



OI News You Can Use

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Craig's Corner Compressing the Wait Cycle

We have all experienced an emergency room visit. Whether for yourself or a family member, it is never easy.

Now, trips to the emergency room will be less stressful for veteran patients. I'm pleased to announce that emergency departments across VA will soon receive Emergency Department Integration Software (EDIS), our anticipated patient tracking tool that helps monitor, record and manage the flow of patients through emergency care. This will

reduce wait times and increase patient access to these services.

The new electronic version of the tried and true grease board gives real-time graphic visualization of patient location, acuity and status. It grew from a Class III patient tracking tool developed in Syracuse, as part of our efforts to make local innovations into national solutions.

EDIS is more than a patient status display board. It records key activity events during emergency care and produces accurate reporting on the performance of patient care services. This includes elapsed time and department workload reports that identify bottlenecks, support planning and enable performance improvements. Such detailed visibility allows EDIS to be a powerful patient flow management solution for standardization of emergency department processes and the adoption of best practices. The result - increased efficiency, reduced wait times, better decision support and ultimately better to care for our veteran patients.

EDIS is integrated with VistA/CPRS, which reduces the number of touch points for entering and accessing patient data. Further, this is the first full deployment of an "enterprise" system in VHA hosted and managed centrally in coordination with process standardization.

The EDIS project has been a testament to agile development and collaborative teaming across VA and contractor staff in Patient Care Services, Office of Information (OI) and Office of Information and Technology. I must give credit and high praise to the project team led by **Dr. Mark Olszyk**, chair of the Emergency Medicine Field Advisory Committee, and **Dr. Gary Tyndall**, chair of the Flow Management Improvement Technical Advisory Group, with key leadership support from **Jeff Sartori**, OI's Health Provider Systems Enterprise Systems manager; **Robert Stults**, product manager; **Michael Braithwaite**, Office of Enterprise Development (OED) project manager; **Sandra Geary**, OED lead architect; and **Kevin Meldrum**, OED lead developer.

Thank you and every member of your team for their diligence. Your efforts will change the way health care is delivered across VHA and are critical to the delivery of the best patient care provided anywhere. The roll-out of the EDIS project proves, once again, that teamwork always equals better patient care.

Best Regards,
Craig B. Luigart
Chief Officer, VHA Office of Information



My HealthVet Goes Mobile

The Chief Health Informatics Office (CHIO) joined with the VA Vet Center program to unveil the first of 50 new mobile counseling centers on the grounds of the U.S. Capitol on October 22nd and in front of Central Office on October 23rd. My HealthVet was demonstrated as another example of VA's initiative to bring better health care to remote locations and encourage veterans to play an active role in maintaining and improving their health. Approximately 50 Congressional staffers learned about VA's award winning personal health record on the first day and more than 100 VA employees saw a demonstration on the second day. Many of the visitors on both days were veterans who registered on the spot. To learn more about My HealthVet, visit www.myhealth.va.gov.



From Craig's Rules®

“Hunt for the unexpected relationship or possibility.”





For Clinicians by Clinicians: VA/DoD Go “Back to Basics”

Does A + B = C?

Who decides what medical record information that will be shared electronically between VA?

Are IT leaders driving the decisions based on speed of access, ease of transfer or some other “techie” variable, like interoperability? Have you ever wondered about this? You may be surprised to find, there is indeed, a group of clinicians to make these decisions.

Let’s think about it for a minute, we’re talking about medical record data – the basics – information needed to provide optimum health care for military service members and veterans. Who uses this information? Basically, the clinicians who provide the health care.

So if A = access and B = basic medical record information, then C should equal clinicians.

Earlier this year, VA and DoD established the Interagency Clinical Informatics Board (ICIB), formerly known as the Joint Clinical Information Board or JCIB. The purpose of the ICIB is to prioritize and recommend clinical information that should be shared between the two agencies in future development efforts. The Board is primarily comprised of clinicians with 15 voting members and approximately nine non-voting members all representing VA, DoD and the military services.

The following offices or professions represent VA as voting members:

- Office of Patient Care Services
- Clinicians at various field facilities
- Nursing
- Office of Information/Enterprise Systems Management
- Polytrauma Centers

Does D + E = F?

Does the ICIB have priorities for future VA/DoD health sharing?

Before we answer these questions, it’s important to understand that VA and DoD are mandated by law* to achieve “full interoperability” of electronic health records by September 30, 2009. The ICIB is involved in this process and recently defined the essential medical data required to achieve interoperability, from a clinical perspective as opposed to an IT perspective. The Board then recommended additional categories or expansion of shared medical information in 2009 so VA and DoD could successfully reach a fully interoperable status.

The data and efforts targeted for 2009 include:

- DoD data to support the VA separation physical exam
- Refined social history
- Expansion of Essentris, DoD’s inpatient health system
- Expansion of DoD’s document scanning capability
- Expansion of questionnaires and self-assessment tools
- Development of gateways (secure network to support health data exchanges)

After reading about the ICIB, it may come as no surprise, that when D = define and E = essential medical data, then F = “full interoperability” by September 2009.

The ICIB is another great example of how VA continues to make patient care its central focus.

**National Defense Authorization Act, 2008*

FHCC: Making Progress

The Captain James A. Lovell Federal Health Care Center (FHCC) will transform present-day health resource sharing efforts with DoD into an integrated and tightly coupled health care system. Over the past few years, North Chicago VAMC and Naval Health Clinic Great Lakes have received funding from the VA/DoD Joint Incentive Fund Program. The intent of the program is to identify, fund and evaluate creative local, regional and national sharing initiatives.



Once the project is completed and activated by October 2010, it will be the first fully integrated federal health care center between VA and DoD with six initial operating capabilities for the delivery of health services. They are:

1. Single sign-on into DoD’s Composite Health Care System and VA’s Computerized Patient Record System and Picture Archiving Communication System
2. Operational readiness, workload, financial and administrative services (data sharing/interface)
3. Single-entry registration of beneficiaries
4. Order portability/One-time entry for laboratory, radiology, pharmacy
5. Consult tracking/One-time entry for consults and referrals
6. Patient appointments and scheduling

The progress accomplished to date can be attributed to extensive cooperation at all levels between VA and DoD. Look forward to the next two years, as the FHCC pushes forward to meet its target activation.



A Holistic Approach to Patient Safety

Imagine what can occur if a patient is administered medication that instead of improving the health condition, results in an adverse affect. In 2006, a young woman in a Madison, WI private hospital died after receiving an intravenous injection which should have been given by epidural. That same year, VA's National Center for Patient Safety (NCPS) decided to take a holistic approach to patient safety and issued an alert.

The reason for the alarm? VA patients had received antibiotic medication intravenously, when the intent was for infusion via bladder irrigation. VHA's Office of Information Patient Safety IT responded to the alert, not by trying to pinpoint a single problem or weak spot, but by examining the complete electronic medication management process from ordering to administration.

Working with the NCPS, field facility staff and software developers, Patient Safety IT team members analyzed the medication process from provider ordering to pharmacy processing to nurse administration.

What they discovered were gaps in the "Swiss Cheese" model, a method of viewing how accidents occur while looking at human systems like a group of Swiss cheese slices piled together. According to this model, when the holes – or vulnerabilities – in each part of the system line up, errors may "pass through" the entire system. A key finding was that although the physician order dialog is called "Infusion," there was no defined data entry field for the route of infusion. This leads to mistakes later in the processing and administration of the medication.

Thanks to these findings, and the efforts of the Computerized Patient Record System (CPRS) Software Development Team, CPRS Clinical Workgroup and CPRS test sites, a series of corrective Vista patches was released.

VA will continue to assess the impact of these patches, which included changes to CPRS, inpatient medications and Bar Code Medication Administration. Reactions from the field have been positive. As **Jeanie Scott**, director of Patient Safety IT reports, "With the new dialog (and a designed quick order), the pharmacists have far fewer edits."



Addicted to Email? Five Signs You Need Help

By JR Raphael, PCWorld.com, September 11, 2008

First, recognize the signs:

¹You check your e-mail more than once an hour, even when you aren't on the clock. ²You look at every message that comes in, as it comes in, either at or away from the office. ³You feel the need to respond to messages instantly or within minutes of when they arrive. ⁴You interrupt real, in-person activities on a regular basis to deal with e-mail. ⁵E-mail has, in some way, interfered with your regular life -- be it in the form of sleep loss, relationship troubles, stress or any other noticeable effect.

Here are some tips to help curb your electronic enslavement:

- 1. Remember**, there's no such thing as an e-mail emergency. Remind yourself that no e-mail is going to self-destruct if you don't read it right away. If something is incredibly urgent, the sender will call, text or otherwise reach you.
- 2. Give yourself a curfew.** Treat yourself like a teenager. Decide on a specific cut-off time for sending and reading messages, and stick to it. If you get home at 6:00, commit to shutting down the computer at 7:00. You'll thank yourself in a year when your real life has returned.
- 3. Schedule e-mail times.** Set specific times during which you'll deal with e-mail, and don't do it outside of those windows. Maybe it's 10 minutes in the morning, 10 minutes at lunch, and 10 minutes mid afternoon. Stick to it and watch your day suddenly open up with extra time.
- 4. Set aside a "NO E-MAIL" day.** A bigger break from the ol' send-and-receive might just be the best thing to cure your compulsion. A once-a-week change in routine can help you keep things in perspective, both psychologically and biologically. If you can't cope with taking a full day off, try checking your e-mail for only five minutes Saturday morning -- then leaving the rest of the day e-free.
- 5. Take a vacation.** Once you're ready to really kick things up a notch, schedule yourself a full week away from electronics. It's just what the doctor ordered.



New GUI Improves Access

There is no denying that technology has changed for the better over the last decade, and VA has been a trailblazer in these advances. Since first releasing the current Computerized Patient Record System (CPRS) Graphical User Interface (GUI) systems in 1997, VA has continued to enhance and improve the software to maximize usability for clinical and administrative users, including persons with disabilities.

The August 2008 release of CPRS GUI v27 includes a new component addressing Section 508 (29 U.S.C. 794d), which requires all Federal agencies to ensure electronic and information technology is accessible to users with disabilities. The component,

also available to other Vista applications, was developed in response to specific accessibility issues identified by CPRS users.

Testing conducted by visually impaired users paired with sighted users helped developers ensure accessibility of functions such as consults, clinical reminders, encounters and orders to comply with Section 508. The result is an interface that vastly improves CPRS usability for VA employees with disabilities, to meet our shared goal of providing our veterans the best care anywhere.

What's New?



Congratulations to **Daniel L. Marsh**, director of VHA OI Business Operations, for being selected as the Director of the Big Springs Medical Center. Dan has trained for this his entire VA career. To have been selected as a medical center director brings great honor to him, to OI and our efforts as a team. Best wishes Dan!

Around the Office

World Usability Day is November 13, 2008!

Most of us don't think about usability as a concept, but it is key to the technologies and tools we use on the job and it affects our daily lives. At VA, usability of our equipment, processes, tools and facilities directly influences the quality of service we provide our veterans, as well as our working environments.

Learn more about how usability is studied and improved at the Usability Professionals' Association website: <http://www.upassoc.org/>.

Basic concepts of usability can also be found at: <http://www.usability.gov/>

MyHealthVet Honored by IT Leaders

MyHealthVet was recently honored by *CIO Magazine* as one of the top 100 applications of information technology (IT) in the country. *CIO Magazine* is an independent, highly respected publication for information executives.

RESCUE Update

As we continue with the RESCUE rollout, here are a few important updates to note:

- The implementation deadline for RESCUE has been extended by OI&T and Administrations. More information will be provided as it becomes available.
- A waiver is not required for VA employees or contractors who access the VA network remotely using government-furnished equipment with the Mac OS X operating system (RESCUE refers to these as "Mac GFE"). This change potentially impacts staff at all VHA facilities and program offices. Those employees or contractors using Mac GFE may continue to use the One-VA VPN until the RESCUE technical solution for Mac GFE is provided, which is expected to be by the end of the calendar year.
- VA employees or contractors who access the VA network remotely using non-government-furnished equipment with the Mac OS X operating system (or Mac OE) are still obligated to submit a waiver to allow continued use of the One-VA VPN.

New Test Solution

- The RESCUE team is testing a new configuration for the RESCUE VPN that is intended to address performance issues associated with the standard RESCUE GFE client. The solution uses an IPSEC tunnel (similar to the One-VA VPN client) rather than the SSL (secure socket layer) method used by the RESCUE client (e.g. Cisco Anyconnect). In some applications, the IPSEC seems to perform better.
- The new test configuration is available for users to try out. To do so, users must have both the One-VA VPN and RESCUE software loaded on their computer.

Remember, you can always visit the RESCUE website for help, updates, instructions and downloads:
<https://rescue.vpn.va.gov>

Hot Links!

To report IT issues, find information about project requests and status, go to OI's Hot Links:
<http://vaww.vhaco.va.gov/vhacio/HotLinks.asp>

Editorial Box:

OI News You Can Use is produced for the employees and friends of VHA's Office of Information. We welcome your feedback. Send story ideas or comments to Monica A. Smith, Editor, at monica.smith7@va.gov.