Children’s Medical Center of Dallas

Dallas, TX

Overview

Children’s Medical Center of Dallas (Children’s) is an academic medical center with 591 licensed beds. It has campuses in Dallas, Plano and Southlake, Texas, including an outpatient center in Southlake and 16 MyChildren’s pediatric primary care practices throughout the Metroplex.

The services provided to the Metroplex include:

- Level IV neonatal intensive care unit (NICU), the highest qualification as established by the American Academy of Pediatrics
- A 20-bed dedicated pediatric cardiac intensive care unit, the largest heart center for children in North Texas
- More than 50 specialty and subspecialty programs
- Level I Trauma Center (the first pediatric hospital in Texas to be designated by the American College of Surgeons)
- First TeleNICU in Texas providing physicians at other hospital NICUs with 24-hour access to the highly trained, board-certified UT Southwestern neonatologists on Children’s medical staff
- Major pediatric transplant center for kidney, liver, heart, intestinal and bone marrow transplants
- Several centers among the largest in the country, including cancer, sickle cell and cystic fibrosis
- Sole pediatric-only sleep center in Dallas accredited by the American Academy of Sleep Medicine

In December, 2013, Children’s accepted $18.9 million from the Rees-Jones Foundation to establish the Rees-Jones Center for Foster Care Excellence at Children’s Medical Center, the state’s first center dedicated to the advancement of health for children in the foster system.

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<tr>
<td>Interoperability Approach and Status</td>
<td>Children’s has multiple systems that are interoperable across multiple organizations and multiple locations</td>
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<td>Vendors and products used:</td>
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<td>Interface engines:</td>
<td>eGate and CorePoint</td>
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<td>HIE platform:</td>
<td>DBMotion</td>
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| **Key Initiatives Requiring Interoperability for Successful Results** | **Ranked in order of importance:**  
1. Population health management  
2. Care coordination (Accountable Care, Patient-Centered Medical Home)  
3. Outcomes improvement  
4. Patient readmissions reduction  
5. Patient quality and safety improvements  
6. Community physician engagement and affiliations  
7. Clinician access to real-time analytics based on complete patient records  
8. Patient engagement  
9. Operational care delivery cost reduction  
10. Competitive advantage over other organizations  
11. Meaningful Use criteria fulfillment  
12. Reimbursement models                                                                                     |
| **Interoperability Design & Implementation Strategy**                | **Best Description of Interoperability Plan:**  
- Making systems interoperable across multiple organizations and multiple locations  

**Brief Description of Strategy:**  
- Consolidate enterprise solutions, wherever possible  
- Interconnect with campus partners, patient families, community physicians, and the broader community so that the data will flow with the patient so that clinicians can deliver informed care  
- Simplify, wherever possible, to make the connections and flow of data seamless  
- Follow industry standards and partner with the major EMR vendors to ensure standardize across variations of connections (ADT / HL7 / LOINC, etc.)  
- Consolidate to a major interface engine whereby analytics can easily and seamlessly flow off of |
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<td><strong>Investment for Interoperability</strong></td>
<td>Average Yearly Capital Expense: $501,000 - $1,000,000&lt;br&gt;Average Yearly Operational Expense: $251,000 - $501,000&lt;br&gt;Budget for Next Fiscal Year: $251,000 - $501,000&lt;br&gt;Prioritized Areas for Investment: 1. Software 2. Interfaces 3. Hardware 4. Skilled internal technical staff resources 5. Skilled external/contracted technical resources 6. Staff training</td>
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| **Challenges / Barriers**          | Key Challenges and Barriers to Achieve Interoperability Within This Organization:  
  - Inability to interoperate software applications across multiple locations and with other organizations  
  - Securing required funding |
| **Most Important To Achieve and Maintain Successful Interoperability** | Ranked in order of importance: 1. Electronic Data Interchange (EDI) |
| **Data Management**               | Support Data Management Via:  
  - Code set translation and normalization  
  - Data/Language normalization  
  - Export and registration of data objects / data staging  
  - Data filtering  
  - Data consolidation through a structured analytical database  
  - Data auditing / correction process |
| **Data Standards**                | Data Encoding Standards Supported:  
  - ICD: International Classification of Diseases  
  - LOINC: Logical Observation Identifiers Names & Codes  
  - NDC: National Drug Code  
  - RxNorm: Standardized nomenclature for clinical drugs  
  - SNOMED-CT: Systemized Nomenclature of Medicine - Clinical Terms  
  - HCPCS: Healthcare Common Procedure Coding System  
  Relies on Vendors and their Products to Support Data Encoding Standards. |
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| Messaging Standards                       | **Messaging Standards Supported:**  
  • ANSI ASC X12  
  • DICOM: Digital Imaging and Communication in Medicine  
  • HIPAA Standard Transaction and Code Sets (including 270 through 837 standards)  
  • HL7: Health Level Seven  
  • MDMI: OMG Model-Driven Message Interoperability  
  • NCPDP: National Council for Prescription Drug Programs  
  • NIEM: National Information Exchange Model  
  Relies on Vendors and their Products to Support Messaging Standards. |
| Referenced Implementation Guidelines and/or Profiles | **Implementation Guidelines Supported:**  
  CAQH CORE HIPAA X12  
  (reference implementation guidelines)  
  Relies on Vendors and their Products to Support Implementation Guidelines. |
| Types of Data Exchanged                   | • ADT (Admission / Discharge / Transfer)  
  • Clinical patient notes  
  • Claims / Billing payment and reconciliation  
  • Community-wide portal services  
  • Consultations and referrals  
  • Discharge summaries  
  • Dictation transcription  
  • EHR products and services  
  • Eligibility checking with payer  
  • Emergency visit documentation  
  • EMT / 1st responders reporting/notes  
  • ePrescribing  
  • Immunization / Syndromic surveillance  
  • Lab results delivery  
  • Medication alerts  
  • Medication history  
  • Medication reconciliation  
  • Patient engagement  
  • PHR / Patient-reported data  
  • Radiology results delivery  
  • Radiology image delivery / viewing  
  • Registry (e.g., local and state public health)  
  • Results delivery  
  • Telehealth / Telemedical services  
  • Workflow services (referrals, consults) |
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| **Participation in a 3rd Party HIE Organization** | • Healtheway eHealth Exchange  
• Private (hospital-owned) information exchange organization  
• Payer information exchange network  
• Regional or Community information exchange organization  
• Vendor-sponsored information exchange organization  
• SLHIE when available |
| **Hospital-Owned HIE Organization/Network** | Planned or Established: Established  
Separate Entity (e.g. 501(c)(3), LLC, etc.): No  
HIE Network Service Reports To: Corporate Services |