2019 MUSE Inspire Conference
Educational Presentations

1001 - Surveillance: Practical Applications to Improving Care
Track: Patient Care
Presenter: Lindsay Tahiry
Organization: LifePoint Health, Brentwood, Tennessee
Scheduled: Thursday May 30 at 1:45 pm

By incorporating Quality Management Surveillance functionality into your EHR, you can improve outcomes and help nurses to identify patients who are at risk for falling or developing CAUTI, as well as a number of other conditions. In addition to helping nurses, surveillance tools provide the necessary decision support to help clinicians render a diagnosis, keep the quality manager informed, enable care managers to focus on specific areas of risk, and assist executives with identifying areas of improvement for all potential points of service across LifePoint's 6.15 facilities. In this session, you'll hear from LifePoint Health on how to use Surveillance watchlists and EHR toolkits to optimize your organization's clinical processes.

Lindsay Tahiry has over 10 years of experience as an application analyst, including six years spent supporting MEDITECH Advanced Clinical modules. She consulted as the PCS lead for seven 6.x implementations before joining RCCH Healthcare Partners (now LifePoint Health) as a senior application analyst on the nursing and quality team in 2017. Over the past 18 months, she successfully adopted MEDITECH's Surveillance functionality in a multi-facility 6.15 environment. Lindsay received a Bachelor of Science in Technology Management from the University of Findlay in 2002, and Bachelor of Nursing Science from Regis University in 2006. More recently, she graduated from University of Colorado with a Master of Nursing Informatics and became board-certified in nursing informatics in 2014.

Learning objectives:
- Identify three ways Surveillance functionality can improve patient care and outcomes.
- Discuss two use cases for applying Surveillance functionality.
- Describe how to measure the impact of Surveillance adoption.

1002 - MEDITECH Expanse Data Conversions Lessons Learned
Track: 6.x / Expanse
Presenter: Michael Ward
Organization: Anderson Healthcare, Maryville, Illinois
Scheduled: Wednesday May 29 at 3:30 pm

Anderson Healthcare, a long time MEDITECH C/S site, is in the process of replacing four different EMRs (MEDITECH C/S, CPSI, NextGen, and eMDs) with MEDITECH Expanse (Go-Live planned for November 2019). Determining what data from your systems can be migrated takes considerable understanding of all the options offered by MEDITECH and other third-party vendors. Significant time was spent learning and relearning how the mesh of vendors and conversion tools work together to provide useable data at go-live. Anderson was fortunate to have the right mix of knowledge experts to work with our consulting partners and MEDITECH to come up with a comprehensive plan. Once a conversion strategy was developed, Anderson spent considerable effort discussing and teaching stakeholders about the data conversion process. This presentation will review Anderson's lessons learned specific to data their data conversion journey during their Expanse migration.

Mike Ward is the CIO for Anderson Healthcare, a regional healthcare network with two hospitals and many clinics. Mike has worked in the health IT industry for nearly 25 years. As the Director of IT for Anderson Hospital, he helped it grow in to a multi hospital organization with a constantly expanding geographic footprint. Mike is overseeing Anderson's Project 1 a multi-year project to consolidate four different EMRs into one.

1003 - Expanse Point of Care - Mobility for Nurses and Therapists
Track: 6.x / Expanse
Presenter: Joe Farr
Organization: King's Daughters Medical Center, Brookhaven, MS
Scheduled: Thursday May 30 at 9:00 am

Expanse Point of Care is MEDITECH's mobile solution for nursing and therapy staff. Point of Care technology encompasses med administration and patient care documentation as well as order and lab review, all on one hand-held device. As the first site to go live with this technology, we will discuss wins, challenges, FYI's, and lessons learned.

Joe Farr has been a registered nurse since 2001 serving primarily in the Emergency Department and is currently serving as the Clinical Application Coordinator for Information Systems at King's Daughters Medical Center in Brookhaven, MS. Joe has been instrumental in the implementation and support of many provider-facing applications in his organization, including MEDITECH 6.15

followed by Expanse WebAcute/Web ED and most recently Expanse Point of Care. Though Clinical IT is his primary focus at this time, he continues to practice nursing in the ED.

Learning objectives:
- Be able to identify the typical use cases for Point of Care/mobility devices in nursing and therapy environments.
- Be able to discuss the benefits and challenges of implementing mobility devices.
- Be able to explain the typical timeline for implementation of mobility devices.
- Be able to formulate a plan for exploration/implementation of mobile device usage for nurses and therapists in their organization.

1004 - Safe Discharge – Patient Oriented Discharge Summary (PODS) Checklist
Track: Patient Care
Presenter: Amy Bellisle
Organization: Georgian Bay General Hospital, Midland, Ontario
Scheduled: Thursday May 30 at 9:00 am

Learn how Georgian Bay General Hospital (GBGH) streamlined the discharge processes with the successful implementation of Safe Discharge PODS Checklist. We increased both patient satisfaction and patient engagement, improved the overall discharge process, and reduced the risk of readmission, all while strengthening transitions from hospital to home.

Amy Bellisle is a Registered Nurse - Application Consultant in Clinical Informatics at Georgian Bay General Hospital. During her nursing career of 26 years, she has been active in Clinical services where she has excelled in leadership roles. Amy moved into Information Systems department nine years ago where she continues in a Clinical Leadership role in Informatics. Amy works with the Clinical Educators, physicians, Clinical Managers to assess the level of satisfaction and utilization of the information system, evaluate the usefulness, quality and comprehensiveness, and potential of output relating to electronic documentation for all patient services offered at GBGH.

Amy focuses on efficiencies thru technology as part of our GBGH's lean strategies. Amy was the Clinical Lead with the successful implementation of the Safe Discharge PODS Checklist and worked collaboratively with frontline staff to streamline processes. Amy has continued to improve and enhance the discharge processes for an overall successful patient and staff satisfaction.

Recently, Amy was given the opportunity to Chair the Provincial Initiative Group for the Emergency module in Expanse and sit on the membership for Clinicals - The MEDITECH Collaborative Model is based on evidence and best practice allowing the sharing of common data to improve client outcomes/experience and healthcare provider practice.

Learning objectives:
- They will learn how Safe Discharge PODS Checklist was developed to improve the discharge process for patients, assist in reduction of readmission, strengthening transition from hospital to home while improving patient safety.
- They will learn how five key pieces of information are used to assist patients and families upon discharge: Signs and symptoms to watch out for when at home; Medications instructions; Appointments booked or need to be booked; Routine and lifestyle changes
- The learner will see the build in PCS and the report written to capture the multidisciplinary documentation and the process for delivery of PODS to the patients in an easy to read format.

1005 - Benefits of Bed Management Desktop 6.08
Track: 6.x / Expanse
Presenter: Angela Clark
Organization: Catawba Valley Medical Center, Hickory, North Carolina
Scheduled: Thursday May 30 at 2:45 pm

Leadership from the Emergency department requested using Bed Request to assist in decreasing ED throughput times. Upon evaluation, there were many things that needed to happen before this functionality could be implemented. It has taken over two years and several phases to implement Bed Management Desktop. The first phase of the project was to change location mnemonic and accommodation codes. The next phase evolved around Environmental Services' needs. The last phase was to understand the impact on the Administrator on Duty and clinical areas. Upon gathering data from multiple disciplines and departments, we have found some benefits of using Bed Management Desktop. It has assisted with decreasing clicks, multiple phone calls and ability to review patient information on one screen.

Angela Clark has been a Registered Nurse for 22 years with a background primarily in emergency nursing. Seven years ago, she began working in informatics with a primary focus in EDM and migrating from Magic to 6.08. Since migrating to 6.08, she has assisted with implementing Physician Order Entry and electronic documentation for ED providers. Other duties include working on the hospital order set team, Report Designer and creating an inpatient Sepsis alert. Her most recent project is implementing Bed Management Desktop.

1006 - Lab Stewardship – This is How We Do It!
Track: Patient Care
Presenter: Sherrie Babcock
Organization: HCA West Florida Division IT&S, Clearwater, Florida
Scheduled: Wednesday May 29 at 3:30 pm

Lab Stewardship is a multi-disciplinary process by which lab tests, using evidence-based methodology, are evaluated for efficacy in diagnosis and treatment of patient conditions. Stewardship is defined by Merriam Webster, as
1. The office, duties, and obligations of a steward
2. The conducting, supervising, or managing of something; especially, the careful and responsible management of something entrusted to one's care.

What could be more important than the management of the care of the patients entrusted to us?

The Lab Stewardship committee determines the appropriate pathway to eliminate over-utilization of tests that have minimal value in the diagnosis, care and treatment of hospitalized patients. This committee partners with Information Systems analysts to develop rules and customer defined screens that provide clinical decision support to providers and end-users with the lab ordering process. An important task of the committee is to take into consideration the down-stream impacts to patients, end-users, and processes.

Benefits of Lab Stewardship include patient safety, scalability/replication of consistent end-user experiences and awareness using evidence to drive content and clinical decision support. There are also challenges to Lab stewardship that must be addressed as well – achieving consensus, identifying all impacted parties, compliance monitoring, organizational differences, perceived delays and perceived loss of independence with provider ordering.

This presentation will review various Lab Stewardship initiatives in the West Florida Division and provide various examples of how to provide IT support in those initiatives.

Sherrie Babcock has been a licensed registered nurse in Florida for 34 years. She has worked a variety of clinical settings - CCU, Cardio-Pulmonary Rehab, House Nursing Supervisor, and Pre-Admission testing. In 2010, Sherrie transitioned to IT&S with Wave 1 CPOE implementation as an order set specialist. Since that time, she has supported CPOE/Advanced Clinicals and has served as the Project lead for Division Led CPOE Implementations. Most recently, she was promoted to Manager EHR Support - Advanced Clinicals/CPOE in September 2018.

1007 - Protocols – The Evolution from Paper to Electronic
Track: Patient Care
Presenter: Susan A. Hines
Organization: CalvertHealth Medical Center, Prince Frederick, Maryland
Scheduled: Thursday May 30 at 1:45 pm

Over the last several years, regulations have changed in how to handle protocols that nursing is to follow. No longer can we just mention in a note that we followed the specific protocol and that was all. Keeping a paper/pdf copy of the protocols is not enough. Now those protocols need to be part of the medical record and be sure that the versions of the protocols are up-to-date for the time of the visit. This presentation will show how CalvertHealth Medical Center has changed the way it utilizes the protocols as part of the chart and to improve compliance with documentation.

Susan A. Hines, RN, MSN is a Nurse Application Specialist working in the Information Services Department at CalvertHealth Medical Center (CMHC). Susan graduated from Walden University with a Master of Science in Nursing, specializing in Nursing Informatics. For the last eight years, she has supported the clinical staff (Nursing, Providers, Rehab, etc.) to varying degrees in both MEDITECH Magic and now MEDITECH 6.15, though nursing does keep her very busy.

After receiving in-depth training and surviving a strenuous build CalvertHealth had a successful implementation of MEDITECH 6.15 which went LIVE on October 1, 2016. Susan was the Core Team Lead for PCS and its various components. The focus was to improve documentation without losing functionality. New additions were the transition to the electronic TAR, Critical Care module with the Critical Care Flow Sheet, and Charge on Documentation for ancillary clinical staff and various outpatient clinics. She worked with the build teams for EDM, SUR, OM, and PCM/PDoc to help maintain good documentation workflow that was especially important for shared documentation and parameters that affected several or all of the areas, including the EMR. Susan continues to support clinical and ancillary staff and modules with her coworkers, both inside and outside of the IS department.

1009 - Utilizing Technology to Improve Nursing Informatics Education
Track: Culture
Presenter: Amy Speanburg
Organization: The Saratoga Hospital, Saratoga Springs, New York
Scheduled: Thursday May 30 at 3:45 pm

In the hospital, there are constant needs for staff education. With our hospital growing at a rapid rate, "MEDITECH Education" can mean something different for each job type and clinical area. Having a standard education for basic orientation to the system just did not work anymore.

Utilizing screen-recording technology, we implemented a self-paced learning style that we use for not only new hire orientation but for new project implementations such as our recent smart pump integration project.

This presentation will discuss:
- Issues with large classroom style learning
- How we incorporated documentation of quality measures into orientation to improve documentation
- Using available resources
- Creation of self-directed learning modules to facilitate different learning types and accommodate all speeds of learners

Amy Speanburg MS, RN, started her nursing career working in medical/surgical/orthopedic nursing. When she began her career at Saratoga Hospital in 2008, she was asked to be part of the team to implement Nursing Documentation. Since then, Amy has advanced to Clinical Informatics Specialist and has worked on and implemented many projects such as ICU documentation, CPOE, ORM, Physical Therapy, Respiratory Therapy, Smart Pump EHR Integration, and more.

Learning objectives:
- Describe three issues with large classroom style learning
- Discuss how to incorporate quality measure documentation into new hire orientation education
- Understand the meaning of self-directed learning to accommodate different disciplines and learning styles

1010 - Radiation Right: High Dose Fluoroscopy eScreening
Track: Regulatory
Presenter: Christy Casale
Organization: HCA West Florida Division IT&S, Clearwater, Florida
Scheduled: Thursday May 30 at 2:45 pm

HCA's Radiation Right® Initiative aims to reduce the patient's exposure to radiation in accordance with The Joint Commission's radiation safety standards.

The Fluoroscopy eScreening tool was developed by West Florida Division and provides an electronic method of documenting the evaluation of the patient receiving potentially high dose fluoroscopy treatments and procedures. The goal of the screening is to avoid patient harm through avoidance of overexposure; as well as timely identification and notifications when

Substantial Radiation Dose Level (SRDL) does occur. It also provides a consistent and standardized electronic documentation process in accordance with HCA's Radiation Right Policy. With the electronic documentation tool replacing all paper documentation tools, the data is now centrally available and available for use in real time (for decision support and care coordination) or retroactively (for audits and process improvement functions).

This presentation will provide an overview of how the electronic documentation and decision support tools have helped with the Radiation Right® initiative in the West Florida Division.

Christy Casale is a Sr. Clinical Analyst working for HCA (Hospital Corporation of America) since 2013, supporting Fawcett Memorial Hospital in the West Florida Division. She has a Master's Degree in Business Administration (MBA) from University of Nevada, Las Vegas and is a Registered Nurse, Board Certified in Informatics.

Learning objectives:
- Identify the three main components of the Fluoroscopy eScreening and state the purpose of each component.
- Discuss three ways EHR technology can be leveraged to reduce risk or improve outcomes in regards to fluoroscopy overexposure.
- Thinking of your current EHR and systems, identify at least one way you might leverage the technology available to avoid overexposure and/or streamline care coordination in the event of overexposure.

1011 - ORM to SUR – Making the Cut
Track: Other
Presenter: Riki Watts
Organization: St. Claire HealthCare, Morehead, Kentucky
Scheduled: Wednesday May 29 at 3:30 pm

Transitioning surgical services from ORM to SUR requires a multidisciplinary approach to the balance of information services and clinical patient care. St. Claire HealthCare successfully improved clinical documentation, supply management and applied electronic versions of evidence based surgical care through SUR implementation. A team of dedicated information service professionals, surgical staff and perioperative leadership transitioned the electronic health record into a best practice tool to deliver the highest quality surgical care. From focused workflow management to the testing phase, a shared governance approach ensured that the end user was an integral part of the build. This presentation provides the details behind one organization's journey from ORM to SUR and how the successful implementation made a real change in patient outcomes.

Riki Watts is the Administrative Director of Perioperative Services at St. Claire Health Care. She has been in nursing leadership for the last nine years and has served in a variety of roles. Riki serves on multiple councils and committees within the organization and is a member of the Nurse Executive Council.

Riki obtained her Associate Degree in Nursing from Ashland Community and Technical College in 2003 and completed the Master of Science in Nursing degree in 2013. She is a Board Certified Nurse Executive (NE-BC) and a Certified Nurse-Operating Room (CNOR). Riki is a volunteer item writer for CCI, adjunct professor at Northern Kentucky University and a certified Team STEPPS trainer.

Riki has clinical experience in the Intensive Care Unit, Post Anesthesia Care Unit, General Surgery, and Cardiovascular Operating Room. She is an active member of the Kentucky Nurses Association, American Nurses Association, Association of periOperative Registered Nurses, Society of Gastroenterology Nurses and Sigma Theta Tau International Nursing Honor Society.

Learning objectives:
- Recognize the resources needed in transitioning from ORM to SUR.
- Understand the need for thorough workflow and process management.
- Understand the Evidence Based Practice behind SUR documentation.

1012 - Violent Restraint Order Build

Track: Regulatory
Presenter: Caitlin Ryan
Organization: Catawba Valley Health System, Hickory, North Carolina
Scheduled: Thursday May 30 at 9:00 am

Restraint guidelines for violent/self-destructive management differ in multiple ways from non-violent guidelines. These differences provider unique challenges to the electronic ordering process. Non-violent restraints require that the order be renewed every 24 hours, while violent restraints require the order be renewed every four hours. MEDITECH has a best practice model that follows these guidelines by allowing ordering restraints as a "series." This function provides a "parent" order and the renewal orders exist as "child" orders. While this functionality works well for non-violent restraints ordered for every 24 hours, it queued four renewals for violent restraints at once. This gave the illusion that restraint orders were being placed in advance. Ordering restraints this way is the same as ordering them as a standing or "as needed" order, and is prohibited by the Center for Medicare and Medicaid Services (2018). A modified electronic workflow was constructed that tackled this issue, resulting in a streamlined process that resulted in cleaner electronic health records.

Caitlin Ryan has worked for Catawba Valley Health System since July of 2009. She worked first as a floor nurse on the psychiatric unit before being promoted to charge nurse, intake nurse, and finally as a patient care coordinator. She now works as a clinical informaticist in the health informatics department at Catawba Valley. She received her Bachelor's in Nursing at the University of North Carolina at Charlotte in May of 2009. She then went on to receive her Master's of Nursing with a specialty in informatics from Duke University in December of 2016.

Learning objectives:
- Explain need for restraints
- Identify Center for Medicare and Medicaid Services (CMS) violent restraint guidelines
- Compare MEDITECH best practice restraint build vs modified Catawba Valley Health System (CVHS) build

1013 - Making Project Management Work in a Clinical Setting
Track: Culture
Presenter: Becky Blevins
Organization: Ephraim McDowell Regional Hospital, Danville, Kentucky
Scheduled: Thursday May 30 at 10:00 am

In this presentation, we will compare and contrast project management in a traditional setting and the modifications needed to make it work in a clinical setting. We will look at the difference in clinical customers from conventional customers, and how your role as a project manager has to be adapted to successfully facilitate meetings, build relationships and teams in the clinical environment. We will discuss how LEAN and Six Sigma can successfully be used in the clinical setting. Give real life project example of these concepts.

Becky Blevins is the Information Services Systems Manager for Ephraim McDowell Health, a multi-hospital health system, located in central Kentucky. Her responsibilities include management of the project team as well as the MEDITECH clinical team. She has more than 30 years of experience in healthcare. She became certified as a PMP in 2016.

1014 - Building Surveillance Profiles
Track: 6.x / Expanse
Presenter: Kristen Springer
Organization: CalvertHealth Medical Center, Prince Frederick, Maryland
Scheduled: Thursday May 30 at 3:45 pm

In this presentation, we will be showing step-by-step how to create Surveillance Profiles. These profiles can be added to an Indicator Scheme and then added to a Tracker or Status board. We will provide many examples of how Surveillance can be used to help identify critical care flags.

We hope to spark some interest on this topic and even show how the profiles can be set up to send email notifications.

Kristen Springer began her career at CalvertHealth Medical Center as a Medical Technologist in the Laboratory. After 13 years, she transitioned to the I.T. department. She supported the Laboratory, Radiology, Registration, Community Wide Scheduling and the Patient Portal. In October of 2016, the facility went Live with MEDITECH 6.15. Through this transition, Kristen advanced in MEDITECH rule building and Report Designer. She was then recruited to take a position in the fast paced Emergency Department. In this role, her support provides innovative solutions for difficult problems. With over 23 years of experience, she is an advance MEDITECH problem solver and would like to share her knowledge to help others.

1015 - The Impact of History Alerts
Track: Supporting Workflow
Presenter: Penny Mills
Organization: HCA, Nashville, Tennessee
Scheduled: Thursday May 30 at 2:45 pm

How many times have your providers ordered Cat Scans on a patient that was not necessary? If you knew the patient had a scan within the last 365 days, multiple scans could be avoided, and prevent your patients to unnecessary radiation exposure, contrast administration, and cost. In HCA West Florida Division, we have implemented a CT Alert process that will inform your providers when the patient has had a recent CAT scan.

We have also implemented a Cdiff Alert process to identify and prevent duplicate Cdiff testing in hospitalized patients who have been previously tested for Cdiff and improve the predictive value of C difficile Infection (CDI) testing if the patient had a laxative administered within the past 48 hours of testing.

In this presentation, we will explain how these processes are being utilized and show the benefits it has provided to our patient population.

Penny Mills, RN is an EHR Clinical Analyst II working for HCA for the last 17 years, and has been in IT&S for the last eight years supporting South Bay Hospital, and Medical Center of Trinity in West Florida Division. She presented at the MUSE Conference in 2018 on "What Trends Does your Discharge Process Show? Penny has been a Critical Care Registered Nurse for 22 years, and holds a Certification in Healthcare Informatics.

1016 - Smart Pump EHR Integration – A Pharmacy Perspective
Track: Patient Care
Presenter: Astrid Cook
Organization: The Saratoga Hospital, Saratoga Springs, New York
Scheduled: Friday May 31 at 10:00 am

When technology is embraced, it can result in big benefits for patient safety, and time savings for staff. Integrating our smart pumps with MEDITECH has definitely accomplished both at The Saratoga Hospital.

To date, we're one of only two hospitals in the world that have brought this cutting-edge technology LIVE. This educational session will describe our journey, primarily from the pharmacy's perspective, to help others benefit from our experience.

During the presentation, we'll discuss:
- What smart pump integration is, and why we chose to do it
- Who participated in the project, and the FTEs it required
- The scope of the project (for Saratoga, all infusions in Inpatient and ED areas)
- Analysis of workflow and alignment between EHR and smart pump drug library
- What is the mapping and testing process?
- Special challenges – one to many verse many to one concept, weight based titrations & workflow, how to identify different pump modes - continuous infusion verse intermittent, rounding.
- Education of nursing/pharmacy staff.
- Troubleshooting

Smart pump integration with MEDITECH is a complex project that involves the Pharmacy, Nursing, IT, and the hospital's Biomedical Engineers. This session will have a heavy focus on the pharmacy aspect of the implementation, but nurses and anyone interested in connecting smart pumps to MEDITECH will benefit from attending.

Astrid Cook, RPh, has more than 20 years of Pharmacy experience, including 10 years working in Pharmacy Informatics, which is her passion. The Saratoga Hospital was a completely "paper" hospital when she began working there. During her 18-year tenure at Saratoga, projects in which she has participated include eMAR, BMV, CPOE, installation of Omnicell, ePrescribing (NY was the first state in the nation to require e-Prescribing including controlled substances), installation of smart pumps with a drug library, conversion of the Pharmacy formulary from MediSpan to First DataBank, and most recently of course, Smart Pump EHR Integration.

Prior to The Saratoga Hospital, Astrid worked at Albany Medical Center and Glens Falls Hospital, where she gained some experience with the Cerner system. She holds a Bachelor of Science in Pharmacy from the Albany College of Pharmacy.

Learning objectives:

- Understand the basic concept of Smart pump of auto- programming and auto documentation, understand the technology that needs to be in place in order to integrate smart pumps with an eHR.
- Understand the timeline and proper team needed to accomplish and integration.
- Basic understand of the smart pump integration process and special pharmacy challenges involved integration.

1017 - MEDITECH Client Server to Expanse: Streamlining ED Charge Capture
Track: 6.x / Expanse
Presenter: Modessa Neyens
Organization: Avera McKennan, Sioux Falls, South Dakota
Scheduled: Friday May 31 at 9:00 am

This presentation will discuss Avera's path to the standardization of technical and procedural level charges with the EDM module in MEDITECH Expanse. You will learn how we identified gaps and discrepancies among facilities and how a multidisciplinary approach was used to minimize financial impacts. You will also see how a standardized build can help normalize charges and lead to a possible optimization in revenue.

Modessa Neyens is a Board-Certified emergency nurse at Avera McKennan in Sioux Falls, SD. She has 10+ years of clinical experience with the majority of her career spent in emergency medicine. She has practiced in various roles within the Emergency Services division including Avera's expansive Telemedicine department. Most recently she serves as the clinical subject matter expert for emergency medicine workflows in the transition from MEDITECH Client Server to the implementation of Expanse. She participates in various committees within the project scope including ED Physician Review Teams and Education Review Teams. She has played a pivotal role leading the implementation of a documentation-based acuity billing process.

Learning objectives:

- List and identify gaps or discrepancies to assist in streamlining clinical charge capture while developing best practices, policies, and procedures.
- Discuss how to set up and monitor technical and procedural charges within the EDM module in MEDITECH Expanse.
- Discuss how standardizing clinical charge capture can impact finance in attempts to remain budget neutral.

1018 - Shaping Behavioral Health Care with Expanse
Track: 6.x / Expanse
Presenter: Madeline Miller, RN-BC
Organization: Avera McKennan Hospital and University Health Center, Sioux Falls, South Dakota
Scheduled: Thursday May 30 at 3:45 pm

Explore how the Care Plan module in MEDITECH 6.1 can be used to develop a holistic plan of care for the behavioral health patient in the inpatient psychiatric setting. Care plans were built specific to psychiatric diagnosis to support individualized patient care. Patient problems and outcomes were creatively designed to support comprehensive documentation of patient progress and treatment participation, including nursing goals, patient goals (such as journaling/therapy assignments), and crisis response planning.

Madeline Miller is a Registered Nurse at Avera McKennan Hospital and University Health Center in Sioux Falls, SD. She is certified in Psychiatric Mental Health Nursing and has served as a resource nurse at the Avera Behavioral Health Center for five years. Her area of specialty is inpatient pediatric psychiatry. She is a member of the Avera MEDITECH 6.1 PCPS Core Team, representing the unique needs of the behavioral health population.

1019 - Getting Started with MEDITECH Surveillance
Track: 6.x / Expanse
Presenter: Chris Neumann
Organization: The Valley Health System, Ridgewood, New Jersey
Scheduled: Thursday May 30 at 2:45 pm

In this session we will go over the basics of how to build surveillance profiles and give you a base for building future profiles. We will discuss:
- Setting up parameters and discuss hardware needs
- Building reusable fact and rules
- When to use groups and when not
- Strategies for using removal rules vs qualifying rules only
- Using Surveillance to feed indicators and sending email alerts
- Setting up actions
- Building patient list formats

We will use the MEDITECH user guide as a base with working examples from the Valley Hospital's live system.

Chris Neumann has been working with the Valley Health System for the last five years and in healthcare since 2005. Since the implementation of 6.14 in 2015 Chris has been the primary analyst for the Surveillance module along with the Bed Management and Environmental Services modules.

1020 - To SUR With Love
Track: 6.x / Expanse
Presenters: Cheryl Stephens-Lee and Lisa Janes
Organization: Markham Stouffville Hospital, Markham, Ontario
Scheduled: Wednesday May 29 at 2:30 pm

In Feb 2017, Markham Stouffville Hospital (MSH) entered a partnership with two other organizations. The partnership had a mandate to implement MEDITECH Expanse at all three organizations with go-live dates of Sept 2018 (one organization) / Dec 2018 (two organizations). The focus of this presentation is to share our journey from the MEDITECH 6.08 Operating Room Management (ORM) to the MEDITECH Expanse 2.3 Surgical Services (SUR) application. This presentation will include lessons learned in the following areas:
- Inventory Scanning Changes
- SUR Documentation Versus PCS/EDM
- Using the MAR within SUR
- Closing Charts
- Registration Challenges

Cheryl Stephens-Lee has worked in the healthcare field for over 30 years. She developed an Interest in Nursing Informatics during her early nursing years at Saint John Regional Hospital & this led her to pursue her Masters in Nursing Informatics from the University of Iowa in 2010. She has worked in various nursing roles including Emergency Room Nurse, Telehealth Coordinator, Research Coordinator, Discharge Planning Nurse and Emergency Department Information System Clinical Coordinator.

She began working at Markham Stouffville Hospital in 2011 in her current role as Clinical Informatics Consultant where she was the lead Informatics Consultant for the implementation of the MEDITECH Emergency Department Management (EDM) application in 2011 and in 2018 she had the opportunity to be a part of the team implementing the MEDITECH Surgical Services (SUR) Application.

Lisa Janes is a Registered Nurse by background with over 25 years of nursing experience in a wide variety of clinical areas. She has worked in Medicine, Surgery, Obstetrics, L&D, Pediatrics and Clinical Informatics. Lisa supported the MEDITECH Pharmacy (PHA) application at Rouge Valley Health System prior to coming to Markham Stouffville Hospital where she was the project lead for The Roster of Electronic Assessment Tools (TREAT) program.

She has always had an avid interest in technology and its integration into clinical practice. Lisa joined Markham Stouffville Hospital in 2012 in her current role as Clinical Informatics Consultant. She was the IT Informatics lead for the implementation of MEDITECH eMAR/BMV in 2012, the MEDITECH Oncology (ONC) application in 2016 and part of the implementation team for the MEDITECH Surgical Services (SUR) application in 2018.

1021 - Developing Real-Time Dashboards & Analytics
Track: Reporting / Analytics / Business Intelligence
Presenters: Lisa Carlson and Melissa Hall
Organization: CalvertHealth Medical Center, Prince Frederick, Maryland
Scheduled: Wednesday May 29 at 1:30 pm

Learn more about data analysis through the implementation of dashboard applications. Standard and custom options available within the dashboard applications will be highlighted, including sharing and using personalized dashboard views, user-friendly drag-and-drop dashboard creation, and connecting to additional data sources beyond the standard EMR system.

Discussions about the impact of dashboard applications will focus on improved workflows, such as reducing the time spent on manual data calculations and manipulations, and how the availability of dashboards can change the way data is viewed and used organizationally. Additional discussions will cover broader access to and uniformity of frequently needed information/data like patient readmissions, financial performance and census-level metrics within the dashboard applications.

The Business and Clinical Analytics (BCA) application will serve as the primary source for dashboards for data captured within the MEDITECH environment. Additional use cases and custom dashboard examples will include: Daily Operations; Weekly Indicators; Opioid Stewardship; and Ambulatory Provider & Practice Performance.

Lisa Carlson is an application specialist at CalvertHealth Medical Center. Lisa is responsible for the MEDITECH Data Repository (DR) and MEDITECH Business & Clinical Analytics (BCA) modules. She regularly generates datasets and reports from the DR through SQL queries and stored procedures. Lisa develops custom real-time dashboards and metrics for various organizational needs. Lisa has worked in a healthcare organization for over seven years, with experiences in community education, corporate wellness and data management. Lisa has an undergraduate degree in Community Health as well as graduate degrees in Data Analytics and in Business Administration.

Melissa Hall, RN, BSN, MSN, FNP has worked as a Nurse, Family Nurse Practitioner, and Nurse Informaticist throughout the years. She joined Calvert Health System in 2014 after moving to

Southern Maryland from Northern California. She currently works as the Director of Information Services/Deputy CIO for Calvert and assisted with converting Calvert from MAGIC to 6.15.

1022 - Report Designer Tips, Tricks, and Gotchas
Track: Reporting / Analytics / Business Intelligence
Presenter: Dan Collins
Organization: The HCISolution, Inc.
Scheduled: Thursday May 30 at 9:00 am

Learn from our Report Designing experience as we discuss some of the Report Designing "gotcha's" and tips and tricks. We will cover these topics:
- Working with draft versions of reports
- Basic vs. Advanced
- Field Lookups
- Proper index selection
- Do loops within Do loops
- Extraction report records
- Deleting blank lines
- Aligning fields and graphics
- Rules with incorrect record selection
- Watch out for unexpected nil value variables
- MEDITECH expression logic (left-hand-side of expression is always returned for expressions that evaluate to true)

Dan Collins has been at the forefront of EHR implementations, development, and customer care for over 20 years. Before joining The HCI Solution, he worked at MEDITECH in various roles in all platforms, managing programmers. Dan had the pleasure of training new MEDITECH employees on MAGIC, C/S, FS, and M-AT programming languages and has supported almost all MEDITECH applications through his career. With decades of experience writing reports, Dan has been the primary software developer for the HCI Solution SyncSolve and manages a team of Integration Engineers.

1023 - The Wheel Keeps on Turning: Quality Cycle Management Concepts for Continuously Reliable Results
Track: Regulatory
Presenters: Courtney Hodet and Alexis Donnaruma
Organization: Northwestern Medical Center, St. Albans, Vermont; Acmeware
Scheduled: Thursday May 30 at 1:45 pm

Successful Electronic Quality Reporting can be daunting in its complexity yet cyclical in nature. If a systematic approach is applied each component, then re-addressed as changes are made in any portion of the program, a clear pathway to success can be achieved. This pathway requires three critical steps that will evolve into a predictive reproducible pattern for Quality Cycle Management:

1. Electronically capture the clinical documentation as required by the Electronic Clinical Quality Measure (eCQM) specifications. A precursory step is to decide on quality program objectives and/or requirements. This includes determining which measures will be selected during what time frame(s) along with which providers/clinicians are eligible or obligated to report. It is also necessary to decide on a reporting platform approach: Electronic Health Record (EHR), Registry and Claims are some possible methods.

2. Conduct nomenclature mapping. An EHR's human readable terms are assigned universally accepted codes from approved coding systems utilizing the Unified Medical Language System (UMLS). These codes allow for interoperability and data analysis between computer systems and utilized by the logic embedded into each measure designed to quantify the quality of care provided. The codes are defined by Center for Medicare & Medicaid Services (CMS) and available for reference in the National Library of Medicine's Value Set Authority Center (VSAC) which serves as a repository and authoring tool for public value sets.

3. Validate performance output for data completeness and accuracy. Gaps in data collection and nomenclature mapping can occur and it is the responsibility of the healthcare organization to ensure data integrity. CMS conducts random audits and it is wise to be prepared by having documentation of nomenclature mapping activities. CMS annually updates their quality programs including eCQMs and corresponding codes for the clinical data expected for performance measurement.

As programs and necessary documentation with corresponding nomenclature mapping requirements change, it becomes clear how these three steps become iterative in nature. The resulting process can be described as Quality Cycle Management. An organization's health care quality team consisting of the appropriate members is critical to conduct this work efficiently and effectively. These team members collectively must possess health care information technology skills, clinical knowledge of care provided and corresponding workflows and comprehension for the Quality Program objectives and requirements. As this is such a broad skill base requiring specific talents from various disciplines, a multidisciplinary approach to

team composition is highly encouraged. Suggested members include clinician to articulate their workflow and documentation needs, information technology analysts who manage the EHR application, heath care quality specialists and senior leadership to secure necessary resources and approve decisions.

If these three steps are employed by a skilled health care quality team as recommended here, the pathway to successful electronic quality reporting will certainly emerge. There will also be clear indications to engage these processes cyclically whenever components in the program are modified or at the very least, conduct them annually to prepare for reporting submission activities.

Courtney Hodet is a Quality Specialist at Northwestern Medical Center and has been working in healthcare for over 15 years. She started out as a Laboratory Assistant (Phlebotomist), transitioning to a Medical Technologist after graduating with a BS from SUNY Plattsburgh. She then took on the position of LIS Coordinator in 2010, when Northwestern Medical Center transitioned to an enterprise wide EMR system, MEDITECH. In 2015, she transitioned again within the laboratory and took on a Supervisory position. In 2018, Courtney transitioned into a new role as the Quality Specialist. During these years, Courtney also earned a Masters of Public Health (2012, University of New England), and a Masters of Healthcare Administration (2017, Champlain College).

Alexis Donnaruma, MPH, is the Quality Reporting and Product Manager at Acmeware. She earned her Bachelor of Science in Biology and Community Health from Tufts University and her Master of Public Health with a concentration in Health Services Management and Policy from Tufts University School of Medicine. At Acmeware she continuously reviews quality reporting regulatory updates to contribute to the development of Acmeware's quality reporting and analysis application. She also educates clients about reporting requirements and manages eCQM submissions for Acmeware clients. Prior to her time at Acmeware, she worked at Partners Healthcare, reviewing quality reporting regulatory updates to educate Partner's hospitals on the latest reporting requirements, and analyzed hospital data to determine individual and system-wide performance on quality measures.

1024 - The Little Island that Could: Moving from Magic to MEDITECH Expanse
Track: 6.x / Expanse
Presenters: Eva Hardesty and Holly Hoskinson
Organization: Island Hospital, Anacortes, Washington
Scheduled: Thursday May 30 at 1:45 pm

Island Hospital was a Magic facility for over 25 years. Now it has been one year since their transition to Expanse. This presentation discusses the implementation, lessons learned, and experiences gained by this community-based hospital.

Eva Hardesty currently serves as a clinical informatics specialist at Island Hospital in Anacortes, WA. She has worked in Magic, Client-Server and now Expanse. Eva has been a registered nurse for 28 years the last eight as an ANCC certified Informatics nurse.

Holly Hoskinson, MSN, RN has been a registered nurse for 27 years. With a certificate in informatics, Holly has been leading Island Hospital's Informatics team for the last six years.

1025 - Medicare Wellness Visits
Track: Web Ambulatory
Presenters: Deborah Harrigan, MD and Stacey Wood, RN
Organization: Frisbie Memorial Hospital, Rochester, New Hampshire
Scheduled: Thursday May 30 at 10:00 am

As part of our organization's financial optimization, we realized the potential of the Annual Wellness Visit. We wanted to create an elegant, efficient model that utilized as little paper as possible while giving our patients comprehensive care. We needed to provide all of the required elements of the Annual Wellness Visit and also to maximize efficiency by creating a process that could be added on to a routine follow up visit with ease. As part of this process, we created several adaptations to the system which we would like to share with others.

Dr. Deborah Harrigan was the physician champion for the Frisbie Memorial Hospital implementation of 6.15 in February 2017. As a new customer moving from four siloed EMRs to one integrated system, we have enjoyed the unified data as patients transition from site to site. Dr. Harrigan continues in the role of physician leader for our use of Ambulatory and provides support, guidance and training to the providers and clinical staff in the organization.

Stacey Wood, RN is the clinical nurse analyst for the ambulatory use of MEDITECH at Frisbie. She provides both optimization, training, dictionary management and collaborative workflow problem solving. She was the chief builder during the implementation.

1026 - MAGICal Pharmacy Facing Clinical Decision Support
Track: Patient Care
Presenters: Risa Rahm and Jennifer Harris
Organization: HCA Healthcare, Nashville, Tennessee
Scheduled: Wednesday May 29 at 3:30 pm

This presentation focuses on clinical decision support opportunities for pharmacists during medication order verification. The audience will gain an understanding of clinical decision support in the pharmacist's workflow. Specific clinical decision support functionality and build for MEDITECH Magic will be reviewed.

Risa Rahm, Pharm.D., CPHIMS is the Director, Medication Management & Clinical Pharmacy Informatics.
Jennifer Harris, Pharm.D., CPHIMS is the Manager, Medication Management & Clinical Pharmacy Informatics.

- Identify clinical scenarios and best practices for pharmacy clinical decision support
- Understand the clinical impact and technical setup of specific pharmacy-facing clinical decision support tools
- Describe the points in the medication order verification workflow process where clinical decision support can be effective

1027 - What I Wish Someone Had Told Me – Part 1 ADM to REG
Track: 6.x / Expanse
Presenters: Kelsey Missons and Margaret McCormack
Organization: Markham Stouffville Hospital, Markham, Ontario
Scheduled: Thursday May 30 at 10:00 am

During a project do you ever wish that someone had told you about all the good, bad and ugly pieces? We certainly did! In Feb 2017, Markham Stouffville Hospital (MSH) entered a partnership with two other organizations. The partnership had a mandate to implement MEDITECH Expanse at all three organizations. We went live at MSH on September 1, 2018 and with our partner organizations on December 1, 2018. The focus of this presentation is to share our journey from MEDITECH 6.08 Admissions (ADM) to the MEDITECH Expanse Registration (REG) module.

We are here to share with you some of those areas that caught us unaware, that required workflow changes and that are really great changes. This will include:
- Registration categories
- Mixed case for patient names
- Health Card Validation prompt
- GN numbers
- Downtime process
- Statistical desktop
- Bed management desktop
- Reports

Kelsey Missons is an Applications Consultant at Markham Stouffville Hospital.
Margaret McCormack is the Applications Manager at Markham Stouffville Hospital.

1028 - What I Wish Someone Had Told Me – Part 2 SCH to CWS
Track: 6.x / Expanse
Presenters: Kelsey Missons and Margaret McCormack
Organization: Markham Stouffville Hospital, Markham, Ontario
Scheduled: Thursday May 30 at 1:45 pm

During a project do you ever wish that someone had told you all about the good, bad and ugly pieces? We certainly did! In Feb 2017, Markham Stouffville Hospital (MSH) entered a partnership with two other Organizations. The partnership had a mandate to implement MEDITECH Expanse at all three organizations. We went live at MSH on September 1, 2018 and with our partner organizations on December 1, 2018. The focus of this presentation is to share our journey from MEDITECH 6.08 Scheduling (SCH) to the MEDITECH Expanse Community Wide Scheduling (CWS) module.

We are here to share with you some of those areas that caught us unaware, that required workflow changes and that are really great changes. This will include:
- Day/week/month mode
- View multiple resources at once
- Scanning box prompt
- Switch account routine
- Shared dictionaries

Kelsey Missons is an Applications Consultant at Markham Stouffville Hospital.
Margaret McCormack is the Applications Manager at Markham Stouffville Hospital.

1029 - Improving Workflows in MEDITECH Expanse MM and AP
Track: 6.x / Expanse
Presenter: Alan Elefson
Organization: Huron Consulting Group
Scheduled: Thursday May 30 at 9:00 am

Learn quick ways to improve efficiencies in the MM and AP modules in MEDITECH Expanse. Attendees will learn about the new item upload and download routines, the new auto receive routine, and about existing improvements to the MM-AP Interface and requisitioning.

Alan Elefson has 15 years of working with the MEDITECH MM and AP modules in all platforms (MAGIC, CS, 6.0, 6.1, and Expanse). He has worked with small, medium, and large hospitals including both for profit and non-profit.

1030 - The Arts of Project Management: Engineering a Team for Success
Tracks: Culture
Presenter: Joy Bauer
Organization: HealthNET Systems Consulting
Scheduled: Thursday May 30 at 1:45 pm

We will present key themes on how to construct a successful team by leveraging research and utilizing individual and group assessment tools. Learn the PMP methodology for SMART teams and look at tools by thought leaders designed to create well-rounded successful teams. We will also discuss ways to leverage the use of DISC, Discover your Strengths, Myers Briggs, 5 Dysfunctions, and the bodies of work accompanying these successful tools.

Joy Bauer, RN-BC, PMP, CPHIMS, CHTS-CP is an innovative, solutions-focused, and results-oriented Clinical Informaticist and Information and Technology systems professional with a 30-year career demonstrating outstanding performance, verifiable achievements, and progressive experience. She has advanced training and understanding of clinical informatics and health care information systems. Joy's key philosophy: Keep the customer at the center of all decisions and develop the solution to their workflow and needs – that is the key to a solution that is utilized.

1031 - Data Governance & Business Intelligence – The Connection?
Track: Reporting / Analytics / Business Intelligence
Presenter: Garry McAninch
Organization: Dimensions Analysis
Scheduled: Wednesday May 29 at 2:30 pm

This session will investigate the concepts of building a Data Governance and Business Intelligence Strategic Plan within today's MEDITECH environment. We will review the components of both Business Intelligence and Data Governance in order to develop a unified or 'Single Truth' of enterprise information.

A discussion will also take place about the "HIMSS Analytics Adoption Model for Analytics Maturity", and how it applies to a data governance organizational maturity. We will finish with a review of leading Business Intelligence vendors, as well as tool characteristics to consider, when looking for solutions.

Garry McAninch is the Principal of Dimensions Analysis, a Data Warehouse engineering & Business Intelligence support organization for MEDITECH-based health systems. Since 2005, Garry has been heavily involved in helping healthcare organizations in the United States, Canada, United Kingdom and South Africa. His involvement includes leveraging the Data Repository to produce valuable clinical and financial information models.

1032 - Web Ambulatory Charge Forwarding: Increasing User Education & Workflow Awareness
Track: Web Ambulatory
Presenters: Angela Chandler, Scott Revlett, and Edie Brunty
Organization: CPeople; Colquitt Regional Medical Center, Moultrie, Georgia
Scheduled: Friday May 31 at 9:00 am

Is the doctor in? Not always! If you find yourself challenged by the charge capture workflow on physicians that can be in the clinic one moment, and the hospital the next, MEDITECH's Charge Forwarding setup is critical. With today's busy Ambulatory Clinic and inpatient overlap, how can you be sure you're efficiently capturing your professional fees with a moving target? MEDITECH's Charge Forwarding setup can help you to eliminate manual work and capture that revenue.

Our presentation focuses on the challenges encountered during a recent implementation and keys to success throughout the build. We will address the future state workflow engineering needed to implement pro fee charge forwarding in an organization with 18 ambulatory facilities working with a single acute hospital. Utilizing MEDITECH's best practice whenever possible, we will highlight areas where a different facility setup necessitates workflow changes to accommodate those differences. We will cover setup for your clinic providers rounding in the hospital. Additionally, the presentation will cover charge forwarding with residents, looking at the residents' workflow from the residency clinic perspective while also looking at their movement between the hospital and clinic as well. We will go into detail regarding the efficiencies that charge forwarding provides for charge capture, account creation and charge entry.

The setup aims to help reduce work for billing and coding staff, lead to fewer claim issues, and lower A/R days. Our goal is to provide an integrated educational session for both clinical and billing backgrounds.

Angela Chandler, CPC, CRCR has 25+ years' experience in Healthcare Patient Financial Services. Angela has been the Director Revenue Cycle at CPeople for eight years and oversees the firm's financial and revenue cycle consulting practice. Prior to joining CPeople, Angela worked as the Revenue Cycle Manager at Catawba Valley Medical Center, Hickory, North Carolina, as well as a Patient Accounting Representative, and IT Applications Analyst at Catawba Valley and CMC Northeast, in Concord, NC. Angela resides in Claremont, NC.

Scott Revlett, MSN, RN has 30+ years' experience as a registered nurse and over five years as Clinical Practice Director at CPeople managing the clinical consulting practice. Prior to joining CPeople, Scott worked as a Clinical Applications Manager, Clinical IT analyst, Informatics Nurse, Staff Nurse and Director of Critical Care at Methodist Hospital in Henderson, Kentucky

Edie Brunty, RN, CAHIMS, works in Informatics at Colquitt Regional Medical Center.

1033 - The Impact of Consumerism on Healthcare: Consumer Feedback Shows Progress on Hospital Business Office Interactions
Track: Revenue Cycle
Presenter: Dan Ward
Organization: Waystar
Scheduled: Wednesday May 29 at 1:30 pm

Healthcare is mid-stream in a long-cycle transformation of the relationship between patient and their care provider. The transformation, while daunting on many levels, also presents significant opportunities. Opportunities to improve the patient experience. Opportunities to lower operating costs. Opportunities to increase value. Opportunities to change the business model for lasting improvement.

Realizing these opportunities starts with understanding consumers better – understanding them as individuals with a choice in where to seek care, who to build lasting relationships with and how they choose to act both financially and clinically. Tomorrow's healthcare will be truly consumer-driven.

For the past eight years, we have surveyed consumers about their last hospital encounter and their experience with the hospital business office. During this presentation, we will present the findings of our annual survey that shows the impact the financial experience has on consumers.

Presently serving as Vice President of Growth Enablement at Waystar, Dan Ward began his career in healthcare during his college internship at the Health Insurance Association of America in Washington, DC. He held roles in both the provider as well as consultancy spaces before coming to the vendor space approximately 10 years ago. Dan is a graduate of Dartmouth College in Hanover, NH and holds an MBA from the Yale School of Management in New Haven, CT.

1034 - MEDITECH Oncology Management Solutions: Improving Efficiency, Safety and Continuity of Care
Track: Patient Care
Presenters: Suzanne Woodbury and Kerry Rosenthal
Organization: Beth Israel Deaconess, Plymouth, Massachusetts; HealthNET Systems Consulting
Scheduled: Wednesday May 29 at 2:30 pm

Beth Israel Deaconess-Plymouth hospital (BID-P) is part of a community health system comprised of three hospitals located in southeastern Massachusetts. In 2016, this healthcare system embarked on a MEDITECH READY implementation of 6.16 Expanse. At that time, the BID-P Cancer Center was using a hybrid system of paper medical records and electronics for medication administration, notes and scheduling. Inefficiencies in the ordering process, lack of

clinical decision support, and limited access to patients' medical records were just a few of the issues staff faced daily related to this hybrid approach. This presentation will show how they were able to improve efficiency, safety and continuity of care with the October 2018 implementation of the Oncology Management solution.

Kerry Rosenthal, BSN, RN, OCN, CRNI currently serves as a consultant with HealthNET Systems Consulting, Inc. She has practiced extensively as a clinician, staff educator and administrator for over 35 years in the outpatient and inpatient arena including; medical oncology/hematology, bone marrow transplant and chemotherapy infusion. As a consultant, she assisted with the READY implementation of 6.16 Expanse and Oncology module at Beth Israel Deaconess-Plymouth. Her areas of expertise are treatment plan and order set building.

Suzanne Woodbury, BSN, RN, CEN, Interim Director Clinical Informatics, at Beth Israel Deaconess Hospital Plymouth in Plymouth, Massachusetts, has worked in healthcare for over 25 years as a nurse in the Emergency Department as well as a nurse educator and clinical informatics analyst. Recently, she served as the Oncology Core Team Leader for the successful transition of MEDITECH's 6.07 platform to 6.16 Expanse and Oncology Management.

Learning objectives:
- Describe three processes that will improve efficiencies in patient care
- Identify at least three workflows that increase patient safety
- Describe how this system can positively influence and improve continuity of care

1035 - Conquering Surgical Consignment and Bill Only Supply Challenges
Track: Revenue Cycle
Presenter: Patty Caldwell
Organization: NTT DATA
Scheduled: Thursday May 30 at 10:00 am

The workflow processes for surgical implants utilizing vendor consignment and bill-only contracts presents challenges for both Supply Chain Management and Surgical Services. Understanding the various set up and process options within MEDITECH is the key to streamlining end user processes to insure success for both the clinical and financial workflows. When you attend this session, you will learn:
- Structured approach and building a partnership between Supply Chain Management and Surgical Services
- The various design options available in MEDITECH Materials Management
- How the MEDITECH Materials Management workflows and processes directly effects the SUR/ORM documentation of implants and items
- Current and upcoming regulatory requirements for implant tracking

Patty Caldwell, Senior Management Consultant, Healthcare Provider Consulting, is a Senior Management Consultant who has more than 40 years' healthcare experience specializing in Supply Chain Management and Surgical Services. She has over 25 years' MEDITECH experience, has used all platforms, and is READY certified in Supply Chain, General Financials, and Surgery. Patty's expertise has been developed through various roles such as Director of Materials Management and Surgical Services Inventory Manager. She has extensive expertise in workflow analysis and process redesign and is well versed with risk management and problem resolution to achieve positive outcomes. Patty's body of work includes hands on support of MEDITECH implementations (all platforms), strategic planning, Supply Chain and Financial assessments and optimizations, application specific training, as well as interim Supply Chain Management. Patty is a member of AHRMM-Association of Hospital Resources and Materials Management.

1036 - Achieving Pricing Alignment and Transparency
Track: Revenue Cycle
Presenters: Tony Jerald and Kathy Schwartz
Organization: Leidos Health
Scheduled: Thursday May 30 at 1:45 pm

In this presentation, you will learn the strategic value of data analytics and we will specifically focus on pricing transparency and alignment. Data is critical to improving cost, quality and outcomes. Data helps suppliers and providers take a strategic, informed approach to supply chain management. Analytics not only improve the supply chain itself, but they are critical for evaluating outcomes and for making decisions about cost-cutting and savings initiatives. Data is improving efficiencies throughout the whole supplier-to-patient process, including clinical treatments, financial functions, billing, and value analysis. Today's health care organizations must learn how to link their costs with clinical outcomes to truly appreciate the value they bring to their communities. Utilization of cross functional data analytics is the key to drive clinical, financial and operational performance.

By outlining current regulations surrounding pricing transparency, we will guide our audience through our lessons learned through case studies and accomplishments for implementing measures to enhance data analytics for supply costs and utilization.

We have put emphasis on the impact of MEDITECH technology and the value of integrating and implementing supply charge automation processes that can impact our audiences' ability to better manage margins and support their mission for quality of care within a highly educated consumer driven market.

Tony Jerald is an innovative project management, materials management, and health IT professional with more than 20 years of experience. Tony has more than 10 years of experience

working directly for hospitals in various roles, including Director of Materials Management. Driven to continually improve, he is a certified Project Management Professional (PMP), Certified Information Systems Risk and Compliance Professional (CISRCP), as well as a certified consultant for MEDITECH's Expanse (6.1) EHR platform. He has helped improve organizations with his implementation, compliance, project management, financial, and materials management expertise. This diverse experience has helped shape a well-rounded approach to today's complex issues facing healthcare materials management and IT.

Now, Tony is on a mission to spread the message of how important the healthcare supply chain is to a hospital's bottom line. Throughout his career, he has seen the good, bad and ugly of hospital supply chains across the country. From his perspective, the days of only talking about GPOs, supplies contracting, and JIT inventories are long gone, and it's time to take a new approach. As a managing consultant for Leidos Health, he is passionate about and privileged to help clients streamline their supply chain while boosting their revenue stream.

Kathy Schwartz, Director Solutions Leader, Revenue Cycle Supply Chain, is a Registered Nurse who began her career in the Operating Room specializing in Trauma and Open Heart surgeries and procedures. She leveraged this knowledge to transition into the technology space to deliver solutions and services that would enhance supply chain and revenue integrity. Her previous experience included assisting with the development of the Medial Segment taxonomy for the United Nations Standard Products and Services Code® (UNSPSC®), which is an open, global, multi-sector standard for efficient, accurate classification of products and services,

Kathy has over 20 years of experience in leading product and business teams for nThrive (formally MedAssets) and Craneware. Kathy has designed, developed, and successfully launched new products and services to the market specifically targeting supply chain and pharmacy, lead account management teams to support solution strategies. Her experience in understanding the voice of the customer and translating this information into innovative solutions that optimize revenue integrity and compliant charge capture has been integral to assisting healthcare providers better manage reimbursement activities for drugs and implants and defensible pricing strategies. Her strength is in blending her supply knowledge with business insight to identify market needs, educate sales and provider markets, create innovative solutions to identify and improve charge capture and operational efficiencies for healthcare providers.

1037 - Value-Based Care: Best Practices for HCC Coding
Track: Managing Population Health
Presenter: Bobby von Bremen
Organization: RCxRules
Scheduled: Wednesday May 29 at 2:30 pm

Success with value-based care requires a team approach. Organizations must put several pieces in place in order to meet goals and ensure there is revenue, which is largely determined by Dx/HCC codes, to support quality patient care. In this presentation, we will provide an overview of the various players that comprise a "value-based team" and share the tactics and best practices utilized by high-performing organizations to succeed with HCC coding.

Bobby von Bremen has more than 15 years of healthcare industry experience, working in a variety of sales and marketing roles. A significant portion of Bobby's career has been spent working with health systems and medical groups, educating and helping these organizations leverage technology to succeed in value-based care. Bobby holds a BA degree in Marketing from Loyola University in Maryland. He resides in Davidson, NC with his wife and three children.

1038 - MEDITECH Oncology and the NCCN Guidelines – Treatment Plan Tips
Track: Patient Care
Presenter: Tariq Regis
Organization: NTT DATA
Scheduled: Wednesday May 29 at 1:30 pm

Building treatment plans using the National Comprehensive Cancer Network (NCCN)® guidelines can be a daunting task. Naming, cycle length, and diagnosis can become confusing as treatment plans overlap. Challenges arise when the providers have difficulty locating the plan they need to order. How do you effectively convert a treatment plan and guide the provider to the correct plan when ordering medications, while minimizing pharmacy time locating plans for updates and edits? Constructing the treatment plan build with a solid understanding of the impacts of the fields within the MEDITECH Oncology application is the key to success.

Tariq Regis, Management Consultant, Healthcare Provider Consulting, is a professional consultant who has more than 20 years of healthcare information systems and pharmacy experience. He has worked with MEDITECH applications for the last 10 years. His expertise has been developed through various roles such as Controlled Substance Supervisor, Pharmacy Automation Specialist and Pharmacy Information Systems Coordinator. Tariq's body of work includes implementation and support of MEDITECH Pharmacy and Oncology applications, Pharmacy assessments and optimizations, as well as management of Pharmacy Information Systems. He is MEDITECH READY Certified in Pharmacy. Tariq earned his BS in Biology, and BA in Interdisciplinary Studies- Business from the University of Texas at Arlington.

1039 - MEDITECH Expanse: Pre-Plan the Project; Identify Your Desired Benefits; Define Financial & Clinical Objectives
Track: 6.x / Expanse
Presenter: Jim Gannon
Organization: Cornerstone Advisors Group
Scheduled: Thursday May 30 at 10:00 am

As health organizations plan the move to the MEDITECH Expanse platform, there are many questions you will want to answer before the journey begins. The questions include:
- What are the expected benefits of moving to Expanse?
- Will the benefits of moving to Expanse justify the costs?
- Is the organization committed to providing the time and resources needed to meet the desired benefits?
- Can the project's objectives be achieved on schedule and within budget?
- Are there risks of failure and are the known and manageable?

This presentation will help how to answer these questions and many more.

Before you begin a journey, you would first plan it out, making sure you knew where you were going, how you are going to get there, who is going to go with you and what you should expect when you got to your destination. The same is true for the journey to MEDITECH Expanse. Through implementation planning your organization needs to analyze the key variables that will impact the Expanse system's implementation.

They include:
- The role of the timeline and the attainment of your objectives.
- Project staffing and the role of a governance structure.
- The desired financial and clinical benefits.
- Role of Surveillance and MEDITECH EHR toolkits to optimize your organization's clinical processes.
- Total replacement or tweaking of current state workflows
- Longer term goals. Even with a successful implementation, there are always opportunities for continuous optimization and improvement.

Jim Gannon has been in healthcare for more than 35 years. He has managed nearly 50 implementations of the MEDITECH system and is currently working with three organizations as the Implementation Project Manager or Executive Sponsor. Mr. Gannon join Cornerstone Advisors Group in 2014 as a Director in the Cornerstone MEDITECH Practice and has been an AVP with Cornerstone for the past two and a half years. Mr. Gannon is a former Applications Director for a five-hospital organization and the IT Director for a 300-bed Harvard teaching hospital.

1040 - NPR and Report Designer Tips and Tricks
Track: Reporting / Analytics / Business Intelligence
Presenter: Joe Cocuzzo
Organization: Iatric Systems, Inc.
Scheduled: Thursday May 30 at 1:45 pm

This year, we will present a variety of NPR and Report Designer (RD) tips and tricks, including:
- Export Data to CSV file and run Excel directly from NPR or RD report
- Imbed formulas in your RD or NPR CSV file to include built in subtotals and grand totals
- Create graphs and charts from an NPR report using VBScript from Excel
- Oldie: Set up NPR report to say "I'm Done"
- RD only: Fancy Print Attributes within Report Designer exploiting MTDD
- RD – Rotated and Resized Barcodes – Who Knew?

Joe Cocuzzo is the Director of Report Writing Services at Iatric Systems. He leads a team of 30 report writers, and he has more than 30 years of healthcare and report writing experience. He began his report writing career as an Application Consultant at MEDITECH, after which he spent nine years as a Senior Programmer at Newton-Wellesley Hospital before joining Iatric Systems in 2000.

1041 - There and Back Again ... A Migration Tale: Provider Order Management to Web Acute, the Importance of Re-engaging Your Physician and Clinical Leaders
Track: 6.x / Expanse
Presenters: Jemima Prem and Michael Preston
Organizations: Doctors Community Hospital, Lanham, Maryland; Cornerstone Advisors
Scheduled: Friday May 31 at 10:00 am

Whether migrating from Magic, C/S, or 6.X, implementing Expanse is much different than the what you've experienced from MEDITECH in the past. Amidst the changes in MEDITECH's implementation methodology, the changes introduced by Web Acute present their own challenges. Changes to workflow and build will require organizations to rely on their physicians and clinical leaders to move past current state and embrace the future with Expanse.

Jemima Prem, RN, MS has been a Registered Nurse for 23 years, transitioned to clinical informatics eight years ago. As a project leader she implemented electronic documentation during Magic to 6.0 migration and implemented Computerized Physician Order Entry as phase II. She was instrumental in forming and co-chairs the Physician Advisory Committee. Jemima was the Application Lead for Web Acute, Web Order Management, E-Prescribing, Universal Discharge during the recent Expanse implementation. She also has expert knowledge of

connecting applications such as Pharmacy, ITS, HIM and RD. She has implemented supporting products for patient education, reference sources, evidence-based order sets, e-prescribing, prescription drug monitoring program, and dictation/voice recognition services. Jemima supervises the team of five clinical educators/analysts. She believes in team work and project management are the keys to success.

Mike Preston has over 20 years' experience in healthcare management and information technology with extensive experience in the delivery of enterprise application service delivery and support in multiple health care delivery settings. Organizations have included faith-based health systems, academic medical centers, community hospitals, for-profit health systems, critical access hospitals, and physician clinics. He has spent his entire professional career in the implementation and optimization of MEDITECH HIS/EHR's. His versatile experience has been with Magic, Client Server, 6.X, and most recently with Expanse environments. Mike has served as project manager for new HIS implementations, software upgrades, workflow assessments, and process redesign efforts. Additionally, Mike has acted as Program Manager to multiple 6.x implementation projects, providing advisory support and executive oversight.

Learning objectives:
- Understand the key changes from OM/POM to Web Acute for Physicians.
- Learn how rebooting existing clinical governance structures is needed to meet the demands of an Expanse implementation and in the process how to re-engage physicians and clinical leaders.
- Understand the role of physician and clinician educators have on project success.

1042 - Using Opensource Tools to Monitor Your MEDITECH Environment
Track: Infrastructure and Digital Security
Presenter: Chad Skidmore
Organization: Engage
Scheduled: Thursday May 30 at 10:00 am

Leverage free, open source tools to monitor, surveil, and report on your MEDITECH environment. Gain useful insights to how the systems are performing and operating, collect security and access log data, correlate logs across multiple systems and devices, all using free tools. See how Engage has leveraged these tools at large scale to operate many different MEDITECH and other Enterprise systems.

Chad Skidmore, Director of Network Services for Engage, is responsible for all data centers, server systems, storage systems, and network connectivity for Engage. Mr. Skidmore and his team operate the foundation systems for Engage' Information Resource Management Division which, under his leadership has experienced significant infrastructure and customer growth in the past six years. His department manages over 2000 servers across multiple data centers supporting healthcare customers throughout the United States. Mr. Skidmore joined Engage in

2005 from the telecommunications industry where he spent 15 years in various roles including management, business development, engineering, operations, and product development. Prior to Engage Mr. Skidmore was the President and COO of a Spokane, Washington-based Competitive Local Exchange Carrier, OneEighty Networks, providing advanced data services throughout markets in Washington, Idaho, and Oregon. Mr. Skidmore brings a strong entrepreneurial background to his role with Engage as well as many years of experience in a highly competitive and highly regulated technology business. Mr. Skidmore along with his son and daughter, have been happy to call Spokane home for the past 23 years.

1043 - Data Migration Strategies and Business Continuity as You Launch Your New EMR
Track: Supporting Workflow
Presenter: Ryan Dickerson
Organization: IPeople
Scheduled: Thursday May 30 at 9:00 am

Why do hospitals make the choice to migrate? What options do you have with your data? What pros and cons exist in selecting a vendor to assist with your migration? We will discuss these topics and more in this session while giving real-world examples of migration stories that have been experienced by other hospitals who are in the middle of a migration or have already completed it.

Ryan Dickerson has worked with IPeople since 2012 gaining knowledge with multiple different teams across all IPeople's products and solutions. Since starting at IPeople, Ryan has focused on building customer relations through providing support for IPeople products and solutions on all MEDITECH platforms as well as managing multiple project deliverables with various vendors in order to integrate third-party applications with MEDITECH. In 2016, Ryan took on the role of Technical Sales Engineer, where he works with the sales team to scope customer integration projects, as well as perform demos for IPeople solutions.

1044 - Grasping MEDITECH Data Structures for Intelligent NPR Report Development
Track: Reporting / Analytics / Business Intelligence
Presenter: Jenny Blue
Organization: IPeople
Scheduled: Thursday May 30 at 10:00 am

Join us as we conduct an in-depth analysis of the MEDITECH data structures, internal database, and data relationships of MEDITECH. This seminar is guaranteed to help you better comprehend where the data is coming from, how to access data appropriately, and what the NPR report writer translator is really doing.

Jenny Blue, along with co-founder Gary Armfield, started Interface People to provide integration solutions to the MEDITECH community making access to the HIS data open. As COO, she provides top-level leadership and vision to a growing company striving to improve patient care through technology. With over 24 years of experience in the industry, Jenny's strong background in MEDITECH provides solid direction to all departments, while her expertise in programming sets the pace for outstanding innovation, meeting the many challenges and objectives in healthcare. Jenny offers extensive knowledge in Magic programming, NPR Report Writing, Visual Basic, SQL Server, and interface protocols and development. She has consulted for numerous hospitals to improve workflow and process automation across departments and has conducted educational seminars for the MEDITECH population since 1994.

1045 - Providers and Clinics: Actions to Take Now to Comply with MIPS in 2019
Track: Regulatory
Presenter: William Winn
Organization: Navin Haffty & Associates
Scheduled: Wednesday May 29 at 3:30 pm

The MACRA regulations affecting clinics and providers are in their third year. For 2019, substantial changes have been made by CMS. Background on the MIPS portion of the MACRA program, the requirements imposed under MIPS, and efforts needed by clinics and providers to meet these regulations in 2019 will be discussed.

William Winn has spent more than 30 years managing information technologies in multiple settings, including more than ten years as a CIO. Since 2011, he has been responsible for the regulatory services and activities offered by Navin Haffty & Associates. He has a strong background in regulatory requirements, as well as planning and implementing strategic business and IT goals.

1046 - Preparing Hospitals for Promoting Interoperability – Meaningful Use Stage 3 in 2019
Track: Regulatory
Presenter: William Winn
Organization: Navin Haffty & Associates
Scheduled: Friday May 31 at 9:00 am

Meaningful Use has changed its name to Promoting Interoperability. This is one of many changes made by CMS for Stage 3 in 2019. The new and modified requirements will be presented and discussed. We will also discuss the changes MEDITECH has made, and the efforts need by hospitals to meet the Stage 3 requirements in 2019.

William Winn has spent more than 30 years managing information technologies in multiple settings, including more than ten years as a CIO. Since 2011, he has been responsible for the regulatory services and activities offered by Navin Haffty & Associates. He has a strong background in regulatory requirements, as well as planning and implementing strategic business and IT goals.

1047 - "D"mystify Revenue Cycle Reporting in Expanse
Track: Revenue Cycle
Presenters: Joni Hoffman and Linda Manno
Organizations: The HCISolution, Inc.; Halifax Health, Daytona Beach, Florida
Scheduled: Thursday May 30 at 2:45 pm

This presentation includes an overview of RCG reporting features within the patient Accounting Desktop (PAD), Financial Status Desktop (FSD), Batch Desktop, and Daily System Management Desktop (DSMD). We will also discuss an approach to evaluating and converting BAR custom reports from NPR to SQL or Report Designer. This session is designed for Revenue Cycle and IT staff that are moving to Expanse.

Topics:
- Revenue Cycle reporting needs in Expanse
- Which Reporting Tool? SQL versus RD
- Interface Files to Third Party Vendors/Applications
- Financial Status Desktop (FSD)
- Patient Accounting Desktop (PAD)
- Worklists/Selection Files
- Batch Desktop
- Daily System Management Desktop (DSMD)

Joni Hoffman has more than 22 years of combined experience in healthcare IT, Revenue Cycle, and leadership. She has strong operational experience overseeing revenue cycle operations including Patient Access, Business Office, Health Information Management, Managed Care and Case Management. Joni has been exposed to all facets of MEDITECH's HCIS applications, including Ambulatory modules. Joni has led IT staff and Revenue Cycle Teams that support all MEDITECH's platforms.

Linda Manno is a Senior Business Analyst with over 36 years as an IT professional, 18 of it at Halifax Health. Linda merged her technical experience as a Programmer and Integration Analyst, with the operational challenges of the Revenue Cycle. The blend of technical and business experience enables Linda to provide continuous improvement in an ever-changing industry. Linda has experience with Patient Access, Ambulatory and hospital Revenue Cycle.

1048 - CMS Quality Payment Programs: Essential Knowledge, Capabilities, and Strategies for Success
Track: Regulatory
Presenter: Paul Rosenbluth
Organization: NTT DATA
Scheduled: Wednesday May 29 at 2:30 pm

Providers who participate in CMS payment programs are under increasing pressure to demonstrate value and quality in order to secure reimbursement for services. The Medicare Access and CHIP Reauthorization Act of 2015 (MACRA) was signed into law in April 2015. It repealed the Medicare Sustainable Growth Rate (SGR) methodology for updates to the Physician Fee Schedule (PFS). The program officially began January 1, 2017. It changed the volume-based Fee-for-Service (FFS) system to a Quality Payment Program that incentivizes quality and value. Eligible Clinicians (ECs) may participate in one of two Quality Payment programs, Merit-based Incentive Payment System (MIPS) or Alternative Payment Model (APM).

Eligible Clinicians (EC) who participate in Medicare Part B Fee for Service (FFS) payment programs will face reduced reimbursement if they do not comply with rules authorized under MACRA. To be successful under this new paradigm, Eligible Clinicians will need to understand MACRA regulations and their timing, options for compliance with MACRA, the impact on clinical practice, documentation, reporting, and reimbursement, and system requirements. Eligible Clinicians will also need to develop data management capabilities to ensure appropriate data collection from (possibly) disparate systems, and build appropriate analytics capabilities, including data aggregation, extraction, and submission processes as required.

Paul Rosenbluth is an experienced healthcare leader with over 30 years of experience in adult and pediatric acute care hospitals, psychiatric services and rehabilitation settings. He has over 25 years of experience specializing in healthcare performance measurement, analysis, improvement, benchmarking, accreditation, regulatory compliance, patient safety, planning and strategy, and quality management information systems. Paul has 12 years of healthcare transformation consulting experience specializing in methodology, benefits realization for clinical information systems implementations, ARRA/HITECH Meaningful Use and MACRA/MIPS compliance, and project and program management. He has conducted numerous professional presentations, staff education and training sessions, and facilitated workshops in these areas. Paul earned his Master of Business Administration in Organizations and Strategy from the University of Texas at Dallas, School of Management. Paul is board certified in healthcare quality and a formerly board certified and current member of the American College of Healthcare Executives.

1049 - Digital Security Through Collaboration
Track: Infrastructure and Digital Security
Presenter: Sam Fielding
Organization: Horizon Health Network, New Brunswick, Canada
Scheduled: Thursday May 30 at 9:00 am

Across Horizon, we are working to develop sustainable controls and activities to strengthen digital security, in collaboration with our partners. This balances the need to protect Horizon, while ensuring that we do not create unreasonable barriers to the delivery of quality and effective patient/client care. This initiative includes clearly identifying roles and responsibilities across our partner organizations (including a shared services organization), focusing on priorities and ensuring that an approach is sustainable and comprehensive. At the core of our network are four MEDITECH Client Service and Magic installations, as well as a range of other clinical and business applications. The presentation will outline the four digital security strategic pillars, outline the journey to enhance a culture of accountability and responsibility, and provide insights into some challenges along the way.

Sam Fielding is the Chief Technology Officer for Horizon Health Network. Horizon is an organization that is focused on delivering quality and safe care to our patients through a range of services from acute and specialized care to community-based health services. Within his role as Chief Technology Officer, he has a range of responsibilities that include digital security, digital communications, strategic planning, solution roadmap development and switchboard operations. Sam became a member of the MUSE Education Committee in 2018 and is involved in the MUSE Canada East Coast Community Peer Group. He obtained his Masters of Business Administration from the Université de Moncton and is a certified project manager. His work experience spans both the public and private sectors.

1050 - You Have a Light Bulb Moment … Now What?
Track: 6.x / Expanse
Presenter: Corey Tillyer
Organization: Fraser Health Authority, Surrey, British Columbia
Scheduled: Wednesday May 29 at 3:30 pm

You know that moment when an idea hits you … that moment of sudden inspiration, revelation, or recognition. Phase 0 (that's the number zero not the letter O) to the rescue!

Project planning can include a pre-phase where you take your 'light bulb' idea and see if it has merit. This Phase 0 planning exercise encompasses the tasks prior to project initiation and release of the project funds.

MEDITECH Magic and C/S customers need to qualify and quantify the return on investment to move to Expanse. This is where Phase 0 project planning can help. Come hear about my light

bulb moment and find out how Fraser Health answered who, what, where, when, and how to migrate from C/S to Expanse.

Corey Tillyer is the Executive Director Health Informatics & Clinical Solutions in Fraser Health. Corey is a dependable healthcare and clinical informatics executive with a proven track record in strategic planning, change management, project management, administration and operations. Corey is a results-oriented and passionate leader with over 20 years' experience managing large scale, multi-faceted and complex healthcare program and clinical change management projects in the MEDITECH space.

1051 - Our Client Server to Expanse Migration – Budgeting to Go Live
Track: 6.x / Expanse
Presenter: Sherry Montileone
Organization: Citizens Memorial Hospital, Bolivar, Missouri
Scheduled: Thursday May 30 at 2:45 pm

Citizens Memorial upgraded from Client Server to Expanse on 12/1/18. Attend this presentation to review what we learned:
- Scope – Migrated from two ring CS 567 configuration for Acute, ED, Ambulatory, LTC & Home Care to one Expanse ring.
- Preparation – What can be done ahead of time?
- Budget – Additional help, server infrastructure, touch screen devices for providers, other vendor charges.
- Associated Upgrades – The timing and impact of related other upgrades (MIG, PHM, fetal monitor, speech recognition, coding, etc.).
- Build, Testing & Conversion – Dedicate some resources
- Go Live – What worked for us for timing and support?
- What's next? Legacy 567 system, upgrades we delayed.

Sherry Montileone has over 35 years of IT experience with the last 19 at Citizens Memorial Hospital working on their award-winning implementation of MEDITECH Client Server in the Acute, ED, Ambulatory, LTC & Home Care service lines.

1052 - MAGIC-al Provider Facing Clinical Decision Support
Track: Supporting Workflow
Presenters: Dr. Connie L. Saltsman and Dr. William Cooper
Organization: HCA Healthcare
Scheduled: Thursday May 30 at 1:45 pm

This presentation will discuss multiple provider facing clinical decision support (CDS) workflows in support of providing best practices for medication management in MEDITECH Magic. Examples of CDSs to be discussed are Proton Pump Inhibitor (PPI) indication capture screens, Methotrexate frequency override alert, and other clinical initiatives. Those in attendance will be able to see the clinician CDS workflows and aspects of the technical setup in a manner that will stimulate ideas they can implement at their own facilities.

Dr. William Cooper received his Doctor of Pharmacy degree from Union University College of Pharmacy. Upon receipt of his degree he was accepted into a PGY1 Pharmacy Practice residency at North Mississippi Medical Center where he became involved with pharmacy informatics. He then held the role of PGY2 Pharmacy Informatics Resident at HCA Healthcare's corporate offices where he participated on many of the company's informatics initiatives. Dr. Cooper joined the Clinical Services Group at HCA Healthcare's office as a Manager of Medication Management & Clinical Pharmacy Informatics where he continues to advance pharmacy practice through clinical informatics.

Connie L. Saltsman, Pharm.D., MBA, CPHIMS, FHIMSS is the AVP, Medication Management & Clinical Pharmacy Informatics for HCA Healthcare in Nashville, Tennessee. She received her Doctor of Pharmacy degree from Albany College of Pharmacy, her MBA from the University of Baltimore and is CPHIMS certified. Before working at HCA, Dr. Saltsman spent 10 years at The Johns Hopkins Hospital in Baltimore, Maryland.

Dr. Saltsman provides leadership for enterprise wide adoption for multiple EHR projects including meaningful use, medication reconciliation, and CPOE and leads the medication management informatics work across the enterprise, which consists of over 180 hospitals, 120 outpatient surgery centers, and physician practices affiliated with HCA. Dr. Saltsman is also the residency director for the ASHP-accredited PGY2 Pharmacy Informatics Residency.

1053 - SNOMED CT in Practice
Track: Reporting / Analytics / Business Intelligence
Presenter: Monica Jones
Organization: The Rotherham NHS Foundation Trust, Rotherham, United Kingdom
Scheduled: Wednesday May 29 at 3:30 pm

This presentation will draw on real life experience of how using SNOMED CT has impacted the Rotherham NHS Foundation Trust, offering insight on the processes and challenges as well as sharing lessons learned for wider service implications and 'top tips' to accurately predict and overcome challenges.

Monica Jones MBCS CITP MInstLM is the Associate Director of Information Services TRFT & Population Health Management Lead for Yorkshire and Humber LHCRE.

1054 - Five Nines with MEDITECH Expanse – Server Maintenance with Minimal Service Interruption
Track: 6.x / Expanse
Presenter: Ryan Ellerton
Organization: Halifax Health, Daytona Beach, Florida
Scheduled: Thursday May 30 at 3:45 pm

Learn about server maintenance with minimal service interruption at Halifax Health. We will cover these topics:
- Migration from Client Server
- Old Processes
- Overview of Expanse Environment
- Objective of "5 9s" (99.999% up time)
  - Step 1: Always on file servers
  - Step 2: New "Swing Space" functionality (Always on background job clients)
  - Step 3: Defining redundant groups of servers
- Our new process
- Impact to end users
- Remaining single points of failure
- Benefits of the new process
- Balancing complexity, stability, and high availability
- Setbacks and pit falls

Ryan has worked with Halifax Health supporting MEDITECH MIS and MEDITECH technical operations for both Client Server and MEDITECH Expanse over the last six years. In addition to MEDITECH, Ryan also supports and maintains a number of other applications for Halifax Health and assists in integration development.

1055 - PHA Clinical Rules & Patient Care
Track: Reporting / Analytics / Business Intelligence
Presenter: Kevin McConnell
Organization: The HCI Group
Scheduled: Thursday May 30 at 2:45 pm

Intended participants shall be beginner to intermediate level users and the course will include basic set-up of both LINE and NPR styles of writing in both the MAGIC and Client Server platforms. Advanced rules will also cover macro and NPR fragment calls to create pop-ups for end users.

Covered materials will include all platforms – MAGIC, Client Server, 6x, and 6.1 with particular attention on "mainstream rules". Basic set-up of Variables and Rules sections in OM and the 6x platform will be covered as well. Emphasis will be towards Clinical Decision Support (CDS) Rules.

PHA specific NPR reports and fragments will be covered including, but not limited to Meaningful Use Metrics, labels, MAR's, custom Refill Lists, PHA Profiles, Pt Views, PHA Custom Keywords, etc. The emphasis will be on Magic/CS Clinical Rules/NPR, but the course will touch on PCS/6x Rules too.

Dr. McConnell has 28 years of relevant professional experience including over 17 years' experience as a consultant, project manager, and application specialist in healthcare system implementation and assessments. Specializing in the implementation and support of Advanced Clinical Applications and related applications and interfaces. Areas of expertise include Meaningful Use assessments and planning, pre and post implementation assessments, developing implementation and training plans, revenue cycle, coordinating process and departmental workflow enhancement/redesign, facilitating/managing application implementation teams, training end-users and change management. Past positions include, but are not limited too, Director of Pharmacy, Clinical Pharmacist, Staff Pharmacist, Instructor at a College of Pharmacy, and owner of a retail/community pharmacy. MEDITECH READY Certification as Clinical Lead, Project Management, CPOE/eRx Consultant, PAPD, and MIS Consultant.

1056 - Creating a Culture of ONE: How a Move to a Single EHR Platform Drove Organizational Engagement Across BID Community Hospitals
Track: Culture
Presenter: Jeannette Currie
Organization: Beth Israel Deaconess Community Hospitals, Needham, Massachusetts
Scheduled: Thursday May 30 at 2:45 pm

Beth Israel Deaconess System's community hospitals decision to move to a single cloud-based platform didn't just provide a unified platform for accessing patient data, it unified the culture across the organization. This culture was a result of the organization's intense focus on the people within the organization and empowering them to drive the change. As a result, Beth Israel went live at all three hospitals on the same day and instilled a sense of pride in their successful EHR launch that was felt across the organization.

Jeannette Currie serves as the Chief Information Officer for the Beth Israel Deaconess Community Hospitals, Milton, Needham and Plymouth. Ms. Currie is responsible for all of the functions of Information Technology at the BID – Community Hospitals, and also serves as BID Milton Hospital's designated HIPAA Security Officer.

Ms. Currie joined the Beth Israel System in 2015 as the CIO for BID Milton. Over the course of her tenure, she was promoted in an interim capacity, and then formally as the CIO of the Community Hospitals. She oversaw the largest implementation that the Beth Israel Deaconess system has taken on to date – a new electronic health record across the all Community Sites. The project went successfully LIVE on October 1st, 2018. She is currently transitioning the Information Systems staff from the three organizations to a consolidated shared services model responsible for all components of support and technology deployment. In her current role, Ms. Currie also oversees Telecommunications, Interpreter Services and Project Management.

Ms. Currie is a member of College Healthcare Information Management Executives (CHIME) and Health Information Management and Systems Society (HIMSS). A graduate of the University of Massachusetts Amherst, Currie was previously Executive Director of Information Systems at South Shore Hospital. She also served as Assistant Director of Information Systems at Mount Auburn Hospital and Information Systems Manager at Caregroup.

1057 - Data Resilience: Stable Quality Reporting Amidst Conversion to Expanse
Track: Regulatory
Presenters: Jodi Frei and Courtney Hodet
Organizations: Northwestern Medical Center, St Albans, Vermont; Acmeware
Scheduled: Thursday May 30 at 3:45 pm

MEDITECH Expanse offers advanced functionality that allows facilities to maximize overall quality metric performance. The process of getting to Expanse from other systems or from earlier MEDITECH platforms requires complex conversions and in turn, a well-defined strategy to ensure data continuity and data integrity. This is essential as current value-based reimbursement and alternative payment models hinge on quality reporting results, attaching financial incentives with higher performance and penalties with lower performance. Reimbursements tied to quality performance has become a reality for hospitals and providers.

Why focus on data continuity while planning for conversions? First, quality reporting periods, including those of MIPS Quality and Promoting Interoperability, have already or will be transitioning to full year periods. This means that any conversion will occur in the middle of a quality reporting performance period and that reporting activities and requirements will straddle systems and/or platforms. Second, not all data moves from one system to the next. Lastly, quality measures look back years for indicators of performance met, necessitating that receiving systems have both current and historical codified data. Consistent electronic data capture methods and nomenclature mapping for CQM specifications become critical requirements as systems change.

Given these factors, understanding exactly which data elements will convert, in what format, and with which associated codes is critical. A proactive strategy is important in assuring data is captured post conversion as it was pre-conversion. If not, facilities risk reporting suboptimal scores, inaccurate data, and not meeting CMS data completion requirements all of which impact quality and reimbursements.

Come join the discussion of achieving data resilience amidst complex MEDITECH conversions!

Jodi Frei has been a Physical Therapist since 1990, holding leadership roles since 1991, with a focus on clinical outcomes. In 2010, she became Manager of Organizational Informatics, leading Northwestern in MEDITECH implementation and optimization. Having the prerequisite knowledge of CMS Quality Strategy and understanding of MEDITECH functionality enabled her eventual transition to Director of Quality at Northwestern. Most recently, she was project manager for Northwestern's MEDITECH Expanse go-LIVE. Jodi supports health care reform efforts within her organization, and has presented on related topics at national MEDITECH and HIMSS events. She holds a Master's Degree in Innovation and Information Technology.

Courtney Hodet is a Quality Specialist at Northwestern Medical Center and has been working in healthcare for over 15 years. She started out as a Laboratory Assistant (Phlebotomist), transitioning to a Medical Technologist after graduating with a BS from SUNY Plattsburgh. She

then took on the position of LIS Coordinator in 2010, when Northwestern Medical Center transitioned to an enterprise wide EMR system, MEDITECH. In 2015, she transitioned again within the laboratory and took on a Supervisory position. In 2018, Courtney transitioned into a new role as the Quality Specialist. During these years, Courtney also earned a Masters of Public Health (2012, University of New England), and a Masters of Healthcare Administration (2017, Champlain College).

1058 - Patient Registries in Web AMB
Track: Web Ambulatory
Presenters: Beth Turner and Brooke Richard
Organizations: Conway Regional Health System, Conway, Arkansas; Navin Haffty & Associates
Scheduled: Thursday May 30 at 9:00 am

Let's Get Ready to … REGISTRIES! Have you been looking for a way to track specific populations throughout your clinics? Looking for ways to monitor patient progress? Within this presentation we will review the various functionalities of Patient Registries, MEDITECH's Standard Content Delivery and lessons learned from implementation to help answer these questions. This will include how to operate between automated and manual worklists as well as generating letters to follow-up with patients to promote preventative healthcare.

Beth Turner is a Lead Healthcare Consultant with seven years of experience in MEDITECH implementations and optimization project management, as well as hands-on consulting experience. Her background is in the implementation and support of MEDITECH's ambulatory applications, with an emphasis on interoperability with MEDITECH acute applications and Physician Documentation. This includes the participation in the entire system implementation life cycle, including development of pre-implementation assessments and plans, project charters, and training plans. Beth's focus is on process and departmental workflow build/enhancement/redesign, facilitating/managing application implementation teams, regulatory readiness, and change management, and providing various levels of support, including Go-LIVE and training of nurses and physicians. Her education history includes a Bachelors in Information Systems, a Masters in Healthcare Administration and certification as a Project Management Professional.

Brooke Richard is a Registered Nurse with five years of strong clinical, leadership, communication, decision-making and technological skills. Her Critical Care background has further enabled her abstract and analytical thinking to use technology to help advance patient-centered care. As a Clinical Application Analyst in Nursing Informatics, her expertise includes observing and assessing clinical workflow processes, developing adequate documentation, identifying areas of quality improvement and analyzing computer information systems to promote patient safety while displaying appropriate leadership abilities during the build and implementation of Web Ambulatory. It has been my honor and privilege to discover a "new"

avenue of nursing, and the importance of integrating Ambulatory and Acute. Brooke's dedication to this field of nursing is displayed via my skills in observing, collecting, constructing, analyzing and abstracting data while educating and promoting excellence within healthcare professionals, regulatory measures and most importantly-patient outcomes. Her education history includes a Bachelor's of Science in Nursing.

1059 - Appropriate Use Criteria – the Background, When, and What Does It Mean to Me?
Track: Regulatory
Presenters: Shannon Young and Dena Banhart
Organization: CereCore
Scheduled: Friday May 31 at 9:00 am

There's a new regulatory process coming your way: meet PAMA Appropriate Use Criteria. From the prospective of an experienced team who has completed multiple set ups already. This presentation can help you navigate through the dance to meet this crucial regulatory requirement, including:
- PAMA and AUC defined
- Requirements reviewed
- Critical Workflows
- How to engage your key Stakeholders
- Set up of the iOPS Server
- Mapping of Procedures
- Pitfalls to avoid
- What's next from CMS after Phase 1

Let us help you navigate the process, we'll share the wins, losses and pitfalls we've learned.

Shannon Young is a Clinical Laboratory Scientist with a strong background in lab systems implementations and hands-on technical experience with clinical information management and clinical data analysis. She has 12 years in healthcare technology including positions as Medical Technologist, Customer Support Analyst, Quality Control Test Analyst, and Clinical Implementations Consultant. Her current role as a Consulting Application Support Analyst provides services in MEDITECH testing, interoperability support, software deployment and MEDITECH application support and system validation.

Dena Banhart is a Senior MEDITECH consultant with 30+ years' experience in healthcare, with 20+ years in healthcare information technology. She has extensive experience in MEDITECH system design, planning, implementation, training and support. For the past five years, the consultant has held various senior consulting implementation and support roles as an independent and for a national consulting company. Prior to that, the consultant worked for a

multi-facility healthcare organization in Texas as a senior systems analyst and project manager. In these roles, the consultant has assisted clients in planning for the implementation of various MEDITECH clinical and administrative applications, participated in software standardization and re-engineering projects, and managed implementations.

1060 - Maintaining a Healthy AR – Maximizing MEDITECH 6.1x Patient Billing
Track: Revenue Cycle
Presenters: Sean Samiljan and Sandra Campitiello
Organization: The Valley Health System, Ridgewood, New Jersey
Scheduled: Wednesday May 29 at 3:30 pm

We will review the system functionality that has helped The Valley Hospital to be a recognized leader in Accounts Receivable. We will provide an overview of configurations from Worklists, Selection Reports, and FSD maximization, including claim checks, denials tracking and other proactive tools to help your Patient Financial Services department get paid faster and more accurately.

Sean Samiljan is a Manager of Application Support for the Financial/Administrative areas. Sandra Campitiello is an Application Analyst for the Revenue Cycle Applications.

1061 - Migrating Legacy Patient Data: From Many to One
Track: Other
Presenters: Michael Burke and Chris Neumann
Organization: The Valley Health System, Ridgewood, New Jersey
Scheduled: Friday May 31 at 9:00 am

When the Valley Hospital went live with Scanning and Archiving in 2015, a decision had to be made about the legacy patient data. In this presentation, we will outline the project to implement a vendor-agnostic solution to archive historical data. This presentation will provide two perspectives of how this was implemented: one from an executive standpoint; the other will focus on the implementation of the product.

Michael Burke is the Assistant VP, Information Systems at the Valley Hospital.

Chris Neumann is currently a Project Specialist with the Valley Health system and has worked in healthcare IT for 14 years with five of those years at Valley. Chris was the project lead during the 6.14 implementation for Quality, Risk, Surveillance, Environmental Services and Bed management.

1062 - Crossing the Orders Divide: Eliminating Web Ambulatory Pain Points and Increasing User Satisfaction in an Integrated System
Track: Web Ambulatory
Presenters: Megan Yontz, Kayla Long, and Walter Smith
Organization: CPeople; Colquitt Regional Medical Center, Moultrie, Georgia
Scheduled: Thursday May 30 at 1:45 pm

In today's EHR market, integration is paramount. Simply paying "lip service" to the idea of one patient, one record, one bill, across the care continuum is not acceptable. Integration needs to be more than just a buzzword, and getting your facility to the promised land, requires more than just having a single EHR vendor. By keeping a keen focus on designing consistent workflows, that provide a high degree of end user satisfaction, you can achieve integration with orders management.

Our presentation focuses on workflows and ordering setup that help ease the integration pain points within the boundaries of your MEDITECH system. We'll cover the setup needed to address some typical challenges associated with common clinic workflows, such as lab draws, specimen collection, and in office radiology exams. We will examine workflows for electronic pathology orders that include the potential for both client and third-party billing. For point of care testing, we'll hit on the pros and cons of leveraging current orders, while demonstrating build options for result entry and send out tests. We'll discuss setup for the DME Orders, and specialty referrals. Each of these setup items are aimed at streamlining your processes and improving end user satisfaction. We hope to provide you options in your design that will allow you to be more informed as you take on the challenge of integrating your ordering system.

Megan Yontz is a senior clinical consultant with CPeople and a 10-year veteran of the healthcare industry. As a Senior Applications Analyst at a large hospital system in Ohio, she implemented and supported both MEDITECH's LSS/MPM and Web Ambulatory products. Megan moved on to work as the practice manager of a high-volume Pediatric clinic using Web Ambulatory.

Kayla Long, RN, is a Clinical Informatics Nurse at Colquitt Regional Medical Center.

Walter Smith CPHIMS is Vice President of CPeople.

1063 - Population Health – A Signature Perspective
Track: Managing Population Health
Presenters: Gerald Greeley and Jim Papadakos
Organizations: Signature Healthcare, Brockton, Massachusetts
Scheduled: Thursday May 30 at 9:00 am

Signature Healthcare is the parent company of a successful, growing system of one hospital, a provider sponsored health plan, and a multi-specialty physician group. We will look at how Signature, a state designated safety-net hospital, is impacted by its ACO and how they have been able to adapt and react to the ever changing landscape.

Gerald S. Greeley, CHCIO, MHA, has been the Chief Information Officer for Signature Healthcare in Brockton, MA since July 2016. He also serves in the Privacy and Information Security Officer roles for Signature Healthcare. Prior to joining Signature Gerald was the Executive Director of Community Hospital Information Services for Lahey Health in Burlington, MA for two years after serving as the Director of Information Services at Winchester Hospital for 16 years prior to Winchester joining Lahey Health.

James N. Papadakos has been the Chief Financial Officer of Signature Healthcare since 2012. Prior to Signature, he served as the Vice President of Finance and CFO at Windham Hospital, a position he held for nine years. Jim holds a BS degree and MBA from the University of Pittsburgh. He is active on various Connecticut Hospital Association committees, and a member of the Healthcare Financial Management Association. In addition to his work as CFO of several community hospitals, he has extensive hospital finance management experience at the University of Pittsburgh Medical Center and the University of Pittsburgh Physicians.

1064 - Revenue Cycle MEDITECH Expanse Panel
Track: Revenue Cycle
Presenters: Rodney Adams, Ryan Scott, Christine Scarborough, Melissa Headley, Jeanne Orn, Melissa Casamo, and Misty Kelley
Organization: Williamson Medical Center, Franklin, Tennessee
Scheduled: Thursday May 30 at 3:45 pm

This session is a combination of pre-submitted questions/answers and open forum to allow the audience a look into the Williamson Medical Center (WMC) journey, decisions made, improvements and lessons learned. The panel is made up of the various core team members from Patient Access, Scheduling, Information Technology, Patient Accounting and Claims. Through rigorous testing, utilizing system functionality, implementing workflow transformation and education, WMC has achieved record metrics results (i.e. increased clean claims rates by 25% in the first 30 days)

The objectives are to share the experience of Williamson Medical Center's recent MEDITECH Expanse implementation and their goals in streamlining the revenue cycle workflow processes, implementing best practice solutions within MEDITECH Expanse, reducing manual processes and duplication of work efforts, and improving the patient experience. Key facility representatives will be present to discuss their experience, demonstrate how the project goals were achieved and share lessons learned from the almost yearlong project.

Rodney Adams is the Associate Administrator of Finance Williamson Medical Center in Franklin, TN. In this role he has responsibility for scheduling, insurance verification, prior authorizations, pre-registration, registration, health information management, coding, case management, and patient financial services. Adams has been with Williamson Medical Center since October 2016. Prior to joining Williamson Medical Center, he was with Maury Regional Medical Center for almost 12 years, holding various roles during his tenure there, including Pre Service Manager, Patient Access Director, and Revenue Cycle Director. He has lead various revenue cycle projects in his career including implementation of POS Collections and the creation of Pre Service functions at multiple hospitals, increasing clean claim rates from 60% to over 90%, developing the process and methodology to provide analytics to support managed care negotiations, as well as multiple revenue cycle software installations and conversions. Adams holds a Bachelor's Degree in Business Administration from Warren National University and a Masters of Management in Healthcare (MMHC) from the Owen Graduate School of Management at Vanderbilt University.

1065 - Expanse Special Formats Dictionary and Color IV Label Printing
Track: Supporting Workflow
Presenter: Charles Still
Organization: The HCI Solution
Scheduled: Thursday May 30 at 10:00 am

Patient safety can be critically enhanced if organizations use the capabilities of existing technologies to improve patient care. The first half of this session will review setting up the MEDITECH Special Formats dictionary in 6.x/Expanse to enable generation of patient wristbands and 2D barcodes. Unfortunately, unlike the past with NPR code, there is no capability of sites sharing "Special Formats" each site must re-create their own manually. Attendees of this session will gain a step by step guide to configuring the system for printing a best practices patient wristband format.

The second half of the presentation will review new color label printing technologies and their integration into all versions of the MEDITECH Pharmacy Module for IV and Medication Label printing. A technology overview and best practices for label formatting will be shared.

The target audience is pharmacy and technology professionals.

Charles J. Still, MBA, CPPS, CPHQ came to the healthcare field a dozen years ago from the automotive industry and has worked with Albany Medical Center, Southwestern Vermont Healthcare, and several healthcare startups. He was certified as a patient and quality specialist by both the National Patient Safety Foundation and the National Association for Healthcare Quality. He was part of the team presented with the 2011 Waypaver Award for Bedside Barcoding. His work has been published in the Journal of Healthcare Information Systems and Patient Safety and Quality Healthcare. His 2011 HIMSS International BPOC presentation was awarded the "best educational session of the conference" by Mr HIStalk. He has presented at numerous conferences in the US, UK and Canada.

1066 - Opioid Stewardship Toolkit Overview
Track: Regulatory
Presenters: Lisa Bourgeois and Jenny Capizzi
Organization: MEDITECH
Scheduled: Thursday May 30 at 10:00 am

In response to the national opioid crisis, MEDITECH has developed an Opioid Management Toolkit. In conjunction with the work already underway to streamline integration with PDMP state databases, the toolkit incorporates best practice workflows and clinical decision support (CDS) interventions aligned with the twelve CDC recommended guidelines for prescribing opioids. During this session, we will demonstrate the workflows and CDS interventions, and provide an opportunity for discussion and feedback.

Lisa Bourgeois is a Senior Manager in the EHR Excellence Group overseeing the Toolkit Program, Clinical Leadership Preparedness Program (CLPP), Doctor's Hours, and Stage 7 initiatives. She manages a group of Analysts and Clinicians who are responsible for developing and evolving programs to support our customers in achieving clinical and operational excellence. Lisa has been with MEDITECH for 28 years serving various roles in both Implementation and Client Services.

Jenny Capizzi is a Manager in the EHR Excellence Programs responsible for the development and maintenance of Toolkits and other Clinical Quality initiatives. Over her last 12 years at MEDITECH, Jenny has supported and implemented the various components of the physician product suite as well as served as an Advanced Clinical Coordinator. She has worked with a wide scope of customers across all platforms to optimize the use of their software.

1067 - A Charge is Born … Clinicians and Revenue Cycle Teams Working Together
Track: Revenue Cycle
Presenter: Betsey O'Brien
Organization: Beth Israel Deaconess, Plymouth, Massachusetts
Scheduled: Wednesday May 29 at 2:30 pm

This presentation will discuss Beth Israel Deaconess Community Hospital's project of combining three charge masters into one brand new charge master during the implementation of one Expanse system while at the same time introducing a streamlined charge reconciliation process. It involved and continues to involve the collaboration between clinical areas and the Charge Master team along with the support of Information Systems to ensure revenue optimization throughout the conversion process.

Betsey O'Brien is the Director of Community Revenue Cycle Systems at Beth Israel Deaconess in the Boston area. Betsey has a degree in Finance and a strong Revenue Cycle background. She has been working with MEDITECH Revenue Cycle applications for 25+ years starting at MEDITECH and then moving into a hospital analyst/consulting role, followed by management roles at various MEDITECH hospitals. Most recently Betsey was part of a leadership team that implemented one Expanse system at three community hospitals.

1068 - Journey to Electronic Prescribing for Controlled Substances (EPCS) – Panel Discussion with Hospitals Who Have Achieved Compliance
Track: Regulatory
Presenters: Todd Johnson, Erica Knippling, and Trevor Clere
Organizations: Forward Advantage; Brookings Health, Brookings, South Dakota; Wooster Community Hospital, Wooster, Ohio
Scheduled: Wednesday May 29 at 1:30 pm

E-Prescribing of Controlled Substances (EPCS) is becoming more important than ever for MEDITECH hospitals as regulations continue to expand to nearly every state. MEDITECH has selected a comprehensive, certified solution that maintains ease of use in your clinical workflow. It's important to understand the regulations, requirements, how to handle PDMP data, and hear how other MEDITECH hospitals have successfully implemented a solution. In this panel discussion, you will hear from three hospitals as they discuss their journey to EPCS compliance.

In this panel session you will learn:
- Updates on state regulations and deadlines
- Best practices for PDMP data
- The process each hospital went through to achieve compliance
- Recommendations and lessons learned

- Benefits and workflow efficiencies to achieve compliance and increase physician satisfaction
- Steps you need to take to ensure implementation readiness

Todd Johnson is the Manager of Identity Management Solutions at Forward Advantage.
Erica Knippling is a Clinical Informatics Specialist at Brookings Health in Brookings, South Dakota.
Trevor Clere is the Director IS at Wooster Community Hospital, Wooster, Ohio.

1069 - Advanced Report Designer: Writing Rules
Track: Reporting / Analytics / Business Intelligence
Presenter: Dan Collins
Organization: The HCISolution, Inc.
Scheduled: Friday May 31 at 9:00 am

Learn how to write Report Designer rules to retrieve and manipulate data using programming logic. We will cover these topics:
- The data record associated to the rule
- Local variables
- External variables
- Looping on Records/Indexes
- Using fields
- Using String Extraction/Date Functions
- Report return value

Dan Collins has been at the forefront of EHR implementations, development, and customer care for over 20 years. Before joining The HCI Solution, he worked at MEDITECH in various roles in all platforms, managing programmers. Dan had the pleasure of training new MEDITECH employees on MAGIC, C/S, FS, and M-AT programming languages and has supported almost all MEDITECH applications through his career. With decades of experience writing reports, Dan has been the primary software developer for the HCI Solution SyncSolve and manages a team of Integration Engineers.

1070 - Strengthening Quality Strategy – A Path to Success
Track: Culture
Presenter: Jodi Frei
Organization: Northwestern Medical Center, St Albans, Vermont
Scheduled: Wednesday May 29 at 1:30 pm

Technology is more and more a part of the lives of healthcare professionals and the patients we serve. It has great potential to improve patient safety, achieve high reliability, and optimize outcomes. It can draw patients in and engage them in their healthcare decisions. Why then is it still a source of frustration amongst physicians, nurses and clinicians? Why then do some Quality professionals distance themselves from the electronic medical record? It's time to look inward and study culture. It's time to embrace the interconnectedness and interdependencies of people, process and technology.

Technology advances within MEDITECH have skyrocketed well beyond that of medication conflict checking. Advanced toolkits, MHealth App, Surveillance and Registries are a few examples of powerful tools that if implemented correctly and surrounded by an optimistic and willing culture, can strengthen our ability to achieve success in the current environment of healthcare reform. Join the discussion and gain new and thoughtful ideas regarding how technology may fit within your Quality & Safety Strategy.

Jodi Frei has been a Physical Therapist since 1990, holding leadership roles since 1991, with a focus on clinical outcomes. In 2010, she became Manager of Organizational Informatics, leading Northwestern in MEDITECH implementation and optimization. Having the prerequisite knowledge of CMS Quality Strategy and understanding of MEDITECH functionality enabled her eventual transition to Director of Quality at Northwestern. Most recently, she was project manager for Northwestern's MEDITECH Expanse go-LIVE. Jodi supports health care reform efforts within her organization, and has presented on related topics at national MEDITECH and HIMSS events. She holds a Master's Degree in Innovation and Information Technology.

1071 - Securing the Modern Healthcare Organization While Boldly Moving Ahead
Track: Infrastructure and Digital Security
Presenter: Justin Armstrong
Organization: MEDITECH
Scheduled: Wednesday May 29 at 2:30 pm

MEDITECH

How can you and your organization keep pace with the rapid transformation of healthcare while providing an appropriate level of security? Security should not be an obstacle to progress. Instead security is like the brakes on your car. Good brakes allow you to go faster, confident that you can do so safely.

We will discuss a variety of hot topics — including Interoperability, REST APIs, architecture diagrams, best practices, and third party risk management. We will dedicate ample time to your questions so that the topics you care about most are covered. Also to be considered are the security and business continuity requirements of HIMSS EMRAM Stage 7. We'll cover frequently asked questions, and some practical resources you can leverage so that your organization can meet the stage 7 requirements.

Justin Armstrong, Security Architect, is responsible for the security of MEDITECH applications and platforms, including coordinating critical updates to MEDITECH software and communicating with customers when questions arise about MEDITECH's security stance. Justin stays up to date on evolving security standards and regulations, best practices, threats, and software vulnerabilities by remaining active in the security community inside and outside of MEDITECH. He is a Certified Information Systems Security Professional (CISSP) and a proud member of the FBI's InfraGard program as well as the Cyber Health Working Group (CHWG), (ISC)2, ISSA, OWASP, EHRA Privacy and Security Workgroup, and the H-ISAC.

Justin earned a Bachelor of Science in Physics and a Bachelor of Arts in Mathematics from the University of Massachusetts at Amherst. He obtained his Masters in Information Security Leadership at Brandeis University. During his 19 years at MEDITECH, he has worked on all current MEDITECH platforms (including the newest web products) and has particular experience in Nursing, Ambulatory, e-Prescribing, and Physician products. Justin also spent many years training MEDITECH developers on a range of topics including Coding Standards, Peer Review, Maintainable Code, Technical Specifications, Security, and more. He traces his interest in security back to the fourth grade when he found a copy of "The Codebreakers" in the school library.

1072 - Yes to Both: Improve the Consumer Experience and Drive Revenue
Track: Patient Engagement
Presenter: Sandra Greene
Organization: MEDITECH
Scheduled: Wednesday May 29 at 2:30 pm

Today's patients are engaged healthcare consumers who expect the same convenience, usability, and transparency that they have with other services. However, the consumer experience has been undermined by deductibles increasing six times faster than consumers' earnings, according to Healthcare Finance News, and insurance denials nearly doubling in six years, according to Advisory.com, for example. Furthermore, poor consumer-centric experiences can imperil healthcare organizations financially; a patient is 50 percent less likely to pay their bill if they have a poor experience with a hospital's billing department, as noted in the Connance Consumer Impact Survey of 2018.

In this session, we discuss the strategies that organizations can implement to meet new legal requirements for cost transparency, while driving maximum and timely reimbursement through patient-friendly solutions like self-check-in, pre-registration, online payments, and insurance verification.

As the Marketing Solutions Manager for Revenue Cycle Management and Analytics, Sandra Greene translates her passion for data and statistics to building MEDITECH's value-driven brand. Sandra brings over a decade of experience in both Implementing and Marketing MEDITECH's financial, revenue cycle, and analytics products. Her time in implementation serves as her foundation for connecting to financial leaders to identify and find solutions to the challenges they face.

1073 - Expanse Migration Strategies: EHR Data Conversion Offerings
Track: 6.x / Expanse
Presenter: Jay Dering
Organization: MEDITECH
Scheduled: Thursday May 30 at 9:00 am

Maintaining patient and financial data is an important consideration when making the transition to Expanse. Join the MEDITECH conversion team as we provide an overview of the data migration options as well as useful strategies for the successful conversion of data

Jay Dering is a Director in the Client Services Division. In his role, he oversees the Expanse Conversions group, focusing on platform migrations and data conversions. Jay has been with MEDITECH for 17 years and has served several roles in both Implementation and Service across all platforms.

1074 - Informed Approach: Data-Driven Insights into Population Health
Track: Managing Population Health
Presenter: Scott Godbout
Organization: MEDITECH
Scheduled: Wednesday May 29 at 1:30 pm

Can you know your population enough? The more we know and understand our patients and community the better we can plan for care improvement initiatives, improve patient outcomes, and thrive in valued based care. Having a data asset that can evaluate and analyze the types of care our patients seek out is valuable. MEDITECH's Business and Clinical Analytics solution includes new population-based datasets (utilizing aggregated data sourced from Arcadia.io and combined with MEDITECH data) and dashboards. Learn how key data elements including risk scores, attribution, care gaps, per member per month (PMPM) healthcare costs, conditions, and service utilization will help organizations drive data driven population health efforts. The new

suite of dashboards will provide a picture of an organization's patient population, segmenting at-risk cohorts by risk scores, conditions, PMPM costs, number of care gaps, attribution, and utilization (quantity of services, location of services). Users will also have the ability to manipulate dashboard views making site- and user-specific modifications as well as create their own views using provided datasets.

Scott Godbout is a MEDITECH Marketing Manager with a long history of working with information technology and services. During his 18 years with MEDITECH, Scott has served in a variety of roles in Marketing and Development, with a particular emphasis on software design and implementation methodologies, oncology, healthcare information technologies (HIT), MACRA/MIPS initiatives, and computerized provider order entry (CPOE). Today, he focuses on brand development for MEDITECH's Expanse Population Health, Oncology Management, and Surgical Services solutions.

1075 - Planning a Move to Expanse? What You Can Do TODAY to Prepare
Track: 6.x / Expanse
Presenter: Marcia Cheadle
Organization: Engage/INHS
Scheduled: Friday May 31 at 9:00 am

You've chosen Expanse – now what?! What are priorities for planning and prepping that can be done today for a smooth transition, and for gearing up both from a resource perspective, along with an application perspective, to have a smooth journey.

Marcia D. Cheadle, RN has had an extensive career in healthcare with over 35 years in clinical nursing roles including leadership in education, home care, acute hospital, and primary clinical care; with a focus in health care IT over the past 18 years. She currently serves as Senior Director of Implementations for Inland Northwest Health Services (INHS). Ms. Cheadle is responsible for the implementation of acute and ambulatory software applications in community healthcare networks across the United States. Specializing in rural community healthcare, Ms. Cheadle facilitates strategic program activities designed for adoption of electronic health records by addressing critical financial and clinical metrics for program sustainability. Ms. Cheadle continues her work as a clinical nurse in a local emergency room.

1076 - Getting In an Evidence Based State of Mind
Track: Patient Care
Presenters: Doreen DeGroff and Charles H. Bell
Organization: CereCore
Scheduled: Thursday May 30 at 10:00 am

"All this documentation takes too long! I have no time to actually provide patient care, having my EHR on a phone or tablet doesn't help when I have to fill in all these fields I can't see them on that small screen." What if there was a way to have the best of both worlds?

Evidence Based Practice is considered essential to the delivery of quality nursing care; it connects clinical decision-making to the best current evidence, clinical expertise and patient preference, helping to reduce variations in practice and improve outcomes. The Institute of Medicine (IOM) set a goal of 90 percent of all healthcare practice to be evidence-based by 2020. Amazingly this can also provide some much needed efficiencies as caregivers interact with the Electronic Medical Record, but this is not a process technology alone can solve, critical shifts in culture need to take place as well. This presentation will walk you through a roadmap for implementation of an Evidence Based Clinical Documentation process.

Doreen DeGroff is a graduate of Utica College of Syracuse University. She has over 32 years' experience in all health care: hospital, physicians' office, home care, nursing services, hi-tech and retail pharmacy, and specialized and long term care. Included in this is experience and knowledge of multiple EHR platforms, process and system implementations and project management. Doreen is MEDITECH Ready Certified as a Revenue Cycle Lead, HIM and Project Management and has served as Ethics and Compliance Officer, Director Managed Services and Professional Services as well as Director Patient Access and Accounting Departments.

Charles H. Bell, D.O., B.S. Pharm is a graduate of Rider University, BA Biology, Temple University School of Pharmacy, BS Pharm, and Philadelphia College of Osteopathic Medicine. He completed a residency in general internal medicine at Phoenix General Hospital, Phoenix, Arizona. His 40 plus years of experience includes exposure to and knowledge of multiple aspects of pharmacy, ambulatory medicine, emergency medicine, acute care, and medical informatics. Dr. Bell completed the AMIA 10 x 10 course in 2010. He has been involved in medical informatics since 1996. He spent ten plus years in private practice before transitioning to a full time hospitalist where he practiced an additional ten plus years. He has served as the CMIO for Northern Arizona Healthcare and was a physician informaticist for Catholic Healthcare West, now Dignity Health Care, before joining HCA.

1077 - Clinical Impact and Value of Workstation Single Sign-On in 19 Hospitals
Track: Infrastructure and Digital Security
Presenter: Dr. George A. Gellert
Organization: CHRISTUS Health, Irving, Texas
Scheduled: Wednesday May 29 at 1:30 pm

CHRISTUS Health implemented computer workstation single sign-on (SSO) in 19 community hospitals to expedite EHR access. We assessed workflow and financial value of SSO in reducing clinician time at the keyboard logging in. Login duration after SSO implementation was compared to pre-SSO. Dollar values of time saved were calculated for physicians, nurses and ancillary clinicians. Following SSO implementation, first of shift login was reduced by 5.3 seconds (15.3%), and reconnect login duration in the remainder of the shift was reduced 20.4 seconds (69.9%). Total weekly time savings enabled by SSO was 943.4 hours across 19 hospitals, a mean of 49.7 (4.1 shifts) per facility. Annually, 49,057 hours (4088 shifts) of mixed clinician time were liberated from keyboard for the enterprise, a mean of 2584.4 hours (215.4 shifts) per facility per year. The annual dollar value of clinician time liberated from keyboard to care for patients was $3,201,001 for 19 facilities, or $168,474 per hospital. Future savings due to desktop virtualization increases annual savings conveyed by SSO to $3,330,601.

George Gellert, MD, MPH, MPA is a physician executive and epidemiologist focused on health information technologies with a track record of formulating and executing innovative, transformative organizational strategy. Most recently, Dr. Gellert served as the Associate Chief Medical Information Officer or CMIO for CHRISTUS Health, an integrated delivery network with 49 hospitals and long-term care facilities and 175 clinics and outpatient centers in six states, Mexico, Chile and Colombia. He was responsible for ensuring superior performance and optimization of clinical information technology and effective health informatics operational support of over 15,000 CHRISTUS physicians and 6000 nurses.

Dr. Gellert has served in industry (GlaxoSmithKline, WebMD), NGOs and the non-profit sector (Project HOPE), as well as in government, and at the United Nations International Atomic Energy Agency, and is a graduate of McGill, Yale, UCLA and Harvard universities. He is a Fellow of the American Board of Preventive Medicine (FABPM). Dr. Gellert has published over 140 articles and letters in the peer review medical literature, book reviews and chapters and presented at over 220 scientific meetings and conferences.

1078 - How to Deliver the Ultimate Patient Experience
Track: Patient Engagement
Presenter: Beverly Sanders
Organization: St. Joseph's/Candler, Savannah, Georgia
Scheduled: Thursday May 30 at 1:45 pm

At St. Joseph's/Candler we offer smart medicine – the latest medical technologies and procedural advancements in disease prevention, diagnosis, and treatment. Together, with highly-skilled physicians, a nationally recognized nursing staff, and an unsurpassed commitment to community outreach, we are proud to embrace our role as the region's preferred healthcare provider.

We encourage individuals to become more knowledgeable about their personal health, while providing the most advanced, comprehensive treatments and state-of-the-art medical technologies available almost anywhere. In doing so, we discovered that patients' want a healthcare experience that matches their retail experience, a digital front door that made everything more convenient. The search for this technology in healthcare was tedious, but led us to a solution that will revolutionize the way we interact with patients in our health system.

Beverly Sanders, Director of Applications, Information Technology, has worked at St. Joseph's/Candler for over 20 years.

1079 - The Secrets of Making the Physician Experience Successful
Track: 6.x / Expanse
Presenters: Michelle Cochran and Andrew Lucas
Organization: Huron Consulting Group
Scheduled: Friday May 31 at 10:00 am

We will be visiting certain aspects of provider engagement/training that are sometimes forgotten or overlooked. We will be discussing the following items in length and offering solutions/suggestions that clients can take back to their own facilities.

Topics:
- Early and Frequent Physician Engagement
- Efficient use of Physician's Time
- Thorough Training Plan & Materials
- Quality Support for the Physicians during Go Live
- 5 P's…Proper Planning Prevents Poor Performance

Michelle Cochran is a Senior Consultant for Huron Consulting Group. Her career in healthcare started at a regional healthcare system covering six counties and offering both inpatient and outpatient services in 2001 with MEDITECH Client Server. Along with Client Server, Michelle has

implemented Magic as well as 6.1 and Expanse; Web Acute as well as Web Ambulatory. Michelle has over 18 years of experience in both training and provider engagement. She has experience with Physician Care Manager as well as Registration, Health Information Management, and Scanning/Archiving. Most recently she assisted a multi-facility implementation of MEDITECH Expanse. Her experience in multiple applications across multiple platforms gives her a vast knowledge to be able to teach and educate providers. Outside of work, Michelle spends time on her farm with her family. She also enjoys drag racing, her own car, on the track of course.

Andrew Lucas is Healthcare IT Consultant with nine years of subject matter expertise with MEDITECH electronic health software, across multiple platforms and modules. He has proven ability to implement and support MEDITECH software applications within both single and multi-facility environments.

1080 - Worried About Training Physicians? KEEP CALM and Attend this Session!
Track: Culture
Presenter: Linda Hainlen
Organization: Sedona Learning Solutions
Scheduled: Wednesday May 29 at 2:30 pm

What is the best approach to training physicians for your upcoming implementation? That is probably the most frequent question we field. In this session, augmented with Justice League clips, hear practical information on training physicians from an experienced EHR educator. No hype, no sales pitch, just practical information based on lessons learned from experience.

Linda Hainlen brings more than 25 years of proven experience as an EHR software training manager and enjoys working with designers and instructors to develop the best solutions for Sedona Learning Solutions' clients. One of her favorite parts of the job? Seeing the "lightbulb" moment – that moment when training really clicks for users.

Before joining the Sedona team, Linda served as Director of Learning Solutions for IU Health in Indianapolis Indiana for 18 years. During that time, she was responsible for end-user training for all EHR implementations in IU Health facilities across the state. Under Linda's leadership, her division at IU Health was awarded the highly prestigious ATD Best award in 2011.

1081 - Charge Reconciliation in Expanse and its Importance During the Conversion Process
Track: 6.x / Expanse
Presenter: Tim A. Thomas
Organization: Engage
Scheduled: Friday May 31 at 10:00 am

During your implementation, reconciling revenue is a key tool to ensure that your build captures all the revenue you expect. In this session, we will discuss how financial and clinical applications integration including tips and tricks for maximizing your success.

As Director of the Financial Systems for Engage, Tim Thomas leads a large team delivering quality MEDITECH Expanse implementations, revenue cycle performance improvement projects, enterprise resource planning (ERP) solutions and is also is a key hospital CFO Liaison. Tim has worked for Engage for 34 years and has a long history of delivering quality solutions and client deliverables to the many hospitals he serves.

1082 - Standardize Evidence-Based Order Sets: Case Study
Track: Patient Care
Presenter: Adriana Jimenez
Organization: Healthtech Consultants
Scheduled: Wednesday May 29 at 2:30 pm

Evidence-based Order Sets are clinical decision support tools to ensure patient safety, increase efficiency, and improve the quality of care provided to all patients. Adherence to evidence-based guidelines has shown a decreasing in a number of medical errors, a decrease of Adverse Drug Events (ADE), reduction in length of stay, thus, a reduction of hospital costs.

Order sets coordinate the actions of the entire healthcare team and must be compatible with hospital workflows. Each order set interacts with many hospital processes and support structures such as the clinician's standards of care, drug formulary, policy and procedures guidelines, standardized methods of undertaking laboratory and diagnostic procedures, etc. Thus, its content should be current, accurate, comprehensive and clinically intelligent. However, the development of the order sets is time-consuming. It requires a high level of expertise and support from the parties involved in the process. It is imperative to establish a governance model to get an adequate involvement of all the stakeholders.

The objective of this presentation is to recount the collaborative experience of creating standardized evidence-based order sets as this was a preliminary step for implementing the electronic system in a health care facility in Toronto, ON. Implementation process, challenges, success factors and lessons learned are highlighted in this article. In addition, a post-implementation analysis done, identifies the benefits of adoption of orders sets and its impact

on length of stay for common causes of hospitalization such as Pneumonia, Sepsis, and COPD among others.

Adriana Jimenez, Health Informatics Consultant, holds a Degree in Medicine in General Practice and has more than ten years of experience collaborating to provide quality healthcare to patients. She also holds a Master's degree in Science in Health Informatics which complements her understanding of hospital information systems. Adriana is a consultant at Healthtech and supports the implementation of electronic health records in Canadian hospitals.

1083 - How to Ensure a Successful MEDITECH Upgrade!
Track: 6.x / Expanse
Presenter: Jeffrey Ford
Organization: Summit Healthcare
Scheduled: Friday May 31 at 10:00 am

Whether upgrading from Magic to 6.X, 6.X to Expanse, or just taking a Priority Pack update, there are shared challenges that all hospitals face when it comes to integration. Each new version of MEDITECH comes with hurdles; workflows may have changed, interface offerings may be revised, or the message formatting itself may have been altered. All these changes must be identified and thoroughly tested. Multiply that by the total number of interface connections a hospital has, and the scope of this undertaking becomes apparent. Here, we'll talk about these challenges, the most efficient way to address them, and what to do on the night of go-LIVE to ensure limited interface downtime and a successful upgrade.

Steps to be outlined during this presentation:
- Identifying workflow changes
- Identifying interface changes
- Unit Testing
- Feature Testing best practices
- Go-LIVE
- Case studies of what other hospitals have done for successful upgrades

Jeffrey Ford has been on the services side of the healthcare industry for almost 15 years. He started his career at MEDITECH as a programmer/analyst in the LAB Implementation Group. He is now Director of Managed Services at Summit Healthcare.

1084 - Turning Data into Information – Challenges and Opportunities
Track: Reporting / Analytics / Business Intelligence
Presenter: Scott Woodard
Organization: Leidos Health
Scheduled: Wednesday May 29 at 1:30 pm

Organizations today have an ocean of data, but turning that data into actionable information is the key to success. Normalizing data in order to have effective internal and external relative comparisons can drive impactful change. An innovative vector, or service line, approach to focus on the most significant issues impacting clinical and operational performance addresses problems more quickly than traditional siloed assessments. It resonates with health systems because it avoids ineffective optimizations that do not discover upstream and downstream impacts on remediation. Instead, organizations must utilize powerful analytics to diagnose areas of opportunity and use a continuum approach to span the organization (across clinical, revenue cycle, supply chain, pharmacy and post-acute domains); forensically identifying areas where performance can be optimized. As a result, improvement efforts are less disruptive and focus on a specific issue remediation rather than full-functional deep dives. Hospitals and health systems can realize significant, sustainable improvements whether prior to new implementations or in an environment of ongoing optimization.

Scott Woodard has spent 10 years in executive leadership and strategic consulting in the healthcare industry. He has worked to develop new strategic solutions for organizations across the country and internationally. He has spoken to leadership groups and led engagements around prioritization, resource management, and data-driven performance improvement. Scott has a background in strategic services, information technology, and financial planning for both small hospitals and large healthcare systems. He has an undergraduate degree from Trinity University in San Antonio, Texas and an MBA from The University of Texas.

1085 - MEDITECH's Strategy for Genomics and Clinical Decision Support
Track: Patient Engagement
Presenter: Christine Silva
Organization: MEDITECH
Scheduled: Wednesday May 29 at 3:30 pm

Precision Medicine (or personalized medicine) is the medical model that proposes customization of healthcare with medical decisions, treatments, practices, or products being tailored to the "individual patient". One of the most important components of Precision Medicine is genomics. MEDITECH is invested in the inclusion of Precision Medicine in its EHR, and exploring options for a robust form of data consumption and clinical decision support. MEDITECH recognizes the growing influence genomics data has on daily decisions in the clinical setting. As such, we are committed to the development of a user-friendly solution that allows

for the presentation and integration of key genomic data elements to support real-time clinical decision-making.

Christine Silva is the Director of Product Management within MEDITECH's Strategy Division. In her role, she oversees a team of Product Managers, and ultimately the strategic direction for Patient Engagement, Population Health, Analytics, Quality Reporting, Oncology, Anesthesia, Revenue Cycle, Standard Content, Ambulatory, Nursing and Physician products. She has been with MEDITECH for 20+ years, serving in numerous capacities in the Implementation, Client Services, Marketing, and Strategy divisions.

1086 - The Right Tools
Track: Patient Care
Presenter: Beckie Lancaster
Organization: MEDITECH
Scheduled: Friday May 31 at 10:00 am

The concept of the EHR is changing! What does it mean to you as a physician? This session will talk about the changing role of the EHR. What does it mean to the physician role and how do they see the way they access information changing? Come see a demo of the Physician Mobility App and join our discussion as we strategize new app use cases.

Rebecca Lancaster, CPM is a Senior Manager overseeing clinical Product Managers in the Strategy Division. In her role, she oversees the strategic direction for physician and nursing initiatives. Rebecca has been with MEDITECH for 20 years and has supported physician and nursing products across all platforms in Implementation and Service. Prior to joining the Product Manager group, Rebecca was a manager overseeing physician products in Client Services.

1087 - Expanse Labor and Delivery
Track: Patient Care
Presenter: Shannon O'Toole
Organization: MEDITECH
Scheduled: Friday May 31 at 9:00 am

Join us as we walk through the Labor and Delivery process in MEDITECH Expanse. Our focus will be on using the Labor and Delivery flow sheet for documentation, incorporating fetal monitor displays, and highlighting new functionality to better incorporate mother/baby concurrent views and data.

Shannon O'Toole is a Manager overseeing Nursing, Therapeutic Services and Population Health product demonstrations. In her role, Shannon leads the strategy and deployment of Expanse demonstrations engaging executive, clinical and IT audiences. Over the past year she has worked closely on the marketing and development of the new Labor and Delivery product. Shannon has been with MEDITECH for 11 years. All of that time in marketing, supporting a variety of product lines and platforms.

1088 - Mitigate Cybersecurity Threats Across Your Environment
Track: Infrastructure and Digital Security
Presenters: Justin Armstrong and Gareth Griffiths
Organizations: MEDITECH; BridgeHead Software
Scheduled: Thursday May 30 at 1:45 pm

The Wannacry, SamSam, and NotPetya malwareattacks underscored the immense importance of information security in the healthcare environment. Hospitals and healthcare systems across the US and the rest of the world have become a target for unscrupulous cyber-criminals to wreak havoc. As a result, one of the key priorities for these organizations is the need to protect themselves from cyber-attack. But, with all of the activity driving the cybersecurity agenda, one significant area seems to be getting overlooked – the vulnerabilities constituted by pervasive legacy applications and the clinical, operational, financial and governance risks they generate.

In this presentation, we will explore:
- detailed network architecture diagrams illustrating best practices for protecting backup systems
- how hospitals are accumulating legacy applications and increasing the threat surface for cyber attacks
- why hospitals continue to run and support these legacy applications
- the implications of cybersecurity breaches on hospitals and their patients
- how healthcare providers can mitigate those risks by implementing modern day technologies
- why decommissioning legacy applications leads to improved security, cost reduction and an increase in - the quality and delivery of patient care.

Justin Armstrong, Security Architect, System Technology, is responsible for the security of MEDITECH applications and platforms, including coordinating critical updates to MEDITECH software and communicating with customers when questions arise about MEDITECH's security stance. Justin stays up to date on evolving security standards and regulations, best practices, threats, and software vulnerabilities by remaining active in the security community inside and outside of MEDITECH. He is a Certified Information Systems Security Professional (CISSP) and a

proud member of the FBI's InfraGard program as well as the Cyber Health Working Group (CHWG), (ISC)2, ISSA, OWASP, EHRA Privacy and Security Workgroup, and the H-ISAC.

Justin earned a Bachelor of Science in Physics and a Bachelor of Arts in Mathematics from the University of Massachusetts at Amherst. He obtained his Masters in Information Security Leadership at Brandeis University. During his 19 years at MEDITECH, he has worked on all current MEDITECH platforms (including the newest web products) and has particular experience in Nursing, Ambulatory, e-Prescribing, and Physician products. Justin also spent many years training MEDITECH developers on a range of topics including Coding Standards, Peer Review, Maintainable Code, Technical Specifications, Security, and more. He traces his interest in security back to the fourth grade when he found a copy of "The Codebreakers" in the school library.

Gareth Griffiths, Chief Technology Officer, BridgeHead Software has worked with systems design, product management, and leading software development teams for more than 30 years. As a founding member of BridgeHead Software, Gareth is responsible for the development and technology plan for all of BridgeHead's products and solutions.

He previously led VMS technical development groups at Raxco-UIS and was technical director for software at MTI and subsequently, at MultiStream. Gareth has kept what is now the BridgeHead core development team together through several company mergers and acquisitions. He was instrumental in the management buyout that allowed BridgeHead to acquire and grow the development group and the technology portfolio that is the basis of the company's business today. Gareth holds a BA (Hons) in Mathematics from Oxford University.

1089 - Expanse to Magic – How Scripting Makes Tasks Easier
Track: Reporting / Analytics / Business Intelligence
Presenter: Cathy Young
Organization: Surgery Partners, Chicago, Illinois
Scheduled: Friday May 31 at 9:00 am

Scripting is a fantastic technique that saves a lot of money and helps combat the rising cost of healthcare. Scripting has been estimated to save Surgery Partners over $150,000 every year. Perhaps most importantly, scripting frees up employees to do more challenging, satisfying work rather than repetitive and error-prone manually data entry.

We script thousands of records into each of our MEDITECH platforms from Expanse, 6x, 5x and Magic sites. We have scripts that run reports that can't be run with Report Scheduler, key in comments, automate MEDITECH access tasks, load large files of data, perform repetitive tasks, and assist with the Expanse implementation. The speaker will give these examples and others

to show the audience ways to use scripting in ways that may be novel ways to complete otherwise difficult tasks.

This presentation starts with a brief introduction to the speaker and Surgery Partners, then covers why we script, the technologies that we use to script, the reliability of a script, and how we manage all the scripts now and how we are improving the management process in the future. It ends with a questions and answers session with the audience.

Cathy Young is a seasoned IT healthcare consultant with over 30 years of experience working with the MEDITECH products from Magic to Expanse. She has worked on all aspects of the MEDITECH modules from the financial and front-end through the clinical modules as a Systems Analyst and Project Manager. She is credited with developing the Proration Rule templates used throughout the 90's and early 2000's and is best known for her outstanding record as a successful MEDITECH Implementation Project Manager.

1090 - Proactive Security Response to Ransomware – What We Learned in 2018
Track: Infrastructure and Digital Security
Presenters: Mike Donahue and Jim Fitzgerald
Organization: CloudWave
Scheduled: Wednesday May 29 at 1:30 pm

Since 2016, we have assisted an average of six hospitals a year in identifying, eliminating, and recovering from Ransomware attacks in their on-premise computing environments. Some were precipitated by outside hackers, while some were unwitting user responses to phishing attacks. Join us to examine security incident trends, current best practices, and security incident response techniques. Information will be drawn from de-identified real-life case studies.

Participants will learn about the current trends in healthcare security incidents and best practices for designing, monitoring, and managing in today's current threat environment. Tips for proactively minimizing your "attack surface" will be reviewed as well as ways to successfully manage and respond to security incidents.

Mike Donahue, Director of Technology Services at CloudWave, has years of hands-on experience with designing, configuring, deploying, and supporting technology solutions for MEDITECH. Mike has held roles throughout his career as both as a service provider and a MEDITECH customer.

Jim Fitzgerald, Chief Strategy Officer, is responsible for technology solutions strategy, development, and quality for the CloudWave portfolio of multi-cloud solutions, designed to bring OpSus Cloud Services, Cloud Edge, and public cloud services together into a single operating environment. Jim is passionate about helping hospitals developing the right mixture

of local and cloud-delivered services in order to achieve operational sustainability. Jim holds a B.A. in Psychology from Bates College and an M.B.A. with high distinction and a concentration in technology from Babson College.

1091 - The Trials and Tribulations of Converting from Magic to 6.0 to 6.15 – A Scanning and Archiving Perspective
Track: Other
Presenter: Suzanne Jung
Organization: Wooster Community Hospital, Wooster, Ohio
Scheduled: Wednesday May 29 at 2:30 pm

In 2012, the hospital was on MEDITECH Magic and we were told we would upgrade to MEDITECH version 6.08. Our dilemma was that we had many years of scanned and archived data that would need to be converted to the newer version of MEDITECH. We were using scanning and archiving to optical disk via an outside vendor.

In Magic, our goal was to update to 6.08 and have all of the scanned and archived images converted in 2013 shortly after going live with the newer version. This was to be accomplished by an outside vendor converting the scanned images and business office images and exporting any of the archives from our other vendor system to MEDITECH 6.08.

All images were successfully exported from our Optical Disk system and successfully imported into MEDITECH 6.08. However, the archived images were the responsibility of MEDITECH to import. They were continually having to contact programming for every module. While that was going on in 2017, we converted to MEDITECH 6.15. MEDITECH in the meantime was able to place labs into the 6.15 system, but it was very cumbersome to search and each multi-page document would be displayed as a single page. When viewing or printing, you were unable to select all and have it print one page per click. Luckily, our nurses' notes where not converted yet as we could see this being a HUGE issue for the 100 or more pages of nurses notes. Imagine clicking 100 times to view, and then again 100 times to print a single document! Any documents could be displayed in three different places depending on if they had a visit number or med number associated and what kind of documents they were. We knew this wouldn't work for the users.

We found a company that could use the ECM cold feed to convert the Magic archives to PDF or TIFF and import them into MEDITECH 6.15. We have recently started this process. Come and learn about our trials and tribulations.

Suzanne Jung is a Programmer/Analyst at Wooster Community Hospital.

1092 - Expanse Technical Migration Story
Track: 6.x / Expanse
Presenter: James Duffey
Organization: Liberty Street Partners
Scheduled: Friday May 31 at 10:00 am

This presentation will provide your organizations and facilities with the key technical component details necessary for a successful MEDITECH Expanse migration. These technical components will be covered:
- MEDITECH Platform Migration Scenarios
- Standard Data Conversions & Migrations
- Central Management System (CMS)
- Expanse Standard Reporting
- Expanse Custom Reporting
- Data Management-Integration & Extraction
- Data Management-Analytics
- Hardware/Servers
- Lessons learned

In his 27 years within the healthcare IT industry, James Duffey has been involved with the installation, maintenance/support and migration of all MEDITECH EHR platforms to date. The installation of these environments has included large acute healthcare organizations, urgent care organizations/facilities, and individual hospitals. Since the introduction of the MEDITECH Expanse EHR platform, James has managed a range of migrations from MAGIC, C/S and 6.0 to Expanse.

The first half of his career has encompassed numerous roles in the products and services fields ranging from implementation specialist, supervisor, manager and director. Starting in 2006, he began focusing on technical services/solutions area across all MEDITECH platforms and applications. As a senior technical consultant/specialist and project manager, James worked with organizations and facilities to provide installation, migration, and support expertise for the following areas: ARRA MU Delivery-Development & Attestation, MEDITECH Data Repository, MEDITECH Business & Clinical Analytics (BCA), SQL Server Database Management & Tools, Data Management (Extraction), Data Integration, BI Tools Selection & System Assessments along with MEDITECH Reporting Migrations.

1093 - Expanse Ambulatory Referrals - Understanding the Loop - Live Demonstration
Track: Web Ambulatory
Presenters: Michelle Picanso and Nickolas Dirkes
Organizations: Engage; Frances Mahon Deaconess Hospital, Glasgow, Montana
Scheduled: Thursday May 30 at 2:45 pm

Come join and observe a LIVE demonstration of Expanse Web Ambulatory in collaboration with Frances Mahon Deaconess Hospital utilizing their TEST environment of a patient seen in the office then referred for a specialty visit orchestrating the flow of the referral order process. During this session we will discuss strategies to standardize workflow and increase efficiency related to optimizing the referral processes. Also, find out what it takes to make sure you are fulfilling the requirement for measure CMS 50.

Michelle Picanso has 18 years of progressive MEDITECH implementation, design, build, configuration, training, end-user and support experience. Possesses strong MEDITECH Expanse application experience and has demonstrated MEDITECH Administrative and Financial module expertise. Utilizes expertise to guide facilities in completing complex projects on time and within financial constraints.

Nickolas L Dirkes has been the Director of Planning at Frances Mahon Deaconess Hospital for 13 years, leading its surgical physician clinics for the last 10 years. Nick holds an MHA from Montana State University - Billings. Most recently Nick served as the Ambulatory Team Lead for FMDH's Expanse implementation.

1094 - Keys to Success – How to Leverage Patient Engagement for Better Data
Track: Patient Engagement
Presenters: Andrew Thomas and Latish Wright
Organization: The Shams Group
Scheduled: Thursday May 30 at 9:00 am

Patient engagement has many facets. Intense patient engagement starts from the time a patient schedules an appointment with their physician, which can result in multiple diagnoses, leading to one or more visits or stays for procedures; while health promotion engagement requires more long-term connectivity with a patient in a seamless manner. The challenge lies in getting the patient engaged from day one, in a meaningful way, so they feel empowered to take responsibility of managing and improving their wellness – via electronic engagement of their health record. Through better patient engagement comes better data, smarter data and data that provides better business intelligence.

Latisha Wright is a Product Manager for The Shams Group specializing in providing insight on development and implementing Health Information and Clinical software since 2005. Wright

has a degree in Health Administration. During her 12-year career at TSG, Latisha has implemented various healthcare solutions at multiple facilities some of which include: Physician Portal, Patient Portal, Chart Deficiency & Chart Management, Meaningful Use certified Solutions, and HR & Financial Solutions.

Andrew Thomas is a Product Manager for The Shams Group specializing in Healthcare Financial Consulting on development and implementing fiscal change and improving healthcare finance issues. Andrew has a Master's degree in Finance and has spent the past nine years working on Financial Projects and Product development programs.

1096 - Security Access MEDITECH Expanse
Track: 6.x / Expanse
Presenter: Nancye Lahue
Organization: Engage
Scheduled: Friday May 31 at 10:00 am

One of the most challenging aspects of your EHR implementation will be security access. With enhanced interoperability comes a more complex set up for user access. The Expanse access build is aggregated through multiple dictionaries:

- Universe
- Person
- Person Profile
- Location
- Security Group
- Provider Group
- Provider Type
- Web User
- Menu Procedure Access
- Access by Applications

To mitigate security access issues during system testing, training and Go Live, a thorough understanding of access dictionaries, set up workflow and controls is needed. Please join us as we detail set up and important preplanning steps that will help your organization when implementing MEDITECH Expanse.

As Director of Business Solutions, Nancye Lahue manages Business Operations and Security solutions for Engage. Nancye provides direct leadership over the Engage Security team, a unique team of analysts that is 100% focused on user access administration within all versions of MEDITECH, Active Directory and numerous third-party applications. Engage's Security team operates with strict adherence to HIPAA, HITECH and hospital privacy policies with a disciplined approach to managing role-based profiles and proper access authorizations. Nancye's

leadership in Security Policy has resulted in numerous successful audits within the MEDITECH system. Nancye has an MBA in HealthCare Administration and has worked for Engage for 35 years.

1097 - Change Management Impact on Standardization
Track: Supporting Workflow
Presenter: Kelly Patrick
Organization: HCA West Florida Division IT&S, Clearwater, Florida
Scheduled: Friday May 31 at 9:00 am

This presentation will offer an overview of standardized process for change management. This includes the flow from gathering requests, review, outcomes and implementation of requests.

Our initiative was to standardize and streamline the process for submitting and fulfilling change requests. It was an opportunity to standardize the process for gathering and submitting change requests, and to include and validate regulatory requirements. The goals were to create an environment for all clinicians to have a voice in the change management process; to increase compliance with use of EHR for documentation; to develop a process to track and monitor changes; and to be consistent with regulatory compliance.

Kelly Patrick RN, has worked with HCA since 2011 when she joined as a Med-Surg nurse for Doctor's Hospital of Sarasota. Prior to 2011, she worked in Information Technology in the banking industry. In 2013, Doctor's Hospital began the conversion to CPOE, and Kelly was given the opportunity to act as a Super User for the conversion. This implementation sparked her interest in nursing informatics. From 2013-2018, Kelly worked as a Nursing Analyst/EHR Support Analyst for HCA West Florida Division supporting two facilities: South Bay Hospital and Englewood Community Hospital. In December 2018, she was hired as Manager for EHR Support – Nursing for the West Florida Division (HCA).

Kelly lives on the Gulf Coast of Florida and she is currently attending school to complete her BSN. She has three children, ranging from 17 – 29; she is happily married to her husband, Max, for 24 years; and she loves spending time at the beach. Kelly's future goal, beyond completing school, is to learn to sail a catamaran.

1098 - Fun Times at the DR BAR
Track: Reporting / Analytics / Business Intelligence
Presenters: Stacy Smallenberger and Vivian Bader
Organization: Acmeware
Scheduled: Friday May 31 at 10:00 am

There are so many options to choose from when you go to a BAR. Which is the right one? The BAR application in MEDITECH Expanse is all new, as is the corresponding Data Repository table schema. What are the right choices for reporting summary and detailed patient accounting information? What's changed from previous versions of BAR?

If you're a report writer or financial analyst, come join this education session, where we'll help you navigate all that's new in BAR in Data Repository. We'll start with an overview of the new BAR table schema, so you can quickly become familiar with the new tables that "replace" your old favorites. We'll discuss and demonstrate the difference between transaction vs. batch-level data, and how to correctly retrieve it from DR with efficient T-SQL code practices. Then we'll look at other frequently-requested types of BAR data, including payments and collections, and working with bad debt accounts. Finally, we'll discuss best practices for reporting period-end and summary data. Come join the party!

Stacy Smallenberger has worked in healthcare IT for almost 19 years. Her MEDITECH experience started in 2002 as an NPR report writer for Sarah Bush Lincoln Health Center in Mattoon, IL. Stacy led a project to convert most of their NPR reports to Data Repository-based reports using Reporting Services. Stacy joined the Acmeware family in 2011. She has a bachelor's degree in Computer Management from Eastern Illinois University as well as certifications for Microsoft SQL Server, Visual Studio and Reporting Services. Stacy loves working with databases and enjoys sharing her knowledge with anyone that is willing to learn.

Vivian Bader has been in healthcare IT for a little over 20 years, writing NPR, RD and SQL Server-based reports since 2010. Vivian worked for six years at Memorial Hospital in Belleville, IL as a data analyst before joining Acmeware in 2016. Vivian has her bachelor's degree in Social Work from Southern Illinois University at Edwardsville, and holds certifications in Microsoft products including SQL Server, Visual Studio and Reporting Services. Vivian has a vested interest in helping hospitals automate processes by using Data Repository, making healthcare professionals' jobs easier so they can better concentrate on patient care.

1099 - Patients: The First Line in a Complete Story
Track: Patient Engagement
Presenter: Siobhan Warner
Organization: MEDITECH
Scheduled: Thursday May 30 at 3:45 pm

MEDITECH

Health care should be centered around the patient, let's get them more involved! Capturing patient-submitted data is a huge step in treating the patient as a whole, from wellness to chronic disease and beyond. Let's engage the patient population with innovative ways to contribute toward their medical journey. From post discharge chronic disease monitoring, to bringing care to them in their homes with virtual visits, to capturing a complete picture of data sharing. We'll talk about all the new enhancements that move your patients and providers forward in productive ways. Hear about what we are working on to help bring consumers into your organization.

Siobhan Warner, CPM, has been with MEDITECH for 20+ years. During this time, Siobhan has held many roles within Implementation and Marketing. Most recently in her role as Product Manager of Patient Engagement in the Strategy Division, she works closely with customers and industry thought leaders driving the roadmap for future initiatives.

1100 - Creating a Statewide CIO Collaboration
Track: Culture
Presenter: Carl Smith
Organization: King's Daughters Medical Center, Brookhaven, Mississippi
Scheduled: Thursday May 30 at 9:00 am

The Mississippi MEDITECH CIO Collaborative started in June, 2017. What began as a simple email group between five hospitals soon turned into a quarterly meeting where we gather to discuss common issues shared between our facilities. While the common thread among our hospitals is the MEDITECH E.H.R., the topics of conversation extend to many different areas related to I.T. and beyond. Meetings have also been theme-related such as Security/Infrastructure, Revenue Cycle, or Clinical Excellence. Typically, a single vendor is chosen to be a sponsor the event and presents relevant education for a portion of the day's agenda. One date per year is allocated for an executive meeting, where MEDITECH meets with hospital administrative teams collectively to discuss items such as vision, service and support, new products, and have relevant demonstrations that have been requested.

The Mississippi MEDITECH CIO Collaboration has proven to be a valuable resource for each health system represented and has gained high praise from each site's Administrative teams as well as MEDITECH. This session will go into more details on how it was developed, facilities involved, topics covered, structure of meetings, how to choose sponsors, and specific solutions

that have derived as a result of this gathering. We will also talk about the benefits of collaboration and how other sites can create a similar model.

Carl Smith is the CIO of King's Daughters Medical Center in Brookhaven, MS, where he has been employed since 1994. He has been active with MUSE for many years and has served on numerous professional boards and advisory committees. He loves serving in his community by participating in service projects and staying active in various ministries. Carl enjoys playing guitar, church activities, outdoors, college sports, traveling, and spending quality time with his wife and son. Carl's leadership philosophy is to be more than simply good. We should aim for excellence in everything we do and learn to serve others in the process.

1101 - To Expanse and Beyond: A Data Repository Perspective
Track: Reporting / Analytics / Business Intelligence
Presenter: Rhonda Hughes
Organization: Woman's Hospital, Baton Rouge, Louisiana
Scheduled: Friday May 31 at 10:00 am

Upgrading your EHR and Data Repository to MEDITECH's next generation, Expanse, is more "new implementation" than upgrade. Although the task can be daunting, planning, learning the new data structure, testing SQL code/reports, and validating data is the key "To Expanse and Beyond".

Rhonda Hughes is a Senior Applications Programmer at Woman's Hospital in Baton Rouge, Louisiana. She has been working with MEDITECH Data Repository for more than 20 years. Prior to working at Woman's Hospital, Rhonda was a Microsoft Certified instructor with ExecuTrain, a worldwide business training leader, where she trained all levels of MS Office applications. Rhonda has a degree in Education.

1102 - Expanse: Projects within the Project – Access and Conversions
Track: Culture
Presenter: Karrie Ingram, PMP
Organization: Citizens Memorial Hospital, Bolivar, Missouri
Scheduled: Friday May 31 at 9:00 am

PDU Project Management

Plans to implement Expanse or already on the implementation train? We love it and we are glad we moved forward, but it didn't come without a few "lessons learned". Come hear about a couple projects that we would handle differently if we had it to do over.

Access - We have been automated with roles-based access for years, and thought we could leverage that and bypass the access issues other sites reported. Hind sight is 20/20, and we will

share what we could have done differently, as well as steps you can take now in your current system to make things easier for your implementation to Expanse.

Conversions - Do not underestimate the resources and expertise conversions will take. Questions to ask yourself and MEDITECH before, during and after the conversions start, pitfalls to avoid and ramifications of dictionary rewrites.

We hope our experiences can help make your implementation more efficient!

Karrie Ingram, PMP, is the HCIS Manager of an award-winning Information Systems team at Citizens Memorial Hospital (CMH) in Bolivar MO. She has been at CMH for almost 17 years, and feels privileged to work in a fast-paced, innovative, HIMSS Stage 7 environment. A Client/Server shop for over 15 years, CMH went live with Expanse on December 1, 2019 for their hospital including emergency department, clinics and long term care facilities.

1103 - Bed Management: No Silos Allowed
Track: 6.x / Expanse
Presenter: Monica Teague
Organization: CereCore
Scheduled: Friday May 31 at 10:00 am

Bed Management lives in Patient Access in MEDITECH, however the clinical/nursing side is very involved. Poor communication and lack of defined processes can make Bed Management a nightmare. Facilities tend to silo themselves during an implementation. Just like every other process within MEDITECH, communication is key to patient safety. If changes are made by one module, the understanding of the impact it can make on everyone else is important, even to Bed Management.

Monica Teague is an experienced revenue cycle professional well-versed in operations in both ambulatory and acute settings, plus workflow analysis and redesign. She is adept at problem resolution and achievement of positive outcomes. Monica has 28+ years of experience in healthcare revenue cycle operations, regulatory compliance, and system implementations. She has held various roles including consultant, project lead, and managed care manager.

1104 - Head in the Clouds? Public Cloud Myths Busted
Track: Infrastructure and Digital Security
Presenter: Joe Grinstead
Organization: Cornerstone Advisors
Scheduled: Wednesday May 29 at 3:30 pm

The public cloud is insecure. It's not for mission-critical applications. Moving to the public cloud is complex. These are among the concerns skeptics raise about the public cloud. But are any of them true? As a MEDITECH customer, you owe it to yourself to learn more about how the public cloud fits into your strategic IT objectives. Follow one MEDITECH CIO on their journey from a "no cloud" to a "cloud first" strategy, and how public cloud became a key tactic to enable operational efficiency and fiscal responsibility.

Joe Grinstead is an experienced leader with over 20 years of healthcare IT experience across both applications and technology. Throughout his career, Mr. Grinstead has been highly regarded for his versatility and ability to transcend operational, clinical and technical concepts and work with contributors from throughout the healthcare spectrum.

Mr. Grinstead's experiences include work within provider, consulting and IT services companies. During these experiences, Mr. Grinstead has led and participated in projects including system implementations, product development, optimizations, process redesign and operational redesign. These experiences allowed Mr. Grinstead to utilize his proven communication, change management and facilitation capabilities to provide results for each organization.

1105 - Nurses – It's Your Time
Track: Patient Care
Presenter: Shannon O'Toole
Organization: MEDITECH
Scheduled: Thursday May 30 at 2:45 pm

MEDITECH

As MEDITECH is marking 2019 "The Year of the Nurse," we're excited to promote some of the new solutions available to nursing and therapeutic customer base in the coming year. Among them, our new packaged Labor and Delivery offering, our redesigned for the web Patient Care solution as well as Point of Care-our mobile solution which is live with customers today.

Shannon O'Toole is a Manager overseeing Nursing, Therapeutic Services and Population Health product demonstrations. In her role, Shannon leads the strategy and deployment of Expanse demonstrations engaging executive, clinical and IT audiences. Over the past year she has worked closely on the marketing and development of the new Labor and Delivery product. Shannon has been with MEDITECH for 11 years. All of that time in marketing, supporting a variety of product lines and platforms.

1106 - Planning and Flexibility are Key to Physician PCM Adoption
Track: Other
Presenter: Sheila McCawley
Organization: NTT DATA
Scheduled: Wednesday May 29 at 3:30 pm

The Physician Care Manger application brings together four tools that physicians use to care for their patients: Provider Workload Management (PWM), Provider Order Management (POM/CPOE), Physician Documentation (PDoc/PCM) and Ambulatory Ordering and Prescription Management (RXM). Typically, physicians have been using POM/CPOE and RXM, but have been resisting moving into electronic documentation using PDoc/PCM.

To engage the physicians, you must listen to them and understand their end goals. Once you understand these goals, you can blend them with facility specific goals and regulatory requirements. Physicians understand the transition to an EHR is inevitable, but in order to be successful, you must deliver a product that is as pain free and logical to use as possible in order to gain their buy in.

Sheila McCawley, Senior Management Consultant, Provider Healthcare Consulting has more than 40 years' healthcare experience specializing in Surgical Services and Clinical Services. She has over 25 years' MEDITECH experience, has used all platforms, and is READY-certified in Surgery, PCM/POM, PCS/EDM, eRX. Sheila's expertise has been developed through various roles such as Director of Surgical Services and Clinical Information Manager. She has extensive expertise in workflow analysis and process redesign and is well versed with risk management and problem resolution to achieve positive outcomes. Sheila's body of work includes hands on support of MEDITECH implementations (all platforms), strategic planning, clinical assessments and optimizations, application specific training, as well as Clinical Informatics Management.

1107 - CART – It's Not Just for Shopping Anymore!
Track: Regulatory
Presenters: Greg D'Abate, Alexis Donnaruma, and Vivian Bader
Organization: Acmeware, Inc.
Scheduled: Wednesday May 29 at 1:30 pm

Are you upgrading to or already using MEDITECH Expanse? Are you interested in saving money, time and resources for your hospital while transitioning to eCQM reporting? In the past, organizations participating in chart abstraction had staff sifting through unstructured data in paper charts and converting it to discrete reportable data. This is time-consuming and requires extensive resources from both the IT and Quality departments.

What if you could send data electronically to QualityNet's CMS Abstraction and Reporting Tool (CART)? In this session, we'll demonstrate how you can use MEDITECH Data Repository to

capture electronically abstracted quality measure data and import it directly to CART, spending less time manually curating paper charts, and more time focusing on improving patient outcomes and hospital processes. As you reduce the number of measures that must be manually abstracted, you improve your measure performance rate as well. Time saved can translate to dollars saved; for you this also means more time to dedicate to improving quality care and patient outcomes.

We'll cover all the things you should consider while transitioning to eCQM reporting, including:
- Maximizing your budget by saving time and money without sacrificing resources and software on your chart abstraction.
- Improving your eCQM processes through chart abstraction analysis.
- Learning more about chart abstraction and the various submission programs.

The Director of Sales and Marketing, Greg D'Abate started with Acmeware in 2013 as a Marketing Consultant and promoted to Marketing Manager in 2015. Currently the Director of Sales and Marketing, Greg is responsible for the branding, lead generation and new revenue generation for Acmeware. Prior to Acmeware, he spent three years working for a marketing agency in Atlanta, GA developing its digital marketing strategy and implementation. The first 22 years of Greg's professional career were sales and marketing roles within the mortgage industry. Greg holds a bachelor's degree with a double major in Economics and Political Science from Fairfield University.

Alexis Donnaruma, MPH, is the Quality Reporting and Product Manager at Acmeware. She earned her Bachelor of Science in Biology and Community Health from Tufts University and her Master of Public Health with a concentration in Health Services Management and Policy from Tufts University School of Medicine. At Acmeware, she continuously reviews quality reporting regulatory updates to contribute to the development of Acmeware's quality reporting and analysis application. She also educates clients about reporting requirements and manages eCQM submissions for Acmeware clients. Prior to her time at Acmeware, she worked at Partners Healthcare, reviewing quality reporting regulatory updates to educate Partner's hospitals on the latest reporting requirements, and analyzed hospital data to determine individual and system-wide performance on quality measures.

Vivian Bader has been in healthcare IT for a little over 20 years, writing NPR, RD and SQL Server-based reports since 2010. Vivian worked for six years at Memorial Hospital in Belleville, IL as a data analyst before joining Acmeware in 2016. Vivian has her bachelor's degree in Social Work from Southern Illinois University at Edwardsville, and holds certifications in Microsoft products including SQL Server, Visual Studio and Reporting Services. Vivian has a vested interest in helping hospitals automate processes by using Data Repository, making healthcare professionals' jobs easier so they can better concentrate on patient care.

6.x / Expanse Summit
Track: 6.x / Expanse
Facilitator: Brian Nelligan
Organization: Service New Brunswick, Saint John, New Brunswick
Scheduled: Wednesday May 29 at 1:30 pm

Are you considering Expanse? Perhaps you are in the midst of the implementation? Still implementing 6.x versions? Whatever your hospital's situation, this Summit has the answers you need! Hear from panelists who have implemented Expanse (from Magic, Client Server and 6.x) and learn from others' experiences.

Panelists:
       Leah Farina
       VP of Client Services
       MEDITECH

       Wendy Frappier
       Clinical Informatics Specialist
       Southlake Regional Health Centre, Newmarket, Ontario

       Jemima Prem, RN, MS
       Clinical Project Leader
       Doctors Community Health System, Lanham, Maryland

       Margaret McCormack
       Manager IT, Applications
       Markham Stouffville Hospital, Markham, Ontario

       Kristen Springer, BS MT (ASCP)
       Information Services Administrator, ED
       CalvertHealth Medical Center, Prince Frederick, Maryland

       Michael Ward
       CIO
       Anderson Healthcare, Maryville, Illinois

Certifications

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