official three phases of a 6.1 implementation project. The longest of these phases is the second focusing on building, testing and training. The name suggests an order of activities that appear to be a logical progression. First you build the system, then you test the system then you train on the system. Many times the training plan takes a back seat to completing the build and testing. A successful Post-live phase is heavily dependent on effective end user training, system acceptance and adoption. A training focus that emphasizes integration of adult learning and technology acceptance principles is a step in the path to success. Effective training leads to greater system acceptance and adoption, fewer calls for help during go-live and more sustainable success for the end users.

Laurie Isaacson is an experienced project manager with strong communication, interpersonal and leadership skills. Ms. Isaacson has 27 years of hospital-based nursing experience including six in nursing leadership and over ten years of Information Technology experience. Ms. Isaacson possesses insight and experience regarding the dependencies and integration across MEDITECH 6.1 modules with expanded practical and technical expertise in MEDITECH advanced clinical applications. Ms. Isaacson served as the project manager for the first C/S to MEDITECH 6.1 Pathway project and has served as the project manager for a multi-site 6.1 project.

1074 - MEDITECH 6.16 – Featuring Web Presentation Layer

Presenter: Jim Gannon

Organization: Cornerstone Advisors

Scheduled: Friday June 1 at 9:00 am



With the MEDITECH 6.16, MEDITECH continues to blaze into a new frontier, introducing Web Acute and Web ED via the new Web Presentation Layer (WPL). But there is more to the 6.16 platform than new a presentation layer, also introduced are new tools and new challenges. Preparation and planning are essential to a successful implementation. Early adopters continue to help MEDITECH strengthen the 6.16 implementation strategy and more clearly define the operational steps to implement their latest software version in organizations new to MEDITECH and those transitioning from MEDITECH's Magic, Client/Server, 6.0 or 6.15 platforms.

Jim Gannon has over 30 years of experience in healthcare management and information technology with extensive experience managing, planning, selecting, and implementing, clinical, financial and management systems in multiple health care delivery settings. Organizations have included a ten hospital healthcare system, multiple academic medical centers, community hospitals, standalone surgery centers, information system vendors and affiliated enterprises. Mr. Gannon is currently leading a MEDITECH 6.16 READY migration project, serving as the MEDITECH Certified Project Manager. In this role, Mr. Gannon provides overall project leadership, manages internal and contracted project resources, drives the alignment of project tasks with the goals and objectives defined, and facilitates committee and executive steering committee meetings.

1075 - 6.1 Integration: The Benefits and Challenges

Presenter: Alison Samia

Organization: Cornerstone Advisors

Scheduled: Thursday May 31 at 9:00 am



MEDITECH 6.1 offers a new level of patient data integration across the care continuum. This integration includes the basic items like the sharing of a problem list, medication list and allergies, but integration goes beyond a basic sharing of data in terms of workflow. MEDITECH 6.1 provides clinicians the opportunity to share information between all areas of care including the ambulatory setting. Enabling the flow of data between ambulatory and acute care settings can also be challenging to implement due to the tight integration of processes across operational domains. Join us while we take the journey of order management from the provider's office to a scheduled surgery as well as a direct admission to the ED which transitions to the OR. Along the way we will also review key data integration points across the transitions of care. Watch how seamlessly the patient's orders and data can be transitioned using the tools available in 6.1 and how to bring teams together to implement these tools.

Alison Samia is an experienced clinical consultant with over 15 years of MEDITECH implementation, optimization and operational support. Ms. Samia has expert knowledge in the MEDITECH 6.1 Advanced Clinicals, with a dedicated focus to the integration of clinical data and workflows. She recently served as the Clinical Lead for a C/S to 6.15 Acute and Ambulatory pathway project, facilitating the work of all the acute clinical teams and co-leading all clinical and provider governance committees. Ms. Samia has served as an advisor on numerous 6.1 projects on acute and ambulatory integration elements.

1076 - Gaining Visibility into Your Cyber Security Posture through SIEM, NIDS, MSSP and More

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Presenter: Charles Williams

Organization: Forward Advantage

Scheduled: Wednesday May 30 at 2:30 pm



Cyber security is most certainly a top priority of your organization for 2018, and by now you have implemented many preventative measures. If you still don't have the visibility you desire; you're not alone. This session will focus on the technology and service models that will give you the most visibility of your security posture. Specific topics covered include:

- Overview of SIEM, NIDS, Asset Management, Vulnerability Scanners and MSSP?
- What are the benefits and challenges of an MSSP?
- Finding the right technology and service vendor(s)
- What are your responsibilities as a client?
- What are the responsibilities of the MSSP and what does a reasonable SLA look like?
- How to make the Client/MSSP relationship work

This session is intended for anyone who plays an active role in organizational security.

Charles Williams is Vice President of Migration and Integration Services at Forward Advantage, Inc. and has over 20 years of experience in healthcare information technology. He is responsible for executing on product line strategies associated with several products including Forward Advantage's newest security offerings.

1077 - Writing a Report Designer Report in 10 Minutes

Presenter: Dan Collins

Organization: The HCI Solution, Inc.

Scheduled: Wednesday May 30 at 1:30 pm



Learn how to write a basic Report Designer reports in 10 minutes. Topics to be discussed include:

- Where to find Report Designer training information
- NPR R/W vs. Report Designer terminology
- Utilize tools to find specific data in the MEDITECH system
- Report naming convention
- Versioning
- Determine the type of report you need
- Choosing the detail record
- Using the field lookup tool
- Choosing selection criteria
- How to choose the best index
- Cover all of the different screens: Fields, General, Selection, Sorting, Regions, Report Picture, Notes

Dan Collins has been at the forefront of EHR development and customer care for over 21 years while working at MEDITECH in various roles. Dan has led data service teams that supported all of MEDITECH's platforms. Dan is a technically skilled leader and software developer, with a career dedicated to best practices, customer care and maintaining positive long-term customer and vendor relationships.

1078 - Creating a Report Designer Extraction Report

Presenter: Dan Collins

Organization: The HCI Solution, Inc.

Scheduled: Thursday May 31 at 9:00 am



Learn how to use the "Export" mode that is built into Report Designer to create download/extraction reports easily. These types of reports can be written to generate files meant for Microsoft Excel, or other software.

- Difference between export and standard modes
- Selecting the right delimiter
- Field labels as headers
- Determining the detail record
- Defining Records
- Including fields from different records, objects, and applications on the same data row
- Download selection screen
- Password protecting
- External vs. Internal field format attribute

Dan Collins has been at the forefront of EHR development and customer care for over 21 years while working at MEDITECH in various roles. Dan has led data service teams that supported all of MEDITECH's platforms. Dan is a technically skilled leader and software developer, with a career dedicated to best practices, customer care and maintaining positive long-term customer and vendor relationships.

1079 - Advanced Report Designer – Writing Rules

Presenter: Dan Collins

Organization: The HCI Solution, Inc.

Scheduled: Thursday May 31 at 1:45 pm

Learn how to write Report Designer Rules to retrieve and manipulate data using programming logic.

Topics:

- The data record associated to the rule
- Local variables
- External variables
- Looping on Records/Indexes
- Using fields
- Using String Extraction/Date Functions
- Report return value

Dan Collins has been at the forefront of EHR development and customer care for over 21 years while working at MEDITECH in various roles. Dan has led data service teams that supported all of MEDITECH's platforms. Dan is a technically skilled leader and software developer, with a career dedicated to best practices, customer care and maintaining positive long-term customer and vendor relationships.

1080 - Achieving EMR Ownership Utilizing a Physician Advisory Committee (PAC)

Presenters: Lee Ann O'Bryan and Larry Renner

Organization: St. Claire Regional Medical Center, Morehead, Kentucky; Jacobus Consulting

Scheduled: Thursday May 31 at 9:00 am



Current literature speaks to the essential element to have both provider and clinician ownership and governance of the organizations electronic health record. However, obtaining that objective for many organizations has been both a challenge as well as a barrier to achieving exceptional patient care delivery and quality. St. Claire was no exception to those challenges as they began their journey to transition from their 6.08 to 6.16.

This presentation will discuss the strategies used to implement an active provider advisory committee (PAC), the barriers faced and mitigated as well as the exceptional wins the PAC generated for their medical staff and the quality department. It will also cover how the PAC was formed, the PAC charter that became their roadmap and the prescriptive efforts they employed to achieve their success.

Lee Ann O'Bryan serves as the Administrative Director of Informatics and Director of Imaging at St. Claire Regional Medical Center. The 159-bed medical center is part of the St. Claire HealthCare system, which encompasses a variety of ancillary services, including specialty physician practices, homecare providers, and outpatient clinics in Morehead, Kentucky. Her role at St. Claire is to provide leadership in the planning, implementation, coordination/direction, and optimization of clinical information systems in order to enhance patient care across the enterprise. She is a strong advocate for system-wide adoption of efficient and effective EHR technology.

Lee Ann brings a clinical background having worked as a radiologic technician, gaining experience across a variety of radiologic specialties, including C.T., Mammography, Lithotripsy, Bone Densitometry, and Surgical Radiography over ten years of direct patient contact. While transitioning into her current operations and project management role, Lee Ann obtained an MBA with an emphasis in healthcare, which afforded her a strong understanding of the fiscal landscape of healthcare. She also holds a Lean Six Sigma Green Belt certification. She uses this, as well as a natural aptitude for strategic planning and IT implementation and optimization, to support St. Claire in developing and maintaining the EHR tools necessary to provide excellent patient care to the community of Morehead and surrounding regions.

Larry Renner is the Clinical Managing Director for Jacobus Consulting. His career has spanned 39 years as a clinician and over 20 years in healthcare management, providing project management for IT implementations, business re-engineering, and financial performance optimization, all with a focus on adherence to industry best practice. Larry draws upon a strong clinical foundation, having spent many years as a licensed respiratory therapist before moving into leadership as the manager of a Critical Care and Respiratory Care Services department. In this role, he was instrumental in launching and eventually becoming Director of a new Patient Care Informatics department, building and deploying electronic documentation and billing throughout the hospital. Larry went on to help other healthcare facilities as Director of IT. In an effort to maximize his Project Management and EHR implementation experience, Larry transitioned to consulting, where he excelled in defining and delivering operational improvements through strong change management skills.

With deep knowledge and passion for helping organizations achieve their strategic objectives, particularly in the areas of EMR/EHR Management, Financial Management, and Business Process

Optimization, Larry believes in cultivating a collaborative team environment. He is an expert at strengthening communications, workflows, and inter/intradepartmental cooperation throughout organizations as he elicits measurable, lasting results.

1081 - MPM Non-Clinical Communication

Presenters: Bethany Chandler and Tamara Hopper
Organization: Methodist Hospital, Henderson, Kentucky
Scheduled: Wednesday May 30 at 1:30 pm



Methodist Physician Group currently transitioned from Greenway to MEDITECH. In the transition, the Coder and Provider/Office staff communication could not be lost. The loss of this communication would increase unbilled dollars and decrease cash flow. The presentation will walk you through the process Methodist Hospital IT took to keep the communication process intact during the transition by utilizing the MEDITECH system.

Bethany Chandler is an IT Financial Analyst at Methodist Hospital in Henderson, KY. She has been employed with the hospital for 17.5 years, with the majority of her time being spent in the Revenue Cycle. Bethany has been working in the MEDITECH dictionaries since the hospital conversion began in mid-2017, with a go live in June 2018. Most recently, Bethany assisted with the Physician Group conversion from Greenway to MEDITECH MPM and assisted with all aspects of the build and support.

Tamara Hopper is a System Analyst at Methodist Hospital in Henderson, KY. She has been employed with the hospital for 2.5 years, with her time being spent supporting the Physician Services Group. Tamara was support for the Greenway system and assisted with the build and support of the conversion to MEDITECH MPM. Before her time at Methodist Hospital, Tamara was HIM Director for Baptist Health.

1082 - Key Success Factors for Cloud Adoption

Presenters: Brian Schandl and Mike Donahue
Organizations: Marshall Browning Hospital, DuQuoin, Illinois; CloudWave
Scheduled: Thursday May 31 at 3:45 pm



Learn actionable tips from these organizations for planning, preparing for, and executing a successful move to the cloud. Together, we will discuss how incorporating the cloud in key strategic initiatives can help organizations achieve important goals including security, sustainability, and optimization. Participants will gain important insights into how to prepare for a transition to a cloud-based solution based on Marshall Browning Hospital's real world experience. and hear how a collaborative remediation effort set the foundation for success. Time will also be allotted for Q&A and interactive discussion, so bring your tough questions with you!

Brian Schandl is Chief Information Officer at Marshall Browning Hospital in DuQuoin, Illinois. Brian has extensive experience working with all versions of the MEDITECH EHR, including MAGIC, C/S, and 6.x, and has also worked with a number of many other healthcare enterprise systems.

Brian led his organization through the successful conversion of EHRs from HMS to MEDITECH, and recently transitioned the MEDITECH environment to the cloud. Brian was instrumental in Marshall Browning Hospital's Meaningful Use attestation, PQRS submission, and earning the Joint Commission's Gold Seal of Approval, the nation's predominant standards-setting and accrediting body in healthcare. In addition to managing IT services for his organization, Brian also oversees HIPAA compliance and Information Security.

Michael Donahue brings over 10 years MEDITECH experience across multiple roles, as both an end user customer and as a service provider at Dell Services and CloudWave. Mike started his career at Saints Memorial Hospital in Lowell, MA on the internal IT help desk. In his most recent role as Senior Technical Consultant at CloudWave, he provided a variety of services, including systems performance analysis, configuration reviews, identification of opportunities to improve performance/availability, strategic planning and assessments, and the development of recommendations relating to the implementation and/or configuration of systems.

In his current role as Managing Director, Mike is responsible for leading an elite team of consultants and managing the delivery of technical consulting services. Mike enjoys working with customers, and says his best days are when he is able to help a customer identify their true needs and align them for future success. Mike hold multiple advanced technical certifications and is currently pursuing a degree in Business Administration with a focus in Healthcare Management.

1083 - Children's Specialized Data-Driven Approach to Privacy Monitoring

Presenter: Darlene Carr

Organization: RWJBarnabas Health - Children's Specialized Hospital, Mountainside, New Jersey

Scheduled: Thursday May 31 at 1:45 pm

Everyone seeking a hospital's care has the right to privacy and the protection of their medical information. Due to the sheer volume and complexity of patient records accessed each day, it is impossible for privacy and security officers to efficiently detect breaches without new and practical tools. Current rules-based analytical systems often overburden privacy officers with alerts, and are only a minor improvement from manual detection methods.

Children's Specialized Hospital, part of RWJBarnabas Health, identified this challenge and looked for new, data-driven approaches to transform their privacy posture. Learn how Children's Specialized Hospital implemented a clinically-aware and AI-enabled platform to bring together data from many disparate sources, allowing them to zero in on true threats to patient privacy. This session will explore how this new data-driven approach is helping the organization eliminate false positives, better understand their true security vulnerabilities, save a great deal of time, and ultimately create a robust security posture that patients can count on.

Darlene Carr is the Director of Information Technology Services for RWJBarnabas Health - Children's Specialized Hospital. She brings over 20 years of experience in healthcare and information technology, highlighted by her long tenure working with the special requirements of a large pediatric hospital. Throughout her career, Ms. Carr has led mission-critical projects from strategizing, implementing,

managing, upgrading, expanding and replacing enterprise and program-specific applications, as well as supporting workflow processes.

Under her leadership, IT teams have enhanced core clinical and financial software with on-line scheduling, electronic prescription refill, a patient portal and tablet registration, alongside a host of technologies designed for pediatric patients, their parents, caregivers, and support teams.

1084 - PHA Clinical Rules & NPR – MAGIC, CS, 6.1, and Beyond

Presenter: Kevin McConnell, PharmD, PhD

Organization: The HCI Group

Scheduled: Wednesday May 30 at 2:30 pm

Intended participants shall be beginner to intermediate level users and the course will include basic set-up of both LINE and NPR styles of writing in both the MAGIC and Client Server platforms. Advanced rules will also cover macro and NPR fragment calls to create pop-ups for end users.

Covered materials will include all platforms - MAGIC, Client Server, 6x, and 6.1 with particular attention on "mainstream rules". Basic set-up of Variables and Rules sections in OM and the 6x platform will be covered as well.

PHA-specific NPR reports and fragments will be covered including, but not limited to Meaningful Use Metrics, labels, MAR's, custom Refill Lists, PHA Profiles, Pt Views, PHA Custom Keywords, etc.

Dr. Kevin McConnell has 28 years of relevant professional experience including over 17 years' experience as a consultant, project manager, and application specialist in healthcare system implementation and assessments. Specializing in the implementation and support of Advanced Clinical Applications and related applications and interfaces. Areas of expertise include Meaningful Use assessments and planning, pre and post implementation assessments, developing implementation and training plans, revenue cycle, coordinating process and departmental workflow enhancement/redesign, facilitating/managing application implementation teams, training end-users and change management. Past positions include, but are not limited to, Director of Pharmacy, Clinical Pharmacist, Staff Pharmacist, Instructor at a College of Pharmacy, and owner of a retail/community pharmacy. Kevin has MEDITECH READY Certification as Clinical Lead, Project Management, PHA, CPOE/eRx Consultant, PAPD, and MIS Consultant.

1085 - 6.16 – Acute and AMB WorkFlows, Current State/Future State, Flow Charts – Let’s Get Started

Presenter: Marcia Cheadle

Organization: ENGAGE

Scheduled: Friday June 1 at 10:00 am



Workflows are the execution and automation of business processes where tasks, information or documents are passed from one participant to another for action, according to a set of procedures. Flowcharts and process maps are useful tools for visualizing the number and order of steps in a workflow. Workflows look to coordinate tasks between people and synchronize data between systems.

With a focus on patient safety, provider satisfaction, and productivity using impact metrics, join us in exploring the use of current and future state workflow identification and flowcharts for 6.16 Acute and 6.16 Ambulatory programs.

Marcia Cheadle, RN, is the Senior Director of Advanced Clinical Applications for Engage. Marcia is responsible for the implementation and integration of more than 30 advanced clinical facility, physician EMR, and client server application programs. Her leadership has resulted in 85% of Engage customers achieving HIMSS Level 6 or 7 and completing over 30 successful attestations for Meaningful Use. Most recently, Ms. Cheadle’s area of focus has been on implementation of MEDITECH’s 6.16 Acute and Ambulatory programs. Marcia teaches Health Information Management at Eastern Washington University as well as continues her clinical nursing practice at a local emergency department.

1086 - 6.16 Ambulatory – Creating Clinic Wins – Productivity, Patient Safety and Provider Satisfaction

Presenter: Marcia Cheadle

Organization: ENGAGE

Scheduled: Thursday May 31 at 2:45 pm



Leveraging the MEDITECH 6.16 integrated programs for success, including BCA, this program will focus on the utilization of data and formatting of designs to increase patient outcomes through every day use of the MEDITECH 6.1 programs both acute and ambulatory.

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1087 - HIE: Effective Integration and Interoperability

Presenter: Jamie Gerardo

Organization: Acmeware Inc.

Scheduled: Thursday May 31 at 1:45 pm



The roof, the roof, the roof is on fire! Don't get burned! The demand for electronic health information exchange from one health care professional to another is growing along with nationwide efforts to improve the quality, safety and efficiency of health care delivery.

Meaningful use requirements, alternative payment models that stress care coordination, and federal financial incentives are all driving interest and demand for health information exchange. What's exactly is Health Information Exchange? How is a Summary of Care different than a Continuity of Care Document? Find out the answers to your burning HIE questions in this session. Understanding your options and transforming your data to knowledge can improve interoperability and your facilities meaningful use performance.

We'll review the key terms associated to Health Information Exchange and how this relates to efforts being made to improve patient care through meaningful use.

Jamie Gerardo has been a presenter at MUSE going back to her days at Hays Medical Center where she helped develop the DR into an integral part of daily operations. Jamie has a passion for databases and enjoys sharing information and teaching others. She has been involved with MEDITECH healthcare for the past 15 years, with a concentration on the data repository environment since 2005. She studied Business Administration in Management at Texas State University. Jamie is a Microsoft certified Technical Specialist in Business Intelligence.

1088 - Maximizing the Revenue Potential of your Hospital Supply Chain

Presenter: Tony Jerald

Organization: Leidos Health

Scheduled: Thursday May 31 at 10:00 am

Together we will discuss methodologies and action items to enhance revenue from your supply chain. Most hospitals are strongly focused on supply contracting and costs as they should be. But many still have not taken the next step into maximizing the revenue potential of the supply chain. This presentation will give examples of where to look and how to realize this often untapped source of revenue.

Tony Jerald is a Managing Consultant / Project Manager with Leidos Health. Tony has been in healthcare Materials Management and IT for the past 20 years holding hospital-based positions as well as his current consulting position. Coming up through the hospital-based jobs has helped shape a well-rounded approach to today's complex issues facing healthcare materials management and IT.

1089 - Web Acute and Web Ambulatory Moving Ahead with MEDITECH 6.1 – A Virtual Experience

Presenter: Marcia Cheadle

Organization: ENGAGE

Scheduled: Wednesday May 30 at 3:30 pm



6.16 Acute and Ambulatory – What’s new? This interactive program will provide live demonstrations within a test environment via video link to demonstrate some key integration points and “wow” functionalities within the new MEDITECH program. Come and see how the product looks, acts and feels. The demonstration will provide “real patient scenarios” used during integration and parallel testing.

Marcia Cheadle, RN, is the Senior Director of Advanced Clinical Applications for Engage. Marcia is responsible for the implementation and integration of more than 30 advanced clinical facility, physician EMR, and client server application programs. Her leadership has resulted in 85% of Engage customers achieving HIMSS Level 6 or 7 and completing over 30 successful attestations for Meaningful Use. Most recently, Ms. Cheadle’s area of focus has been on implementation of MEDITECH’s 6.16 Acute and Ambulatory programs. Marcia teaches Health Information Management at Eastern Washington University as well as continues her clinical nursing practice at a local emergency department.

1090 - Emerging Trends in Front End Revenue Cycle Management

Presenter: Brian Stone

Organization: Clearwave Corporation

Scheduled: Thursday May 31 at 1:45 pm

In this session, you will learn about the emerging trends in front end revenue cycle management and solutions providers are using to streamline their processes while creating a better customer experience. Find out how other providers are creatively seeking new ways to collect more money at the point of service, reduce waiting room times and at the same time improve patient satisfaction.

Brian Stone has more than 35 years of executive experience in the healthcare industry. As Clearwave’s Chief Financial Officer, Mr. Stone is responsible for all financial affairs, including assisting in the raising of additional capital and developing internal financial systems and controls to support growth.

Before joining Clearwave, Mr. Stone was the Chief Executive Officer of MDexchange, an enterprise and community-wide, web-based patient record and communication system. As one of the original founders and investors in MDexchange, Mr. Stone brings a great deal of knowledge on the complexities of integrating with the different stakeholders in healthcare. He has also built and sold two national outpatient imaging companies including Signal Medical Services and LINC Scientific Imaging. Mr. Stone has served on the board of Jvion, LLC, a predictive analytics company since its inception in 2012.

1091 - Electronic Reporting: Quality Management Cycle Concepts that Achieve Reliable Results

Presenters: Jodi Frei and Theresa Jasset

Organizations: Northwestern Medical Center, St. Albans, Vermont; Acmeaware

Scheduled: Friday June 1 at 9:00 am

Electronic Quality reporting is the new backbone of quality improvement and an emerging cornerstone of health care reform efforts. Successful Electronic Quality Reporting can be daunting in its complexity yet cyclical in nature. If a systematic approach is applied to each component, then re-addressed as changes are made in any portion of the program, a clear pathway to success can be achieved. This pathway requires three critical steps that will evolve into a predictive reproducible pattern key to Quality Cycle Management:

1. Electronically capture the clinical documentation as required by the Electronic Clinical Quality Measure (eCQM) specifications. A simple statement representing a vastly complex process.
2. Conduct Nomenclature Mapping. This correlates the EHR's human readable terms to universally approved codes – a foundational step in data collection.
3. Validate performance output for data completeness and accuracy. Gaps in data collection and nomenclature mapping can occur and it is the responsibility of the healthcare organization to ensure data integrity

As programs and necessary documentation with corresponding nomenclature mapping requirements change, it becomes clear how these three steps become iterative in nature. The resulting process can be described as Quality Cycle Management. An organization's health care quality team consisting of the appropriate members is critical to conduct this work efficiently and effectively. These team members collectively must possess health care information technology skills, clinical knowledge of care provided and corresponding workflows and comprehension for the Quality Program objectives and requirements. As this is such a broad skill base requiring specific talents from various disciplines, a multidisciplinary approach to team composition is highly encouraged.

If these three steps are employed by a skilled health care quality team as recommended here, the pathway to successful electronic quality reporting will certainly emerge. There will also be clear indications to engage these processes whenever components in the program are modified or at the very least, conduct them annually to prepare for reporting submission activities.

In this session we will describe these steps in detail, provide tracking tools, and share lessons learned from an organization that has been highly invested in this process. Participants will leave with new ideas and revived energy around the collection and submission of electronic Clinical Quality Measures.

Jodi Frei is the Director of Quality, previously the Manager of Organizational Informatics at Northwestern Medical Center in St Albans Vermont. She has worked in healthcare leadership for over 25 years. She has supported the build and optimization of electronic medical records as well as various quality and population health efforts. She recently managed the transition of Northwestern to MEDITECH 6.16, being the first MEDITECH hospital to take Web ED and Acute. Jodi is a Physical Therapist with a Master's of Science in Managing Innovation and Information Technology.

Theresa Jasset is the Clinical Informaticist at Acmeaware, Inc., an electronic quality reporting vendor. She holds a Bachelor's of Science in Nursing and a Master's of Science in Management of Information Technology. Theresa has rich clinical background in nursing in both acute care and perioperative settings.

For the past decade, she applied her direct patient care experiences to the field of nursing informatics and healthcare information technology. Professionally, Theresa has co-authored chapters in a perioperative nursing text book, presented several poster sessions and maintained affiliations with NENIC (New England Nursing Informatics Consortium and AORN (Association of periOperative Registered Nurses), holding various board positions for each, including past president.

1092 - The Help Desk of the Future: What Will Medical IT Need to Prepare for the Next Decade?

Presenter: Sean Reis

Organization: ENGAGE

Scheduled: Friday June 1 at 9:00 am

A MEDITECH support helpdesk is the central hub of hospital IT operations. How should the helpdesk of the future prepare to meet all of the changing needs that keep coming? During this session, we will focus on some of these changes and how helpdesk and support services staff can meet these challenges head-on. The topics will include:

- Rural & Remote Healthcare Challenges
- Cloud Services
- BYOD (Bring Your Own Device)
- Social Media & Smartphone Apps
- Analytics' Tools for Social Media Mining
- Artificial Intelligence
- Service Solutions & Service Improvements

A member of the Engage team since 2004, Sean Reis serves as Senior Director for Technical Services, leading Engage's help desk, technical support teams, operations, and telecommunications. He is also a key hospital CIO liaison. His efforts have seen Engage achieve and sustain an unprecedented 98% customer satisfaction rating for support issues. Sean is a Microsoft Certified Systems Engineer and a Cisco Certified Network Associate. He holds a BS degree from City University in Seattle, Washington.

1093 - Making the Most of Your MEDITECH 6.1 Consolidated-Clinical Document Architecture (C-CDA)

Presenter: Nancye Lahue

Organization: ENGAGE

Scheduled: Thursday May 31 at 9:00 am

In this presentation we will show how the information in a Consolidated-Clinical Document Architecture (C-CDA) can be used and re-used for multiple purposes. A C-CDA can be sent to agencies as a whole document or it can be queried and sent to different agencies such as:

- CMS
- CDC
- SSA
- State Registries

- Disease Registries
- ACOs

Nancye Lahue oversees the development, implementation and support for Engage's innovative large-scale projects. As Senior Director of Advanced Interoperability, her latest implementation was Engage's solution for simplified, on-demand health data. Nancye secured the product's certification by Healtheway, helping the platform achieve more than twice as many successful connections at the 2015 IHE Connectathon than any other offering.

1094 - Make Your Data Repository Reports Attractive, More Functional, and Far Easier to Maintain

Presenter: Jen Kelly

Organization: Iatric Systems, Inc.

Scheduled: Thursday May 31 at 9:00 am

Maintaining hundreds of reports in SQL Server Reporting Services (SSRS) can be daunting!

Centralizing items such as background colors, font colors, and logos can make a big difference. Let us demonstrate how to create a custom SQL table to hold these kinds of formatting items and how to reference them in your SSRS reports. Making a change in the table will then automatically transfer to all reports using that stylized formatting. Imagine how pleased you will be when your hospital changes its name, logo, address, or favorite colors, and you can simply update hundreds of reports with a few dictionary edits instead of opening and modifying each one.

We will also cover tips and tricks in SSRS to WOW your end users and improve report readability — including, but not limited to, repeating column headers on each page, expression placeholders, html font formatting in text boxes, and dynamic date range parameters.

Jen Kelly is a Report Writing Services Programmer/Analyst with Iatric Systems, and one of the lead developers for Data Repository reporting. She has worked with MEDITECH data for over 14 years, both as an NPR report writer and as a SQL report writer.

1095 - How the Human Factor Impacts Patient Privacy

Presenter: Rob Rhodes

Organization: Iatric Systems, Inc.

Scheduled: Friday June 1 at 10:00 am

The human factor makes the biggest difference in effectively protecting privacy. Leaders must take this into account and go beyond merely implementing technology. HIPAA and other regulation requires the implementation of 'Awareness Training,' however, most organizations do a less than effective job on this requirement. Many organizations rely on new hire orientation and annual computer based training to check this box. This lack of effort is a major contributing factor to most breaches.

This presentation will discuss a number of breaches and show examples of how the human factor was ultimately the root cause, even in those breaches attributed to 'technology' issues. The presentation will underscore why effective workforce training can help address this underlying problem.

To address the issue requires organizations to change the beliefs and attitudes of their workforce. Various techniques for doing this will be addressed. Punitive and non-punitive methods for changing attitudes and behaviors will be discussed with special attention paid to auditing and using privacy analytics.

Rob Rhodes, CPHIMS, CHCIO, CISSP, HCISPP joined Iatric Systems in 2013 as the Senior Director of Patient Privacy Solutions, and under his leadership, Security Audit Manager achieved several milestones including, Patient Privacy Monitoring Category Leader in the 2015 Best in KLAS report. In his current role as Vice President of Product Management at Iatric Systems, Rob continues to expand the functionality of Security Audit Manager and other products that help hospitals leverage data to protect patient privacy and ultimately, provide better care for patients. Prior to joining Iatric Systems, Rob was Chief Information Officer for Houston Healthcare in Warner Robins, Georgia.

1096 - Partners and PHI – Understand Your Risk

Presenter: Michelle Schneider

Organization: Iatric Systems, Inc.

Scheduled: Thursday May 31 at 3:45 pm

According to a recent study, more than 92% of hospitals are planning to invest in technology to boost cybersecurity in 2018. With more than half investing in identifying threats, which include asset management, governance, and risk assessment, this means a lot of planning will have to take place to be successful. With sometimes hundreds of third parties accessing hospital systems, the threat to patient privacy is huge and it can be difficult to know how to prioritize and make the best decisions to ensure your patient data is secure.

In this session, we'll talk specifically about the threats to patient privacy by Business Associates. According to the HIPAA Omnibus Final Rule, hospitals will be held accountable if one of their Business Associates violates PHI rules. If you don't have a way to track and manage your Business Associates' access to PHI, and ensure your Business Associates are secure, you could be subject to fines.

In this session, you'll learn:

- What you need to know about the omnibus rule
- What are the most common pitfalls in managing vendor risk
- How organizations have had success in organizing their Business Associate Agreements
- Recommendations for managing non-vendor partners i.e. providers, students

Michelle Schneider is a Product Director with Iatric Systems focusing on the privacy needs of hospitals, specifically with partner risk management. Michelle has participated in EMR implementations and conversions, HISP and HIE implementations, EMPI management and, interface management and testing. She has seen first-hand the challenges managing partner relationships safely and effectively. She is a registered nurse committed to the mission of educating the healthcare community about the

importance and best practices of safeguarding PHI. She has been presenting education sessions at International MUSE for more than 20 years.

1097 - Patient Populations – Real Time Ambulatory Registry and Quality/Risk Surveillance

Presenter: Reece Perigin

Organization: Leidos Health

Scheduled: Friday June 1 at 9:00 am

Improving care and outcomes is the goal of every health care organization. There are now tools that can be utilized to accomplish to identify patients real time. By using facts and rules within Surveillance and Registries, organizations can quickly identify patients and take actions to improve care or health maintenance

We will review standard content in these areas and discuss use of and additional functions that can be utilized to improve care, and we will review the steps to create customized rules/facts to create specific quality profiles or ambulatory registries.

Reece Perigin has been working with MEDITECH for over 20 years in Magic, C/S, 6.0 and 6.1X platforms. He has been a Registered Nurse for over 40 years with clinical practice areas being ICU/ER and Nursing Management. He currently is employed by Leidos Health as a consultant specializing in clinical and ambulatory modules. Previous MUSE presentations include side by side comparison of C/S to 6X and Clinical Rules to improve care.

1098 - OM Orders to Pathology Module

Presenter: Dennis Majeski

Organization: Parallon Technology Solutions

Scheduled: Wednesday May 30 at 1:30 pm

This presentation will walk through the setup, build and workflow available to allow orders placed in MEDITECH 6.1x Order Management to flow directly into the Pathology module. Gone are the days of the LAB “Pathology place holder order”.

Dennis Majeski MT (ASCP) is a clinical consultant with Parallon Technology Solutions with more than 25 years of clinical laboratory experience, with the last 10+ years focused on implementation and support of the MEDITECH EHR system; Magic, C/S and 6.x. Responsibilities have included pre-implementation workflow assessment, dictionary build, super user and end user training, testing, troubleshooting and validation of MEDITECH Laboratory applications (LAB, BBK, MIC, PTH, Outreach) and associated analyzer and NMI interfaces to ensure compliance with all regulatory requirements (CAP, AABB, CMS, Joint Commission, ARRA). He has conducted facility workflow analysis providing recommendations for improvements, and supporting facilities in controlled and house-wide parallel testing and Go Live events.

1099 - Pharmacy and Direct Patient Care Environment ...

Presenter: Charles Still

Organization: The HCI Solution, Inc.

Scheduled: Friday June 1 at 9:00 am

This presentation will review many hospital patient safety initiatives and rate them in terms of scope, implementation resource requirements, value, measurable improvement and evidence based best practice. Attendees will learn how to assess the initiatives potential outcomes in relation to their organizational environment and likelihood of successful implementation. Strategies for funding, gaining leadership buy-in, and successful implementation will be shared.

Specific topics will include:

- Human Factors Engineering
 - Patient Wristbands
 - Font Selection
 - Mother infant security matching
 - 2D Barcodes
- The use of Color in Pharmacy IV Labels
- Pharmacy Processes for medication management from receipt to the bedside
 - Scan on receipt, Scan to ADC Fill, Scan at the Bedside
 - Scan/Photo/Verify in IV build process
- Reporting and Analytics - Creating a process without a measurement plan is like not creating a process at all
- Visual Management Boards - Lean/Toyota Production System tools impact on workflow
 - Integration via secure messaging
 - Critical Lab Values
 - Critical Imaging notifications
- Strategic Outsourcing

Charles Still MBA, CPPS, CPHQ formerly worked in Information Systems at Southwestern Vermont Healthcare and is the founder of the software company PatientSafeRx.com He was part of the team presented with the 2011 Waypaver Award for Bedside Barcoding and the MUSE 2008 REE and IEE Award. His work has been published in the Journal of Healthcare Information Systems and Patient Safety and Quality Healthcare. His 2011 HIMSS International BPOC presentation was awarded the "Best educational session of the conference" by Mr HIsstalk. In 2016, Charles completed his certifications as a Certified Professional in Patient Safety and Certified Professional in Health Care Quality.

1100 - Dose Checking of the Future

Presenter: Chuck Bedel

Organization: DrFirst, Inc.

Scheduled: Thursday May 31 at 3:45 pm

Dose checking in MEDITECH has been extensively discussed to date; nevertheless, there have been few or no presentations discussing how dosing checking in MEDITECH EXPANSE greatly differs from dose checking in all prior versions and platforms of MEDITECH. Now that dose checking is performed through

a real time connection to your Formulary Service Vendor's API, the way dose checking is setup has changed from what everyone has always known. This presentation will review the most important points to understand when reviewing and setting up dose checking MEDITECH EXPANSE.

Chuck Bedel is an experienced Informatics Pharmacist and consultant with robust breadth of clinical and build experiences with MEDITECH Magic, C/S, 6.0x, 6.1x (<6.16), 6.16, Web Acute, Web ED, and Web Ambulatory. This experience includes but is not limited to managing pharmacy dictionaries, clinical rule building, NPR reports, M-AT reports, FSV data reviews and loads, upgrades, go-lives, outside vendor integration (pumps, dispensing machines, etc.), end user support, general pharmacy practice evaluations, and pharmacy management/directing.

Chuck have been involved in multiple big bang go-lives, including but not limited to eight clinical cut-overs in three major health systems, one of which spanned four states and 24 hospitals. He has done cut-overs and go-lives for multiple HCIS vendors and have seen what works well and what causes significant delays. His passions are Medication Reconciliation Excellence, Proper Utilization of Dose Checking/Clinical Decision Support Systems, and Real Time Clinical Monitoring/Surveillance for pharmacists.

1101 - If Disney Ran Your IT Department

Presenter: Phil Stravers

Organization: ICE Technologies, Inc.

Scheduled: Wednesday May 30 at 2:30 pm

If someone were to describe an experience as 'Disney-like', I think most would understand or at least be able to create a mental picture of what that is. So, how many of us would describe our experience with IT as being a 'Disney-like'? Probably not many, if any. In this session we will explore some of the key concepts behind what it takes to create a unique and memorable customer experience with consistency and how you can take those tried and true techniques from Disney and use them to succeed with IT.

Phil Stravers has been in consulting and management roles within the information technology industry for over 27 years and has spent more than 22 years helping hospitals and clinics "make IT work better". Phil has had the opportunity to act as an Interim CIO for numerous hospitals that gives him a unique perspective on their challenges and associated solutions. Phil really enjoys sharing lessons learned and frequently presents at various hospital associations, HIMSS events and healthcare boardrooms all over the country. In addition to his passion for improving Health IT, he loves baseball (die hard Cubs fan) and has spent more than 15 years coaching young baseball players. Phil lives in Pella, IA and often shares concepts learned from his background in coaching along with the Dutch farm culture and work ethic that his hometown is known for.

1102 - Population Health & Analytics

Presenter: LaDonna Sweeten

Organization: Leidos Health

Scheduled: Thursday May 31 at 1:45 pm

As the industry shifts to more risk-based payment models, organizations need a clearly defined strategy and path to population health. However, despite the vast array of population health solutions, services, and tools available, many organizations still face challenges defining, aligning, and executing their population health goals and strategies.

Successful population health programs involve careful evaluation of clinical care models, business operations, and technology enablement to create value and transformation in the organization and, most importantly, in patient outcomes. In this presentation, we will share key steps to building a framework for:

- Effectively engaging patients
- Using analytic data to manage your population
- Meeting clinical quality metrics

Join us to learn about population health maturity levels in the industry, and a strategic approach that can help organizations build a fully integrated population health program.

LaDonna Sweeten is a business and information management professional with more than thirty (30) years of healthcare strategy and technology experience. LaDonna is uniquely qualified to provide Strategic Advisory Services due to more than fifteen (15) years of healthcare managed services solution development and delivery experience. Her leadership, technology, process improvement, implementation and optimization experience has been key to her engagement oversight success for large scale healthcare strategy, technology, and innovation engagements. She has led/advised over fifty (50) large scale EHR projects in all aspects of Practice, Program, and Project leadership and has served in management and leadership roles for complex engagements. LaDonna has worked with more than one hundred (100) healthcare organizations across the country including academic medical centers, large IDNs, community-based hospitals, children's hospitals, specialty, ambulatory and physician practices. Her relationships with vendor organizations include EHR, technology, and professional services organizations.

Key clients and services have included: University of Wisconsin Hospitals and Clinics and UCLA Medical Center where she conducted EHR Project Health reviews and reported project risks/opportunities to their Board of Managers as well as acted as CIO Partner. For Lancaster General Hospital, Kansas University Medical Center, Harris County Hospital District, and Texas Children's Hospital she provided Executive EHR Implementation Advisory services and acted as interim EHR Project Director.

Areas of expertise include EHR implementation, clinical systems development, implementation, and support, project planning and analysis, strategic planning, business transformation, continuous process improvement program and team facilitation, project management office development and management, structured project management, and business office operations and systems assessment, development and support.

1103 - The Report Request Lifecycle

Presenter: Howard Minor

Organization: Acmeware, Inc.

Scheduled: Friday June 1 at 10:00 am

It's been said that data is now the most valuable commodity in the world. Access to information is the foundation for seamless workflows, market advantage, and the key for making better business decisions. The struggle for any competitive advantage in this field has become more intense than ever. This is especially true in the modern healthcare industry where facilities are being forced to do more and more with less and less.

Having a well-established reporting process is no longer a luxury that can be on the back burner as a "nice to have" or "something on the wish list." The ability to create a report is great. But having a well-established process for requesting, creating, and managing reports is even better. It's one of those investments that will benefit all departments across the board.

This presentation will take a look at the different phases of a typical report request. We'll look at some of the pros and cons of different methods, scenarios, and what to look out for. How to help bridge the gap between your clinical and technical staff. And we'll challenge you with some key questions to consider about your existing data environment and reporting processes.

Howard Minor has over 15 years of experience in healthcare IT. His technical experience includes multiple disciplines ranging from database design, software development, data integration, and reporting technologies. He has a long history working with MEDITECH environments and the unique challenges they present. Howard joined the Acmeware team in 2017 and is now helping them to continually provide our clients with excellent service and custom solutions.

1104 - The DR Overnight DBA

Presenter: Ian Proffer

Organization: Acmeware Inc.

Scheduled: Thursday May 31 at 2:45 pm

For MEDITECH system administrators that support the Data Repository (DR), you may find yourself scratching your head if you haven't maintained Microsoft SQL Server before. Database backups? Index maintenance? Transaction log files? Basic maintenance for your DR differs greatly from typical MEDITECH servers and systems, and you may have your hands full.

We've got you covered in this session, where we'll teach you the basics of database administration, especially as they apply to the unique database design of MEDITECH's DR. We'll look at routine DBA best practices, including how to manage security and basic database maintenance. We'll also review optimal DR server configuration according to MEDITECH guidelines, as well as ways to intelligently manage routine tasks like index defragmentation and disk space and database capacity planning. If you're a DR system administrator and want to learn more about managing your SQL Server databases, don't miss this informative and helpful session.

Ian Proffer is Acmeware's Manager of Training and Education. Before joining Acmeware in 2007, Ian spent seven years in healthcare IT at Jefferson Healthcare in Port Townsend, WA (a MEDITECH C/S site) and Harborview Medical Center in Seattle. Ian has worked for the last 20+ years as a consultant, report writer, database analyst, administrator and architect, including four years at Microsoft Corp., where worked extensively with SQL Server starting on version 4.21. His practical work experience in healthcare includes database analysis and administration, report and application authoring and development, and user education and training.

1105 - Prior Proper Planning Perpetuates Peak Performance

Presenter: Teri Steffens

Organization: Kalispell Regional Healthcare, Kalispell, Montana

Scheduled: Wednesday May 30 at 3:30 pm

The challenge of coordinating training for 600+ staff members over 12 disciplines and three facilities is overwhelming. Add limited educational staff, resistance to let staff away from the bedside, and a limited budget and you end up with the same uninspired recipe for training; one that does not engage the student or effectively build on their knowledge. For our upgrade from Client Server 5.67 to the 6.1 platform MEDITECH recommended 12 hours of classroom training. Not only did our senior leadership feel this was unattainable, there were not enough hours in the day for the limited amount of educators to effectively train staff. At Kalispell Regional Healthcare we did not want to repeat our past training inefficiencies. For this to happen, proper planning was essential. Partnering with an E-learning vendor we cut our classroom training in half, decreased the total number of paid hours of training by a quarter, and effectively used educational resources without overwhelming them. The planning process was intense, however this turned out to be one of the smoothest training experiences ever. As an added benefit we now are incorporating the E-learning into our regular orientation for an added cost savings.

Teri Steffens has been an RN for 11 years. She worked on medical/surgical units at Kalispell Regional Healthcare for five years before she became involved with the Healthcare Information Technology (HIT) Department. Teri started working with HIT on a committee for creating the MEDITECH documentation, then transitioned into doing it full time. She has been working in HIT for 6 years focusing on nursing workflows and MEDITECH education.

1106 - Worried About Training Physicians? Keep Calm!

Presenter: Linda Hainlen

Organization: Sedona Learning Solutions

Scheduled: Wednesday May 30 at 3:30 pm

What is the best approach to training physicians for your upcoming implementation? That is probably the most frequent question I field. In this session, hear practical information on training physicians from an experienced EHR educator. No hype, no sales pitch, just practical information based on lessons learned from experience.

Linda Hainlen is the Director of Business Development at Sedona Learning Solutions. Linda brings more than 25 years of proven experience as an EHR software training manager, and enjoys working with designers and instructors to develop the best solutions for Sedona's clients. One of her favorite parts of the job? Seeing the ""lightbulb"" moment—that moment when training really clicks for users.

Before joining the Sedona team, Linda served as Director of Learning Solutions for IU Health in Indianapolis, Indiana for 18 years. During that time, she was responsible for end-user training for all EHR implementations in IU Health facilities across the state. Under Linda's leadership, her division at IU Health was awarded the highly prestigious ASTD Best award in 2011.

1107 - How to Choose a Business Intelligence and Business Continuity Solution?

Presenters: Latisha Wright and Zia Shams

Organization: The Shams Groups (TSG)

Scheduled: Thursday May 31 at 2:45 pm

Identify the challenges of data availability in Business Intelligence tools and the purpose of how selecting the right tool will help a facility to manage their data. The presentation will provide insight on what a Business Intelligence should include and how the data will provide insight to make better decisions regarding patient care and operational cost. In addition, continuous access to critical patient data is a necessity. Patient care must continue, and patient safety must be ensured, no matter the situation. attendees will obtain insight on criteria to consider when selecting a solution for Downtime and Business Continuity.

Latisha Wright is a Product Manager for The Shams Group specializing in providing insight on development and implementing health information and clinical software since 2005. Wright has a degree in Health Administration. During her 11-year career at TSG, Latisha has implemented various healthcare solutions at multiple facilities some of which include: physician portal, patient portal, chart deficiency & chart management, Meaningful Use certified solutions, and HR & financial solutions.

Zia Shams is President of Software and CEO at The Shams Group (TSG). He is also the President and CIO at Teletrak MT (TSG's partner company for Medical Transcription, Coding Products and Services). He serves as a member of several national and international organizations. He presents at technical conferences throughout the United States and internationally. He has 33 years of experience in computing industry – and has worked with servers, networks and application software programming, spanning hardware, security, development and implementation services.

During his 23-year career at TSG and working with healthcare IT, Zia's experience includes developing desktop and portal-based software modules/applications as well as developing simple to complex HL7 or non-HL7 integration technologies for various EHR/EMR, leading implementation and testing of HIS modules, developing meaningful use certified applications, developing enterprise wide data warehouse for healthcare, designing architecture for iOS/android mobile applications, and performing strategic and operational consulting engagements for various healthcare provider organizations.

Zia holds a B.S. in Computer Science from University of Regina in Canada. Prior to joining TSG, Zia worked at McMillan/McGraw-Hill Software Publishing Company for nine years in the role of a Systems Manager where he managed and led a team of software engineers and technical writers who designed, developed and maintained a software suite for school and public library automation.

1108 - Information Exchanged! Removing the Barriers in “Record” Time

Presenters: Tito Perez and Frederick Legaspi

Organization: Henry Mayo Newhall Hospital, Valencia, California

Scheduled: Friday June 1 at 9:00 am

This presentation is about Henry Mayo Newhall Hospital’s journey into the world of electronic document sharing. Like most hospitals, we were challenged by our stakeholders to provide patient documentation from our facility, not only in a secure and efficient manner, but “when They wanted it”. Find out how we did it, if it can work for you, and how it differs from other solutions.

Tito Perez is a Manager of the Information Systems department at Henry Mayo Newhall Hospital (HMNH), a community-based, non-profit hospital located in Valencia, Ca. He joined HMNH in March of 2004 as a Financial Analyst in the Finance department but eventually transitioned to Information Technology where he led Finance-Related projects, including their MEDITECH implementations of Revenue Cycle, Supply Chain, and General Financial modules. In 2010, Tito was promoted to lead the Interoperability and Integration team, where he focused on health information exchange initiatives and how to improve the methods by which Henry Mayo exchanged data with their provider partners. In recognition for his success with leading “hospital-wide” software implementations and process improvement projects, as well as his contributions as a respected leader throughout the organization, Tito was promoted to Manager, Information Systems Applications in 2013.

Frederick Legaspi is a Manager of Health Information Management at Henry Mayo Newhall Hospital which is a mid-sized community hospital in Valencia California located Northeast of Los Angeles. He partners with clinical and executive staff, IT, the revenue cycle department, and other ancillary groups to help make Henry Mayo a place to receive excellent care. He has a mixed background of Information Technology and Health Information Management with Masters Degrees in both HIM and Information Technology Leadership. He started his path in HIM as an analyst and moved into a leadership role at his time in Henry Mayo. Fred Legaspi credits collaborations and partnerships with the different groups and departments as a key to success when integrating new processes and technology.

1109 - Views of the Future from MEDITECH’s Vendor Partners

Presenters: John Haffty, Chris Roggenstein, and Jim Fitzgerald

Organization: Navin, Haffty & Associates; Forward Advantage; CloudWave

Scheduled: Wednesday May 30 at 1:30 pm

Sharing their views of the future, the presidents of several MEDITECH partner vendors will provide their perspective on industry trends impacting healthcare organizations and how they prepare for these changes with a focus on MEDITECH specific products and plans. Participants can learn how this vision translates into and/or supports the future and vision of the MEDITECH EHR. The session will be long on

audience participation and is intended to engage the attendees in a robust discussion and how they can take these vendors' visions and apply them to their own organizations.

John Haffty is President and CEO, Navin, Haffty & Associates, a MEDITECH READY-certified consulting firm based in Westborough, MA. John brings over 30 years of healthcare information systems experience and is a recognized expert in the MEDITECH EHR. Since its founding in 2001, Navin, Haffty & Associates has grown into the largest consulting company that is focused exclusively in the MEDITECH market. John meets regularly with the leadership of MEDITECH to maintain close contact on their developments and future plans.

Chris Roggenstein is President and CEO of Forward Advantage, a healthcare solution provider based in Fresno, CA. Chris has spent a majority of his career in healthcare, and has a deep passion for providing physicians fast and secure access to clinical information for improved patient care. Forward Advantage has been a strategic partner to MEDITECH to provide quality, cost-effective solutions and services for more than 20 years.

Jim Fitzgerald is Chief Strategy Officer of CloudWave, responsible for technology solutions strategy, development, and quality spanning the entire CloudWave portfolio of Technology Integration, Technical Consulting, and OpSus Cloud Services. Jim is passionate about helping hospitals developing the right mixture of local and cloud-delivered services in order to achieve operational sustainability. Jim holds a B.A. in Psychology from Bates College and an M.B.A. with high distinction and a concentration in technology from Babson College.

1110 - The Do's and Don'ts of VDI: How to Build a Roaming Experience for which Physicians Will Thank You

Presenter: Lee Howard

Organization: Forward Advantage

Scheduled: Friday June 1 at 10:00 am

Troubled by your virtual desktop infrastructure or worried about implementing virtual desktop infrastructure (VDI)? Is your environment working the way you expected? Are physicians complaining about log in time or remote access? Join this session to hear how hospitals are achieving high rates of physician satisfaction, while keeping their environment secure and compliant. Learn tips on how to create a better mobility and roaming experience that meets the needs of care teams and physicians.

In this session we will cover:

- The pros/cons of virtual desktops and lessons learned
- How to create a consistent user experience and a single point of password management and access
- Common and successful approaches used by multiple MEDITECH facilities
- Tips for optimizing your virtual environment
- How to increase user adoption through training and education

Lee Howard is Vice President of Client Services for Forward Advantage, Inc. and has over 20 years of experience in healthcare information technology. Lee has been with Forward Advantage for over 15 years and oversees the smooth communication between the company and its customers and associates.

1111 - Data Migration Strategies and Business Continuity

Presenter: Ryan Dickerson

Organization: Interface People

Scheduled: Friday June 1 at 10:00 am

Why do hospitals make the choice to migrate? What options do you have with your data? What pros and cons exist in selecting a vendor to assist with your migration? We will discuss these topics and more in this session while giving real-world examples of migration stories that have been experienced by other hospitals who are in the middle of a migration or have already completed it. In this session we will also discuss:

- Continuity of patient care during your HIS transition
- Potential financial gains during a migration
- Identifying best practices to avoid pitfalls

Ryan Dickerson has worked with IPeople since 2012 gaining knowledge with multiple different teams across all of IPeople's products and solutions. Since starting at IPeople, Ryan has focused on building customer relations through providing support for IPeople products and solutions on all MEDITECH platforms as well as managing multiple project deliverables with various vendors in order to integrate third party applications with MEDITECH. In 2016 Ryan took on the role of Technical Sales Engineer, where he works with the sales team to scope customer integration projects, as well as perform demos for IPeople solutions.

1113 - Leverage MEDITECH's Toolkits to Facilitate EHR Enabled Electronic Clinical Quality Improvement (eCQI)

Presenter: Lisa Bourgeois and Leo Cook

Organization: MEDITECH

Scheduled: Thursday May 31 at 9:00 am

MEDITECH

Learn how our new and existing EHR Toolkit topics provide your organizations with the evidence based guidance and embedded clinical decision support (CDS) to help accelerate EHR Enabled Clinical Quality Improvement (eCQI) at your organizations. Built directly into MEDITECH's Expanse Standard Content, discover how electronic alerts communicate patients' increased risk to the care team and how sophisticated clinical decision support (CDS) embedded in nursing, ordering, and documentation tools streamlines workflow — facilitating effective identification and management of patients to improve outcomes. You'll also see how our Business and Clinical Analytics (BCA) solution helps your organizations collect outcome metrics, audit our EHR tools, and identify process improvement opportunities.

Lisa Bourgeois is a Senior Manager in the EHR Excellence Group overseeing the Toolkit Program, Clinical Leadership Preparedness Program (CLPP), Doctor's Hours, and Stage 7 initiatives. She manages a group of Analysts and Clinicians who are responsible for developing and evolving programs to support our customers in achieving clinical and operational excellence. Lisa has been with MEDITECH for 27 years serving various roles in both Implementation and Client Services.

Leo Cook is a manager for MEDITECH's EHR Excellence Toolkit Program and oversees all aspects of the program from the development of the roadmap to the research and development of the best practice workflows, content, and outcome reporting that comprise each toolkit. Leo has over 13 years of experience with MEDITECH's physician, nursing, and pharmacy products, specializing in clinical decision support, physician utilization and satisfaction, and integrating best practice workflows into the system. Leo recently earned his M.B.A. from Babson College in Wellesley, Massachusetts.

1114 - Getting the Most from Your Cybersecurity Dollars – Beyond "Cyber Hygiene"

Presenters: Justin Armstrong and Charles Williams

Organization: MEDITECH; Forward Advantage, Inc.

Scheduled: Wednesday May 30 at 3:30 pm

MEDITECH

Many cyber-attacks can be prevented simply with good cyber hygiene. Effective security awareness training, patch management, vulnerability scanning, and regular penetration testing mostly require an investment in your staff rather than expensive tools. This talk will consider practical steps you can take to significantly reduce risks to your organization.

We will also consider how NIDS/NIPS, SIEM, DLP, SSOs, as well as service offerings such as MSSPs are an important part of a comprehensive security strategy. We'll identify the value, benefits, and challenges, as well as where to begin your search with each offering.

Justin Armstrong, Security Analyst, is responsible for the security of MEDITECH applications and platforms, including coordinating critical updates to MEDITECH software and communicating with customers when questions arise about MEDITECH's security stance. Justin stays up to date on evolving security standards and regulations, best practices, threats, and software vulnerabilities by remaining active in the security community inside and outside of MEDITECH. He is a Certified Information Systems Security Professional (CISSP) and a proud member of the FBI's InfraGard program as well as (ISC)2, ISSA, OWASP, and NAISG.

Justin earned a Bachelor of Science in Physics and a Bachelor of Arts in Mathematics from the University of Massachusetts at Amherst. He is on course to complete his Masters in Information Security Leadership at Brandeis University this Spring. During his 19 years at MEDITECH, he has worked on all current MEDITECH platforms (including the newest web products) and has particular experience in Nursing, Ambulatory, e-Prescribing, and Physician products. Justin also spent many years training MEDITECH developers on a range of topics including Coding Standards, Peer Review, Maintainable Code, Technical Specifications, Security, and more. He traces his interest in security back to the fourth grade when he found a copy of "The Codebreakers" in the school library.

Charles Williams is Vice President of Migration and Integration Services at Forward Advantage, Inc. and has over 20 years of experience in healthcare information technology. He is responsible for executing on product line strategies associated with several products including Forward Advantage's newest security offerings.

1115 - From Incident Response to Incident Preparedness

Presenter: Justin Armstrong

Organization: MEDITECH

Scheduled: Friday June 1 at 9:00 am

MEDITECH

Most of us are inundated with new cybersecurity information on a daily basis, including updates on ransomware, nation state hackers, hacking-as-a-service, security vulnerabilities, and breaches. Technological solutions abound in such variety that it only adds to the confusion. Furthermore, healthcare organizations must balance patient safety, regulations, security, privacy, and the health of the organization itself.

MEDITECH is in a unique position to provide relevant, timely, and actionable information so you can go beyond compliance and become more secure. We will discuss real-life examples of ransomware and incident response, the lessons learned, and the practical steps you can take to secure your organization now.

Justin Armstrong, Security Analyst, is responsible for the security of MEDITECH applications and platforms, including coordinating critical updates to MEDITECH software and communicating with customers when questions arise about MEDITECH's security stance. Justin stays up to date on evolving security standards and regulations, best practices, threats, and software vulnerabilities by remaining active in the security community inside and outside of MEDITECH. He is a Certified Information Systems Security Professional (CISSP) and a proud member of the FBI's InfraGard program as well as (ISC)2, ISSA, OWASP, and NAISG.

Justin earned a Bachelor of Science in Physics and a Bachelor of Arts in Mathematics from the University of Massachusetts at Amherst. He is on course to complete his Masters in Information Security Leadership at Brandeis University this Spring. During his 19 years at MEDITECH, he has worked on all current MEDITECH platforms (including the newest web products) and has particular experience in Nursing, Ambulatory, e-Prescribing, and Physician products. Justin also spent many years training MEDITECH developers on a range of topics including Coding Standards, Peer Review, Maintainable Code, Technical Specifications, Security, and more. He traces his interest in security back to the fourth grade when he found a copy of "The Codebreakers" in the school library.

1116 - Labor and Delivery Walkthrough

Presenter: Beckie Lancaster

Organization: MEDITECH

Scheduled: Thursday May 31 at 3:45 pm

MEDITECH

Join us as we walk through the Labor and Delivery process in MEDITECH Expanse. Our focus will be on using the Critical Care flow sheet for documentation, incorporating fetal monitor displays, and highlighting new functionality to better incorporate mother/baby concurrent views and data.

Beckie Lancaster, CPM, Senior Manager, Product Management, MEDITECH

1117 - Efficient EHR Workflow with Virtual Assistant

Presenter: Beckie Lancaster

Organization: MEDITECH

Scheduled: Wednesday May 30 at 1:30 pm

MEDITECH

This session will look at MEDITECH's integration with a third-party Virtual Assistant. We will highlight an orthopedic surgeon using the technology in setting their schedule, identifying a patient, as well as ordering and documenting.

Beckie Lancaster, CPM, Senior Manager, Product Management, MEDITECH

1118 - Business & Clinical Analytics: Datasets and Population Analytics

Presenter: Rachel Wilkes

Organization: MEDITECH

Scheduled: Thursday May 31 at 1:45 pm

MEDITECH

Learn about enhancements to the BCA data model and see accompanying visualizations. You'll see what we have planned for Population Analytics dashboard content, leveraging our data aggregator collaboration.

Rachel Wilkes, CPM is a Senior Manager on the Product Management team, with responsibility for the strategic direction of Business & Clinical Analytics. She has been with MEDITECH for 12 years, working in the Marketing and Strategy divisions. Her areas of expertise include Analytics, Population Health, and Quality Reporting. Rachel is a Certified Product Manager (CPM) and holds an MBA from Bryant University in Rhode Island.

1119 - The Journey to Stage 7

Presenter: Lisa Bourgeois and Philip Bradley

Organization: MEDITECH; HIMSS Analytics

Scheduled: Thursday May 31 at 2:45 pm

MEDITECH

Come learn directly from HIMSS Analytics about the benefits of reaching Stage 6 and 7 on the HIMSS Analytics EMR Adoption Model and how MEDITECH can help you achieve that goal. We will also discuss the new 2018 requirements for reaching EMRAM Stage 6 and 7. MEDITECH's Stage 6 and 7 customers lead the charge for strong system usage and patient safety improvements. These elite hospitals are recognized for combining a high level of patient care with advanced EMR adoption. They demonstrate a truly paperless environment, where patient information is shared seamlessly across all care areas. MEDITECH offers a collaborative Stage 6 and 7 program to help guide customers through criteria, assess their readiness, and offer optimization services tailored to each organization's specific needs. During the presentation we will walk through the HIMSS Analytics Stage 6 questionnaire together so you can gauge your organization's readiness to validate for Stage 6 and begin your journey to Stage 7.

Lisa Bourgeois is a Senior Manager in the EHR Excellence Group overseeing the Toolkit Program, Clinical Leadership Preparedness Program (CLPP), Doctor's Hours, and Stage 7 initiatives. She manages a group of Analysts and Clinicians who are responsible for developing and evolving programs to support our customers in achieving clinical and operational excellence. Lisa has been with MEDITECH for 27 years serving various roles in both Implementation and Client Services.

Philip Bradley is the Regional Director for HIMSS Analytics, responsible for all maturity model activity in North America. Philip works with organizations, vendors and government agencies to ensure they understand the standards and the steps needed to achieve higher stages. Philip's background includes over 25 years in senior leadership roles in national health systems, government health systems and private consulting. Philip received his bachelor degree from the University of South Alabama and holds a Graduate Certificate in Strategic Planning in Information Technology from Harvard School of Public Health.

1120 - Capturing Patient Submitted Data – Helping with Interventions, Outcomes, Patient Safety and Patient Satisfaction

Presenter: Siobhan Warner

Organization: MEDITECH

Scheduled: Thursday May 31 at 10:00 am

MEDITECH

Patients need to be members of their care team, and participate in their care for positive outcomes. Providers want to hear from their patients what is happening medically in their lives and their families outside of visits, that may impact their health and well-being. The MEDITECH Patient and Consumer Health Portal will provide more data to providers through strategic projects such as questionnaires, self-service check in, patient family social history gathering, and attachments. The additional data provided through these enhancements not only promotes patient engagement in your health system, but allows providers to intervene on behalf of the patient, producing greater satisfaction. Let's meet the patients where they are and involve them in the care team.

Siobhan Warner, CPM has been with MEDITECH for 20+ years. During this time, Siobhan has held many roles within Implementation and Marketing. Most recently in her role as Product Manager of Patient Engagement in the Strategy Division, she works closely with customers and industry thought leaders driving the roadmap for future initiatives.

1121 - MEDITECH's Next Steps for Population Health

Presenter: Tim Hardy

Organization: MEDITECH

Scheduled: Wednesday May 30 at 2:30 pm

MEDITECH

Hear a status update on MEDITECH's population health efforts around data aggregation, and learn more about new areas of research as the shift to value-based purchasing continues to gain steam. We encourage attendees to share their ideas and feedback as we continue to set our Population Health Direction.

Tim Hardy, CPM, Product Manager, Population Health, MEDITECH

1122 - Ad Hoc Reporting, Scorecards, Dashboards, Command Centers – Where is it All Going?

Presenter: Henri Du Plessis

Organization: Interface People, LP (IPeople)

Scheduled: Thursday May 31 at 10:00 am

Health care used to be 20+ years behind other industries when it comes to technology. Today, health care is on the cutting edge of new technologies such as block chain, cloud computing, command centers, etc. How is your current reporting infrastructure keeping up with the demand for more information faster? How are your people dealing with this inflow of new information, and what are you doing to ensure your processes are keeping pace with it all?

Having joined the IPeople team in 2004, Henri Du Plessis brings expertise in application design, business analytics, and functional architectural analysis. As Director of Development, his main responsibilities are to oversee complex interdisciplinary development projects. In overseeing the Business Intelligence group, Henri has lead IPeople to be one of the market leaders in business analytics. Henri is backed by his extensive experience in healthcare information systems and many development platforms. He has over 16 years of experience working in the medical software environment and has assisted in the implementation of numerous MEDITECH modules. Prior to joining Interface People, Henri worked with another MEDITECH vendor where he was responsible for development and support of an EMR solution based off of the data repository.

1123 - Rolling Out Web Ambulatory: Reflections and Lessons Learned

Presenter: Dr. John Tollerson

Organization: Kalispell Regional Healthcare, Kalispell, Montana

Scheduled: Thursday May 31 at 9:00 am



Kalispell Regional Healthcare is ready and willing to share our many positive and some painful lessons learned as we roll out Web Ambulatory to our clinics. During this presentation, we will discuss tips on implementation and support strategies, communication and update, Web Ambulatory technical decisions and design tips, and everything we wish we could have asked someone prior to our implementations! There will be plenty of time for Q&A so bring your questions and we'll share what we know.

John M Tollerson D.O. is chief medical information officer for Kalispell Regional Healthcare. KRH is a regional institution that encompasses three hospitals and 32 clinics as well as provide services to four critical access hospitals. He practices family medicine at Big Sky Family Medicine. He provides ambulatory and acute care services at Kalispell regional.

1124 - Voice Recognition Implementation in a Paediatric Hospital

Presenter: Dr. Jonathan Chahal

Organization: Alder Hey Children's NHS Foundation Trust, Liverpool, United Kingdom

Scheduled: Thursday May 31 at 10:00 am

Alder Hey Hospital is one of the largest paediatric hospitals in Europe, caring for over 270,000 children, young people and family's each year. The hospital is aiming to be the first "Cognitive Hospital" in the UK and is going through an extensive digitisation process. Voice recognition, with the ability to use natural language to interact with computers is a large part of this.

The trust is undertaking an implementation process throughout each department using voice recognition to create letters, but more importantly to be able to interact and input directly into MEDITECH. It is an extremely powerful tool to enable a trust to have full electronic patient records.

Dr. Chahal has acted as Clinical Lead to create a specialty package within MEDITECH with the use of voice recognition integral to the package. The use of voice recognition and the creation of stock phrases results in better communication, a standard approach within a department, reducing variability and improving patient outcomes. Future developments within voice recognition include the ability to have a smart phone app to enable the creation of letters in the community.

Dr. Jonathan Chahal MRCPCH, MBChB has been employed as a Consultant Community Paediatrician in the developmental department at Alder Hey Children's NHS Foundation Trust since 1st October 2015. He has been working in paediatrics since 2003, and in the last three years of his training was employed as a higher specialist trainee in Community Paediatrics.

Dr. Chahal is the Lead and the Designated Doctor for Looked After Children in the Merseyside Region and he is the lead consultant in the Sefton area of Merseyside developing a neurodevelopmental pathway for the assessment of children under the age of 16. Dr. Chahal is one of the safeguarding consultants at Alder Hey Hospital, involved in assessment of children across the region who have possibly been subject to significant harm. He is one of the reviewing clinicians for the national safeguarding systematic reviews held by the Royal College of Paediatrics and Child Health.

Given that he is involved in a number of different lead rolls, Dr. Chahal is passionate about appropriate systems being in place for his teams to deliver high quality care. He is therefore his department's joint lead in the trust's Global Digital Exemplar programme and has developed a specialty package which fully incorporates the use of voice recognition. The combination of MEDITECH electronic patient records and voice recognition delivers a high quality, efficient service with potential savings overtime due to better pathway management. As a result, he is the most prolific user of voice recognition in the trust and has supported his colleagues in the use of new technology.

1125 - Planes, Trains & Automobiles: MAGIC to 6.1 Acute and Ambulatory

Presenters: Martha Sullivan and Cheryl Hood

Organizations: Harrison Memorial Hospital, Cynthiana, Kentucky; Santa Rosa Consulting

Scheduled: Thursday May 31 at 3:45 pm

We will share a 'travel' journal presentation from MEDITECH Magic to 6.1 Acute and Web Ambulatory. Starting with the decision process and pre-planning, we will map the long and winding road that lead to a successful, and on time, Go Live. There will be obstacles faced along the way; what went well during the journey; the bumps along the road; and the strategies for success and review:

- Standard Content and Best Practice
- Integration
- Training
- Build, Conversions & Testing
- Ambulatory
- Go Live Preparedness

Cheryl Hood, PMP and Senior Consultant at Santa Rosa Consulting has worked over 25 years in the healthcare industry and has over 20 years of management experience. As a consultant with over 10 years of successful project delivery, Cheryl understands the business needs and processes of the healthcare industry. With a background in Business, Emergency Medical Services and College Instructor she brings a holistic approach to the projects she manages.

Martha Sullivan is the CIO at Harrison Memorial Hospital. A graduate of Indiana Wesleyan University with a bachelor in Management and an Associated from the University of Kentucky in Computer Science. Martha has been involved with multiple projects throughout her career with the most recent being the migration from MEDITECH Magic to the new 6.15 environment. Martha has served on multiple committees including as a Past Chair of the International MUSE Board.

1126 - RESTful APIs and Emerging Technologies

Presenter: Niraj Chaudhry

Organization: MEDITECH

Scheduled: Friday June 1 at 10:00 am

MEDITECH

REST APIs have become a standard way for client applications to interact with web based systems. Come and find out about the RESTful API infrastructure created by MEDITECH and learn about some of the use cases developed using this infrastructure.

Niraj Chaudhry, Director, Development, is responsible for multiple efforts in MEDITECH's Advanced Technology division, including RESTful API infrastructure and emerging technologies. He also has more than 15 years of experience developing advanced clinical applications for physicians and nurses.

1127 - Qualifying Quality and Unbundling Value: Long Term Strategies for Maximizing Reimbursement

Presenter: Sandra Greene

Organization: MEDITECH

Scheduled: Thursday May 31 at 10:00 am

The MEDITECH logo is displayed in a bold, green, sans-serif font.

Predictive and prescriptive is a phrase we associate with quality care yet when it comes to being reimbursed for that care, the rules and expectations can seem anything but. A historical look at quality initiatives and value based reimbursement allows us to anticipate trends and build strategies to ensure future success. See how MEDITECH is a collaborative partner in meeting regulatory goals and analyzing progress along the way to maximize reimbursement.

Sandra Greene, Solutions Manager, Revenue Cycle, MEDITECH

1128 - Interoperability – Impactful Technology for Connected Care

Presenter: Stephen Valutkevich

Organization: MEDITECH

Scheduled: Thursday May 31 at 3:45 pm

The MEDITECH logo is displayed in a bold, green, sans-serif font.

Leading the way with industry-recognized interoperable solutions, MEDITECH helps your organization connect across settings and exchange information efficiently for the betterment of patients.

A positive and frictionless care experience means putting patients at the center of their care by logically delivering information to care providers. In this session, learn how MEDITECH actively supports interoperability initiatives within your community to nationwide exchange. Through the use of common standards, information sharing needs in today's evolving healthcare landscape are met with technology in the form of FHIR APIs and secure context-aware connectivity. Membership in both the CommonWell Health Alliance and the Argonaut Project highlight MEDITECH's commitment to delivering modern interoperability solutions to help MEDITECH customers achieve connected care.

Stephen Valutkevich, MBA is a Marketing Solutions Manager in charge of messaging for Interoperability, MEDITECH-as-a-Service (MaaS), and Cybersecurity. Focusing on Interoperability, Steve is responsible for brand development and promotion of Interoperability and MEDITECH's initiatives. With over 22 years at MEDITECH, and a member of HIMSS as well as a representative of MEDITECH in the CommonWell Health Alliance, Steve stays up to date on Interoperability both within MEDITECH and the industry, helping customers understand and take advantage of information exchange capabilities for seamless clinical and patient experiences.

1129 - Compliment Nursing Mobility with MEDITECH's Expanse Web Point of Care

Presenter: Pamela Crandall

Organization: MEDITECH

Scheduled: Thursday May 31 at 9:00 am



MEDITECH Expanse Nursing Point-of-Care (POC) Software complements the mobile capabilities of our Patient Care and Patient Safety solution by driving safe patient care and mobility. Nurses, LPNs, aides, and other clinicians are offered an additional tool for performing tasks, such as quick medication verification and care intervention documentation, while accessing data readily available within the electronic patient record.

You'll learn the following:

- What is the Expanse Web Point of Care feature?
- Review the functionality
- How it fits into your mobile strategy
- Use cases for Expanse Web Point of Care
- The status of Web POC with our customers

Pamela Crandall is a MEDITECH Senior Marketing Solutions Manager. In her role, she monitors care coordination trends and issues impacting nurses and other care providers (including quality care delivery, surveillance, and post-acute care). Pam keeps health care leaders informed of our initiatives through direct interaction and participation in industry events. She is also responsible for communicating the importance of emerging roles for nurses, such as case managers and nurse navigators, as providers undertake their population health strategies.

Pam is a practicing Speech Language Pathologist with a Master's of Science in Communication Disorders from Boston University. She is passionate about helping the healthcare community understand MEDITECH's vision and commitment to telling the full patient story across the entire continuum of care.

1130 - Maximize the Effectiveness of Your EHR

Presenter: Mark Johnson

Organization: Iatric Systems, Inc.

Scheduled: Thursday May 31 at 2:45 pm

According to a recent study by *Healthcare IT News*, satisfaction of EHRs is increasing. Nearly half of the respondents ranked their EHR vendor 8 out of 10 for satisfaction. While users are generally satisfied, the study stated that CIOs and Clinical Staff still want better interoperability, specifically with medical devices and other software systems and applications. Users want better access to patient data that resides in other systems and HIEs, and they want it to be incorporated into their existing workflow. Having this data, when and where it's needed, leads to better care, and reduced costs.

In this session, we'll explore use cases of MEDITECH hospitals that are using integration and innovation to make sure their clinicians have easy access to patient data that resides in other systems and HIEs, from within their own workflow.

You'll learn:

- The importance of letting clinicians know when new patient data is available in other systems
- What clinicians are saying about how having access to this data is impacting patient care
- The importance of bringing this data back into the EHR
- The impact this type of workflow has on the clinicians and patients

Join this session to maximize the effectiveness of your MEDITECH EHR.

Mark Johnson is a Senior Director at Iatric Systems. Mark joined Iatric Systems in 2007 and has served in software support, implementation and development roles along with sales and customer service duties during his time with Iatric Systems. Mark has been a nurse for over 20 years and has experience in psychiatric, cardiac and oncology practice. Mark has maintained ANCC Informatics Nurse certification since 2005, CPHIMS certification since 2009 and was named a HIMSS Fellow in 2017. Mark is currently serving on the board of directors for your American Nursing Informatics Association and has previously served on HIMSS national committees and taskforces, including the Connected Patient committee and the Patient-generated health data taskforce.

1131 - Canada Meeting, Eh

Scheduled: Friday June 1 at 10:00 am



Calling all Canadians! Join us for an informal meeting to *not* discuss MU and MACRA and MIPS!

Canada Hot topics – Latest news and breaking stories at MEDITECH!

Presenter: Patti Pacewicz, Director, Client Services Division at MEDITECH

Join your Canadian peers to hear how MEDITECH is driving change through dynamic partnerships with YOU, our Canadian customers. See how process improvements, a dedicated regulatory and strategic board, and outreach have contributed to successful outcomes at your healthcare organizations and industry recognition in the Canadian market. With 47% of MEDITECH's market share across three platforms in Canada, where does your organization fit into the future of MEDITECH?

Plus, other topics of discussion:

- MEDITECH's pathway to Expanse from Magic and Client Server
- Update on the Standard Canadian Content
- Local Health Information Networks (LHINs) issues in Ontario; setting up hosting sites.
- Ontario regional event
- B.C. regional event in June 2019.



1132 - Virtual Visits – An Early Adopter Experience

Presenter: Mark Brookman, Crissy Willis, and Siobhan Warner

Organizations: Commonwealth Health Corporation, Bowling Green, Kentucky; MEDITECH

Scheduled: Thursday May 31 at 2:45 pm

Come and hear about Virtual Visits from the perspective of an early adopter. We will share insights into our project plan, the development/ implementation roll out, and success with being the first organization to go LIVE with Virtual Visits. We are making an impact on provider workflow and patient satisfaction!

Mark Brookman is Vice President and Chief Information Officer at Commonwealth Health Corporation in Bowling Green, Kentucky. Mark played an instrumental role in the rollout of MEDITECH's Ambulatory project as well as the strategic planning, use and development of the electronic health record.

Crissy Willis is the Applications Director at Commonwealth Health Corporation in Bowling Green, Kentucky.

Siobhan Warner, CPM has been with MEDITECH for 20+ years. During this time, Siobhan has held many roles within Implementation and Marketing. Most recently in her role as Product Manager of Patient Engagement in the Strategy Division, she works closely with customers and industry thought leaders driving the roadmap for future initiatives.

Certifications

Nursing CNE



MUSE International is accredited as a provider of continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation.

Individual sessions that have nursing CE are indicated by



Unless otherwise noted, individual sessions are approved for one hour of nursing continuing education.

Pharmacy CEU



Educational Review Systems is accredited by the Accreditation Council for Pharmacy Education (ACPE) as a provider of continuing pharmaceutical education.

Individual sessions that have been approved for pharmacy CE are indicated by



Individual sessions are approved for one hour of continuing pharmacy education unless otherwise noted. Statement of credit will be emailed within 4 to 6 weeks to participants who have completed all of the requirements for continuing education. Participants must participate in the entire presentation and complete the course evaluation to receive continuing pharmacy education credit.