

CMIO Roundtable Discussion

February 5, 2020, 1:00-2:30PM Eastern

Meeting Information

Phone: 1-205-206-9624

Access Code: 835-818-105

[Link to recording and online site](#)

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. Clay Callison, CMIO, UTMC, TN
X	Sandra O'Loughlin, PA, Concord Hospital, NH		Dr. Chris DeFlicht, 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
	Dr. Khalid Alyafei, CMIO, Sidra Health, Doha, QA	X	Dr. Jose Rosa-Olivares, CMIO, Nicklaus Health, FL
	Rae Costanilla, Clinical App Mgr, Northside, GA		Dr. Ian Johnston, Chatham-Kent Hospital, ON
	Dr. Marcus Scarbrough, CMIO, LMH, KS	X	Dr. Paul Snyder, Surgeon/Physician Liaison, Concord, NH
	Dr. Claude Pirtle, CMIO, West TN Healthcare, TN		Dr. Grace Wu, Maury Regional Med Center, TN
	Mike Garcia, CIO, Jackson Health System, FL	X	Dr. JD Tyler, AskEvie
X	Brian Kottenstette, MAKE Solutions Inc.	X	Dr. Sam Bhatia, MAKE Solutions Inc.
X	John Schott, MAKE Solutions Inc.		Patti Marshall, MAKE Solutions Inc.

Agenda

- Introductions from new attendees to Roundtable
 - Dr. Jose Rosa-Olivares, Nicklaus Health, Miami, FL
 - General Pediatrics
 - CMIO for one year
- Hospital innovations discussion (60 minutes)
 - Concord Hospital with Dr. Paul Clark (30 minutes) (0:00)
 - Concord has full Cerner implementation with clinical and revenue cycle
 - Centricity and McKesson Horizon are legacy products
 - Live demo of MPages Global Document Filter
 - When moving to Cerner, lost rich functionality out of legacy systems to find information
 - Cerner doesn't allow to set global filters, only at provider level, which has been inefficient to try and teach and set up individually
 - Created filters for the most important clinical documents
 - Each category is an event set
 - Simplified training since individual document filtering isn't needed
 - Scanned documents come in as direct document and can go to correct bucket if event code is there
 - Live demo of [WellSheet](#) Smart Chart (7:40)
 - Contracted with company called WellSheet to help with creating view that is more intuitive to physicians
 - Creates a view that's more intuitive to physicians for processing information
 - Example: Fishbone labs instead of scrolling through list

- Storyline: Reverse chronological picture of what's going on with patient. Allows to trend patients over time
 - Much easier and faster than clicking around to find information
 - A way more useful and efficient way to find needed information
 - With medications, see when administered
 - Create more useful way to find information
- Workspace (10:50)
 - Create a workspace to follow a condition/patient
 - Example: Weights against Lasix dosing
 - Example: Glucose against insulin dosing
- Concord has had trouble with observation patients (10:48)
 - In WellSheet, the patient name changes color to let hospitalist know how long their patient has been in observation
 - Shows when lab results are available
- COPD Disease-Specific WellSheet (12:50)
 - Pulls in spirometry scores, meds by class, LABAs, LAMAs, etc. as needed to manage the COPD patient
 - Started with COPD because it was a hospital initiative
 - Shows only if it's a condition on the patient
- RWJBarnabas started off using CHF
 - Able to proactively identify potential candidates of TBAR just by pulling clinical information from the chart
 - Easier to enter consults on the chart
 - Able to read injection fracture off of EKG, which wasn't possible before
- Works in any environment. ED is a heavy user. Rolling out to Ambulatory over the next two weeks.
 - ED likes being able to see the patient story and fishbone labs to process the information quickly
- Allows for notification when labs are returned. Means provider doesn't need to continually check
- WellSheet continually being improved with an iterative process
- Implementation Timeline: Initially 12 weeks, but took 20 weeks because of some issues with Cerner setting up APIs
- Sepsis Optimization Initiative with Covenant Health with Dr. Mandy Halford (30 minutes) – *Note: PPT presentation sent with meeting minutes (21:20)*
 - Use Cerner's Performance Excellence tools for Sepsis Advisor
 - Nicklaus, Concord using Sepsis Advisor
 - Only send severe sepsis and septic shock to providers which is a small subset of patients and not overloading providers with alerts
 - Utilize Launch Point for Providers, but nursing uses traditional tracking board
 - Custom work to go into Launch Point if there's an alert
 - Turned on severe sepsis and septic shock at go-live. In hindsight, may have waited to turn on later and just gone up with order sets at first (27:20)
 - There is an alert that works in the background to go to the rapid response team
 - The learning curve to sepsis and VTE advisor was steep when trying to learn Cerner at the same time. Needs special focus from the providers
 - Severe Sepsis came up in Cerner as open alert, allowing provider to dismiss; launch sepsis advisor, (which came too early in the chart process); or defer until orders are placed
 - Changed Defer Advisor button to not just go away. When in Orders window, brings up Scratchpad to remind provider that Sepsis was alerted

- If not going to scratchpad, then an alert comes up when closing the chart
 - From Sepsis Advisor, there's the ability to add sepsis diagnosis to patient chart (35:07)
 - Did reeducation of the Sepsis Advisor window because it's a busy screen
 - Allows for adding two Suspected Sources of Infection, or No Sources
 - Antibiotics flex based on infections selected
 - 660 scenarios suggesting antibiotics regimen
 - ED will need to change to single dose
 - During Document and Sign, there is the ability to add Severe Sepsis to diagnosis, however the button is very small and needs additional education
 - Can order Sepsis Advisor for inpatient in three ways
 - From Sepsis Advisor alert
 - Sepsis PowerPlans (one of three)
 - Sepsis Advisor from single order entry. Needed advisory because it doesn't have the same icon physicians look for
 - Tied related results to medications (39:40)
 - Connected related PowerPlans to results
 - Related results will pop up on left side
 - Looking at data more to see when alert fires versus action taken versus when sepsis is documented
 - Concord had trouble with Sepsis Advisor and getting correct Fluid Bolus (41:15)
 - No visibility to how much fluid was already given
 - Nursing protocol order to follow recommendations. Provider calculates based on 30ml/kg and determines total sepsis bolus. Nurse can look at what was given in ED and give anything additional
 - Covenant is getting better. Use Ideal Body weight for those with BMI over 31 to calculate
 - For hospitalist and ED providers, needed to do education with intensivists to give that much fluid and management of side effects
 - Documentation of Reassessment (45:10)
 - Created Dot Phase that's tied to voice command to help physicians remember to put into notes
 - Lactic Acid Optimization (45:35)
 - Traditionally had Sepsis Lactic Acid with reflex and non-septic lactic acid
 - Moving to all lactic acids reflexing based on review of literature
 - Renamed to Non-Reflex Lactic Acid and Lactic Acid with Reflex to place Reflex on top when placing orders
 - Next Optimization: Quality Measures Component (48:20)
 - In background, if triage nurse enters source of infection or entered in advisor, fires rule to order quality measure sepsis order.
 - Split between complete and incomplete actions
 - Because it's a shared component, has Action buttons that tells what needs to be done, but shows actions that are not applicable for the role (ex: lab draws showing for provider)
- Open discussion (30 minutes) (57:30)
 - Discussion on Cerner attending April meeting to discuss Meds Rec Enhancement requests
 - Dr. Halford has been in talks with Dr. Walter Kersch, Cerner CMO over Investor Owned hospitals to present to Roundtable with Frances Wu
 - Cerner would like to join conversation and their roadmap for the next year and hear from this group

- Invite Cerner to April 8th meeting
- Potential others to invite: Dr. Chris Lewis, Dr. Lu de Souza, Dr. Wall
- Get permission from hospitals before including them as part of the Meds Rec conversation
- Concord: Wants to push Meds By Class
- Concord working on implementing Intelligent Problem List (IPL) from IMO. This is an API/SMART on FHIR within Cerner. (1:07:00)
 - Diseases grouped by class. Indicators for HCC codes
 - Drives specificity that can't come out of Cerner
 - Would like to understand Cerner's roadmap of using the problem list or IPL
 - With IPL, never use the problem list. Integrated within Cerner

Schedule

- CNIO/Nursing Roundtable scheduled for the opposite months from CMIO Roundtable (1:04:30)
 - If you have a nursing counterpart who you would like to attend the CNIO Roundtables, please send me their information
 - First meeting: March 4th, 1:00-2:00 Eastern
- CMIO Roundtable agenda for 2020
 - March 9-13 – HIMSS Get-Together
 - April 8th – **Open Discussion** – 60 minutes – Cerner Medication Reconciliation
 - May 5-8 – Southeast RUG Get-Together
 - June 8-10 - North Atlantic RUG Get-Together
 - Concord attending
 - June 10th – **Innovations** – 90 minutes
 - Presenters: Sidra, UTMC
 - August 5th – **Open Discussion** – 60 minutes
 - October 7th – **Innovations** – 90 minutes
 - Presenters: Penn State, Northside
 - October 12-14 – CHC Get-Together
 - December 9th – **Open Discussion** – 60 minutes

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

- None noted