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 1
- 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 837 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- HamOnc Pilot
- Point of Care Testing Sheets
- Automated Attestation
- Automated emails to clinicians regarding unsigned notes-
- Images viewer in Reports Tab
- Herbad/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

<table>
<thead>
<tr>
<th>Priority</th>
<th>Initiative (includes major project work, does NOT include department specific requests)</th>
<th>Alignment</th>
<th>Complexity</th>
<th>Workaround</th>
<th>Analysis</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>OR Scheduling Order</td>
<td>Patient Safety, Provider Efficiency</td>
<td>small</td>
<td>paper based</td>
<td>Phase 1- Ortho pilot COMPLETE. Phase 2- global OR sched order for non-ortho users</td>
</tr>
<tr>
<td>1</td>
<td>High Risk Referral Tracking</td>
<td>Patient Safety</td>
<td>large</td>
<td>Use of To Dos or paper based</td>
<td>completed, policies &amp; guidelines in process. Pending development</td>
</tr>
<tr>
<td>1</td>
<td>LIS- Soft Integration/ Clinical Viewer &amp; Orders &amp; other impact to OMR (Tasks, TRTS, Sheets)</td>
<td>Organizational priority</td>
<td>large + +</td>
<td>N/A</td>
<td>Clinical Viewer Project Team</td>
</tr>
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<td>1</td>
<td>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.)</td>
<td>Patient safety, Organizational priority, Provider Satisfaction</td>
<td>large</td>
<td>system is functional, although provider centric. Labs are paper based= fractured workflow for clinicians</td>
<td>complete</td>
</tr>
<tr>
<td>1</td>
<td>Magic Button, Reverse Magic Button</td>
<td>Organizational priority</td>
<td>medium, ongoing</td>
<td>No work around</td>
<td>ongoing</td>
</tr>
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<td>1</td>
<td>Pharmacy Initiated Renewals- RN/MA workflows</td>
<td>Patient Safety/Provider &amp; Practice Efficiency</td>
<td>medium</td>
<td>Fax process will continue, unable to roll out functionality as it doesn't support current workflow</td>
<td>In process &amp; ongoing</td>
</tr>
<tr>
<td>1</td>
<td>Identify Referral Groups in webOMR (Atrius Indicator)- APG (ECW users), Fenway, CHO, Anna Jacques</td>
<td>Clinical communication, provider satisfaction</td>
<td>none</td>
<td>none</td>
<td>in process</td>
</tr>
<tr>
<td>1</td>
<td>Med Renewal Decision Support</td>
<td>Patient Safety, Provider Efficiency</td>
<td>medium</td>
<td></td>
<td>phase 3 med project</td>
</tr>
<tr>
<td>1</td>
<td>Support Meaningful Use as needed</td>
<td>Organizational Priority, Improve clinical communication</td>
<td>TBD</td>
<td>N/A</td>
<td>TBD</td>
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<td>2</td>
<td>Scanning- work as determined by the Scanning project team includes outside records and consents</td>
<td>Provider Efficiency/Organizational priority</td>
<td>small</td>
<td>Paper charts maintained for outside records or other materials not currently in OMR</td>
<td>In process with EMC</td>
</tr>
<tr>
<td>2</td>
<td>Problem List updates- Phase 2 (central location for family, surgical and social hx with verify option and import into notes)</td>
<td>Usability, Provider Efficiency, Improve clinical care</td>
<td>Initial development Medium, rework will extend timeline</td>
<td>Histories captured by each clinician Information not available in a central place for review</td>
<td>In process</td>
</tr>
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<td>2</td>
<td>Endoscopy/Specialty Recall queue (loop closure)</td>
<td>Improve Clinical Care</td>
<td>large</td>
<td>Use of To Dos or paper based, currently manual in GI</td>
<td>yes, policies &amp; guidelines in process</td>
</tr>
<tr>
<td>2</td>
<td>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</td>
<td>Improve Clinical Care</td>
<td>large</td>
<td>Except for Chemo (using OMS), infusions are documented on paper</td>
<td>Analysis not yet started</td>
</tr>
<tr>
<td>2</td>
<td>Therapeutic Administration documentation</td>
<td>Improve Clinical Care</td>
<td>medium</td>
<td>Therap Immunizations currently documented as notes or in patient specific sheets.</td>
<td>Analysis not yet started.</td>
</tr>
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<td>2</td>
<td>Reports to additional providers- simplification</td>
<td>Improved Clinical Comm</td>
<td>medium, ongoing</td>
<td>N/A</td>
<td></td>
</tr>
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<td>2</td>
<td>Implementation of CDX</td>
<td>Improve clinical communication, organizational priority (meaningful use)</td>
<td>medium to large</td>
<td>communication done on paper</td>
<td>TBD</td>
</tr>
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<td>2</td>
<td>move providers Tasks to other providers/users (after a provider leaves BiDMC), Add 'out of office' for display OMR forwarded messages, notes and results</td>
<td>Patient Safety</td>
<td>medium</td>
<td>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</td>
<td>analysis in process, review required by webOMR User Group</td>
</tr>
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<td>2</td>
<td>Ongoing updates (and routine maintenance) to Sheets</td>
<td>Patient Safety, Improved clinical Care, Provider efficiency and satisfaction</td>
<td>small to medium</td>
<td>current tools require maintenance and updates as clinical recommendations change</td>
<td>Ongoing</td>
</tr>
<tr>
<td>2</td>
<td>Ongoing updates (and routine maintenance) to Orders</td>
<td>Patient Safety, Improved clinical Care, Provider efficiency and satisfaction</td>
<td>small to medium</td>
<td>current tools require maintenance and updates as activity changes</td>
<td>Ongoing</td>
</tr>
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<td>2</td>
<td>Allergies updates to UI &quot;Phase 2&quot;</td>
<td>Phase provider efficiency leading to improved clinical care and improved patient safety.</td>
<td>large</td>
<td>N/A- UI is not user friendly</td>
<td>Analysis complete</td>
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<td>3</td>
<td>Print of Complete Medical Record as requested by HIM (within specified date range)</td>
<td>departmental efficiency</td>
<td>large</td>
<td>HIM must print in many steps (from diff places)</td>
<td>Initial analysis completed by OMR support</td>
</tr>
<tr>
<td>3</td>
<td>Patient Site Integration</td>
<td>Provider Efficiency</td>
<td>large</td>
<td>N/A</td>
<td>Yes</td>
</tr>
<tr>
<td>3</td>
<td>List Re-write</td>
<td>Usability</td>
<td>medium</td>
<td>Lists are currently not usable in their current format</td>
<td>Yes</td>
</tr>
<tr>
<td>3</td>
<td>Outpatient E-Ticket</td>
<td>Provider Efficiency, Provider Satisfaction (?)</td>
<td>medium</td>
<td>Current paper based system</td>
<td>Yes</td>
</tr>
<tr>
<td>3</td>
<td>Medication / History Checking - on demand</td>
<td>Provider Efficiency, improve clinical care</td>
<td>medium</td>
<td>information not reliably returned and therefore would not be available to clinician</td>
<td>Not required</td>
</tr>
<tr>
<td>3</td>
<td>Telephone Messaging Integration</td>
<td>Provider Efficiency</td>
<td>medium</td>
<td>Provider copies/pastes from email into OMR note</td>
<td>In process</td>
</tr>
<tr>
<td>3</td>
<td>&quot;Batch&quot; signing of Notes</td>
<td>Provider Efficiency and Satisfaction</td>
<td>medium to large</td>
<td>functionality available electronically, not as efficient as providers would like</td>
<td>complete</td>
</tr>
<tr>
<td>3</td>
<td>Unsign/Move Notes/letters</td>
<td>Provider Efficiency and Satisfaction</td>
<td>medium</td>
<td>HIM unsigns notes, OMR support is intermediary</td>
<td>In process</td>
</tr>
<tr>
<td>3</td>
<td>Batch activate from discharge med list/improved Med Rec inpatient to outpatient</td>
<td>Provider efficiency</td>
<td>medium</td>
<td>functionality exists, but must move one med at a time</td>
<td>N/A</td>
</tr>
<tr>
<td>3</td>
<td>A. Move CCC OMR Classic utilities to web (template writing) B. Retire Classic OMR options (Atkins feature) &amp; clinical options (ordering)</td>
<td>General system maintenance, provider satisfaction, compliance</td>
<td>A. medium to large B. depends- will monitor use in hopes users discontinue</td>
<td>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.</td>
<td>in process</td>
</tr>
<tr>
<td>3</td>
<td>Orders- notification and re-queue of expired orders</td>
<td>Provider &amp; patient satisfaction, improved clinical care</td>
<td>large</td>
<td>no notification. Provider must re-enter order in entirety</td>
<td>TBD</td>
</tr>
<tr>
<td>3</td>
<td>Create utility to develop templates (point and click for note writing)</td>
<td>Provider Efficiency and Satisfaction</td>
<td>medium</td>
<td>currently macros are in use OR department must request programming for each template</td>
<td>N/A</td>
</tr>
</tbody>
</table>