MEDITECH

Clinical Coordination: Making Complex, Simple by Integrating Topics, People and Care

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Agenda

How it started

What is Clinical Coordination

Examples and ‘The Process’

When to use & Philosophy

Thanks & Questions

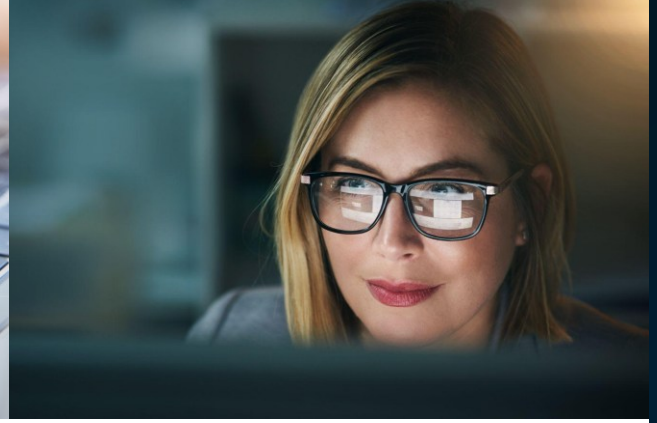
How Clinical Coordination came to be…

- Expanse is made up of applications
- Each Application has a MEDITECH Specialist and a Customer Application Lead
- Highly Configurable by Customer
- Integrate and rely on each other
- Often have multiple staff building/configuring
- Leads to risk of silo building and “missing things”

Workflow		
ED	OPD	IP
ED	PCS	PCS
OM	OM	OM
MAR/BMV/POC	MAR/BMV/POC	MAR/BMV/POC
PAPD	PAPD	PAPD
LAB	LAB	LAB
IDM	IDM	IDM
REG	QRM	QRM
	MIS	MIS
	SUR	SUR
	PHA	PHA
	CWS	ABS
	ARM	REG
	HIM	
	SCA	
	REG	

How Clinical Coordination came to be…

- An initial version started many years…
- More recent trends to resource towards workflows
- In Expanse Applications make up workflows
- “Think Workflow, Act Application”…
- We were asked how to de risk and better coordinate these complex areas of an Expanse implementation



What is Clinical Coordination?

Clinical Coordination is a key aspect of digital transformation in healthcare.

It is about establishing seamless, efficient and safe workflows within a complex integrated EPR.

Clinical Coordination

Why is Clinical Coordination needed?

- During your Implementation there are a number of functions and concepts that are not specific to one application
- These items fall within complex configuration, complex transformation or Complex Concepts
- Complex means added time to discuss and then make decisions
- They often involve wider end user groups and shared documentation spaces
- Various trainings cover the topics but the function does not solely belong to one application therefore fails to have an identified owner.
- Decisions often need to be made a Wider Clinical Advisory groups

Clinical Coordination Topic Categorisation:

- Complex Configuration
- Complex Transformation
- Complex Configuration & Transformation
- Integrated Concepts

Clinical Coordination: Complex Configuration

- RBAC - User Access / Matrix
- Widgets

Clinical Coordination: Complex Transformation

- Problem Management (Diagnosis, working diagnosis, Comorbidities, Medical and Surgical History)
- Allergy Management
- Special Indicators / Alerts
- Resus status & Management
- Create Encounters
- Multi Contributors
- Patient Portal
- Deceased Patient

Clinical Coordination: Complex Configuration & Transformation

- eObservations and escalation
- Patient Handovers
- Patient Transfer
- Discharge Process
- Internal / External Referrals
- Results Acknowledgement
- Order Sets
- Patient Complex Workflows
- Reporting

Clinical Coordination: Concepts

- EMR IDs
- Rules
- Surveillance
- Recall
- Business Continuity
- Legal Record (eChart)
- Printing

The Process

5% Agree Scope

10% Assign Owners
CXIO Lead (s)
Configuration Lead

20% Complete MEDITECH Knowledge Transfer Sessions

40% Customer demonstrate progress of solution

70% Include all items in final Prototype Testing

100% Sign off SOP & Train End User

Examples...

Allergy Management

Upper Section:

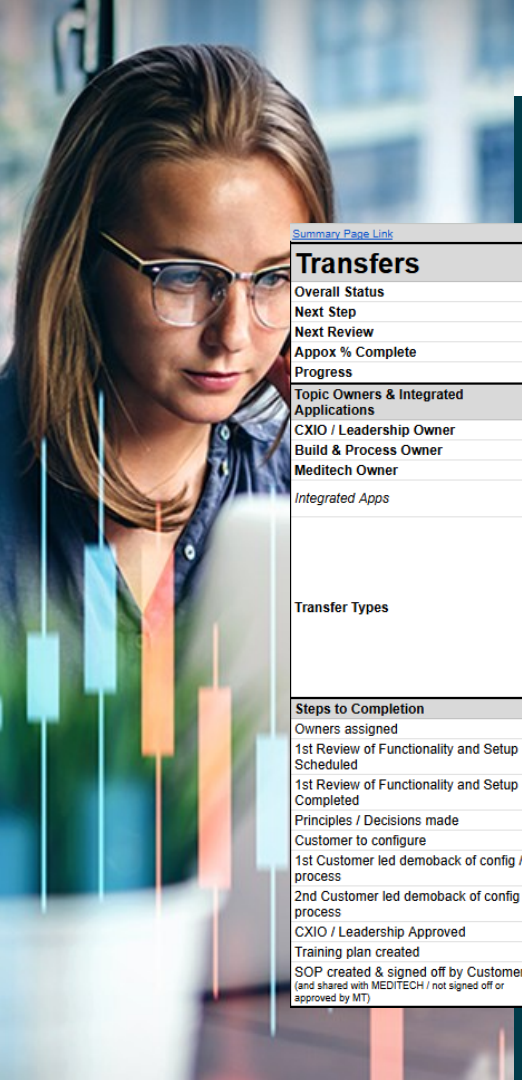
- Name / Status / Next Steps & Review discuss date
- Approximate % Completed & Estimated progress
- Customer Ownership (both from a Leadership and build / config & delivery)
- MEDITECH Key contacts and integrated applications

Lower Section:

- How do we get from point A to Z (can be customized)
- Key concepts / Dictionaries specific to the topic
- Reference Links - List topic specific documents, guides and best practices

Summary Page Link	
Allergy Management	**Configuration Light** **Transformation Heavy**
Overall Status	Customer to configure
Next Step	1st Customer led demoback of config / process
Next Review	Jun 19
Appox % Complete	50%
Progress	
Topic Owners & Integrated Applications	
CXIO / Leadership Owner	
Build & Process Owner	
Meditech Owner	Start with Alex & Laura PHA (EPMA)
Integrated Apps	**PHA (EPMA)** **OM** **PCM/PAPD** **PCS/EDM**
Steps to Completion	
Owners assigned	Yes
1st Review of Functionality and Setup Scheduled	Yes
1st Review of Functionality and Setup Completed	Yes
Principles / Decisions made	Yes
Customer to configure	Yes
1st Customer led demoback of config / process	No
2nd Customer led demoback of config / process	No
CXIO / Leadership Approved	No
Training plan created	No
SOP created & signed off by Customer (and shared with MEDITECH / not signed off or approved by MT)	No
Key Concepts/Dictionaries	
MIS Toolbox Parameters	
OM Parameters	
OM Access	
Person Profile	
Allergy Dictionary	
Reference Links	
Allergy Management Guide	
Allergy Management Tutorial	

Patient Transfers



Summary Page Link

Transfers	Configuration Light Transformation Heavy
Overall Status	1st Review of Functionality and …
Next Step	Principles / Decisions made
Next Review	Jun 20
Appox % Complete	30%
Progress	
Topic Owners & Integrated Applications	
CXIO / Leadership Owner	
Build & Process Owner	
Meditech Owner	Start with Alex & Laura REG
Integrated Apps	PHA (EPMA) OM PCM/PAPD PCS/EDM
Transfer Types	ED to Inpt ED to SDEC ED to Other Facility ED to External Facility Inpt to Inpt (same visit / bed m… Inpt to ICU Inpt to Secondary Services (ne… Inpt to Virtual Loc. Daycase to Inpt Onc Chemo RCR - Inpt MAT Home Birth to Inpt Hospital to Mortuary
Steps to Completion	
Owners assigned	Yes
1st Review of Functionality and Setup Scheduled	Yes
1st Review of Functionality and Setup Completed	Yes
Principles / Decisions made	No
Customer to configure	No
1st Customer led demoback of config / process	No
2nd Customer led demoback of config / process	No
CXIO / Leadership Approved	No
Training plan created	No
SOP created & signed off by Customer (and shared with MEDITECH / not signed off or approved by MT)	No

Minutes/Notes
Sep 09

General Summary:
- Good initial discussion
- Ron asked about how beds are changed from the clinical front end *Answered*, you don't that is a REG/Bed Mgmt function

Decisions/Actions:
- Think they want to use the OM Transfer routine for into and out of ICU, but might be overkill for 'routine' transfers
- MT to arrange details core team level call
- Customer to get needed forms and requirements together to be built as Report Formats in PCS

Handling Multiple 'sub components' and discussion minutes

- Types or Categories can be defined in the initial stages so what we manage is specific to each customer… no Oncology no problem we remove it
- Built in support / guidance… The color codes of transfer types are because those types follow similar processes & build within expanse
- Notes for each topic are updated as we have them and as further conversations and demos are had the minutes slide to the right so a we always now where we left of and what is next

Summary Sheet

Push the details to high level summary sheet so all with access know where things are at, and what is next

Integrated Topic	iTopic Category	Status	Est. % Complete	Status Bar	CXIO / Leadership Owner(s)	Build & Process Owner(s)	Next Step / Action	Next Review Date	Summary Sheet only comment / notes		CXIO Topics Assigned	No. Allocated Topics
Allergy Management	Configuration Light, Transformation Heavy	Customer to configure	50%			PHA (EPMA), OM, PCM/PAPD, PCS/EDM	1st Customer led demoback of config / process	Jun 19			Customer Name A	0
Transfers	Configuration Light, Transformation Heavy	1st Review of Functionality and Setup Completed	30%			PHA (EPMA), OM, PCM/PAPD, PCS/EDM	Principles / Decisions made	Jun 20			Customer Name B	0

Clinical Coordination, its individual topics have also been incorporated into the standard project wide Readiness Assessments (RASS) in lead up to LIVE…

Clinical Coordination is fully embedded and integrated into implementation projects

When can this be used?

Implementation

New Install of Expanse

Optimisation

Post Live Optimisation

Further Phase Roll Out

New Add On

Application add ons

Guiding Principles of Clinical Coordination

"Transformation not Replication"
Do not be afraid to change the way you work…
In fact you should expect to change

Be collaborative (both Internally as a customer and with your MEDITECH partners)
No silos… Applications make Workflows
Iterative building - build it, show it,

VALUES

Ask… "Does this make sense?"

Make sensible guiding/design principles for each topic

Share decisions and expectations

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Thank You!
Questions?