Another big step in our O2 journey takes place in November 2010: order management.

At the heart of order management is how inpatient providers will use O2 to order and manage care. Orders for medications, therapy, laboratory tests and all services for inpatient care, now written on paper, will be directly entered into O2 by the physician.

Though it’s often referred to as computerized provider order entry (CPOE), there is so much more to the new functionality than simply going from paper to computer. Order management includes features that will enhance patient care, accelerate getting care to patients, improve efficiency and increase patient safety. It will get us closer to providing a single comprehensive record for each patient across the continuum of care.

Order management in O2 will affect how many of us work. Physicians have lent their expertise to designing order management over the past year. Right now, teams of frontline staff, from nurses to dieticians to unit secretaries, are lending their ideas and experience to making order management work for everybody. There will be plenty of communication on progress as we get closer to our go-live date.

Training and Support for Go-Live
The order management launch in November will mark the largest O2 implementation since our initial go-live in November 2007 and physician documentation in May 2009.

As with prior go-live events, there will be classroom training, self-paced learning and hands-on opportunities to use order management. Physician training is scheduled for Sept. 30 to Oct. 23. There will also be in-person support on the floor, plus tips and how-to reminders online.

Throughout it all, we need your input to identify and solve issues, to streamline and improve our service to our patients.

Get ready for order management in O2

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The journey so far: O2 teamwork at every step

Remember way back in 2005? That’s when we started the O2 transformation. Here are some highlights.

- **Summer 2005:** More than 400 staff and physicians assist with the final selection of Epic for our electronic health records system.
- **October 2006:** Design-Build-Validate sessions, using expertise of frontline staff, are held twice a month beginning in October. More than 100 advisers from across the hospital take part.

- **November 2007:** The O2 go-live brings clinical documentation into one system across the hospital, plus full functionality to some outpatient clinics at KU MedWest and Westwood.
- **December 2008:** Medication reconciliation goes live.
- **May 2009:** Physician inpatient documentation launches.
- **October 2009:** Cancer center exam areas go live on O2.
- Hundreds of optimizations made continuously along the way.

You might note that it’s been a long journey already. It’s true; the hospital has chosen to introduce change in stages, with each new go-live building on knowledge gained from prior launches.

Each milestone was marked by team effort from every department in the hospital. You’ll see the same approach with O2 order management, with frontline leaders looking at existing order sets and making modifications to drive enhanced efficiency and patient care.

“‘We’d rather be a bit conservative and engage a variety of viewpoints, listen to feedback, and then address issues early, ideally before go-live,’” notes Greg Ator, MD, chief medical information officer for the hospital. “It takes a little longer, but we think it’s worth it in the benefits to patient care. Optimization is an active part of our strategy, too. We’ll never get it perfect the first time, given the complexity of these systems. But we actively pursue perfection in post go-live optimizations.”

Clinical staff from around the hospital recently took part in a two-day session where they offered opinions and expertise toward order set design. Represented areas included nursing, dietary, respiratory therapy, unit secretaries, medical records, pharmacy, radiology, labs and more.
Order management brings BIG changes, all for improved patient care

You’ll be hearing a lot about O2 order management because of the significant changes it will produce in the way we work, throughout the hospital. It will have an impact in nearly all areas of patient care.

And some of those changes will be difficult.

For example, it could take longer for physicians to personally enter their orders directly into the O2 system than how they write orders today. But there should be time savings because of fewer callbacks for medication verification and review, leading to faster delivery. The order is shared immediately across departments to the team caring for the patient.

**Safeguards for Patients**
Order management brings along some powerful features, like added safeguards for patient safety, especially in preventing adverse drug effects.

Researchers have estimated that nationally there are 1 million adverse drug effects a year; and 20 percent of those are considered life-threatening. It’s estimated that these adverse drug effects cost $2 billion a year nationwide. More than half the time, the adverse situation occurs at the prescription – it might be a wrong dose, an interaction with another medicine or perhaps an allergy. The problems can come from an array of possibilities – a misunderstanding, a mistake on an order, even bad handwriting on a prescription.

With order management, O2 automatically checks the patient’s record for potential medicine interactions or known allergies. It also checks on dosage and specifications for the drug’s delivery. Finally, it provides evidence-based research – right at hand – making it easy for doctors to check on risks, contraindications or alternate therapy.

Order sets are key

By the time order management goes live, O2 will have approximately 250 electronic order sets that will help provide safe, high-quality patient care. What’s an order set? Simply put, it’s a group of individual orders collected into one, and used for ordering a procedure or another element of patient care. For example, there are sets for standard admission orders, for procedural orders and for complex medication orders.

The O2 team and a multi-disciplinary team of physician and staff super-users are following a detailed review and analysis process to build electronic sets of logical, consistent orders, founded on evidence-based care.

Want a snapshot of the work that goes into creating the new order sets?

It starts with nationally recognized best practices and academic clinical decision support. For this, the O2 team works on an initial build of selected order sets in vendor Zynx Health’s AuthorSpace.”

Next, residents, medical staff physicians and others review and test the work. This specialty-driven process allows various departments to determine if the order sets align with their unit workflow – or not.

These reviews frequently lead to passionate discussions from the frontline providers. It’s an opportunity to improve workflow, while keeping a focus on what’s best for the patient. Sometimes, these reviews generate new policy questions and drive additional changes.

Ultimately, recommendations come back to the O2 teams and hospital workgroups for validation. Then the final order sets are coded into O2.

Once in O2, order sets are readied for a battery of tests to examine the software code, how it integrates with other code, and validate that it performs to expectations of design.

The testing process is targeted to start in June and finish in August to allow time for training and the Nov. 1 go-live.
The discharge summary is the latest item in a patient’s medical record to go digital.

Starting in March, a provider who discharges patients will use O2 to enter the summary and provide discharge information. The discharge summary works like other notes. It’s built with SmartText – a simple way to automatically enter the terms and phrases you use repeatedly, and navigational aids to walk you quickly through the summary.

A discharge summary still can be completed using dictation, but a directly-entered discharge summary offers significant benefits. There’s no waiting for dictation, transcription errors are eliminated and the patient’s referring providers get the information they need faster.

The discharge summary works hand-in-hand with the problem list in O2, focusing the summary on the problem and allowing early planning for a patient’s transition of care as problems are treated.

The discharge summary is mandated by the Joint Commission. It’s also an element that is measured for compliance with federal standards of “meaningful use” of electronic medical records.

Training begins Feb. 8
Discharge summary training is mandatory for all providers who treat inpatients.

Interactive eLearning training modules will be available beginning Feb. 8. The two modules should together take about 30 minutes.

How to take the mandatory e-modules:
- Type https://sis.netlearning.com/kuhosp into your Internet Explorer browser address bar. Or, if you’re on a hospital computer, you can click on the LMS link in the Quick Links on the intranet home page. It will not work over a Citrix session.
- At the LMS log-in page, use your Novell user name as your employee ID.
- The e-modules contain audio, so you’ll need to use headphones or a computer with speakers.
- At the end of the modules, you’ll also have to complete the proficiency exam.

Go-live support
Special go-live support will be available for the launch on March 1, from 7 a.m. to 6 p.m., in the Wyandotte Room. Remote support will be available on subsequent days.

The discharge summary has already been successfully used in the Neonatal Intensive Care Unit (NICU). Pediatric neonatologist Prabhu Parimi, MD, predicts his colleagues throughout the hospital will welcome the change.

“There are a number of advantages, such as efficiency, patient safety, patient satisfaction and improved collaboration with the physician community,” Dr. Parimi said. “But most of all, it helps the patient and patient outcomes.”

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Coming March 1: The discharge summary in O2