



MUSE conference

**Toronto, Ontario
October 7-9, 2009**

Educational presentations

101 – Healthcare Integration Challenges

Presenters: Rick Lambert and Ramraj Rajkumar

Organization: Markham Stouffville Hospital, Markham, ON

Abstract: Today's healthcare organizations face many challenges in implementing, managing and maintaining HL7 integration solutions. These integration solutions must be able to support mission-critical operations of the healthcare systems, and meet the requirements of current regional and provincial initiatives while at the same time ensuring future EHR initiatives can be accommodated within the solution's framework. In addition to implementing HL7 solutions, the mission criticalness of the integration solution has added more emphasizes on the operation aspects of maintaining the integration environment.

Most healthcare organizations face many integration challenges including:

- Strategic integration platform that is stable, scalable as well as easy to use and maintain
- High availability integration environment
- Resource availability; financial and skilled personnel
- Adoption of new and evolving standards (HL7 V3, CDA, XDS, Web services)
- Lack of documentation that is traceable to the technical implementation
- Lack of easy HL7 development and management tools
- A proper monitoring strategy to proactively monitor integration issues
- Ability to share common knowledge and best practises with other institutions

Markham Stouffville Hospital has overcome most of these challenges with their strategic integration platform. The proper integration strategy, with the appropriate set of technologies, has enabled Markham Stouffville Hospital to migrate their entire integration infrastructure to the platform in three months! Come and learn the experiences of how Markham Stouffville Hospital has implemented a robust HL7 integration platform to meets their current integration needs, but uniquely positions them for future EHR initiatives.

Rick Lambert is the Systems Integration Consultant at Markham Stouffville Hospital where he has implemented multiple HL7 and non-HL7 interfaces. He has obtained certification from HL7 in both HL7 V2.5 and V3 RIM.

Ramraj Rajkumar (Dapasoft) has in-depth architecture and design experience in healthcare integration solutions. He has architected and implemented large scale provincial, regional and hospital HL7 integration solutions in Canada. He has developed and shipped many products at Microsoft including the BizTalk HL7 Accelerator.

102 – XML Charts: MEDITECH to Web, with All the GUI!

Presenter: Doug Mitchell

Organization: Guelph General Hospital, Guelph, ON

Abstract: Are your senior administrators asking for numerous reports for trending of key performance metrics (i.e. wait times, visit counts, compliance with length of stay targets, infection control rates, bed availability, and departmental indicators)? Do you want to achieve jaw-dropping 'wow' responses? As part of the Ontario ED-PIP program, we developed a highly valued dashboard of hospital-wide metrics. This session will describe how to use traditional NPR report writing to output XML data files to an intranet (or internet) webpage, and combined with basic HTML and a free third-party application (hosted centrally), create dynamic, totally automated, and highly customizable charts. Several sample reports will be made available, with simple yet comprehensive instructions, and we will discuss some of the potential opportunities to expand this further.

Doug Mitchell is an Integrations Analyst at Guelph General Hospital. Poetry, flower arranging, and karaoke are not Doug's interests, but solo motorcycle and wilderness canoe adventures are!

103 – From Paper Kardex to Status Board: Interdisciplinary Challenges Met

Presenter: Margaret Burns

Organization: Bloorview Kids Rehab, Toronto, ON

Abstract: Inpatient PCS implementation at Bloorview occurred June 2009. It included the use of Notes and Assessments, but we chose to use the Status Board (not Care plan) to replace a paper Kardex/care plan. PCS building required time from practice leaders that was often difficult to find, and there was little opportunity for cross-discipline discussion of shared content.

The move from paper Kardex/care plan to Status Board was shaped by existing workflow and interdisciplinary communication habits as conveyed to the PCS team by practice leaders and clinical educators. It presented interesting build challenges to the PCS team: e.g. meeting all the competing demands for Status Board space, establishing a simple way for intentional overrides to occur, ensuring staff knew how to update without overriding. Close to our Go Live date four Status Boards were built, capturing medical, functional, respiratory and psychosocial information that used to go into the paper Kardex. Some questions were exclusive to one discipline, some were shared, with intentional overrides a planned outcome (e.g. nursing/physio mobility question). In an attempt to provide a convenient "one-stop-shop" build for staff, we embedded all Status Board questions in the discipline-specific screens, whether shared or exclusive.

Pre-Live training (by IS and practice leaders/educators combined) emphasized the need to refer to the EMR for the client's full story, and not depend only on the Status Board. Training also highlighted the need for staff to be careful when updating questions shared with other disciplines. However problems quickly became evident after going live: information was being unintentionally overridden, some staff were overly dependent on the Status Board, and information appearing on the Status board was contradictory and confusing. Patient risk was evident, as was the urgent need to address the problem.

Practice leaders and key front-line staff met with the PCS team on a regular basis, and a new Status Board build emerged, along with a cohesive approach to training/educational support, and a plan for audits. With support from upper management IS and Practice leaders were able to overcome challenges of time restraints and work together to produce a useful communication tool, and a pertinent up to date care plan.

Margaret Burns OT Reg (Ont) has many years of clinical experience, and has been working exclusively with PCS for the last three years. She joined Bloorview's IS department in Aug 2008.

104 – Development & Launching of Critical Information Report

Presenters: Myra Ehrman and Mee Mee Low Sin

Organization: Baycrest Centre for Geriatric Care, Toronto, ON

Abstract: Baycrest, a long-term care facility, has had online documentation, except for eMARs, since 2004. In 2006, we upgraded to MEDITECH MAGIC 5.5 SR 2. Clinicians expressed ongoing concerns that they could not easily find critical information, particularly details that could guide decision-making during an emergency or when assessing a very ill patient. After extensive analysis, Baycrest concluded that because the information was documented in multiple locations within MEDITECH, until we implemented MEDITECH 6.0, our best interim solution was to have a

custom NPR report developed.

Baycrest chose to contract with a company to develop this custom NPR report. Informatics staff consulted with clinical staff, including physicians, to determine their priorities. These consultations resulted in limiting the first release of the reports to the following elements:

- Demographics, including Language
- Code Status (DNR or Full Code)
- Known (coded) Allergies and Adverse Drug Events, and reported Allergies and Adverse Drug Reactions
- Main Contacts (up to five), including Powers of Attorney, and Next of Kin
- Weight

The NPR programming required to create this report was quite complex and fine-tuning decisions were necessary. The report writing team decided to search for the most recent data entries across all accounts. A local client had to be installed on each computer workstation.

To launch the report, the clinician goes to PCI. The first data source listed is Critical Information. Clinicians view the information for all the data elements for one patient at a time; clinicians may also choose to print the report.

Just in time training was provided over a two week period when the Critical Information report was implemented, and educational materials were made available in the patient care areas and on the intranet.

Key post-implementation lessons learned included:

- Processes need to be in place regarding who should open this report in an emergency.
- Since the report is not part of the daily or regular workflow for the staff, they often forgot their training; strategies need to be developed to sustain the awareness of the report and how to properly use the report.

Myra Ehrman, Project Manager, Informatics, has been a project management and healthcare informatics specialist for more than 20 years. Her background includes extensive planning, directing, coordinating, implementing, and evaluating expertise in patient clinical information systems, business operational systems, management information systems, and education/training programs.

Mee Mee Low Sin, Project Manager, Systems Specialist, has a clinical background as a practising Lab Technologist for over 15 years, and healthcare informatics specialist for over 10 years. Her background includes being a support and interface specialist, with expertise in LIS, NPR report writing, and as a project manager.

105 – Implementation of the Pharmacy Module and Unit Dose Automation in a Rehabilitation / Complex Continuing Care Facility

Presenters: James Lam and Susan McElhinney

Organization: Providence Healthcare

Abstract: An important component of the organization's patient safety strategy is to have a unit dose drug distribution system in place supported by a robust information system.

In June of 2009, Providence Healthcare successfully implemented the following:

- Convert the Pharmacy software system to MEDITECH Client Server PHA and MM PHA (version 5.55), and

- Convert the drug distribution system from a traditional system to a centralized unit dose system with TCG Rx ATP 384 automation technology

Critical Decision Path includes:

- Relocation of Pharmacy to a bigger space
- Extensive workflow analysis
- Choice of unit dose automation technology
- Choice of single dose for inpatients versus multiple dose for leave of absence using

Failure Mode Effects Analysis (FMEA) methodology

- Choice of refill cycle
- Choice of print cycle for Medication Administration Record (M.A.R.)
- Choice of staged or full fledged implementation

Key Success Factors include:

- Clear vision of the desired outcome
- Strong change management strategy
- Strong interdisciplinary project team
- Participation of front line nurses through Clinical Computerization Advisory Group
- Extensive training program
- Monitor indicators for success pre and post live

James Lam is the Director of Pharmacy with Providence Healthcare.

Susan McElhinney is a Project Analyst with Shared Information Management Services with Providence Healthcare.

106 – “Getting it Right the First Time” from Medical Devices to PCS

Presenters: Mary Ellen Shaw and Sheila Hops

Organization: Bloorview Kids Rehab, Toronto, ON

Abstract: Bloorview Kids Rehab has been using CS MEDITECH PCS to “Get Monitor Data” from a third-party’s medical device surveillance system since May 2007. The system is used for monitoring all our clients on ventilators and pulse oximetry. The presentation will reveal how the use of this technology enhances patient safety as well as highlight the set-up of the HL7 ADT interface with MEDITECH. We will review the PCS set up required to facilitate this endeavour.

Mary Ellen Shaw is an RN working as a Clinical Application Specialist in the IS Department at Bloorview Kids Rehab in Toronto, Ontario. She has been employed in the IS field since 1994 working at several facilities in the GTA. She is currently responsible for the PCS interface and the support of other clinical applications.

Sheila Hops is the Clinical Information Systems Manager for the MEDITECH modules at Bloorview Kids Rehab. Sheila has a wealth of nursing practice experience which she brings to her position as Clinical IS Manager at Bloorview Kids Rehab.

107 – eCare Plan – A Kardex Evolution

Presenter: Ines Jowitt

Organization: Lakeridge Health Corporation

Abstract: To anyone that has nursed, or for anyone that has worked with nurses, you will know that the Kardex is to a nurse like water is to a fish! They never want to “let it go.” At Lakeridge Health, our progression to an electronic version of the Kardex began over five years ago. We have progressed from inputting information and printing this information to a truly electronic version.

With input from the end-users we have developed an eCare Plan that encompasses:

- legal data (DNAR, POA);
- demographic information (contacts);
- intervention details;
- goals;
- and, a worksheet that pulls it all together.

Join us as we discuss how we eliminated most of the paper and how we envision the eCare Plan as becoming an integral part of the Transfer of Accountability framework being set up at Lakeridge Health.

Ines Jowitt, RN, BScN has 20 years of experience in health care at Lakeridge Health and holds a certificate in Health Informatics from York University. As a critical care nurse, Ines was involved in the content development of the electronic documentation system for Lakeridge Health Oshawa and its subsequent revisions. In 2000, she spearheaded the electronic submission of data to the Critical Care Research Network of Ontario – the first site to go electronic. Currently Ines is a Health Informatics Consultant. This role encompasses the design, build, and support of the electronic documentation screens for all clinicians at Lakeridge Health Corporation.

108 – Credit Valley Hospital’s Intranet Platform

Presenters: Thais Capriles and Ingrid Munroe

Organization: The Credit Valley Hospital, Mississauga, ON

Abstract: Learn how Credit Valley Hospital (CVH) is improving day-to-day business operation productivity, efficiencies and real-time communications by leveraging existing investments in a third-party product to deliver more functionality and solutions for MEDITECH and other business applications.

The Credit Valley Hospital, in alignment with knowledge management concepts, decided to implement a platform that would empower users to interact; that would improve the transmission of knowledge; and that would share best practices and lessons learned.

To accomplish this, the first phase included the migration of an existing home-grown intranet to a new intranet portal using a third-party product as the platform. This portal provides a single location for information and access to business applications. It empowers business users to build, maintain and publish departmental and inter-disciplinary sites, and it promotes an effective collaborative knowledge sharing environment.

The daily support of MEDITECH and other applications benefit from:

- Document filtering, searching, viewing, alerting, versioning, and reporting
- Lists which track vendors, products, contacts and more

- Team sites for project management – for example, our MEDITECH 5.6.3 update site included project planning, DTS testing status, sign-offs, issue tracking, activity task list, membership list and meeting schedules
- Portal views for MEDITECH upgrade/change notifications; and ER Admit stats from MEDITECH Admissions

Now in its' second phase, CVH is building on the document management component which will include process and approval workflows to increase efficiencies, reduce paper, and reduce turn around time for completion of business operations. A next phase will build knowledge communities.

The intranet portal also provides connectivity to Credit Valley's Business Intelligence site where financial and clinical decision support tools such as balanced scorecards, dashboards and performance reporting is available.

Let us share with you our experiences and lessons learned as we strive to continuously improve day-to-day business operation productivity, efficiencies and real-time communications.

Ingrid Munroe leads the planning, development, implementation, maintenance and evaluation of the services of the information systems helpdesk and the office automation team at The Credit Valley Hospital. Thais Capriles is a computer engineer from the Simon Bolivar University in Venezuela with experience in areas such as software development, project management, and operations. Their combined 34 years in hospital administration and information technology experience was a key factor in the implementation of an Intranet platform. Promoting an excellent customer service and a continuous improvement environment encourages knowledge sharing, team building, and efficiency improvements.

109 – Service Desk Management: Moving Forward with an Integrated Model

Presenter: Terry Mouland

Organization: Eastern Health. St. John's, NL

Abstract: Eastern Health is a multi-facility organization covering a large geographical area with over 12,000 employees. When Eastern Health was formed from seven different organizations IM&T inherited seven Help Desk Services. Only one had dedicated staff assigned to answer and process services request. The other six integrated the function with existing support duties.

This presentation will show how Eastern Health is moving from this dysfunctional service model to a centralized model that provides a standardized approach based on ITIL best practice. The main focus will be on the Service Desk Setup with reference to Software selection, Data migration from existing systems, Change Management, Configuration Management and Resolution Processes.

Eastern Health currently receives approximately 500 requests a day for service via multiple channels such as direct calls, voice mails and/or email submissions.

Terry Mouland BSc., MBA is the Director of Information Management and Technology for Eastern Health in St. John's, Newfoundland & Labrador, Canada. He is responsible for providing leadership in achieving major Information Technology and Information Management organization goals. Terry is also a Director on the MUSE International Board.

110 – Use of Positive Patient ID in Specimen Procurement

Presenters: Diane Olmstead and Dawn Scott

Organization: Halton Healthcare Services, Oakville, ON

Abstract: Halton Healthcare Services (HHS) is a multisite healthcare organization serving the growing communities of Oakville, Milton and Georgetown. The need was identified for a positive patient ID phlebotomy system using barcode technology to enhance and improve patient safety. Such a system would ensure that specimens are collected from the right patient, at the right time, into the right specimen container and then linked back to the correct patient.

The specimen collection process is subject to errors at any hospital. At HHS, error reduction strategies such as process review to identify gaps and ongoing education were undertaken with little success. With our solution, a dramatic decrease in errors was observed. This presentation describes the implementation of the solution at HHS' Oakville Trafalgar Memorial Hospital site in the areas of Lab, ICU and Emergency and details the components, challenges and outcomes. A brief overview of hardware specifications and is also provided, along with a discussion of key advantages, disadvantages and recommendations.

HHS is the first site in Canada to implement this life saving technology in the specimen collection process.

Diane Olmstead is a Healthcare Information Technology Consultant and is the Project Manager for the PPID Implementation at Halton Healthcare. She has been with Halton Healthcare for the past four years, working on several IT and Telecommunications projects. Diane has 25 years of experience in healthcare IT planning, project management and implementation and held the position of IT and Telecommunications Director at The Scarborough Hospital for many years.

A practicing Medical Laboratory Technologist since 1985, Dawn Scott's main background and experience is in the Clinical Chemistry Department. She assumed the position of LIS Support Analyst during the initial MEDITECH Client Server Implementation at HHS in 2001. She has been in her present position as LIS Coordinator since 2007. LIS responsibilities encompass all areas of the Laboratory including phlebotomy.

201 – Project Metrics: How to Monitor Project Progress

Presenter: Roberta MacDonald

Organization: Beacon Partners

Abstract: In today's healthcare IT world of complex, concurrent projects are you effectively and efficiently managing your projects? How do you work smart and not just hard? How do you ensure that project goals are being met, and you are within budget? This presentation will discuss various strategies for establishing project metrics that are Specific, Measureable, Achievable, Relevant and Timely (S.M.A.R.T.), as well as using a Balanced Scorecard approach to monitoring project progress. All too often managing a project seems as labour intensive, if not more, than actually doing the project. This presentation will assist the attendee to define workable strategies to measure and report project progress.

Roberta MacDonald is a Regional Manager at Beacon Partners. She is an information systems executive with 25 years of experience in all facets of Canadian Healthcare Information Management/ Technology. Prior to joining Beacon Partners, Ms. MacDonald accrued extensive experience in IT/IM strategic planning and implementation at the departmental, organizational and regional levels in her role as the CIO at St. Mary's General Hospital, Kitchener, Ontario.

202 – The Real Technology Costs of Implementing Advanced Clinical Software

Presenter: Jim Fitzgerald

Organization: Perot Systems

Abstract: There is a lot of discussion in the MEDITECH community about the benefits and costs of migrating to advanced clinicals under MAGIC 5.6, Client/Server 5.6 and Client/Server 6.0 to achieve enhanced clinical results. While much of the discussion has centered on expanded technical requirements for the core computing platform, it is important to separate investments required for particular software versions from investments that are necessary to modernize your platform for the expanding clinical mission of healthcare information systems. Learn some useful insights into what's critical, what's optional, how to time investments for the best outcomes, and how to position technologies that can pay for themselves in reduced TCO. Using examples of actual MEDITECH configurations, this session provides pragmatic examples of how some relatively new technologies in the MEDITECH space like virtualization.

Jim Fitzgerald, Chief Technology Officer, joined Perot Systems when JJWild was acquired in 2007. During his ten-year career at JJWild and now with the MEDITECH Solutions Group within Perot Systems, Jim has been a principal designer of JJWild's technology solutions for the MEDITECH community including systems technology for the Client/Server and OSAL product lines, storage solutions which mitigate backup risk and position clients for effective disaster recovery, and MEDITECH VPN (a secure, managed pipeline for delivery of MEDITECH software and technical support). Jim is a recognized authority in technologies for the MEDITECH environment and often a guest speaker at seminars and conferences. Jim is a member of the Healthcare Information and Management Systems Society (HIMSS). He holds a BA in Biopsychology from Bates College and an MBA from Babson College.

203 – Postcards from the Edge: Emerging Technologies

Presenter: Jim Fitzgerald

Organization: Perot Systems

Abstract: A suite of exciting new technologies will change the way we think about servers, networking, client access, storage management, disaster recovery, high availability and operational recovery in the next several years. As a bonus, many of these new technologies offer a way to reduce ongoing operational costs while improving technical metrics. Join us for a fast-paced review of server & client virtualization, continuous data protection, data de-duplication, and unified networking and get ready to dust off your technology strategic plan.

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204 – Physician Governance & Leadership – The Support Structure Required for Your Electronic Health Record (EHR)

Presenter: Dr. Charlotte Hovet

Organization: Perot Systems

Abstract: The successful implementation of a clinical information system requires activities to build physician commitment and adoption in a manner that integrates both project and organizational goals with physician needs and requirements by placing physicians in leadership and decision making roles. This requires deliberate strategy, leadership commitment and involvement, an organized project structure, and a communication approach that demonstrates the value of the new technology in a manner that drives physician adoption (patient care, decision support, evidence-based medicine). Join us to learn the tactics for effective physician governance and the key steps to secure physician ownership in the change management and adoption of the EHR at your facility.

Charlotte Hovet is a Physician Executive with extensive experience in medical management and medical staff governance. Dr. Hovet's experience is in driving patient safety and quality initiatives, resulting in improved, measurable healthcare outcomes. She has expertise in leading clinical transformation through the effective alignment of people, process, and technology, with expertise in mentoring and motivating colleagues to develop effective solutions to improve healthcare performance. Prior to joining Perot Systems, Dr. Hovet was the Senior Medical Director of the Care Management Division at Altru Health System in Grand Forks, ND. It was designated by J.D. Power and Associates as a Distinguished Hospital for Service Excellence and recognized by HealthGrades as a Distinguished Hospital for Clinical Excellence.

205 – Order Sets: Quality Improvement Now While Building a Foundation for CPOE Success

Presenter: Dr. Chris O'Connor

Organization: Open Source Order Sets

Abstract: Order Sets when used effectively can lead to dramatic improvements in quality, safety, and workflow and resource utilization in all areas of a health care organization. Order Sets are essential for CPOE workflow and clinical impact. However many organizations find operating an Order Set project challenging. This session will review the common issues encountered with Order Sets such as Order Set content development, Order Set format, Order Set lifecycle processes and Order Set project operation. Solutions and best practices for enabling your organization to realize the benefits of Order Sets will be reviewed. The role of paper based Order Set projects as a key foundational step before implementing CPOE will be discussed.

Dr. Chris O'Connor is a critical care physician and the Director of Medical Informatics at Trillium Health Centre. Dr O'Connor lead the development of Trillium Health Centre's order set project which received the first Ministry of Health and Long Term Care award for Innovation in Patient Safety and Quality. In 2006 Dr. O'Connor helped establish Open Source Order Sets, a collaborative Canadian order set network that has grown to over 90 hospitals in four provinces. In 2007 Dr. O'Connor received the COACH, Canada's Health Informatics Association, Emerging Leader in Health Informatics Award.

206 – MEDITECH 5.6 / 6.0 is Your Application Strategy ... Have You Developed Your Integration Strategy?

Presenters: Joyce Crook and Jim Fitzgerald

Organizations: Summit Healthcare and Perot Systems

Abstract: Your organization has decided to migrate to MEDITECH 5.6/6.0; you've mapped out your hardware and infrastructure needs, set up your core team and potentially hired additional consulting resources to get the job done. You've begun your application planning to ensure your organization provides the highest standard of patient care and you know the benefits of moving to the new MEDITECH 5.6/6.0 platform. After all this planning, you are probably thinking what's left to consider? What's left to consider in your current integration state!

Even the most MEDITECH centric organizations are currently interfacing with multiple 3rd party ancillary systems or point of care technology. One must consider the importance of this data sharing and how your end users and ultimately your patient safety depend on these connections. If you review the posted MEDITECH 5.6/6.0 workplan and converted 5.6/6.0 clients, a forward facing topic is integration analysis and strategy.

As you embark on this amazing transformation you must ask the following questions:

- What's the state of our interfaces? Should we conduct an audit and map them out?
- How many ancillary and point of care systems are we currently interfacing with?
- Do we have the staff bandwidth and competency levels to manage interface migration?
- What will my migration plan be for our interfaces? How will I map out the timing, sequence and hardware needs?
- How can I streamline and maximize our current interface strategy? Are there any cost savings to be had?
- If Advanced Clinicals will be an added addition to our implementation, what integration strategies must take place to ensure our staff has access to the most accurate real-time information?
- What if direct interface connectivity isn't an option (HL7/XML feeds)? How can I leverage technology to integrate all systems?

Join us to review a tested integration roadmap using industry expertise and profiling MEDITECH 5.6/6.0 clients. We will provide a candid discussion on the intricacies of interface migration as well as comment on how best to leverage integration technology such as scripting and data synchronization tools. Let us help ensure your organization maximizes your MEDITECH 5.6/6.0 migration experience not only for your end users but for your patients.

Joyce Crook is the Vice President of Sales for Summit Healthcare with direct experience in MEDITECH Technology. Joyce brings over 13 years of healthcare experience with prior positions held in the MEDITECH sales division and First Consulting group/CSC.

Jim Fitzgerald, Chief Technology Officer, joined Perot Systems when JJWild was acquired in 2007. During his ten-year career at JJWild and now with the MEDITECH Solutions Group within Perot Systems, Jim has been a principal designer of JJWild's technology solutions for the MEDITECH community including systems technology for the Client/Server and OSAL product lines, storage solutions which mitigate backup risk and position clients for effective disaster recovery, and MEDITECH VPN (a secure, managed pipeline for delivery of MEDITECH software and technical support). Jim is a recognized authority in technologies for the MEDITECH environment and often a guest speaker at seminars and conferences. Jim is a member of the Healthcare Information and Management Systems Society (HIMSS). He holds a BA in Biopsychology from Bates College and an MBA from Babson College.

207 – CPOE – Pearl or Peril? (Readiness and Planning)

Presenter: Elizabeth Nemeth

Organization: Healthtech

Abstract: Over the last few years, there has been a push on healthcare organizations to enhance overall quality of care and patient safety. Medication errors account for the largest number of all adverse events reported and to help achieve a safer environment, numerous IT tools have been deployed. One that shows particular promise is computerized physician order entry (CPOE).

Of all the COPE solutions out there, many have encountered barriers to success, in large part due to issues of system usability – resulting in lack of user uptake. As CPOE is advanced and refined it is becoming more extensively implemented. There are key features to a successful implementation. Throughout this interactive workshop, participants will learn how to assess an organization's readiness for CPOE and the critical steps required prior to pre-implementation. Participants will learn to appreciate why there needs to be support for the CPOE system at the executive level and how successful implementation and clinical adoption comes with strong clinical leaders from medicine and nursing. Lessons learned and key findings will be discussed. Participants will learn why a current state workflow assessment must be completed to integrate the current processes with the new technology and that there needs to be a larger focus on workflow process and the organization of work than on the technology. Lastly, participants will gain the knowledge to begin to develop a plan which includes Risks/Benefit Analysis; Change Management Strategies; Timelines and Sequencing; and, Support/Resources required for implementation of CPOE.

Elizabeth Nemeth has 20+ years experience in health care: a focus in clinical management and operations, professional staff development and shared governance. She has demonstrated strong communication and interpersonal skills, with proven leadership. She is an RN with an MN from the University of Toronto, and a BScN from Ryerson Polytechnical University. Her experiences/roles include EHR Assessment & Planning, Portal Technology & Project Management. She is an active member of various organizations. She is currently President of the Nursing Leadership Network of Ontario, a member of the Board for the Ontario Nursing Informatics Group, a Member of PMI and of the Canadian Nursing Informatics Association. She has published and presented at national/international conferences.

208 – Downtime – Can We Work Without Computers?

Presenter: Arthur Young

Organization: Interbit Data, Inc.

Abstract: While every system has some downtime, MEDITECH has always been better than most. The industry talks about three nines (99.9%), four nines (99.99%) and five nines (99.999%) – that's about as good as it gets. But what if MEDITECH is up, and you can't get to it?

As our environments have gotten more complex, our infrastructure has introduced more potential points of failure. It is no longer the case that your device is connected to the host via a physical cable. Now it may go through any number of intermediary connections before actually reaching the host system. Each link must be examined for its own uptime.

Coincidental with the growth of the environment is the growth of the applications and the increased use of on-line and real-time documentation and processing (eMAR, PCOE, etc). This means our sensitivity to downtime becomes even more acute.

This presentation will talk about the different aspects of downtime and the different approaches to data protection and service protection, identifying points of failure and creating policies and procedures to protect against them, and tools to help identify and quantify existing risk.

Arthur Young, President of Interbit Data, has been providing products and services in the MEDITECH community since 1984. At Interbit, he has continued to direct the development of solutions to simplify the management and operations of the IS environment for MEDITECH hospitals. Arthur holds a BA from Boston University and MSW and MBA degrees from Washington University in St. Louis.

209 – The Complex Migration to EMR Interoperability

Presenter: Arthur Young

Organization: Interbit Data, Inc.

Abstract: As an extension of report delivery to clinician offices, reports are now being requested to be integrated into physician's EMR systems. Different offices, different requirements. This presentation will discuss some of the requirements, obstacles, and experiences in implementing this capability.

Arthur Young, President of Interbit Data, has been providing products and services in the MEDITECH community since 1984. At Interbit, he has continued to direct the development of solutions to simplify the management and operations of the IS environment for MEDITECH hospitals. Arthur holds a BA from Boston University and MSW and MBA degrees from Washington University in St. Louis.

211 – Patient Safety – Our Top Priority

Presenter: Michelle Schneider

Organization: Iatric Systems

Abstract: The Patient Safety Goals outlined by Accreditation Canada can present an overwhelming challenge. These goals have many of us running for paper and pen or designing a checkbox form for clinicians to complete. Then we remember our own patient safety goal... the electronic medical record! In this session, we will review the Patient Safety Goals and we'll examine some strategies for automating these processes. We'll tackle the challenges and share some ideas for success from medication reconciliation to monitoring hospital acquired infections. Let's keep the Electronic Medical Record just that; electronic!

Michelle Schneider, RN, is a registered nurse with clinical background in cardiac and intensive care nursing. She worked for 14 years in a MEDITECH hospital. During her eight years as a clinical analyst she implemented and supported all clinical modules including Nursing, OE, PCI, Pharmacy, Laboratory and Radiology. She also spent one year as the Nursing Information Systems Manager for a health network. Michelle has played a very active role in MUSE since 1992 and took on the role of RPGL for many peer groups while working at the hospital. In her role with Iatric Systems, Michelle has installed and supported various products. She is now Clinical Marketing Manager.

212 – Mobilize Your MEDITECH Data: Data Exchange with your Physician's Ambulatory EMRs

Presenter: Mike Knebel

Organization: Forward Advantage

Abstract: You may have received the call already-one of your high-profile physicians has a new EMR, and he wants you to stop sending paper and start sending data. And then you receive another call, and another. When you begin to look at ways in which to meet your physicians' demands, you immediately see the challenges – an environment that includes possibly hundreds of physicians, over 250 different EMR vendors, a lack of well-defined and changing standards, and a shortage of IT staff and time. In this session, we will discuss the challenges, ways to overcome these challenges, and how to prepare, so you can say "Yes, tell me where to send it!" when your physicians ask for data.

Mike Knebel is the Vice President of Sales for Forward Advantage, Inc. and has over 16 years of experience in the Healthcare industry including roles in Finance, Operations, Business Development and Information Technology.

213 – Data Driven Excellence – The IT and Decision Support Challenge

Presenter: Elizabeth Fleming

Organization: Medisolv Inc.

Abstract: This presentation addresses the challenges IT and Decision Support staff face when attempting to achieve data driven excellence in their organizations. It highlights how Information Technology advances have enhanced data availability, organizational complexity and created extraordinary demands on staff in these departments. The presentation looks at pros and cons of the build versus buy option for business intelligence. These are the practical options that senior health care managers and IT departments must consider as they make data available for clinical and administrative decision making. The user-friendly features that are now available in BI software systems are presented, features that should be taken into consideration if the buy path is followed. Lastly the presentation reviews some of the organizational attributes that are essential for achieving data driven excellence.

Elizabeth Fleming has worked in the healthcare field as a care provider, administrator and consultant for over 30 years. She has extensive experience working in a health care system with shrinking resources, so of necessity analyzing clinical and financial data to help hospitals identify opportunities to improve efficiency and live within their funding envelopes. Through these operational reviews Elizabeth has identified many areas where strong data analytics can assist Senior Managers to ensure organizational efficiency and optimal throughput, achieving cost effective patient care.

214 – USP Chapter <797> – Compliance is Easier than You Think!

Presenters: Cindy Doig and Lisa Fraser

Organization: Healthtech

Abstract: United States Pharmacopoeia Chapter <797> (USP 797) was written to improve safety for patients and clinical staff. It provides a wide range of policies and procedures for the compounding of sterile preparations (CSP). Intended to reduce the number of patient infections and related mortality caused by pharmaceutical products and increase clinical staff safety related to their exposure to pharmaceutical agents, it is considered to be 'Best Practice'. While not yet mandated in Canada, it is endorsed by the Joint Commission on Accreditation of Healthcare

Organizations (JCAHO) in the United States, where adoption is mandatory in most states. It covers all aspects of admixture preparation and extends to architectural and environmental areas. USP 797 is detailed, proactive and comprehensive; however it can be implemented with a reasonable amount of resources and time. Join us for a guided journey through aseptic process, compounding risk levels, engineering controls, developing cleaning guidelines, staff education and training and facility design. Learn about the foundational steps to enable your organization to adopt these best practices.

Cindy Doig brings a strong and varied background in Pharmacy to her role as a Healthtech Consultant. Cindy has had over 20 years of experience in hospital, retail pharmacy and the pharmaceutical manufacturing sector as a Pharmacy Technician and manager in Ontario and Alberta. She has extensive knowledge of all elements of pharmacy practices including Unit Dose, CIVA and Traditional Drug Distribution Systems both in a manual and in automated settings.

Lisa Fraser is a Healthtech Consultant with over ten years of experience in Pharmacy both as a Pharmacy Technician in a hospital environment and as a Pharmacy Applications Specialist. While working in the hospital environment, Lisa was trained and certified for aseptic preparation of chemotherapeutic preparations at a major Cancer Centre in Toronto.

Both presenters, Cindy Doig and Lisa Fraser successfully completed the Compliance Tools and Aseptic Certification for USP <797> course at Baxa Corporations' Skills, Training, Academics and Resources (STAR) Center in Colorado in 2009.

215 – Thinking of Recommending a Move to C/S 6.0? Is Your Organization Ready to Support the Decision?

Presenter: Robert Aubin

Organization: Beacon Partners

Abstract: For all MEDITECH MAGIC clients, and for many C/S hospitals, the “migration” to C/S 6.0 will present challenges and opportunities way beyond the required technology changes. Many MEDITECH systems have been installed for many years. Typically, there are supporters, non-participants (other vendor systems or just not using MEDITECH yet) and critics of the existing MEDITECH applications. Given the significant cost, project timeline, staff time commitment and potential operational changes, all questions, concerns and existing technology dissatisfaction are areas that need to be reviewed.

The scope of the 6.0 project (budget, IT and organizational staff commitment, timeline) will most likely force the organization leadership to reassess some of their operational initiatives planned during the 6.0 project timeframe. The reasons and benefits for moving to 6.0 will have to be very explicit, and presenting an “accurate” and comprehensive picture of the organizational impacts, decisions, and cost is critical for attaining support to move to 6.0.

This presentation will discuss various strategies for obtaining the information to develop a Business Case for a C/S 6.0 recommendation.

Robert Aubin is a Regional Manager at Beacon Partners. He has over 25 years of experience as a senior manager of Healthcare Information Systems (HIS) and seven years in the capacities of Interim IT Management, Project Manager and Senior IT Consultant. Previous positions include Director, CIO and Vice President in hospital settings. Mr. Aubin's professional background encompasses all aspects of IT management, with particular emphasis on assessing, selecting and deploying technology to enhance services and operational processes within a healthcare enterprise. He has performed full-cycle project management in the development of IT strategic/tactical assessments and multi-facility, multi-vendor HIS implementations.

216 – Right People, Right Place, Right Time

Presenter: Kendall Brown

Organization: Interbit Data, Inc.

Abstract: Learn how to lay the foundation to improve the use of nursing and clinical staff and manage the entire workforce planning process.

Schedule Management - creating a schedule using either self scheduling, manager scheduling, or rotating patterns, intuitive manual scheduling or optimizing auto scheduling.

Schedule Quality Indicators - Once a schedule is produced, how do you measure how good the schedule is? Does it meet budget? Does it meet the clinical demand? Is it fair to staff?

Staffing and Unavailability - understanding all the necessary information about your staff, including skills and working restrictions, and managing all absence from vacation time to sickness.

Float /Per Diem Management - managing temporary staff and agency requests, such as holiday, overtime or on call rates, from the schedule, or using a feed from an external time & attendance

Establishment & Demand - modeling the organization as it is today and planning changes in the future in terms of structure, budgets and positions. How is this done now? Is Staff demand modeled for each schedule, including the specific skills, required? Can demand be compared to the budgets to ensure they are aligned?

This session is designed for managers and clinical staff alike, they can easily optimize clinical resources, identifying and remedying the cause and impact of staffing issues.

Kendall Brown, Healthcare Product Manager for Interbit Data has over eight years experience in the healthcare industry. Kendall is responsible for marketing and product management of the MAPS Healthsuite clinical workforce planning application. She has been instrumental in the development of the software to meet the specific clinical needs of the North American Healthcare industry. Her healthcare experience spans a broad range of disciplines from patient care to EMR and health insurance sectors. Her professional career has included Sales and Marketing, Product Management, Project Management and Account Management.

217 – The Countdown Begins for 6.0!

Presenters: Dr. Frank Knoefel and Mary Willhoeft

Organization: Bruyère Continuing Care and Beacon Partners

Abstract: Now is the time to reassess all clinical documentation, whether it is on paper or electronic prior to implementing MEDITECH 6.0. Transition from a paper based documentation system to an electronic environment or re-evaluating a current electronic environment takes time and a substantial amount of work.

An exceptional, integrated and standardized paper/electronic based documentation system that promotes evidenced based practice, patient centered and interprofessional care, patient safety and work efficiency, supports a straightforward transition or continuance into the electronic patient record and MEDITECH 6.0.

Bruyère Continuing Care has worked diligently to streamline and standardize the key tools for the documentation process prior to implementing MEDITECH 6.0. These key tools have initiated the clinical documentation transformation by developing a corporate set of tools, reducing duplication in clinicians' documentation and by streamlining the number of tools which accomplish similar documentation tasks.

Clinical transformation and process redesign are essential work required for streamlined interprofessional documentation which will allow Bruyère Continuing Care to realize its vision of an exceptional, standardized documentation system and influence the quality of documentation practices at Bruyère Continuing Care.

Dr. Frank Knoefel started his clinical career in Care of the Elderly at the Dr. Georges-L. Dumont Regional Hospital (New Brunswick). Following the 1993 hospital merger that created the SCO Health Service, he became Medical Director of Geriatric Rehabilitation. Since 2008, in addition to continuing as VP, Medical Affairs, he has been leading the corporate implementation of the electronic patient record at Bruyère Continuing Care. In his capacity as surveyor with Accreditation Canada, he keeps in tune with what other health care organizations are doing.

Mary Willhoeft RN, BScN is an executive consultant with Beacon Partners. Mary has over 25 years of healthcare experience with a primary focus on clinical and nursing informatics throughout North America. Mary identifies approaches for creating integrated networks to support the healthcare continuum and effectively applies informatics and clinical solutions that extend care delivery across the breadth of the patient safety scope.

218 – MEDITECH in the Canadian Multi-Facility Environment – Regions, LHIN's, Partnerships

Presenter: Tony Suttis

Organization: Perot Systems

Abstract: The Canadian Health Care System continues to become defined by multi-facility organizations. Some of these organizations are large, some relatively small. There are very few, if any, individual facilities that are not part of a region, LHIN or other partnership, especially when it comes to facilities using MEDITECH software.

This presentation will discuss use of MEDITECH software in the multi-facility environment across the country and discuss differences in approach among various types of multi-facility organizations. Issues such as leadership and vision, standards, shared data centres, and partnerships will be discussed.

A recent experience at an Ontario LHIN will be highlighted as an approach to standardization of core MEDITECH software in preparation for large scale clinical software initiatives and transformation.

Tony Suttis is a Senior Specialist with Perot Systems. Tony has over 25 years experience in the Canadian Health Care System and has worked in three different provinces in various roles from Director, Information Systems to Vice President Finance and Information Management in a large multi-facility environment. With Perot Systems, Tony has spent several years working on multi-facility projects in several Regions/LHIN's/Partnerships across the country.

219 – It's Not About Scanning Documents, It's About Managing Content: An ECM Primer

Presenter: Bob Gronberg

Organization: Hyland Software, Inc.

Abstract: Scanning vendors and scanning solutions have been around for decades, but are they the right solution? Are they a true Enterprise Content Management (ECM) solution?

The Association for Information and Image Management (AIIM) defines ECM considers ECM core components to include: Imaging, Document Management, Electronic Records Management, Web Content Management, Workflow, and Document Centric Collaboration. But, we're not just talking about a specific technology when we are talking about ECM. We are also thinking about the strategies, methods and tools used to capture, manage, store, preserve, and deliver content and documents related to organizational processes. This presentation will highlight the rich and broad reaching ECM concepts and their application in healthcare.

Bob Gronberg is a member of the Healthcare Solutions group for Hyland Software. Bob brings to Hyland Software over 20 years of healthcare IT experience in the areas of consulting, senior healthcare provider-side IT management, and software development. Bob has been instrumental in providing key insights, technology solutions, and implementation leadership and support to a variety of Healthcare clients, ranging from small community hospitals to large scale metropolitan RHIO's & IDN's. Bob has been an active member of the HIMSS, CHIME and MUSE organizations, and presented at regional and national conferences on a variety of healthcare IT related topics.

220 – Medical Device Connectivity, ABCs and 123s

Presenter: Mike Knebel

Organization: Forward Advantage

Abstract: Did you know that you can send much of the data from bedside medical devices directly into the MEDITECH HCIS eliminating manual collection and drastically improving the quality of your electronic medical record? In this session you will learn about medical device connectivity and how it can be an essential component in providing safe and effective patient care. Discover how device connectivity works and find out what questions your facility should be asking for optimal configuration of your device connectivity solution into MEDITECH. Find out how other MEDITECH hospitals implemented their device connectivity solution and how that solution saved nursing hours, reduced medical errors and allowed clinical staff to focus on patient care.

Mike Knebel is the Vice President of Sales for Forward Advantage, Inc. and has over 16 years of experience in the Healthcare industry including roles in Finance, Operations, Business Development and Information Technology.

221 – Downtime Solutions to Protecting Critical Data

Presenter: Joyce Crook

Organization: Summit Healthcare

Abstract: Learn about protecting critical data and providing immediate access to it at ALL times and from anywhere. You don't have to wait for a SANS or an archive system to be budgeted in the next 1, 2, 3 years. This solution can be implemented in a month, without spending your entire IT budget. This class will review a simple cost effective way to protect significant data in case of planned or unplanned downtime. Whether your MEDITECH system is down for a planned update or a power outage happened on the West Wing, you need a downtime reporting solution to access critical data at all times. What are you doing today to access your online MARS, Census reports, Discharge Summaries, OR Preference Cards, or any critical financial or clinical data?

This discussion will review a solution for all Client Server and Magic hospitals. A robust yet easy to use solution that will encrypt and decrypt data with unique user logins and meets HIPPA compliance.

Joyce Crook is the Vice President of Sales for Summit Healthcare with direct experience in MEDITECH Technology. Joyce brings over 13 years of healthcare experience with prior positions held in the MEDITECH sales division and First Consulting group/CSC.

222 – Thinking Out of the Litter Box: Implementation of MEDITECH HIS at the Ontario Veterinary Hospital

Presenters: Catherine Massey and Roberta MacDonald

Organization: Hamilton Health Sciences, Hamilton, ON

Abstract: Hamilton Health Sciences (HHS) began hosting hospital information systems for smaller facilities within a close geographical area in 2003. They now host many systems for five facilities, providing consultation, software, hardware and infrastructure support. In 2007, HHS was approached by the Ontario Veterinary College to consider hosting their Hospital Information System. An installation of MEDITECH at an animal hospital had never been done before; however, the Ontario Veterinary College Teaching Hospital is a full service hospital offering acute and tertiary care for exotic, large and companion animals. Their services include surgery, medicine, oncology, ophthalmology, trauma and cardiology.

This presentation will address the unique approach required for this implementation and hosting environment. The strategies and principles used to guide this implementation were not different than other installations. However, creative, out of the box thinking was required to address the unique requirements of the patient population; these challenges and solutions will be presented. Those issues faced by all health care facilities: patient safety, unique patient identification, best practice will be discussed in the context of this implementation. The attendee will gain a new appreciation for the advantages of "thinking out of the box" for all implementations as well as flexibility of the system.

Catherine Massey is the Project Manger, Remote Partners at Hamilton Health Sciences.

Roberta MacDonald is a Regional Manager at Beacon Partners. She is an information systems executive with 25 years of experience in all facets of Canadian Healthcare Information Management/ Technology. Prior to joining Beacon Partners, Ms. MacDonald accrued extensive experience in IT/IM strategic planning and implementation at the departmental, organizational and regional levels in her role as the CIO at St. Mary's General Hospital, Kitchener, Ontario.

223 – Moving Forward with MEDITECH: An Introduction to our 6.0 Platform

Abstract: MEDITECH customers now have a new technology option for delivering safe, quality care to their communities with our Client/Server 6.0 release. This software represents a new generation of health care technology, offering advanced levels of stability and performance while encompassing a more intuitive and streamlined approach for users. This strategic overview of 6.0 and the migration paths available will outline the pathways available so our customers can determine their own individual, long-term goals.

Presented by MEDITECH via webcast.

224 – Integrating with your Physician Office or Clinic

Presenter: Joyce Crook

Organization: Summit Healthcare

Abstract: Physician Office Integration (POI) allows for better patient care and increased productivity by accelerating access to vital patient information at the Physician Office or clinic location. The main priority of most Physician Offices is to get patient demographics and orders from the Physician Office System into the Hospital Information System (HIS) and then to send order results back from the HIS to the Physician Office System. As simple as that may seem, there are a large number of systems that could be mixed and matched and Health Level Seven (HL7) may not always be available as the integration protocol. Our presentation will outline solutions that clearly show how healthcare organizations have made great strides towards improving the delivery of vital patient information by implementing automated interfaces to transfer clinical information to and from their central HIS and Physician Office applications.

Joyce Crook is the Vice President of Sales for Summit Healthcare with direct experience in MEDITECH Technology. Joyce brings over 13 years of healthcare experience with prior positions held in the MEDITECH sales division and First Consulting group/CSC.

Peer Groups

ADM – Admissions

Leader: Sylvia McClements

Organization: Guelph General Hospital, Guelph, ON

Show & Tell – Looking for a Bed? Going Once, Going Twice...

Presenter: Amy Donnelly

Organization: The Credit Valley Hospital, Mississauga, ON

Abstract: MEDITECH's Bed Board, when used effectively, can lead to dramatic improvements in bed allocation efficiency, infectious disease awareness and resource utilization. The use of Bed Board also promotes clearer communication, reduces phone calls and supports right time, right place, right patient model to reduce risk.

The process of migrating from an entirely paper based system to the electronic Bed Board, implementation, communication and staff education will be discussed. Additionally, there will be discussion on integrating the Bed Board with other modules such as EDM (Emergency Department Management) and ORM (Operating Room Management).

Amy Donnelly is an Application Analyst in the Information Systems department at The Credit Valley Hospital. Amy provides support for information system applications and a comprehensive approach to implementation of related information system applications with emphasis on the betterment of patient care, customer service, improved efficiency and improved quality. Amy has a Bachelor of Arts degree from the University of Guelph and is also a certified Project Management Professional (PMP). Amy has worked in the healthcare industry since 2000.

DR – Data Repository

Leader: Diana Gould, Database Administrator - Information Technology

Organization: Markham Stouffville Hospital, Markham, ON

Show & Tell – Data Repository Transfer Errors – A Monitoring Tool

Presenter: Allan Townsend

Organization: Healthcare Information Technology Services Nova Scotia (HITS NS)

Abstract: Using an NPR routine to pull the DR Transfer Error Log into a downloadable, delimited file, this tool can help identify and aid in the daily monitoring of DR transfer errors. A short presentation showing how to run and import this file into Excel and with the use of pivot tables, show how errors can be tracked very easily.

Allan Townsend has 27 years of IT Healthcare experience as a Systems Analyst, including the development and support for financial and clinical applications at the Cape Breton Healthcare Complex. Over the past 8 years Allan been involved in the standards phase and implementation of MEDITECH in the province of Nova Scotia including being Team Leader for ADM/MRI, BAR and the NPR/DR modules and now has settled in as a member of the provincial NPR/DR decision support team with Healthcare Information Technology Services NS (HITS NS).

EDM – Emergency Department Management

Leader: Susie Thibeault

Organization: Hamilton Health Sciences Centre, Hamilton, ON

Show & Tell - Clinical Documentation in ED: One More Piece of the EDM Puzzle ...

Presenter: Susie Thibeault

Organization: Hamilton Health Sciences Centre, Hamilton, ON

EMR / OE – Electronic Medical Record; Order Entry (C/S)

Leader: Natasha Ringhofer

Organization: Royal Victoria Hospital, Barrie, ON

LIS – Laboratory Information Systems (LAB, BBK, MIC, PTH)

Leader: Rick Lambert

Organization: Markham Stouffville Hospital, Markham, ON

Show & Tell – Implementing New MIS Laboratory Standards

Presenter: Rick Lambert

Organization: Markham Stouffville Hospital, Markham, ON

Abstract: The MIS standards for clinical laboratory services have been redeveloped and must be implemented by April 1, 2010. This necessitates a significant change in the collection and reporting of workload. The conceptual model has changed, with many activities such as quality control and maintenance, being moved to non-service recipient activities, and thus no longer associated with specimen activities, and auto-collection of workload units.

This session will be an open discussion of potential options for implementing the new standards within the existing MEDITECH software. Suggestions on how MEDITECH could assist with meeting the new standards will also be discussed. Bring your thoughts and ideas. This is an open discussion. It is not a presentation of how we implement them. We simply don't know yet.

Rick Lambert is the Systems Integration Consultant at Markham Stouffville Hospital, and has been working with MEDITECH lab systems since 1985.

MIS – Management Information System

Leader: Kevin Hick, Technical Analyst

Organization: HITS-NS (Health Information Technology Services - Nova Scotia), Halifax, NS

MRI – Medical Records Index

Leader: Ralda Pearce

Organization: Lakeridge Health, Oshawa, ON

Show & Tell – Incomplete Records System

Leader: Ralda Pearce

Organization: Lakeridge Health, Oshawa, ON

Learn about Lakeridge Health's Phase II development of their doctor's incomplete records system (using a combination of technologies including custom NPR reports, Visual Studio, web pages, Crystal Reports, and an SQL database.)

NPR – NPR Report Writer

Leader: Gord Dowling

Organization: Huron Perth Healthcare Alliance, Stratford, ON

Show & Tell – Robust Self-refreshing Static Display Boards

Presenter: Gord Dowling

Organization: Huron Perth Healthcare Alliance, Stratford, ON

Abstract:

The challenge:

- Create a full-screen display, showing near real-time information gleaned from MEDITECH Magic.
- Design it to recover from power outages.
- Design it to require minimal IT servicing.
- Push it out for less than a thousand bucks, and...
- Make it pretty!

Gord Dowling is the principal NPR report writer for the Huron Perth Healthcare Alliance. Currently employed as an Applications Analyst, he has a board range of experiences in healthcare gleaned over the past 31 years. He was employed first, as an Army Medic, then Diagnostic Imaging Technologist and finally, as an IT analyst. His recent focus has been on NPR extracts from MEDITECH to be used in other computing environments.

OE – Order Entry (Magic)

Leader: Barbara Cluett

Organization: Markham Stouffville Hospital, Markham, ON

ORM – Operating Room Management

Leader: Kenneth Tam

Organization: Peterborough Regional Health Centre, Peterborough, ON

PCI - Patient Care Inquiry

Leader: Doug Mitchell

Organization: Guelph General Hospital, Guelph, ON

Show & Tell - Access for Each 'n Everyone: PCI Integration with eCHN

Presenter: Doug Mitchell

Organization: Guelph General Hospital, Guelph, ON

The electronic Child Health Network (eCHN) is a province-wide paediatric electronic health record (EHR), receiving visit information and reports/results (radiology, departmental, and laboratory) from 52 hospitals (soon to be 64) and accessible from 108 hospitals and numerous physician offices. eCHN was referenced in the Ontario's eHealth Strategy to potentially expand to include adults, and become the premier provincial EHR. Clinicians in the Wellington Hospitals Information Network (consisting of the hospitals in Guelph, Fergus, Mount Forest, and

Palmerston) were dissatisfied with the requirement for yet another username and password, and an extra set of steps to access eCHN through the traditional website portal. Partnering with a third-party vendor and eCHN, we developed a direct integration from PCI, that once a patient is selected and the user chooses to access eCHN, they are automatically authenticated and connected directly to the patient's record in eCHN. This presentation will describe the journey to achieve this integration, unveil with a real demonstration, and present the security issues, challenges and future opportunities. Come join us as well for an exuberant debate on the EHR threat to PCI!

PCS – Patient Care System

Leader: Cathy MacLeod, Manager, Application Support, Information Systems
Organization: Cape Breton District Health Authority, Sydney, Nova Scotia

PHA – Pharmacy

Leader: Laura Zinger
Organization: Guelph General Hospital, Guelph, ON

Show & Tell - It's All About Frequency, Frequency, Frequency: PHA interface with Omnicell Scheduled Meds

Presenter: Laura Zinger
Organization: Guelph General Hospital, Guelph, ON

Abstract: Scheduled Meds is a workflow improvement for our nurses, providing a patient-specific list of active medications that are due at a specified dose time based on the frequency and early/late window established by Guelph General Hospital. The frequencies are mapped in our Directions Dictionary and on the Omnicell server's Frequency Table. This presentation will describe our challenges in achieving a successful patient-safety outcome.

Plus,

Come join us to hear about our TALLman lettering implementation, and discussion on Focus 6.0, Centralized Allergies, Bar Codes for Ward Stock, Rx Debit Credit and semi-automated Medication Reconciliation Process.

PP – Payroll / Personnel

Leader: Helena Vilan
Organization: Markham Stouffville Hospital, Markham, ON

SCA – Scanning & Archiving

Leader: Alma Boyd, CHIM, Director, Health Information Services & Patient Registration Data Quality
Organization: Humber River Regional Hospital, Weston, Ontario

SCH – Scheduling (Magic)

Leader: Kathy Mickeler
Organization: Markham Stouffville Hospital, Markham, ON

Workshops

501 – Building NUR Customer Defined Screens – The Basics

Instructor: Michelle Schneider

Organization: Iatric Systems

Abstract: This session is for individuals who need to learn the basics on how to build customer defined screens for the Nursing application, and want to build them well! The agenda will include:

- An overview of Customer Defined Screens
- Tips and training on the Group Response, Query and Customer Defined Screen Dictionaries
- Integrating Customer Defined Screens into NUR Interventions
- A few fool proof attributes to make your users happy!!

If you would like to align, organize and make your CDS flow better using the basics, this course is for you!

Prerequisites: None

Duration: ½ day

Michelle Schneider, RN, is a registered nurse with clinical background in cardiac and intensive care nursing. She worked for 14 years in a MEDITECH hospital. During her eight years as a clinical analyst she implemented and supported all clinical modules including Nursing, OE, PCI, Pharmacy, Laboratory and Radiology. She also spent one year as the Nursing Information Systems Manager for a health network. Michelle has played a very active role in MUSE since 1992 and took on the role of RPGL for many peer groups while working at the hospital. In her role with Iatric Systems, Michelle has installed and supported various products. She is now Clinical Marketing Manager.

502 – NUR Dictionaries – Building a Solid Foundation

Instructor: Michelle Schneider

Organization: Iatric Systems

Abstract: Do you support NUR but have never had formal NUR dictionary training? Is your hospital implementing NUR for the first time, or revamping the way in which NUR is being used? If you answered yes to any of these questions, this workshop is for you!

This course delves deep into the details of NUR dictionaries in order to help users understand and build a documentation system that best fits the needs of the organization. Clinicians now work together as multidisciplinary teams, and therefore this course will teach you to integrate interventions into an interdisciplinary plan of care. You will see how your problem list can easily represent every clinician on the patient care team. We will work with the Nurse, Nurse Access and Intervention dictionaries and discuss how to build these in order to provide all clinicians with needed access.

Leveled interventions and query links will also be reviewed. These features are often under-used but can provide us with many advantages in streamlining our plan of care. You will learn how to gain documentation efficiencies using these routines.

Prerequisites: Basic knowledge of the Magic Nursing module and customer defined screen building is helpful

Duration: ½ day

Michelle Schneider, RN, is a registered nurse with clinical background in cardiac and intensive care nursing. She worked for 14 years in a MEDITECH hospital. During her eight years as a clinical analyst she implemented and supported all clinical modules including Nursing, OE, PCI, Pharmacy, Laboratory and Radiology. She also spent one year as the Nursing Information Systems Manager for a health network. Michelle has played a very active role in MUSE since 1992 and took on the role of RPGL for many peer groups while working at the hospital. In her role with Iatric Systems, Michelle has installed and supported various products. She is now Clinical Marketing Manager.

505 – eMAR / BMV / CPOE – Exploring the Workflow Behind the Scenes

Instructor: Carol Dueck

Organization: Healthtech Consultants

Abstract: Patient safety, efficiency and accuracy are the drivers for automation of the medication management systems. As increasing numbers of Canadian hospitals are planning and preparing for training sessions for eMAR/ BMV and / or CPOE, the focus is often on the equipment and the applications connected to this advanced technology. This half-day workshop will explore the opportunities, challenges and related patient safety principles to design functional workflow that will support the needs of all the players in medication ordering, delivery and administration: physicians, pharmacy, nursing, allied staff who administer medications, porters, stores, risk, management, housekeeping, infection control, maintenance, information services, finance and, oh yes, the patient.

Objectives:

- Compare and contrast storage methodologies and distribution services to the clinical areas to balance cost, efficiency and safety.
- Explore tips on completing and using workflow mapping to identify barriers and improve the system impacted by advanced clinical systems.
- Provide forum to share success stories for high compliance to scanning medications accurately (the first time)

Prerequisites: None

Duration: ½ day

Carol Dueck is a Consultant and Manager with Healthtech Consultants Inc. offering project management for healthcare facilities during the journey to implement the Electronic Health Record and to use technology to improve safety in medication management. Keys to successful planning and implementation of enhanced technology necessitate the attention to relevant critical success factors, interdisciplinary team building, patient safety guidelines and principles for change management. Carol has been involved with medication management readiness assessments at community and tertiary hospitals in Ontario and project lead for advanced technology in medication systems at a new site. Before joining Healthtech, Carol was Project Leader with the Institute for Safe Medication Practices Canada and held the positions of Director of Critical Care and Director Clinical Informatics at The Scarborough Hospital.

506 – "Focusing" on Reporting Services

Instructor: Garry McAninch

Organization: Dimensions Analysis

Abstract: With the move towards MEDITECH's 6.0 (Focus), the Data Repository is becoming more and more strategic as part of an integrated enterprise information solution. There's a hidden gem that comes included when you install the Data Repository called Microsoft Reporting Services. Reporting Services is part of Microsoft's Business Intelligence Platform which also includes Microsoft SQL Server, Analysis Services and Integration Services. It is quickly becoming the most widely accepted web-based reporting tool for enterprise reporting. This tool also works with other MEDITECH-based data extract solutions (including I-Direct/I-Connect, OpenGate, NPR downloads, etc.). Many organizations are utilizing this tool to provide an integrated "single look and feel" platform for its reporting from MEDITECH and other related systems. With it being web-based, it means no client software installation is necessary on user's desktops. It also follows familiar web standards so the learning curve for end users is minimal.

This workshop will provide:

- Insight into Reporting Services, its design and what it can provide to the organization.
- Step-by-step instruction on how to build sample web-based reports that are easily deployed to targeted users. Review various advanced reporting techniques including graphical and interactive reporting.
- Review "Best Practices" of its use.
- Discuss possibilities for its use in your organization as part of your Information Management strategy.
- Briefly overview other segments of the Microsoft Business Intelligence platform.

Garry McAninch is the Principal of Dimensions Analysis, a St. Catharines Ontario Business Intelligence product and services firm specializing specifically in the MEDITECH marketplace. His involvement in the field of Business Intelligence spans more than 14 years and over three continents. Since 1991, he's been working exclusively in the MEDITECH HCIS environment. A total of 16 years were also involved in hospital IT management.