Indian Health Service

Assessing and Optimizing Your RPMS EHR While Preparing for EHR Transition

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Learning Objectives (come back to this.)

- **Describe** the public health crisis of suicide, especially among American Indian/Alaska Native population

- **Assess** population needs when identifying & using suicide screens within tribal communities

- **List** current evidence based suicide screens available.

- **Discuss** application issues of suicide screens to American Indian/Alaska Native population

- **Define** the important difference between "screening" & "assessment"

- **Discuss** how Clinical & Public health informatics Health Information Technology (HIT) tools in current use bolster suicide prevention and next steps with our current outpatient deployment

Outline

- EHR Modernization
- Abstract
- NCI Background
- Objectives
- Purpose
- Vision
- Value

- Project Dimensions
- Informatics Team
- Identified Areas of EHR Management
- Calendar
- Practical Application

IHS Health Information Technology Modernization Program

The IHS Health Information Technology Modernization Program is a multi-year effort to modernize health IT systems for IHS, tribal, and urban Indian health care programs with an enterprise electronic health record system to replace the Resource and Patient Management System (RPMS). This work includes implementing, training, and supporting the new solution across Indian Country. An "RFP for Indian Health Service HIT Modernization," was posted online at https://sam.gov/opp/57a0b54fa27246adb1dfde034fa37330/ in August 2022. EHR Vendor Product Demonstrations were offered in February 2023. More than 600 advisors from IHS, tribal, and urban Indian organizations sites attended those demonstrations. A selection of an EHR Vendor is anticipated in late summer 2023. However, IHS must adhere to federal acquisition process requirements.

EHR Modernization – What Can We Do Now?

While the IHS and its partners are eager to begin implementation of the health information technology modernization project, the EHR Modernization approach remains methodical, data-driven, and user-centered. The magnitude of the effort and importance of uninterrupted, high-quality health care delivery to tribal and urban communities demands such an approach Jeanette Kompkoff, IHS Director of Information Technology in the December 2022 IHS Office of Technology Updates CIO Newsletter CIO Newsletters - newsroom (ihs.gov) advised I/T/U sites to:

EHR Modernization
December 2022 CIO Newsletter – Jeanette Kompkoff

- **Prioritize** your People – Address staffing concerns
- **Identify** change champions – i.e. Super Users, Package Owners
- **Catch up** on any billing, coding & accounts receivable
- **Engage** with Workflow Research & Alignment Plan (WRAP)
- **Optimize** RPMS EHR as delineated through the Design & Decide WRAP Best Practice Future State workflows & IHS Program Initiatives (e.g. STI/Syphilis, ASQ, HOPE, EHR Component Functionality)
- **Keep** RPMS up to date with patches
- **Adhere** to life cycle management best practices for all technologies
- **Leverage** Health Information Technology (HIT) to improve safety and patient outcomes
- **Routinely** monitor RPMS
- **Ensure** system administration process & backups are performed

EHR Modernization
2023 CIO Newsletter – Jeanette Kompkoff

- **Validate Configurations** – Ensure EHR structure is corrected to meet needs

- **Test Functionality** – Confirm devices seamlessly integrate & exchange date with EHR solution

- **Identify & Assess potential risks** – continually monitor functionality & gauge risk & participate in mitigation activities

- **Be Flexible & Open to Change –** unexpected challenges

- **Communicate feedback** – suggestions for improvement & concerns about implementation of new solutions

- **Prioritize training** – Ensure your location has foundational knowledge needed to utilize the EHR solution & manage transition

RPMS EHR Systems Assessment:

As part of preparations for IHS HIT Modernization, the National Council of Informatics is supporting the guidance from the December 2022 CIO Newsletter to assess, monitor, and optimize RPMS EHR in part through the development and review of an HIT Systems Assessment Guide. The NCI will give an overview of this document and an update on progress towards a formalized, NCI approved version to share with the field. This guide will serve as a tool to assist in the assessment of local HIT systems with the intent to be able to evolve and encompass new HIT solutions as they become available. This guide will aid facilities in the important task of optimizing the current RPMS/EHR to support optimal patient care. In addition, this guide will help lay the foundation for the transition to the modernized system. The main objective of the guide is to achieve top performance using the system that we have, while we also prepare for the future.

NCI Background

National Council of Informatics (NCI): [Charter](#) approved on 8/31/18

Purpose: Works to improve delivery of health care services for American Indian and Alaska Native people by identifying, defining, prioritizing, and advocating for the information resources management and technology needs of health care providers in Indian Health Federal, Tribal and Urban (I/T/U) facilities.

Representatives:

- One (1) Area
- One (1) Field

Objectives

- Annual System review
- Identify EHR packages & components for periodic evaluation
- Define information systems & importance
- Recommendations on how to evaluate each package
- Role responsibility

Purpose & Vision

Assist the local HIT team by providing a review of definitions, recommendations, methods, and associated reports to assess the local HIT systems status

Provide the Local HIT team a resource to aid in HIT systems optimization & help the local HIT team to create a plan to address deficiencies identified by system review

Health Information Technology (HIT) Team

An effective HIT team is comprised of individuals performing the following roles …

- Site Manager

- Clinical Informaticist

- Health Information Management (HIM)

- Package Owner

- Super User(s)

- Other members as determined by facility

HIT Team Examples

- Informatics
- Pharmacy
- Laboratory
- Health Information Management (HIM)
- Radiology
- Nursing
- Information Technology
- Clinical Teams
- Others

Putting it all Together

- **Why** – the **Belief** we can have a fully functional & optimized RPMS EHR that provides the best care for patients by assisting providers within current resources

- **How** – by team collaboration in configuring and optimally aligning the RPMS EHR to local practices and ensuring the proper functionality of the System

- **What** – Monthly Health Information Technology (HIT) Systems Assessment Guide
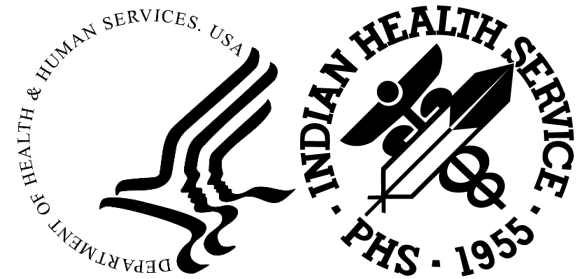
Disclaimer

- All information discussed today or provided in the EHR System Assessment Guide is under review & is not meant to suggest that the General Informaticist is responsible to manage & maintain all packages or trainings.

- It is a team effort & facilities should consider staffing appropriately for the current EHR and future solution.

Annual Checklist

Annual Calendar Checklist

Facility:	Informatics in Charge:											
Monthly Informatics Assessment	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
	Initials	Initials	Initials	Initials	Initials	Initials	Initials	Initials	Initials	Initials	Initials	Initials
Monthly Patch Review												
Error Trap Review												
Patch Review												
Package Owners Review												
Super-User Review												
Health Summary Review												
Education Picklist												
Education Associations												
CPT & Picklist Review												
CPT in Reminders												
Orders Review												
IPL Picklist Review												
TIU Template Review												
Team List Review												
Consult Review												
PCC Master Control Review												
CIANB Resource Setup												
Parameter Setup Review												
Taskman Review												
Monthly Data Exports Review												
Order Checks & Terms Review												
HIM Review												
Note Title Review												
Immunization Package Review												
Clinical Reminders Review												
Notifications & Alerts Review												
Taxonomy Management Review												
Allergy Reaction Tracking Review												
Mailman Group Review												
Vuecentric Template Review												
Users in the System												
Signature Block Review												
EHR Training Program Review												

Identified Areas of HIT Systems Management

Annual Patch Review

- Updated patches keep the RPMS system operating correctly and accurately.

- System should always have up-to-date patches unless there is extenuating circumstances

Annual Patch Review Recommendations

Patches should be reviewed & updated, as appropriate, as soon as possible

Identified Collaborative Team:

RPMS Administrator or Area RPMS Support

Package Owners

- List of local primary subject matter experts (SME) responsible for setup, training, troubleshooting, maintaining & managing the various packages in the RPMS EHR

- They ensure optimal user experience & functionality of package & EHR functions.

Package Owners - Recommendations

- Package owners should be identified & trained as needed for basic monitoring of the package

- Consider Change Control Board or Incorporation into Health Information Management Committee (HIMC)

Package Owners Responsible Roles
Examples Only Not All Packages Represented

RPMS Package	Identified Owner/Back-up	Department
CCD Clinical Summary (BJMD)		Health Information Management (HIM)
Consult Tracking (GMRC)		Health Information Management (HIM)
Patient Information Management System (PIMS)		Health Information Management (HIM)
Personal Health Record (PHR)		Health Information Management (HIM)
Practice Management Application Suite (BPRM)		Health Information Management (HIM)
Text Integrated Utilities (TIU) - Templates; Health Summary Components (BHS/APCH)		Health Information Management (HIM)
Text Integrated Utilities (TIU) - Reports, Retracting Notes		Health Information Management (HIM)
Patient Scheduling w/in Practice Management Application Suite (BPRM)		Patient Scheduling
Laboratory (LR) and Quick Order/Menus		Laboratory
Electronic Laboratory Reporting System (BLE)		Laboratory
Well Child Component (VEN)		Medical
Women's Health (BW)		Medical
Emergency Department Dashboard (BEDD)		Nursing; Medical
Emergency Room System (AMER)		Nursing; Medical
Immunization (BI)		Nursing; Pharmacy
Bar Code Medication Administration (BCMA)		Nursing; Pharmacy
Adverse Tracking Package (GMRA)		Pharmacy

Considerations – Package Owners

- Staff to meet Current RRM – cover core packages such as Pharmacy, HIM, Laboratory, Radiology if possible: https://www.ihs.gov/dper/planning/rrm-references/information-technology/

- Review Staffing plan for future enterprise solution

- Consolidate informatics staff into one department with a supervisor

   "Informatics Department" should be situated to collaborate effectively with CMO, CNO, & IT.

Super User / Clinical Change Champions

- Super users are departmental contacts for clinical informatics & training issues

- They work together to identify issues for the department, address those issues & provide direct department training and support

  I.e. Clinical Informatics trains the Super user & the Super user trains the department to provide orientation to new staff or address training issues identified locally.) Usually, this is the department supervisor unless otherwise designated.

Super User / Clinical Change Champions Recommendations

Identifying Super Users for each department

Identified Collaborative Team:

Clinical & Health Informatics in collaboration with the department supervisor or some leadership committee.

Health Summary Review

Health Summary is a clinically oriented, structured report that extracts many kinds of data from RPMS EHR & displays in standard format

- IHS
- VA
- CHR

Health Summary Review Recommendations

Components need to be rebuilt and individual components activated as needed

Identified Collaborative Team:

Clinical & Health Informatics with a Multidisciplinary team

Education Picklist Review

Education picklists are used by providers to appropriately & quickly document multiple educations improving user experience & decrease their cognitive load

Education Picklist Review - Recommendations

Review, evaluate, & correct collaboratively, with SMEs & Coding Staff, to ensure picklists are populated with appropriate education topics

Identified Collaborative Team:

The multidisciplinary team that uses the picklist in collaboration with HIM & Coding

Superbill Education Associations Review

Used by providers to appropriately & quickly document multiple educations, improving user experience & decreasing their cognitive load

Superbill Education Associations Review Recommendations

Review, evaluate, & correct collaboratively with SMEs, & Coding Staff, to ensure associations are populated with appropriate education topics

Identified Collaborative Team:

Multidisciplinary team that uses the picklist in collaboration with HIM & Coding

Super-Bills Current Procedural Terminology (CPT) & Associated Picklist Review

Grouping of common codes that are used by medical teams to document patient encounter-related information efficiently

 I.e. CPT

Current Procedural Terminology & Associated Picklist Review - Recommendations

- Review, evaluate, and correct collaboratively, with Subject Matter Experts, to ensure picklists contain appropriate codes
- Minimize picklists to around 25 entries
- Consider filters to show picklists to appropriate users
- Consider editing the CPT narrative to be easily read
- Export copies for HIM or Coding review

Identified Collaborative Team:

Multidisciplinary team in collaboration with HIM & Coding

Current Procedural Terminology (CPT) in Reminders

- Grouping of common codes that are used by Reminder System to identify or enter information
- CPTs in Reminders Taxonomies should be reviewed for updating

Current Procedural Terminology (CPT) in Reminders - Recommendations

Review, evaluate, & correct collaboratively, with HIM & Subject Matter Experts, to ensure reminder taxonomies contain appropriate codes

Identified Collaborative Team:

Clinician, Informatics, HIM

Orders Review

- Requests for labs, radiology, pharmacy, etc.
- Improperly setup orders can clutter the orders tab & lead to errors
- Properly constructed quick orders should be ensured
- Created & Maintained locally for each database

Orders Review - Recommendations

- Review random quick orders & finished orders to ensure they are operating correctly & accurately
- Generate reports to determine if orders are being completed appropriately (may not apply to all orders)
    - **I.e.** Nurse, laboratory, radiology

Identified Collaborative Team:

Package Owner(s), Specialty Informatics, and/or Department affected

Integrated Problem List (IPL) Picklist Review

Grouping of SNOMED CT ® codes used by clinicians to document encounter-related information efficiently

Integrated Problem List (IPL) Picklist Review - Recommendations

- Review, evaluate, and correct collaboratively, with Coding & Medical Staff, to ensure picklists contain appropriate codes
- Minimize picklists to around 25 entries
- Consider filters to show picklist to appropriate users

Identified Collaborative Team:

Multidisciplinary team that uses the picklist in collaboration with HIM & Coding

Text Integrated Utilities (TIU) Review

TIU Template are tools to assist in documentation of an encounter in the form of a note

Text Integrated Utilities (TIU) Review Recommendations

TIU templates should be approved before use by HIMC & reviewed yearly

- Create Health Information Management Committee (HIMC) or Forms Committee if not in place
- Review current or future templates within this body
- Record approval in HIMC meeting Minutes
- Modifying Templates to Include Approval Information
- Export to Retain Copies Outside of the RPMS EHR

Identified Collaborative Team:

HIM in collaboration with Forms Committee

Team Lists Review

Used by the RPMS EHR system to ensure groups of individuals receive various flags or consult notifications

Team Lists Review - Recommendations

Clinical staff & Informatics should collaborate to determine which individuals should be included on a team list

Identified Collaborative Team:

Department Supervisor, Clinical Informaticist

Consult Review

- Consult/Request Tracking package (Consults) creates an efficient mechanism for clinicians to order consults

- Hospital services can then track progress of consults from point of receipt through its final resolution

- This allows proof of management as required by CMS

Consult Review - Recommendations

- HIM & specific consult service teams or departments need to review consults & ensure patient care needs have been met
- Review that staff consult training is completed & conduct follow-up assessment periodically
- Review Pending consults to determine management
  - **I.e.** If there is lots of pending consults management is missing
- Assign consult functions to teams whenever possible
- Ensure appropriate team lists are assigned in consult setup

Identified Collaborative Team:

Consult Service Team or Department Supervisor affected & HIM in collaboration with Clinical & Health Informatics.

CIANB Resources Setup & Review

- CIANB Resources are used in EHR for retrieving information from RPMS

- Each user, patient & EHR instance creates a job

- Each job process requires a resource, & the resources assign slots for the different jobs

- The maximum number per device & slots is 40

- Ensure your resources have been built first & server can handle the load

CIANB Resources Setup & Review Recommendations

- Incorporate into a monitoring process
- Review for optimization

Identified Collaborative Team:

RPMS Site Manager or Area RPMS Support, Clinical Informaticist

Error Trap Review

Location where errors in the system are sent for review and troubleshooting

Error Trap Review - Recommendations

- Should be reviewed daily as part of the RPMS Site Manager's checklist
- HIT Informatics team should review yearly just to ensure the trap is being monitored

Identified Collaborative Team:

RPMS Manager or Area RPMS Support

Parameter Setup Review

- Parameters govern how the RPMS EHR system behaves – such as visit ranges, lab ranges, etc.

- A yearly review should be conducted to ensure there were no unintentional changes & to verify settings are optimized

- Various errors can degrade EHR performance

  I.e. search ranges greater than one year

Parameter Setup Review Recommendations

Informatics should engage local site end-users & review current settings focusing on Search Length related values

Identified Collaborative Team:

Informatics in collaboration with the multidisciplinary leadership team

Taskman Review

Taskman is an RPMS feature that organizes & schedules various functions and/or reports in RPMS EHR

E.g. iCare, 24 hour chart checks, notifications

Taskman Review - Recommendations

Local SMEs need to review, evaluate, taskman setup with guidance from Area/National Consultants

Identified Collaborative Team:

RPMS Site Manager or Area RPMS Support

Vista Imaging Considerations

- HL AUTOSTART LINK MANAGER – startup persistent
- XWB LISTENER STARTER –startup persistent
- XWB M2M CACHE LISTENER – startup persistent
- BADE TSK HLO IB FILER – running

Taskman Tasks of Note

- ORMTIME RUN
- XQALERT Delete OLD
- BQI series
- XUAUTODEACTIVATE
- Only Consider tasks for applications you use

Monthly Data Exports Review

These are the exports Federal facilities send out to report data to Headquarters

Monthly Data Exports Review Recommendations

- Identify Owners of the exports and work with Area SMEs to correct or establish as needed
- Site IT monitors this on a daily to weekly basis

Identified Collaborative Team:

Individually Identified SME & Site Manager

E.g. Epidemiologist, Behavioral Health, HIM, Pharmacy, Data Extractor

Order Checks & Local Terms Review

Order checks & Local terms are used by the system to trigger a form of Clinical Decision Support during the ordering process

E.g. Serum Creatinine, WBC, Prothrombin time

Order Checks & Local Terms Review Recommendations

- Order Checks should be reviewed yearly by a multidisciplinary group
- Package manager works with the HIT Team & populates local terms in real-time

Identified Collaborative Team:

- Order Checks – Multidisciplinary team in collaboration with Informatics
- Local Terms – Laboratory independently in collaboration with Informatics

Health Information Management (HIM) Review

HIM can monitor note status regularly to identify unsigned, un-cosigned or missing notes & then work with providers to address any issues

Health Information Management (HIM) Review - Recommendations

- HIM reviews issues & works with medical staff
- Work with an Area HIM consultant to review common maintenance processes to ensure policies & procedures are in place

Identified Collaborative Team:

Health Information Management (HIM), Medical Staff, Clinical Informaticist, Area HIM Consultant (as needed)

Note Title Review

Identifies different types of notes documented

Reviewed yearly

Inactive Note Titles disabled so only active available

Improves clutter & ease of access for the end-user

Note Title Review - Recommendations

A review should be conducted by HIM or SME & unused note titles inactivated

Identified Collaborative Team:

HIM, Clinical Informaticist, Other SMEs as appropriate

Immunization Package Review

This package helps monitor the facilities immunization system to ensure that …

Current vaccine products are active & available

NDC's with lot & expiration dates are accurate

Other information is updated

I.e. default dose, immunization letters, Vaccine Information Sheets (VIS)

Immunization Package Review Recommendations

Ownership needs to be clarified, expirations deactivated & vaccine table updated in real time

Note: Vaccine Information Sheets (VIS) need to be updated within six months of the Center for Disease Control (CDC) providing updated versions.

Identified Collaborative Team:

Nursing, Immunization Coordinator/Package Owner, Pharmacy

Clinical Reminder Review

- Clinical Decision Support tool providing alerts to clinicians when clinical parameters are met

- Improves documentation & follow-up

- Allows viewing of when evaluations were performed

- Helps tracking & documenting of when care has been or needs to be delivered

Clinical Reminder Review Recommendations

- Clean up & ensure there is a copy of all exchange reminders
- Evaluate for new applicable guidelines

Identified Collaborative Team:

Informatics in collaboration with a multidisciplinary team

Thoughts – Clinical Reminder Review

- **Active** Reminders are evaluated by the system even if not on Coversheet

- **Disable** Reminders no longer in use

- **Remember** reminders can be used in iCare

Notifications & Alerts Settings Review

- Notifications are a tool for providers to help alert them of clinically relevant information & to facilitate action when needed

- Policies should be in place governing when notifications should be reviewed & if appropriately acted upon

- Parameters that govern behavior are available

- Ensures providers have the most current Alerts showing on the notifications component …

  Decreases confusion

  Increases appropriate use

Notifications & Alerts Settings Review - Recommendations

- Ensure a policy & procedure is in place for Notifications
- System should be set up to align with policy & procedure
- Consider some notifications for a longer duration
    - **I.e.** Lab, Imaging.

Identified Collaborative Team:

Clinical Informatics, HIM, Medical Staff, RPMS Administrator, & Area Clinical Informatics (as needed)

Taxonomy Management Review

- Groups of related items such as medications, lab tests, or diagnoses.

- Used by RPMS reporting applications & clinical decision support tools.

- Site-populated taxonomies are used by sites to identify their locally created items that fit criteria

- Patch installation or updates, requires site to update data elements (i.e., meds, labs) for reports to run correctly

CDS Tools Using Site-Populated Taxonomies

- Clinical Reporting System (CRS)

- Government Performance & Results Act (GPRA)

- Diabetes Management System (BDM),

- iCare (BQI)

- Visit General Retrieval (VGEN)

- PCC Query Utility (QMAN)

- Uniform Data System (UDS)

- EHR Clinical Reminders (PXRM)

Taxonomy Management Review Recommendations

- Identify subject matter experts/package owners responsible for taxonomy maintenance

- Set-up a maintenance schedule to ensure taxonomies are routinely managed

- Ensure that adding to appropriate taxonomy is a standard step in the process when creating a new data element such as a lab test or a medication

Identified Collaborative Team:

Pharmacy, Laboratory, Package owner, Clinical Informatics, Area HIM Consultant or Informatics (as needed)

Adverse Reaction Tracking (ART) Review

- Stores drugs, food, & other agents that the patient has a reaction or intolerance to

- RPMS EHR uses this data to alert users

- Reactants identified by end-users should be reviewed by pharmacists & corrected, if needed

Adverse Reaction Tracking (ART) Review Recommendations

- Set up Mailman to send alerts to appropriate pharmacists
- Ensure the process is well documented in a training program for future employees
- Review ART for Verify Patient Reaction listings

Identified Collaborative Team:

Pharmacy, Pharmacy Informatics, Area Clinical Informatics (As needed)

Mailman Group Review

- RPMS tool used to alert or communicate to identified SMEs about issues or actions

- Identifies who gets alerts via locally defined groups

- Configuration & ongoing updates needed to ensure right information is shared with correct stakeholders

Mailman Group Review Recommendations

- Reviewed & evaluated by departments with RPMS Administrators & edited as needed.

- Consider adding to Onboarding/Offboarding process

Identified Collaborative Team:

RPMS Site Manager, Clinical Informaticist, Supervisors e.g. Human Resources, HIM, IT, etc.

Vuecentric Template (EHR GUI) Review

- Vuecentric Template is the visual interface of EHR
- "Easy of Use" and readability should be evaluated for usability to ensure optimal use of the EHR and introduce standardization

Vuecentric Template (EHR GUI) Review Recommendations

- Review EHR for Usability Enhancements and/or standardization options
- Assign by role & remove individual preferences
- Have backup copies of all Vuecentric templates in use
- Recommended to work with your Area Office SME & make a change request

Identified Collaborative Team:

Clinical Informatics with Multidisciplinary Collaboration & Area HIM or Clinical Informatics as needed

System Users Review

- Up-to-date & accurate user profiles are needed to ensure that a profile is functional & users are appropriately identified & mapped in EHR system
- When a user leaves, their accounts need to be disabled, user class and keys removed
- This declutters available provider choices

System Users - Recommendations

- Review & cleanup users in system
- Review, optimize & monitor Onboarding/Offboarding process

Identified Collaborative Team:

Human Resources, HIM, Department Supervisor, IT, Clinical Informaticist, Area HIM or Clinical Informaticist (as needed)

Signature Block Review

Signature Blocks are part of TIU and are used for Authentication of notes and billing purposes

Signature Block Review Recommendations

Review entries with HIM & determine the proper setup
& then standardize

- Signature Block Name: Users name & credentials in
  UPPERCASE & lowercase
- Signature Block Title: Licensed Specialty

Identified Collaborative Team:

RPMS Administrator, HIM, Department Supervisor,
Clinical Informaticist, Area HIM or Clinical Informaticist
(as needed)

EHR Training Program Review

- Encompasses all aspects of the RPMS EHR
- Long enough to fully cover EHR functionality
  - **I.e**. a couple of days
- Departments conduct further training & competency
- Poor or inadequate training programs have contributed to patient safety & documentation issues
- Training plan should be documented for all areas
- Responsibility of the supervisor (IHS Circular No. 20-03, TJC standard HR.01.06.01, AAAHC)

EHR Training Program Review Recommendations

- Develop or use a documented full training program
- Department specific training should be organized & well documented culminating in a competency

Identified Collaborative Team:

- Informatics or Training Team for centralized training
- Department Supervisor for the individual department

Updates
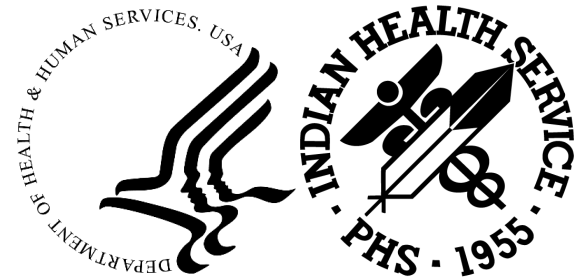
Assessment Updates

- NCI reviewed
- Documentation verbiage enhanced
- New Section under development
- Seven Module Live Training Developed & Deployed
- Scoring Tool Developed

Course Materials & Recordings

Recorded training modules and Course Materials can be found at:
https://www.ihs.gov/rpms/training/recording-and-material-library/

Major Initiative – Getting Ready to Get Ready

Keyword Search – HIT

Tags – EHR, all Role Based

Course Materials & Recordings (2)

Scoring Tool

- Subjective Objective way to compare sites
- Strength, Weakness, Opportunity, Threat (SWOT)
- Facilities scored 1 to 5
  - ✓ 1-2 = Weak
  - ✓ 3 = Opportunity for Improvement
  - ✓ 4-5 = Strength
  - ✓ 1-2 & Patient Safety Issue = Threat

Scoring Tool – Example Purposes Only

Facility	HIT team	checklist	patches	package owner	superuser	Health summary	Education Picklist	Education association	Superbill CPT Picklist	CPT's in Reminder	orders	IPL Picklists	total	possible	Percent
U&O	N/A	1	1	3	3	2	1	5	1	4	3	2	26	55	0.472727
Ft. Yuma	n/a	5	4	4	4	3	5	5	4	5	3	4	46	55	0.836364
PIMC	N/A	1	3	5	5	2	2	4	3	4	1	3	33	55	0.6
WRSU	N/A	5	4	5	5	4	5	5	4	5	2	4	48	55	0.872727
HOPI	N/A	5	3	1	1	3	5	5	3	4	2	4	36	55	0.654545
*Elko	N/A	1	5	1	1	2	4	4	3	4	1	3	29	55	0.527273
*Parker	N/A	1	5	2	1	2	2	5	1	2	2	2	25	55	0.454545
Totals	N/A	2.714285714	3.571429	3	2.857142857	2.571428571	3.428571429	4.714285714	2.714285714	4	2	3.142857143	34.71429	55	0.631169

Section scored on a 1 to 5 rating

5 is a full score - lower numbers are for when there are findings.

Overall this is a subjective review to provide objective information to evaluate.

Top line lists the column headings.

Note - with Checklist, package owners, superusres (to included informatics RRM review) can be used to demonstrate how well a site is informatics supported and if they are organized.

SWOT	score
Strength	4-5
Weakness	1-2
Opportunity	3
Threat	Weak & Patient Safety

* - Previously reviewed and information enter for PHX Area comparison purposes - but may not related to current status as these sites have been actively working to address issues.

Safer Guide

SAFER GUIDE

Safety Assurance Factors for EHR Resilience (SAFER)

- https://www.healthit.gov/topic/safety/safer-guides
  - Bi-weekly SAFER calls in Jan 2024
  - Areas/Sites: NAV, BEM, ALB, PHX, TUC

Platform for Discussion/Updates: Promoting Interoperability (PI) attestation requirements

- Merit-Based Incentive Payment System (MIPS)
- Medicare Promoting Interoperability Program

SAFER Guide Definition

What are the SAFER guides?

- Set of (9) Self Assessment Guides developed by the ONC
  - Intended to increase safety and use of Electronic Health Records (EHRs) by **evaluating** EHR safety practices, **identifying and prioritizing** potential risks, and **establishing a plan** to mitigate EHR-related safety concerns and further enable electronic exchange of health information
  - Create a culture of safety

What does my Health Care Organization need to do with the SAFER guides?

- Complete the minimum requirements of each applicable guide
- MIPS eligible (clinician/group): Complete guide #1: High Priority Practice
- Medicare Promoting Interoperability Program Eligible Hospitals (EH)s and Critical Access Hospitals (CAHs): Complete all guides: #1 thru #9
- Attest (Yes/No) in the appropriate reporting option (E.g. Quality Performance Plan website)

SAFER Guides Clarifications

What am I attesting to?

- I completed the actions included in the SAFER Guides measure during the calendar year in which the performance period occurs
- "Yes" response required for the 2024 performance period
- "No" response will no longer satisfy this measure for the 2024 performance period

When do I need to have this completed?

- Annually, by the end of each calendar year (CY)
- Retain documentation for 6 years after submission
- Exceptions? MIPS EUC Exception Deadline for performance year 2024: 8 p.m. ET on December 31, 2024

SAFER Best Practices

- Start early and retain annual records for context

- Multi-disciplinary team

- Join Bi-weekly SAFER calls to discuss perspectives

- Accountability: Leadership buy in/directive and assign the appropriate person/department to ensure completion of worksheets and implementation status for all applicable guides
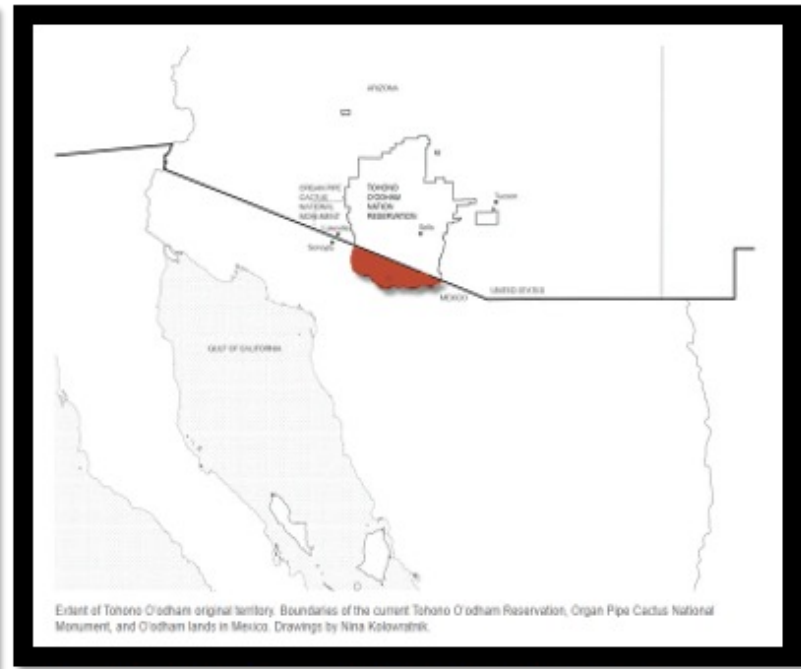
Practical Applications

Tohono O'odham Nation Healthcare - Overview
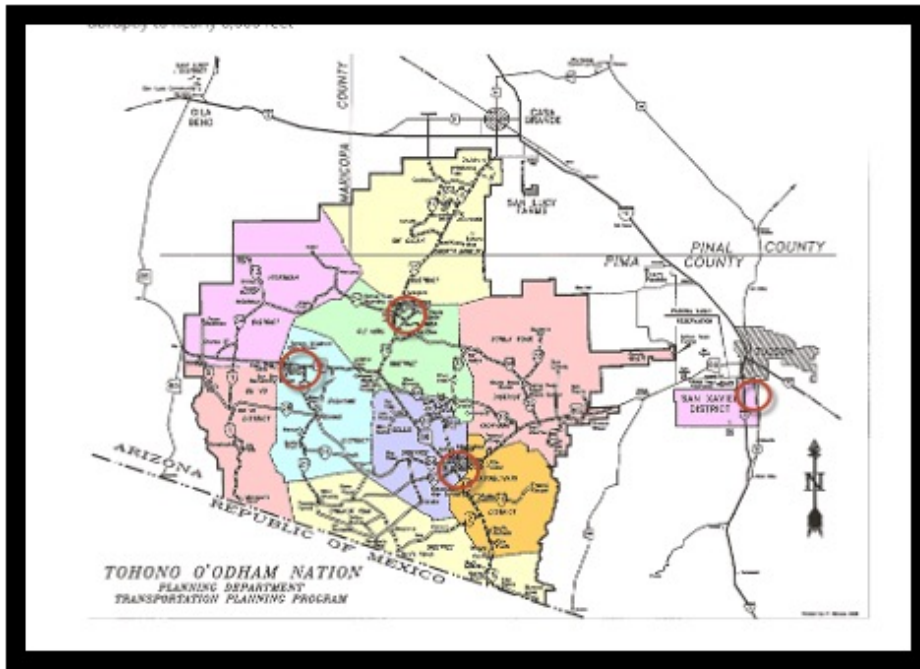
Extent of Tohono O'odham original territory. Boundaries of the current Tohono O'odham Reservation, Organ Pipe Cactus National Monument, and O'odham lands in Mexico. Drawings by Nina Kolowratnik.

Fort Yuma Health Care Center

Fort Yuma Service Unit | Healthcare Facilities (ihs.gov)

Fort Yuma Service Unit

CAPT Lester organized a series of virtual presentations and hands-on sessions on HIT Assessment starting April 2024. A thorough review of RPMS systems has been conducted with the collaboration of local and area informatics team. Highlights of CAPT Lester's findings:

- Picklists and superbills with inactive codes needed optimization

- Inadequate Note title and template review

- Pending consults that need to be reviewed & closed = inadequate staff training on consult management

- Active nursing orders need to be "completed" or "expired" = inadequate nursing and provider EHR training

- A need to update RPMS package owners & review package management requirements

White Earth Service Unit Assessment Guide In Action

- Ownership

- Accountability/Expectations

- Routines

- Relationships

Colorado River Service Unit

Colorado River Service Unit

Colorado River Service Unit – Parker Site Assessment

The Health Information Technology (HIT) System Assessment was performed by Captain John Lester in October 2023. In January 2024, Captain Lester presented the Parker Clinical Informatics overview SWOT Site Assessment and identified the EHR systems Strengths, Weaknesses, Opportunities, and Threats. It was at this point that our informatics department became familiar with the term "you don't know, what you don't know". The SWOT analysis made it easier for us to focus our efforts on what needed to be done first. To date our Informatics Team addressed a majority of the Threats and Weaknesses that were identified. We are also utilizing the Monthly HIT Systems Assessment Guide to help us track our maintenance of RPMS/EHR and sustain our system.
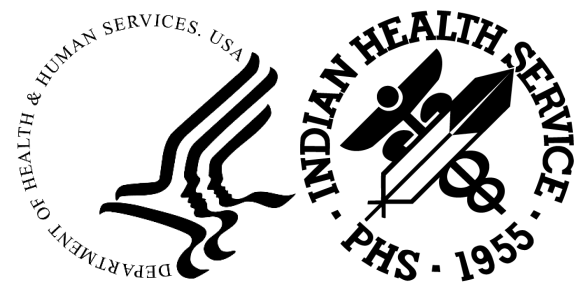
Questions & Discussion

Knowledge Questions

- Identify what members should be apart of a facilities informatics team?

- How often should the team review to ensure packages are maintained?

- Does one general Informaticist manage all packages & trainings?

Biographical Sketches

Biographical Sketch – CDR Burt Tamashiro

CDR Burt Tamashiro, PharmD, MSHI, PTA
Clinical Informatics
Tohono O'odham Nation Health Care, Sells Hospital

CDR Burt Tamashiro is a United States Public Health Service Officer assigned to the Indian Health Service, Sells Hospital, and serves as a clinical informaticist and the (acting) Promoting Interoperability Coordinator. From 1994-2006, he worked as a Physical Therapist Assistant for private employers in Hawaii and Arizona. CDR Tamashiro received his Doctor of Pharmacy from The University of Arizona in 2009 and has served at Sells Hospital on the Tohono O'odham Nation and at San Xavier Health Center in Tucson, Arizona as a clinical pharmacist from 2009 to 2016. He holds a Masters degree in Health Care Informatics from Grand Canyon University. Since 2016, he has served as a Clinical Informatics officer at Tohono O'odham Nation Health Care (TONHC) with oversight of Sells Hospital, San Xavier Health Center, Santa Rosa Health Center, and San Simon Health Center.

Biographical Sketch – LCDR Deborah Lai

LCDR Deborah Lai, PharmD
Clinical Informaticist & Pharmacist
Co-Lead Health Information Management Committee
Fort Yuma Health Care Center, IHS

After graduating from the South University School of Pharmacy in SC, LCDR Deborah Lai worked as an ambulatory pharmacist in the Central Florida area. She joined the Four Corners Regional Health Center team, Indian Health Service, in 2016, working as a clinical pharmacist and teaching monthly vaccine classes. In 2018, LCDR Lai joined the Hopi Health Care Center team as a Clinical Informaticist and later was designated chair of the Clinical Informatics Committee. She also served as the Diabetes Mellitus coordinator, BLS instructor, Meaningful Use coordinator, and Quality Management Director in an acting capacity. At the height of the COVID pandemic, she led the N95 mask fitting task force and morning employee COVID-19 screening team to combat viral transmission and staffing shortage. Currently, LCDR Lai serves as a Clinical Informaticist at the Fort Yuma Health Care Center, Winterhaven, CA, working closely with the local and area informatics team to optimize the Fort Yuma RPMS EHR System in preparation for HIT Modernization.

Biographical Sketch – Sharon Goldsmith

Sharon Goldsmith
Health Information Specialist, Bemidji Area
White Earth Service Unit

Sharon is the White Earth Service Unit only Health Information Specialist. She started her service in IHS in Nov. 2020 to current date. Her previous position was with the Department of Veteran's Affairs in Fargo, ND as the
Facility's Computer Applications Trainer. She was a the Project Lead and Trainer for many EHR updates, new software installations and Program implementations.

She started her career as a Medical Technologist in 1991. In 1996 transitioned into Federal Employment at VA Fargo ND as a Medical Technologist then transitioned into a position as the facilities only Clinical Applications Coordinator/Trainer in 2004. She has been working and studying in the area Health Informatics field since 1998.

In 1992, she graduated with a Degree in Medical Technology with Licensing through both ASCP and NCA. In May 2003, she graduated with a Masters' Degree of Science in Administration-Health Care Administration from the University of Central Michigan, Mount Pleasant, MI. Later continuing her training by completing a Healthcare Analytics Certification Program (HACP) through Nebraska Methodist College, Omaha, NE offered through the Department of Veteran's affairs.

Biographical Sketch – CAPT John Lester

CAPT John Lester, PharmD, MAS – Health Informatics
Program Coordinator / Health Systems Analyst
Phoenix Area Indian Health Service

CAPT John Lester currently serves as a Clinical Informatics Consultant and Health System Analyst for the Phoenix Area. CAPT Lester is a Commissioned Officer in the United States Public Health Service and has been in the Indian Health Service since 2003. John earned his Doctor of Pharmacy (PharmD) from Nova Southeastern University in Florida, holds an NCPS in ambulatory care and Diabetes completed a PGY1 residency in Ambulatory care at Cherokee Indian Hospital and earned his Masters of Advanced Study (MAS) in Health Informatics from Arizona State University 2021. CAPT Lester has served in Omak, Washington; FCC Coleman, FL; Western Oregon Service Unit, OR; Sells Hospital, AZ; Sells Service Unit, AZ and Phoenix Area Office, AZ as a Pharmacist/Informaticist, Chief Pharmacist/Informaticist, Advanced Practice Pharmacist/Co-pharmacy Informatics officer and Clinical Informatics Consultant.

Biographical Sketch – CDR Donnie Hodge

CDR Donnie Hodge, PharmD, M.S.
Clinical Informatics
Chair National Council of Informatics
Claremore Indian Hospital

CDR Donnie Hodge is currently assigned to the Indian Health Service and serves in Claremore, Oklahoma as a Clinical Informaticist at the Claremore Indian Hospital (CIH). He was commissioned into the USPHS in 2010 and completed an ASHP-accredited PGY1 residency at CIH in 2011. After his residency in 2011, CDR Hodge accepted a position as a staff pharmacist at the then Pawhuska Indian Health Clinic. He also served as a Clinical Pharmacist and became the Chief Pharmacist at the now Wah-Zha-Zhi Health Center in February 2016. He served in that role until 2020 when he began his official journey in informatics at CIH. CDR Hodge holds a PharmD from Southwestern Oklahoma State University and a Masters in Health Care Administration from Oklahoma State University.

Biographical Sketch – Christina Commerford

Christina Commerford, RN, MSN
Nurse CAM
Colorado River Service Unit

Christina Commerford, MSN Health Care Informatics is the Nurse CAM for the Colorado River Service Unit. She has 13 years of acute care experience in the private sector working as a clinical staff nurse and later as a clinical coordinator managing ICU, MCU, medical surgical and medical telemetry units. She experienced transitioning to a Cerner EHR solution on two separate occasions and was involved in preparing staff for the transition. She has over 10 years of federal experience working as the nursing officer of the day and later inpatient assistant nurse manager at NAVAHCS. She joined Indian Health Service in 2018 as a clinical nurse and in 2019 became the Nurse CAM working as a CAC. She is the SV-POC, nursing SME and VFC coordinator at CRSU. She obtained an MSN with an emphasis in Healthcare Informatics from Grand Canyon University in 2013.

Special Thanks

- National Council of Informatics (NCI)
- Whiteriver Service Unit (WRSU)
- Phoenix Indian Medical Center (PIMC)
- Ft. Yuma
- Elko Service Unit
- Parker Indian Hospital
- HOPI Healthcare Center (HHC)
- Uintah & Ouray Health Center (U&O)