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Pre-deployment Task List

- Meet with Area and Local Information Technology Specialist(s) to review technical requirements/specifications checklist and plan for completion of checklist
- Ensure all providers/eligible hospital demonstrate MU within 2014 prior to installation of the 2014 CEHR
 - Medicare: must be by quarter (Jan-Mar, April-June, July-Sept)
 - Medicaid: can be any continuous 90 day period within 2014
- **Communication and Outreach**
 - Purpose
 - Plan and educate ALL staff for the 2014 EHR upgrade.
 - Target
 - All RPMS/EHR users
 - Additional Guidance /Instruction/Resources:
 - Sites should re-enforce EHR/MU teams and meet on a routine basis to prep for RPMS EHR 2014 upgrade.
 - Identify Super-users that will assist during pre-deployment, post-deployment and ongoing deployment to meet measures and maximize functionality
 - Inform Leadership about magnitude of upcoming RPMS EHR 2014 EHR
 - Utilize the following resources to maintain education
 - EHR Nuggets Handout
 - RPMS Trainings & Office hours
<http://www.ihs.gov/RPMS/index.cfm?module=Training>
 - Recorded Trainings
<http://www.ihs.gov/RPMS/index.cfm?module=Training>
 - Office Hours – To be posted to EHR Training website or hosted by your area EHR staff
 - Don't forget to check with your local/area training coordinator for additional trainings
 - Develop a plan for post-installation deployment including (but not limited to) the following:
 - Run provider productivity reports pre-deployment
 - Consider extending providers' scheduled appointment time to accommodate additional time needed to convert problem list
 - Determine what functionality to deploy and when
 - Develop or review contingency plan
 - Ensure all users understand the process during downtime
 - Map out a plan for training of end users
 - Block out resources (trainers, space, time)
 - Conduct workflow assessments to identify which areas will be affected by the new functionality
 - Policy and Procedures

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- Review and modify existing policy and procedures to align with new functionality
- Create new policy and procedures as needed for new functionality/services
- **Package Optimization:**
 - Purpose
 - Install, deploy and optimize utilization of required systems
 - Target
 - Clinical Applications Coordinators and Package Owners
 - Practice Management Application Suite (PMAS) aka BMW
 - Vista Imaging
 - Referred Care Information Management GUI Components
 - iCare
 - Clinical Reminder
 - Radiology
 - Emergency Room System
 - Plus any other package not currently optimized
 - Additional Guidance /Instruction/Resources:
 - Please contact Area Point of Contact for that package
 - Attend training specific to the package you are optimizing for additional information.
 - See RPMS Course Materials: <ftp://ftp.ihs.gov/pubs/rpms-training>
 - See RPMS Applications Manuals: <http://www.ihs.gov/RPMS/index.cfm?module=Applications>
- **Problem List Clean-up**
 - Purpose
 - Encourage Providers to clean up existing patient problem list
 - Target
 - Providers
 - Coding Professionals
 - Additional Guidance /Instruction/Resources:
 - To assist sites in the transition to the Integrated Problem List (IPL) using SNOMED terminology.
 - **IMPORTANT:** Sites who do not clean their existing problem list can expect a significant impact to documentation workflows for ALL staff required to document in RPMS/EHR (i.e. providers, nursing, pharmacist, laboratory, etc.)
 - Please see the EHR Nuggets Handout for best practices on cleaning up the problem list.
- **User Reports**
 - Purpose
 - Obtain a list of active users and identify which keys, menus, and mail groups they will need with 2014 EHR

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- Obtain active list of providers and ensure that their personal/work information is correctly populated in RPMS.
 - Target
 - Clinical Applications Coordinator (CAC)
 - Information Technology Specialist/Site Manager
 - Additional Guidance /Instruction/Resources:
 - Sites will need to update the list of users that are registered in RPMS. This is the opportune time to ensure that users who are no longer at the site have been deactivated while those that are still employed have accurate RPMS profiles.
 - Once you obtain a list of active users you can plan out the allocation of new keys, secondary menus, and mail group assignments associated with the 2014 EHR.
 - Run the following reports to identify active users.
 - Option A:
 - See *Identifies Users with Active New Person Accounts that hold Provider Keys*
 - Option B:
 - Consult w/ HR and credentialing staff for list of active staff
 - Coordinate with other departments (pharmacy, contract health)
 - Once reports are ran determine which users should be deactivated
 - See *Cleaning up Provider File Steps*
 - Re-run user reports so you can use the final list (i.e. active list) to determine who gets new keys, secondary menus, and needs to be added to mail groups.
 - OIT is developing final list
 - Ensure that Area and/or Local Information Technologist staff receives a copy of users and what each user needs assigned post-installation of patches.
 - Provider Report
 - New service applications will utilize information such as phone number, address, etc. from New Person/Provider files. The local site needs to verify that work information vs home information has been populated correctly in the users' RPMS profile.
 - Use the above report to identify all active providers
 - Using the report above to verify that the clinic information (not personal) is populated correctly in the New Person file for each provider for the CCDA documentation:

CCDA Field	New Person (#200) File	Recommended changes
Care Team	Street Address fields (#.111-.116)	Verify Clinic address populated NOT provider personal address
Telecom-Phone	Office Phone field (#.132)	Verify Clinic phone number NOT provider personal phone

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CCDA Field	Institution (#4) File	Recommended changes
Street Address	Pulls from Clinic and Hospital Location pointers	Verify that the correct clinic address is populated.

- **Pharmacy**

- Purpose
 - Optimize pharmacy quick orders in effort to prepare for SNOMED transition.
 - Prepare pharmacy for workflow changes associated with the implementation of the 2014 EHR.
- Target
 - Pharmacy Staff
 - Coding Staff
- Additional Guidance /Instruction/Resources:
 - Workflows pertaining to the documentation of a POV during a pharmacy refill visit AND a counseling only visit will change with the implementation of the 2014 RPMS EHR. Staff will need to be informed about the changes so they can modify workflows appropriately.
 - Sites need to ensure pre-populated ICD-9 clinical indication in medication quick orders have been removed before upgrading to the 2014 EHR. Pre-populated ICD-9 codes in the quick order will cause unnecessary errors to occur when ordering medications in the 2014 EHR.
 - Identify any quick orders with pre-populated clinical indication and remove
 - See Medication+QO+Clinical+Indication+SearchOutline process for capturing POV for pharmacy refills
 - Site activity based on existing workflows
 - Develop process for capturing POV for counseling only visits
 - Site activity based on existing workflows

- **Adverse Reaction Tracking**

- Purpose
 - Optimize the ART Package prior to the install of the RPMS EHR 2014 software
- Target
 - Pharmacy Staff/Informaticists assigned to the optimization and maintenance of the ART Package at the local level
- Additional Guidance /Instruction/Resources:
 - ****Reminder:** The user interface and process of allergy documentation have not changed with this release. Most of the changes in the ART package were done behind the scenes. Causative Agents (Ingredients) are mapped to RxNorm codes and/or UNII codes. Signs/symptoms are mapped to SNOMED CT codes. The details of these mappings can be viewed in the EHR GUI when looking at the Adverse Reaction detail window from the ART component on the cover sheet.
 - Review Policies and Procedures for Adverse Reaction Tracking
 - Review Package Settings

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- Divisions
- Top 10 “signs/symptoms”
- Auto-verify settings
- Run Problem List Allergy List Report (PLAL) and remove allergies from problem list and add to the adverse reaction tracking package where appropriate
 - Report located in the PCC package
 - *PWA List All Patients w/Allergies/NKA on Problem List*
- Free Text Allergy Clean-up
 - Located in the ART Menu options
 - Enter/Edit Site Configurable Files
 - Allergy Clean Up Utility
 - Free Text (PRIORITY)
 - Ingredient
 - Drug Class
- In depth training materials for the Adverse Reaction Tracking package are available here:
<ftp://ftp.ihs.gov/pubs/EHR/Training/Manuals/EHR%20Adverse%20Reaction%20Tracking/>
- Package manuals are available here:
http://www.ihs.gov/RPMS/index.cfm?module=Applications&option=View&AC_ID=0
- **Consults**
 - Purpose
 - Plan for additional configuration required once the 2014 RPMS EHR has been installed.
 - Target
 - Clinical Application Coordinators
 - Consult Package Owners/Consult Teams
 - Additional Guidance /Instruction/Resources:
 - Review existing list of consults and inactivate those no longer in service.
 - The worksheet listed below will help sites prepare for the changes associated with the 2014 upgrade. Complete the worksheet prior to upgrading and then use it to quickly guide you through the changes that will need to be made once your 2014 EHR is online.
 - Overall clean-up recommendation: Run reports for each consult service, assess deficiencies and correct
 - Use *RPMS Consult Tracking Reports*
 - *Completion Time Statistics*
 - *Service Consults Pending Resolution*
 - Using the report above identify defunct consults and inactivate
 - Use *Consult Tracking excel worksheet*
 - Re-Run your consult report so that only active consults are listed.
 - Identify appropriate SNOMED code for each of the active consults listed on your report
 - Use *Consult Tracking excel worksheet*
 - Decide in conjunction with consult team whether the consult should require a clinical indication

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- Use *Consult Tracking excel worksheet*

- **Text Integrated Utility (TIU)**
 - Purpose
 - To prepare for note title standardization changes that will be implemented with the 2014 EHR upgrade.
 - To prepare for TIU note objects that will change with the implementation of the 2014 EHR.
 - Target
 - Clinical Applications Coordinators
 - HIM professionals
 - Additional Guidance /Instruction/Resources:
 - Run report for note titles
 - Instructions:
 - *TIU_0100 1011o_Notes for more information*
 - *VHA Enterprise Standard Title*
 - Objective: Review and inactive (as appropriate) note titles that are used infrequently
 - Run report to identify templates that contain V POV and V POV Multi-line
 - Instructions:
 - *2014_VPOVSEARCH for report instructions*
 - Objective:
 - Once you upgrade site will use this report to assist them in replacing V Prob w/o dates
 - Run report to identify templates that contain Active Problems
 - Will display all active problems, including episodic and may clutter notes
 - Will need to be replaced pre-installation with Active Problems w/o dates (display chronic problems)

- **Clinical Reminders:**
 - Purpose
 - Plan for reminders 2.0
 - Target
 - Clinical Applications coordinator
 - Additional Guidance /Instruction/Resources:
 - Install any new clinical reminders that sites want to deploy
 - Remove any ICD POV fields from reminder dialogs if they will be used in the 2014 EHR
 - Review released Clinical Reminders (PXR) documentation for further instructions

- **EHR GUI Template changes**
 - Purpose
 - Plan for the EHR GUI changes.

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- Sites will need to determine if they will utilize existing GUI template(s) or convert to standard template
- Target
 - Clinical Applications Coordinator
- Additional Guidance /Instruction/Resources:
 - Review current EHR GUI layout
 - Work with area coordinators about standard GUI templates
 - Create 2014 EHR GUI standard using the area training database before upgrade.
- **ICD Picklists**
 - Purpose
 - Plan for the transition to SNOMED terminology
 - Target
 - HIM Professionals
 - Clinical Applications Coordinator
 - ALL Clinical Staff who populate purpose of visits (POV) in the electronic health record
 - Additional Guidance /Instruction/Resources:
 - Once the 2014 EHR has been implemented sites will no longer use ICD-9 codes to document patient encounters. Sites will need to review existing ICD picklist and compare it to the National SNOMED picklist
 - Sites will need to prepare a deployment process for educating staff on how to use the Integrated Problem List (IPL) & new SNOMED terminology picklist.
 - Export site ICD POV picklist and import into excel
 - See *ExportingPOV_Picklist* for directions
 - Review nationally released SNOMED Picklists
 - Compare and contrast to site's existing picklist to identify deficiencies
 - Use excel document called *SNOMED ALL*
 - Use the existing pick lists as a guide in selecting SNOMED terms.
 - Some of your pick lists may grow due to increased granularity of SNOMED. Include some more generic terms as well.
 - Focus on the best concepts to describe clinical problems not the specific ICD codes
 - Outline remaining SNOMED terms you wish to use and define new picklist for creation
 - Specialty Services
 - Provider-specific
- **CPT Superbills**
 - Purpose
 - Review existing picklist and identify superbill associations that contain POVs.
 - Target
 - HIM Professionals
 - Clinical Applications Coordinator
 - ALL Clinical Staff who document POVs associated with CPT procedures

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- Additional Guidance /Instruction/Resources:
 - The ICD POV associations will return in a future version of EHR but they will not be available after the initial EHR upgrade. Sites will need to remove the POVs after they upgrade to the 2014 EHR and establish a training process to educate staff on how to document the missing POV.
 - Run CPT Fileman report and identify ICD POVs that will need to be removed post upgrade
 - See *VA+FileMan+report+for++BGO+CPT+PREFERENCES*
 - ID Plan for documenting CPT procedures that utilize ICD POV associations in Superbills
- **Immunizations**
 - Purpose
 - Identify plan to document immunizations, etc. that are currently documented using Superbill associations
 - Target
 - Clinical Application Coordinator
 - Nursing
 - HIM Professionals
 - Additional Guidance /Instruction/Resources:
 - Options to consider while planning:
 - Manual capture
 - Strongly consider documenting the single Problem/POV “Immunization advised” along with any other medical justification when needed (Hep C or DM for Hep B in an adult patient for example) and having Coders add the vaccine specific ICD codes in the coding queue:
 1. There are not mapped SNOMEDs for every vaccine so coders will have to edit anyway
 2. This will add clutter to the problem list
 3. ICD10 there is only 1 vaccine code instead of one for each vaccine type
- **Patient Registration**
 - Purpose
 - Optimize package
 - Target
 - Patient Registration Supervisors and Staff
 - Additional Guidance /Instruction/Resources:
 - Collect patient specific information on Page 10
 - E-mail address
 - Generic health permission
 - Preferred method
- **Health Information Management**
 - Purpose

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- Ensure coding queue is caught up to the extent possible
 - Run HIM monitoring reports, identify deficiencies and correct
 - Discuss plan to mitigate lack of Visit missing POV notification
 - Target
 - HIM Professionals
 - Additional Guidance /Instruction/Resources:
 - PLAL
 - Fix uncoded problem file diagnosis
 - Fix uncoded POV diagnosis
 - PCC error reports (monitor with increased frequency)
- **Radiology**
 - Purpose
 - Optimize latest release of the radiology package
 - Establish plan to deploy radiology CPOE specifically for sites that do not have in-house radiology department.
 - Target
 - Radiology Package Owners
 - Clinical Applications Coordinator
 - Clinical staff credentialed to order radiology exams
 - Additional Guidance /Instruction/Resources:
 - OIT Radiology Leads
 - Area Radiology Lead
 - Radiology Manuals:
http://www.ihs.gov/RPMS/index.cfm?module=Applications&option=View&AC_ID=0
- **Lab**
 - Purpose
 - Plan for change in clinical indication
 - Plan for orphan visits
 - If using the GIS interface site should install the GIS interface before upgrade
 - Target
 - Lab Professionals
 - Clinical Applications Coordinator
 - Clinical Staff
 - Additional Guidance /Instruction/Resources:
 - OIT Laboratory Leads
 - Area Laboratory Lead
- **EHR Visits**
 - Purpose
 - To ensure site has properly configured telephone and chart review visits.
 - Target
 - Clinical Applications Coordinator
 - Additional Guidance /Instruction/Resources:

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- Check to ensure these parameters are set:
 - 29 BGO POV DEFAULT CHART Select default POV for chart reviews
 - 30 BGO POV DEFAULT TELEPHONE Select default POV for telephone visits
- **Other**
 - Work with appropriate IT staff to ensure all last minute task are complete (i.e. patches are updated, PXRm indexing has been scheduled, SSL certificates have been obtained, and full back-ups)
 - Back-up all GUI templates, TIU templates, ICD9, CPT and education picklists

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