

CMIO Roundtable Discussion

December 4, 2019, 2:30-3:30PM Eastern

Meeting Information

Phone: 1-205-206-9624

Access Code: 557-235-412

Teams Meeting Link: [Join Teams Meeting](#)

Attendees / Site

X	Dr. Paul Clark, CMIO, Concord Hospital, NH	X	Dr. Mandy Halford, CMIO, Covenant Health, TN
	Holly Ellison, CNIO, Concord Hospital, NH	X	Dr. Daniel Duzan, Phys IT Lead, Covenant Health, TN
	Jenna Lloyd, CNIO, Centra Health, VA	X	Dr. J. Clay Callison, CMIO, UPMC, TN
X	Sandra O'Loughlin, PA, Concord Hospital	X	Dr. Chris DeFlitch, CMIO, Penn State Health, PA
	Dr. David Fallaw, CMIO, Augusta University, GA		Ashley Petit, CIO, Northside Hospital, GA
	Dr. Stephen O'Mahony, CMIO, RWJBarnabas, NJ	X	Christie Wright, Dir Phys Team, Northside Hospital, GA
X	Dr. Tinu Tadese, CMIO, Lake Health, OH		Dr. Alina Brebene, CMIO, Jackson Health System, FL
X	Dr. Khalid Alyafei, CMIO, Sidra Health, Doha, QA		Dr. Jose Rosa-Olivares, CMIO, Nicklaus Health, FL
X	Rae Costanilla, Clinical App Mgr, Northside, GA		Dr. Ian Johnston, Chatham-Kent Hospital, ON
X	Patti Marshall, MAKE Solutions Inc.		Mike Garcia, CIO, Jackson Health System, FL
X	Brian Kottenstette, MAKE Solutions Inc.		Dr. Sam Bhatia, MAKE Solutions Inc.
X	John Schott, MAKE Solutions Inc.	X	Dr. Paul Snyder, Surgeon/Physician Liaison, Concord, NH

Agenda

- Introductions from new attendees to Roundtable
 - Dr. Chris DeFlitch: Penn State Health, PA. Background as ED physician. Cerner client since the 90s. Implemented almost all solutions in acute and ambulatory. Implemented Cerner Rev Cycle with very little success. Multiple hospitals including some not on Cerner. Use HIE for information sharing. 1-2M ambulatory visits per year
 - Dr. Khalid Alyafei: Sidra Medical. Background as pediatric ED physician. Sidra opened in January, 2018. Pediatrics and Women's Health hospital with 40+ pediatric subspecialties.
 - Dr. Tinu Tadese: Lake Health. Cerner Sorian client
- Feedback to Medication Reconciliation document that was sent to Cerner
 - Would we like Cerner to attend a meeting to hear from the group directly?
 - Dr. Callison: Seems that Cerner isn't even thinking about Meds Rec
 - Christie: Agrees. Would like to get Cerner to hear the importance from this group
 - Dr. Clark: Went to Kansas City to speak with Frances Wu and others from Cerner about safety issues. Group was very interested in what was said, and Dr. Clark thinks this might have the same reaction
 - Follow: Up: Dr. Halford to send email about to Cerner group and include Frances as well. She will also reference names and clients from this group
 - *Dr. Callison*: How do organizations measure progress or success? Was the reconciliation good, not just completed?
 - Structurally, Penn State measures completion of meds rec per encounter. i.e., did they complete the EMR driven process?
 - Dr. Alyadei: Originally had low rate of meds rec. Implemented hard stops to improve compliance. System can't tell them about the quality though
 - Dr. DeFlitch: Some pharmacy fellows did a study that looked at quality of system, but was "abysmal"
 - A lot of people blame med rec, but meds rec is part of the process.

- Sandy: Concord looks at quality and get pretty good meds rec data when receiving patients at a PCC or SNF
 - Lots of feedback from hospitalists as well
 - Tried patient-friendly lists but needed to go back because that introduced issues
 - Track Adverse Events in Datix database for reporting
 - Dr. Tadese: they are still on Soarian, but they get reports every day on Med List and Admission Meds Rec etc. to say who did the Med List and when.
- *Dr. Clark, Concord:* Do sites allow for more than one patient chart open at a time?
 - Concord experiencing crashes and performance issues that Cerner is blaming on allowing multiple charts to be open at once. Perform over 1200 Cerner Session Cleanups a week
 - UT: Many issues with crashing prior to 2018 code, primarily in primary care setting. Nothing heard since going up on 2018 code. Allow two charts in acute, four charts in primary care
 - Penn State: Had similar issues about four years ago that was related to Cerner remote hosting and configuration. Took three months for Cerner to change fail-over policies to improve performance. Allow four charts open in any venue.
- *Christie, Northside:* What are hospitals sending out in the way of ED Reports to PCP and other providers?
 - With Cerner's inability to have multi-contributor reports, we have several ED Notes and PCPs complain about receiving multiple documents. The ED Summary doesn't seem to have enough data in it and some PCPs refuse to go to Cerner to look up data and are asking for a better report to be sent out of ED.
 - Concord: Only generate one provider note out of the ED
 - Could have physician start note then another physician to finish
 - UT: Get Summary note and then ED note
 - Faxed if external, sent electronically if internal
 - Penn State: Supposed to generate one, about 1/3 of the time end up with two because of multiple (handoffs???)
 - Post ED summary to Patient Portal at time of final signature
 - Lake Health: Documentation from ED and discharge instructions automatically go out
 - Penn State: Reconcile external documents at intake for ED and IP
 - Almost all information comes from Epic clients
 - Reconciled by intake staff through intake workflow (purple diamond)
 - Nurses do it in the ED
 - Lake Health: Some providers do it themselves. Regional HIE feeds into EHR even when patient is in ED. Many patients are transfers in from Epic or Cleveland Clinic
- *Christie, Northside:* Transfer Process
 - We are getting a lot of complaints about tediousness of the Transfer Process, specifically the Transfer Orders Reconciliation. There are concerns that this is a very sensitive time for very sick patients and the process should be streamlined to reduce risk of something getting missed. What have other hospitals defined as the best workflow here?
 - Concord: Do Transfer Meds Rec. Doesn't pull in every order though
 - Believe that build is set so that certain activity types can be pulled in
 - UT: Doesn't do Transfer Meds Rec. Role of receiving physician/team to verify and clean up orders
 - Covenant: Look to see what is set to continue or by category to determine if pre-selected for all. Example: Patient Care set to continue. Other areas physician forced to review incoming orders
 - IV Infusions are a challenge for interfacility transfers

- Note: Concord had “relatively” successful implementation of Rev Cycle that they would be willing to talk about to other sites
- CMIO Roundtable agenda for 2020
 - Proposed Quarterly, but group would like to do every two months
 - PROPOSED SCHEDULE BELOW
 - Wednesday of the first full week every two months
 - February 5th – **Innovations** – 90 minutes
 - Presenters: Concord Hospital, Covenant Health
 - March 9-13 – HIMSS Get-Together
 - April 8th – **Open Discussion** – 60 minutes
 - May 5-8 – Southeast RUG Get-Together
 - June 10th – **Innovations** – 90 minutes
 - Presenters: Penn State, UTMC
 - August 5th – **Open Discussion** – 60 minutes
 - October 7th – **Innovations** – 90 minutes
 - Presenters: Sidra, Northside
 - October 12-14 – CHC Get-Together
 - December 9th – **Open Discussion** – 60 minutes
 - Partner CMIOs together to do an agenda for each meeting
 - Bring up not just issues, but lessons learned, and innovations
 - Dr. Halford brought up if group would be interested in an in-person meeting in June at Covenant Health in Knoxville, TN with two days of sessions, site visit, and professional development
 - Not a lot of interest in specific event at this point
 - Would like to potentially tie into another existing RUG meeting or HIMSS
 - Add on day at the end with agenda
 - Also look at doing a more intensive meeting at CHC where we can invite Cerner to participate or listen in on our pain points

Proposed agenda items for next meeting

- Orders to Scheduling
 - How do hospitals utilize functionality and workflow?
- Operational Reports
- Creating Patient Lists and having visibility in clinics to inpatient
- HealthIntent discussion
 - Who uses what modules
 - Strategic or patient benefits
 - How it fits into a clinical workflow

Follow-Ups

- Feedback from Cerner requested on Meds Rec Enhancement requests
- Feedback from Roundtable on cadence for meetings in 2020