

WebOMR User Group

Clinical IT Governance

Mission Statement

Patient Care is at the center of all we do!

- To provide stewardship for setting priorities regarding development & enhancements of the Web OMR application
 - To discuss with a multidisciplinary team relevant information and make recommendations for enhancements to the Web OMR application team
 - To improve quality and optimal utilization through formal communication and training/tutorials/tips for the user community
 - To provide a robust electronic vehicle for continuity of care and communication regarding our patients within the network and beyond

Accomplishments: 2010 & 2011

- Show ED Attending Note
- Autonomic Lab Order
- ICD9 Lookup dictionary for Managed Care Referral Orders
- Atrius patient and provider notification
- Rhogam Shot Documentation
- Endocrine Sheet, Pedi Score Sheet
- Reminder Updates
- Heart Failure Screening Sheet/Tab
- Colonoscopy Entry in Sheet tied to CCC Scheduling Data-
- Disclaimer added for unsigned/uncosigned notes
- Notification of addendum
- Messaging in OMR- updates
- Add Atrius indicator to Provider Schedules
- Add Atrius indicator next to provider names in Orders
- Add Triglycerides to the Periodic Screening Sheet, remove Weight
- Sorting Meds by Release
- Add a new button: "print out declined" to Reviewed link- medication reconciliation
- Atrius Magic Button Test Environment
- Update Mail Order Pharmacy profile to reflect updates in the Payer profile
- eRenewal: allow match of a eRenewal request with an NR script from Med List
- Add Me link
- Stat Labs
- Ability to use Groups for Standing orders
- Ordering/Responsible defaults for NPs on Orders
- OR Scheduling Order- pilot start date
- Updates to Clinical Results Viewer Display
- Asthma Action Plan
- Additional Defaults- coverage, letter type/print defaults
- Future OR Cases
- Cancer Care Referring MD communication phase 1- pilot start date
- Forwarding letters to community providers
- Sorting Entries when multiple on Screening Sheets
- Add character counter to Sig field when ordering meds
- Updates to entering providers on PPD reads
- Updates to Pulmonary Order
- Diabetes Screening question added to Nuc Med PET order-
OR Scheduling Order- (All Ortho Prov- Phase I)
- Rheumatology Tab
- Reminders –phase II updates
- Add Bldg/Floor info to Hospitalized Patient Lists screen,
- Add Team Census link to "find" screen
- Medication Default- Print Pt receipt
- Enhancements (Identify)– Pharmacy Renewals– Phase I
- Alerts- Photosensitivity/DVA- ability to customize
- Additions to problem list dictionary
- IP Procedures (G-Care) available via external reports
- ICD 9 Look up on Problems for 637 Washington St. & JP
- Sleep Order updates
- Nuclear Medicine order changes
- BMD display under external reports
- APG CH and APG 1101 Beacon added to the list of locations
managing Anticoag pt
- ICD9 Look up available for users with defaults set for APG CH,
APG 1101 Beacon
- Visit Summary
- Deleting public macros
- Electronic Growth Charts
- Reverse Magic Button (Atrius)
- Personal Patient List for med Students
- QUICK HITS- 50 items!!!!
- Updates to Spine Ctr Order
- Scanning- Outside Rec tab- HarmOns Pilot
- Point of Care Testing Sheets
- Automated Attestation
- Automated emails to clinicians regarding unsigned notes-
- Images viewer in Reports Tab
- Herbal/OTC sheet removed. Alert
- Changed Default for Antibiotics Duration: No Default. Changed
duration to only accept days
- Prostate Cancer Care Consult
- Active Orders Report
- Visit without Notes updates
- Derm pictures
- Centralized Family, Social and Surgical History- import into
notes

Quick Hits-Swat Team

- 1 week, twice per year
- Easy, “Quick Wins”
- Programmers and OMR Support are placed on “locked down” status by Jayne and Larry and work solely on the list recommended

FY12 Priorities

- **Systems Enhancements-** see *Priority List*
- **Expansion of Requirements** in Policy ADM 25
 - Results Tracking
 - Problem Lists
- **Education and Reminders on a frequent basis of Existing Functionality**
- **Roll out of New Features**
 - E-Renewals
 - Referring MD OMR Note Communication
- **Create Transparency in our Enhancement Prioritization and Development Processes**
- **Identify Systems Integration Projects**
 - CCC Scheduling/IMPAC

FY12 Priorities

WebOMR Development Priorities- 10/15/11					
Priority	Initiative (includes major project work, <i>does NOT include department specific requests</i>)	Alignment	Complexity	Workaround	Analysis
1	OR Scheduling Order	Patient Safety, Provider Efficiency	small	paper based	Phase 1- Ortho pilot COMPLETE. Phase 2- global OR sched order for non-ortho users
1	High Risk Referral Tracking	Patient Safety	large	Use of To Dos or paper based	completed, policies & guidelines in process. Pending development
1	LIS- Soft Integration/ Clinical Viewer & Orders & other impact to OMR (Tasks, TRTS, Sheets)	Organizational priority	large + +	N/A	Clinical Viewer Project Team
1	Updates to TRTS to enable inclusion of labs (related to new LIS) and other provider efficiency enhancements (Attach printed results/reports to a letter/note, generate normal letters, Stagger results to the Responsible Provider, Allow reports/results to be forwarded to a group of users, display content of report during note/letter writing.	Patient safety, Organizational priority, Provider Satisfaction	large	system is functional, although provider centric. Labs are paper based= fractured workflow for clinicians	complete
1	Magic Button, Reverse Magic Button	Organizational priority	medium, ongoing	No work around	ongoing
1	Pharmacy Initiated Renewals- RN/MA workflows	Patient Safety/Provider & Practice Efficiency	medium	Fax process will continue, unable to roll out functionality as it doesn't support current workflow	In process & on going
1	Identify Referral Groups in webOMR (Atrius Indicator)- APG (ECW users), Fenway, CHO, Anna Jacques	Clinical communication, provider satisfaction		none	in process
1	Med Renewal Decision Support	Patient Safety, Provider Efficiency	medium		phase 3 med project
1	Support Meaningful Use as needed	Organizational Priority, Improve clinical communication	TBD	N/A	TBD

WebOMR Development Priorities- 10/15/11

Priority	Initiative (includes major project work, does NOT include department specific requests)	Alignment	Complexity	Workaround	Analysis
2	Scanning- work as determined by the Scanning project team includes outside records and consents	Provider Efficiency/Organizational priority	small	Paper charts maintained for outside records or other materials not currently in OMR	in process with EMC
2	Problem List updates- Phase 2 (central location for family, surgical and social hx with verify option and import into notes)	Usability, Provider Efficiency, Improve clinical care	Initial development Medium, rework will extend timeline	Histories captured by each clinician. Information not available in a central place for review	In process
2	Endoscopy/Specialty Recall queue (loop closure)	Improve Clinical Care	large	Use of To Dos or paper based, currently manual in GI	yes, policies & guidelines in process
2	Infusions Documentation (OMS type application)- 6/16/10- Referred for OMS discussion, not thought to be webOMR. Temporary solution is development of electronic order for remicade	Improve Clinical Care	large	Except for Chemo (using OMS), infusions are documented on paper	Analysis not yet started
2	Therapeutic Administration documentation	Improve Clinical Care	medium	Therap Immunizations currently documented as notes or in patient specific sheets.	Analysis not yet started.
2	Reports to additional providers- simplification	Improved Clinical Comm	medium, ongoing		N/A
2	Implementation of CDX	Improve clinical communication, organizational priority (meaningful use)	medium to large	communication done on paper	TBD
2	move providers Tasks to other providers/users (after a provider leaves BIDMC). Add 'out of office' for display OMR forwarded messages, notes and results	Patient Safety	medium	can move messages and that's all. Requires OMR support to copy and paste tasks into excel and send to user. No mechanism for identifying providers who have left and where their tasks should be forwarded. No out of office notification internal to OMR	analysis in process, review required by webOMR User Group
2	Ongoing updates (and routine maintenance) to Sheets	Patient Safety, Improved clinical Care, Provider efficiency and satisfaction	small to medium	current tools require maintenance and updates as clinical recommendations change	Ongoing
2	Ongoing updates (and routine maintenance) to Orders	Patient Safety, Improved clinical Care, Provider efficiency and satisfaction	small to medium	current tools require maintenance and updates as activity changes	Ongoing
2	Allergies updates to UI "Phase 2"	Phase provider efficiency leading to improved clinical care and improved patient safety.	large	N/A- UI is not user friendly	Analysis complete

WebOMR Development Priorities- 10/15/11

Priority	Initiative (includes major project work, <i>does NOT include department specific requests</i>)	Alignment	Complexity	Workaround	Analysis
3	Print of Complete Medical Record as requested by HIM (within specified date range)	departmental efficiency	large	HIM must print in many steps (from diff places)	Initial analysis completed by OMR support
3	Patient Site Integration	Provider Efficiency	large	N/A	Yes
3	List Re-write	Usability	medium	Lists are currently not usable in their current format	Yes
3	Outpatient E-Ticket	Provider Efficiency, Provider Satisfaction (?)		Current paper based system	Yes
3	Medication / History Checking - on demand	Provider Efficiency, improve clinical care	medium	information not reliably returned and therefore would not be available to clinician	Not required
3	Telephone Messaging Integration	Provider Efficiency	medium	Provider copies/pastes from email into OMR note	In process
3	"Batch" signing of Notes	Provider Efficiency and Satisfaction	medium to large	functionality available electronically, not as efficient as providers would like	complete
3	Unsign/Move Notes/letters	Provider Efficiency and Satisfaction	medium	HIM unsigns notes, OMR support is intermediary	In process
3	Batch activate from discharge med list/improved Med Rec inpatient to outpatient	Provider efficiency	medium	functionality exists, but must move one med at a time	N/A
3	A. Move CCC OMR Classic utilities to web (template writing) B. Retire Classic OMR options (Atkins feature) & clinical options (ordering)	General system maintenance, provider satisfaction, compliance	A. medium to large B. depends- will monitor use in hopes users discontinue	A. Providers must access roll n scroll for macro set up. B. users have access to functions that they shouldn't and aren't maintained. Atkins feature not compliant.	in process
3	Orders- notification and re-queue of expired orders	Provider & patient satisfaction, improved clinical care	large	no notification. Provider must re-enter order in entirety	TBD
3	Create utility to develop templates (point and click for note writing)	Provider Efficiency and Satisfaction	medium	currently macros are in use OR department must request programming for each template	N/A