In this Issue: The Ins and Outs of System Optimization
This issue of the Clinical Informatics Insights addresses the need for system optimization and explores the million dollar question “you’ve installed - now what?”

State of the Industry
Meaningful Use: Here We Are at Base Camp
By Roger L. Holloway, FACHE
IL-HITREC is responsible for assisting 1,300 primary care providers throughout Illinois in reaching meaningful use. As I have conducted a number of educational seminars about regional extension centers over the past two years, I have provided a perspective on their progress with the analogy, “If we are climbing Mt. Everest, we are at base camp.” Finally, in 2012, we have left base camp and IL-HITREC is now moving providers to meaningful use. Much of the focus from the provider community has been on the incentive dollars that flow as a result of implementing EHRs. Logically, the next goal is to help providers maximize the value of their capital investment in their practices to leverage the full benefits that are inherent in certified EHR. There is tremendous value in maximizing the uses of EHR to not only begin to move toward Stage 2 Meaningful Use requirements, but also to bring additional value beyond incentive payments to practices. As the industry prepares itself for accountable care organizations, greater scrutiny on cost and quality from third-party payers as well as governmental payers, it is inherent upon all practices to become knowledgeable about outcomes.

Meet an Informaticist
Marilyn Nielsen, RN-BC, MS

Tool Box Picks
Compiled by Cheryl D. Parker, RN, MSN, PhD, FHIMSS

Beyond Compliance: Meaningful Use as a Catalyst for Improved Performance
This paper, developed by Infosys in partnership with the Center for Health Information and Decision Systems (CHIDS) at The University of Maryland, places the concept of “meaningful use” of EHR technology in a broader context, suggesting it is important to look beyond the compliance criteria to organizational transformations that can maximize the value equation.

EHR Optimization PowerPoint and Best Practices for Optimizing Your EHR Investment Webinar
These two sessions by Bob Bain, senior consultant, Hayes Management Consulting, and Peter Catinella, MD, CMIO, University of Arizona Healthcare explore EHR optimization, an important next step after EHR implementation. Free registration required to access.

EHR Implementation and Optimization: Keeping Your Eye on the Prize Executive Briefing
The financial incentives for achieving meaningful use of EHRs coupled with the broader need to better coordinate patient care have generated a flurry of IT activity among physician practices. It is not as well understood that while an EHR is necessary for improving patient care and efficiency, the EHR will not result in any improvement without a collaborative effort and physician leadership. This Executive Briefing by John Whitham and Michelle Holmes describes specific methods to ensure that providing better and more efficient care drives decision-making as you implement your EHR. We’ll also discuss the key to success: involving physicians in all aspects of EHR implementation or optimization.

The Carolina Center for Medical Excellence – Post Live Assessment and Optimizing your EHR for Quality Improvement
In this one-hour webinar, learn more about how a practice and patients can benefit from implementing health IT and EHRs. Available via PDF and recorded webinar format.
Marilyn Nielsen, RN-BC, MS, is a board certified clinical informatics manager for Littleton Adventist Hospital, part of the Centura Health, which is Colorado’s largest hospital and healthcare network with 13 hospitals live with EHRs. Nielsen has many years of nursing experience working in a variety of settings including: telemetry, ICU, ED and flight nursing. While at Littleton, Nielsen has successfully implemented bar code medication administration and a transfusion administration record. Littleton has been the pilot site for several projects on behalf of the Centura Evidence Based Practice council including the ICU delirium project, and a subcutaneous insulin project. Nielsen has been involved with the corporate-wide rollout of CPOE; work has included sitting on the corporate CPOE oversight committee, assisting with the redesign of nursing orders, and the development of current state workflows for facilities as they begin their work on CPOE. Nielsen recently co-presented on innovations in eHealth at the HIMSS12 Nursing Informatics Symposium.

**Strategies for Success**

**Strategies for EMR Optimization Success**

*By Tom Smith*

NorthShore University HealthSystem based in Evanston, Ill., was one of the first organizations to remove paper charts and implement a complete EMR in 2003. Additionally, NorthShore attested for meaningful use for both its hospitals and physician offices on the first day possible and received payment on the first day that CMS released these dollars. Given the very early adopter status for NorthShore there was a great deal of effort to install quickly and begin to use the system so that physicians would see some return from the efforts. As Arnold Wagner, MD, CMIO stated “initial deployment tried to closely mimic individuals’ pre-EMR behaviors of vocabulary, orders, documentation, . . .” to facilitate the implementation in three hospitals and more than 20 offices in less than 24 months.

**Resource in Practice**

**Optimization of the EMR for Emergency Medicine in a Large Organization**

*By Robert Norris, MD*

On July 28, 2006, Kaiser Permanente went live with our inpatient EMR system at our South Sacramento facility. Over the next 3 1/2 years, the system was rolled out to Kaiser’s 20 other facilities throughout Northern California, involving the training of thousands of doctors, nurses, technicians and other ancillary staff—and thousands of hours of work by IT personnel and trainers. By any measure this was a successful launch with no major issues, and in mid-March 2010, Kaiser had their last go live at their brand new hospital in Vallejo, Calif.

Cheryl D. Parker, RN, MSN, PhD, FHIMSS, is chief nursing informatics officer at Rubbermaid Medical Solutions.
**HIMSS News**

**Join the Clinical Engineering & IT Community for the next ‘Virtual’ Town Hall! Focus on Connectivity with Physiologic Monitors**
A virtual town hall meeting on Connectivity with Physiologic Monitors will be held by the Clinical Engineering & IT Community - a collaboration among AAMI, ACCE and HIMSS. This is the sixth in a new series of virtual and highly interactive town hall meetings from the Clinical Engineering & IT Community. The previous town halls have covered interoperability, medical device security, wireless issues, and MDDS & IEC 80001, and mHealth.

**HIMSS Schedules Webinar on Supreme Court and Healthcare Reform**
On Wednesday, April 11 at 1 pm ET, legal experts will provide their analyses of the arguments presented this week to the Justices, during a webinar on *Supreme Court ACA Case: Implications for Health IT*, complimentary for HIMSS members. Registration is now open. For a description of the issues and the potential impact on healthcare information technology, see the HIMSS fact sheet, *The Supreme Court on the Patient Protection and Affordable Care Act of 2010*.

**Save the Date for Upcoming mHealth Virtual Forum**
With over 72 percent of the globe connected via mobile technology and over 80 percent of US physicians owning tablet devices, the promise of mobile health to profoundly impact on the delivery of healthcare cannot be understated. The HIMSS Virtual Forum “The Future of Mobile Technologies and mHealth: Staying Securely Connected” on April 26 will explore the privacy and security implications and emerging best practices across the healthcare continuum and provide specific insight for what you need to know for your organization to securely adopt and harness the power of these new technologies. Learn more and register.

**ONC Offers Health IT Curriculum Materials**
The Office of the National Coordinator for Health IT has announced “that an enhanced set of 20 [Health IT Workforce] curriculum components is now available to the public at no cost, including all institutions of higher education nationwide and internationally… Designed around the six mobile workforce roles identified by ONC, the components form the building blocks of health IT courses at community colleges and universities. …The components cover topics such as workflow process redesign, technical support, networking, usability, and project management, among others. Three of the components offer a hands-on lab experience for students supported by the VistA for Education EHR software package, also available at no cost….To obtain the materials, go to [http://www.onc-ntdc.org](http://www.onc-ntdc.org) or [http://www.onc-ntdc.info](http://www.onc-ntdc.info) to set up a profile and download the components.”

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Editor's Note: The inclusion of an organization name, product, resource or service in this e-newsletter should not be construed as a HIMSS endorsement of such organization, product or service, nor is the failure to include an organization name, product or service to be construed as disapproval.

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