Indian Health Service

Assessing and Optimizing Your RPMS EHR While Laying the Foundation for HIT Modernization

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AREA CLINICAL INFORMATICIST

08/20/23

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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)](https://www.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

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

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

Vision

To 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

Value

To prioritize humble and transparent collaboration within the local HIT team to aid in systems optimization

Health Information Technology (HIT) Team

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

- Site manager
- Clinical Informaticist
- Health Information Management
- Package Owner
- Super User
- Other members as determined by facility

HIT Team Examples

- Informatics
- Pharmacy
- Laboratory
- Health Information Management
- 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.

- Finally, this presentation will not go into methods of evaluation.

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

Responsibility

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

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

Responsibility

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

Responsibility

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

Responsibility:

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

Responsibility:

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

Current Procedural Terminology (CPT) & Associated Picklist Review

- Grouping of common codes that are used by the provider to document encounter-related information efficiently

Current Procedural Terminology & Associated 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 only
- Export copies for HIM or Coding review

Responsibility:

Multidisciplinary team in collaboration with HIM & Coding

Current Procedural Terminology (CPT) in Reminders

- Grouping of common codes that are used by the 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 Coding & Medical Staff, to ensure reminder taxonomies contain appropriate codes

Responsibility:

Clinician, Informatics, HIM & Coding

Orders Review

- Requests for labs, radiology, pharmacy, etc.
- Improperly setup orders can clutter the orders tab or lead to errors
- Properly constructed quick orders should be ensured

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

  I.e. Nurse, laboratory, radiology

Responsibility:

Package Owner, 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

Responsibility:

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

Text Integrated Utilities (TIU) Review

- Tool to assist in the documentation of an encounter
- Reviewed yearly for use & to evaluate if they still meet documentation requirements
- Reviewed & approved templates should have identifiable information on them describing when it was approved & where further information is regarding approval

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

Responsibility:
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.

Responsibility:

Department Supervisor

Consult Review

"The Consult/Request Tracking package (Consults) was developed to improve the quality of patient care by providing an efficient mechanism for clinicians to order consults and requests using Computerized Patient Record System (CPRS) Order Entry, and to permit hospital services to track the progress of a consult order from the point of receipt through its final resolution."

- Vista CPRS Consult/Request Tracking Technical Manual June 2009

- Ultimately these are orders that demonstrate continuity of care and proof of management is 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

Responsibility:

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

PCC Master Control Review

- This is the setup for your EHR to allow communication between the EHR interface & individual packages

- If the link is not set up then there will be issues with real-time up-to-date information displaying for the end-user and/or billing

- Do not edit this information unless you have instructions/guidance/assistance by local RPMS systems manager or OIT

PCC Master Control Review Recommendations

Incorporate into a monitoring program

Responsibility:

RPMS Site Manager or Area RPMS Support

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 20

- 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

Responsibility:

RPMS Site Manager or Area RPMS Support

Error Trap Review

Location where errors in the system are sent for review and troubleshooting by your RPMS Manager

Error Trap Review - Recommendations

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

Responsibility:

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

Responsibility:

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, & correct taskman setup with guidance from Area/National Consultants

Responsibility:

RPMS Site Manager or Area RPMS Support

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 weekly basis

Responsibility:

Individually Identified SME & Site Manager

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

Order Checks & Local Terms Review

Order checks & Local terms are what the system uses to references whether an orderable item will trigger an order check about some potential issue

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

Responsibility:

- 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

Responsibility:

Health Information Management (HIM)

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

Responsibility:

HIM

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: VIS sheets need to be updated within six months of the CDC providing updated versions.

Responsibility:

Nursing or Immunization Coordinator

Immunization Interface Management (BYIM) Review

- Bi-Directional interface that allows IHS sites to send Evaluation Immunization & Forecast Requests & receive back the immunization history that is stored at the state and state's recommended forecast

- Management is required to ensure that the messages are being sent, received and errors are reviewed for corrective action

Immunization Interface Management - Recommendation

- Ownership clarified
- Transmissions monitored
- Errors clinically reviewed & corrected
- Training applied where identified

Responsibility:

Informatics, RPMS Manager, Nursing, Immunization Coordinator

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

Responsibility:

Informatics in collaboration with a multidisciplinary team

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.

Responsibility:

Informatics for Configuration. HIM & Med Staff for Policy.

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 (DMS),

- iCare

- VGEN

- QMAN

- Uniform Data System (UDS)

Taxonomy Management Review Recommendations

Lab & Pharmacy package owners should collaborate with informatics, review then update taxonomies as needed

Responsibility:

Laboratory & Pharmacy

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

Responsibility:

Pharmacy or Pharmacy Informatics

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 and maintenance needed for some packages to be maintained or managed correctly

Mailman Group Review Recommendations

- Reviewed & evaluated by appropriate departments with clinical informatics assistance & edited as needed.
- Consider adding to Onboarding/Offboarding process

Responsibility:

RPMS Site Manager with Onboarding/Offboarding Team (e.g. HR, HIM, Department Supervisor, IT, Health Informatics)

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
- Improves troubleshooting, user experience & training
- Have backup copies of all Vuecentric templates in use

Responsbility:

Clinical & Health Informatics with Multidisciplinary Collaboration

System Users Review

- Up-to-date & accurate user profiles are needed to ensure that a profile is functional & users are appropriately identified in the EHR system for review
- 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

Responsibility

RPMS Site Manager with Multidisciplinary Onboarding/Offboarding Team (e.g. HR, HIM, Department Supervisor, IT, Health Informatics)

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

Responsibility:

HIM & Department Supervisor

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

Responsibility:

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

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												
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Allergy Reaction Tracking Review												
Mailman Group Review												
Vuecentric Template Review												
Users in the System												
Signature Block Review												
EHR Training Program Review												

Practical Applications

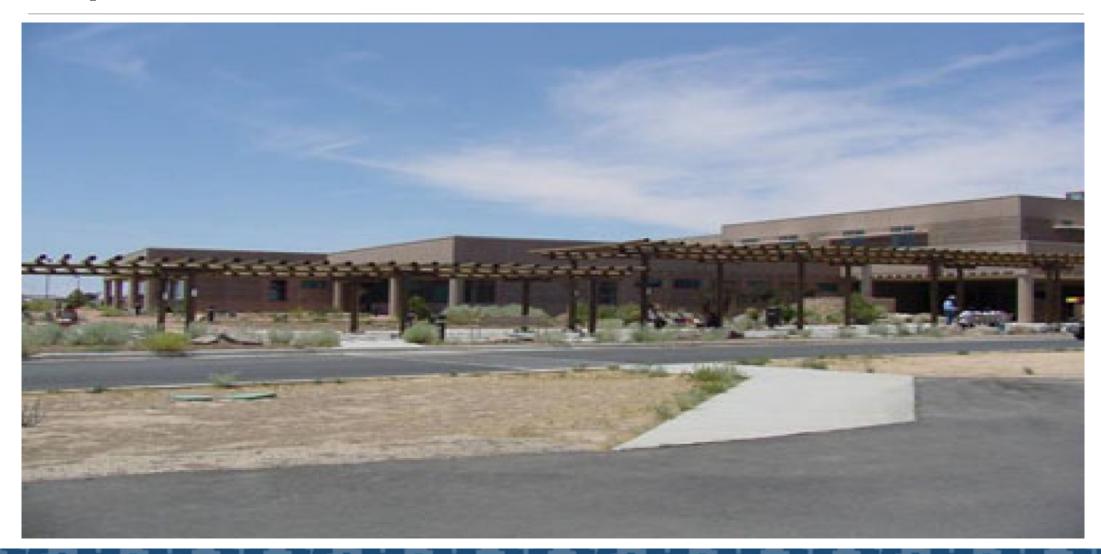# Whiteriver Hospital IHS Assessment Guide In Action

- Ownership

- Accountability/Expectations

- Routines

- Relationships

Hopi Health Center - Overview

IHS sites are known to be located in remote areas, and Hopi Health Care Center is not unique in that aspect. We are located in Polacca, AZ within the Hopi Reservation and it serves both the Hopi and Navajo tribes. The cities of Winslow, Holbrook, and Flagstaff are approximately 65 to 120 miles from the health center. It is that remoteness that can create a gap between site Informaticists' staff, which makes the support of the area office invaluable to the continuity of the work at the sites.

Hopi Health Center – Overview Picture

Hopi Health Center – Site Review

The site review at Hopi was performed by Captain John Lester remotely over several weeks starting at the end of July through August 2022. Due to scheduling conflicts, the on-site review was later completed in May of 2023, by Captain Elvira Mosely. Both of the site reviews provided insightful information on deficiencies that were not evident before or assurance on others that were being done correctly. This transparency provided an understanding to all teams at Hopi; that it takes a village to maintain and sustain our system.

Hopi Health Center - Outcome

I am now taking some bragging rights about some of the teams at Hopi, such as Pharmacy, HIM, and Nursing as some of the deficiencies were taken care of within a week or two after the final report was reviewed. There are still deficiencies that may not be feasible to fix completely, but the knowledge acquired from the site reviews allows us to fix the root cause of the error preventing any future backlogs.

Uintah-Ouray Service Unit

CAPT Lester was on site for several days in October 2021 and conducted a thorough review of all RPMS systems. Highlights of his findings:

EHR - related issues

EHR training & competency assessment inadequate: "learn while doing" approach ● Picklists and superbills with inactive codes & needing optimization ● Inadequate Note title and template review

Process-related issues

Many "quick orders" broken and/or had potential for patient errors ● Open consults that need to be reviewed & closed = inadequate staff training on consult management ● No system for regular taxonomy review

System-related issues

RPMS account setup, management and termination issues ● Mailman was underutilized and mail groups needed updating ● A need to identify RPMS package owners & review package management requirements ● RPMS parameters required review and updating

Uintah-Ouray Service Unit

Takeaways from the Site Review

The site review was a proactive analysis of unit's system vs the current "putting out fires" approach ● The response to the review from both leadership and clinic staff was positive ● The findings were not presented as an indictment of our clinic but as opportunities for improvement ● *"We didn't know what we didn't know"*

U&O's responses to the findings

Revamped EHR training: emphasized formal training & instituted EHR competency assessments ● Created HIM Forms Committee to review EHR note titles and templates ● Introduced standardized EHR GUI

"Monthly Clinical Informatics System Assessment Guide"

As a follow up to the review U&O has been using this enormously helpful resource. Developed by CAPT Lester, this document organizes all of the recommended RPMS system review and maintenance and divides it into monthly tasks

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 – 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 – Teresa Chasteen

Teresa Chasteen, RHIT
Clinical Informaticist
Bemidji Area Office

Teresa is the Bemidji Area Clinical Informaticist. Her previous position at the Cass Lake Indian Health Service was the Director of Health Information, where she was the Project Lead for EHR Implementation. She served as one of the Bemidji Area Health Information Management Consultants. She started her Health Information Management career in 1984 and has been in the healthcare field since 1980. Teresa has worked in Indian Health Service since 1996. She obtained the Registered Health Information Technician (RHIT) in 1992 from the College of Saint Catherine Saint Mary's campus.

Biographical Sketch – CDR Donnie Hodge

CDR Donnie Hodge, PharmD, M.S.
Clinical 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 – CAPT Katie Johnson

CAPT Katie Johnson, PharmD, MHIIM

Integrated EHR Coordinator

Northwest Portland Area Indian Health Board

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

Biographical Sketch – CDR Justin Tafoya

LCDR Justin Tafoya, RN
Director of Clinical Informatics
Whiteriver Hospital IHS

After discharge from the US Air Force's Special Operations Command in 2003, LCDR Tafoya attended nursing school to continue serving others. LCDR Tafoya joined the healthcare team at Whiteriver Service Unit, Indian Health Service, in 2008. Captain Katie Johnson provided him with an opportunity to be an electronic health record (EHR) super-user in 2009 and this is when he was hooked. He later created EHR User Manuals for the inpatient ward, emergency department, and public health nursing. In 2013, he received a Master of Science Degree in Nursing with an Emphasis in Healthcare Informatics and in 2015 he accepted a full-time clinical applications coordinator position. Over the last 3 years he served as the Director of Clinical Informatics and in August of 2023 LCDR Tafoya will embark on a new journey as the Chief Nurse Executive of Whiteriver Service Unit.

Biographical Sketch – Edward Kobialka

Edward Kobialka Jr, MS, Rph
Pharmacist & Clinical Informaticist
Chair, U&O Quality Council
Ft Duchesne Indian Health Center

Ed Kobialka graduated from the University of Connecticut School of Pharmacy in 1985 and then worked as a community pharmacist for many years in the greater Hartford area. He joined the Indian Health Service in 2015 as a staff pharmacist for the Kayenta Health Center in rural Arizona. During Ed's tenure at Kayenta, he worked as a pharmacy Informaticist and also was part of the clinical informatics team preparing for the implementation of inpatient services. Ed earned his Master's degree in Health Systems Administration from the University of Wyoming.

In September 2020 Ed moved to Utah and joined the Ft. Duchesne Indian Health Center team as a Pharmacy Informaticist/Clinical Informaticist. Ed later was designated Chair of the clinic's Quality Council. In addition to his work in clinical informatics and quality management, Ed assists with the Relias LMS and RPMS site manager functions.

Biographical Sketch – Alejandra Pena-Brunet

Alejandra Peña-Brunet
Clinical Applications Coordinator
IHS | PHX | HHCC

Alejandra Peña-Brunet is the Clinical Informaticist for Hopi Health Care Center. Hopi is her first duty station in Indian Health Center. Alejandra's healthcare journey begun in the pre-hospital field as an E MT/Medic within a private ambulance provider. While pursuing training as a paramedic, she joined the US NAVY as Hospital Corpsman where she worked in the acute care area, staff education and training, Surgical Tech and research. While in the research facility, she run the training protocols for pediatric intubation, microsurgery and trauma surgery.

While working on her Master of Science in health care informatics, she was involved in the implementation of the organization's homegrown electronic health record. This last journey taught her the importance of connecting developers, with healthcare providers and other users of HIT software for the overall quality and compliance of all needed metrics and quality of patient care. During her internship, she created and uploaded the tasks for developers/programmers to build the needed requirements to achieve Meaningful use Stage 1 and 2.

Prior to working at Hopi Healthcare center, she championed the transition of 30 medical records departments to a centralized HIM department and begun the conversion of over 500.000 charts from paper to electronic. Once that was completed, she moved from operations to an individual contributor role as a Laboratory Systems Administrator/Coordinator. In this role, she worked with vendors, and end users on the configuration of the lab system to ensure lab compliance, accuracy, and reporting.