

Electronic Health Record (EHR) Project

May 2013

EHR Project Team

[Dan Olshansky](#) – EHR Project Manager

[Wendy Filipowski](#) – EHR Analyst

[Anne Marie Fitzpatrick](#) – Contract Administrator & EHR Analyst

[Jeff Brooks](#) – EHR Analyst

[Lisa LeBlond](#) – EHR Analyst

EHR Rollout Plans

We continue to work with using a phased approach to implementing the electronic health record.

Phase 1 - Avatar replacement

(Admission, Discharge, Transfer, Services)

Phase 2 – CPOE (Computer Physician Order Entry) including e-Prescribe and Pharmacy

Phase 3 – Medical Record components including Recovery Plan, Progress Notes, Assessments, Screening tools, etc.

Program vs. Treatment Team

In the new EHR system, there is a differentiation between a program and a treatment team.

Programs are defined as the level of care that a client is receiving. For example, CSP or Social Rehab are considered programs. A client can be enrolled in multiple programs at one time.

A treatment team is a group of clinicians that work with a common roster of clients. An example of teams would be Team A, Team B and Team E that all provide a CSP level of care.

For clients who are enrolled in multiple programs and teams, the EHR system allows for the designation of a 'primary' treatment team.

Phase 1 Progress

We are continuing to work on the best workflow for both Outpatient and Inpatient staff.

For our Inpatient (IP) staff, we are creating a 'dashboard' view similar to what staff see on their current unit whiteboard in the nursing station. This IP Unit dashboard would allow for notes, bed management or other activities to be made for clients directly from the dashboard without the need to search for them.

Similarly for Outpatient staff, we are working on a 'dashboard' view of their current roster of clients. This Clinical dashboard would also allow for notes, services and other activities to be made directly from the dashboard without the need for an additional search.



Continued...

Facility Visits

The project team has been meeting with, and asking for feedback from, some staff at various facilities for their assistance in defining these workflows more accurately. As we continue visiting the various facilities, please let us know how we can help you. This helps us design a system that fits your needs the best. If you think of something that we could include that would help, please feel free to contact anyone on the team listed at the top of this newsletter or send an email to our shared mailbox at [MHA-DMHAS-EHR Project](mailto:MHA-DMHAS-EHR@dmhas.org).

What can you do?

Make use of computers daily to check your email and read reports or memos online without printing. Adding these steps helps us all prepare to use the computer as an integral part of our daily functioning, making the transition to an electronic system easier.

If you feel you could benefit from some typing lessons, online typing tutors can assist in increasing your speed and accuracy. A few recommended sites are:

Typing Web - www.typingweb.com

Power Typing - www.powertyping.com



Facility Contacts

Each facility has an implementation team that will work closely with the EHR project team so facility needs can be identified and met throughout the design process. If you have questions, you can contact any one of the EHR project team members listed at the top of this newsletter or your facility implementation manager listed below:

CMHC – Paul Moore

CRMHC – Randy Kaplan

CVH – John D'Eramo

RVS – Kathleen Chapman

SMHA – Cheryl Stockford

SWCMHS – Paula Zwally

WCMHN – Rose Fogelman



Suggestions or Questions?

If you have ideas or questions while we are designing the new system, please contact us by sending an email to [MHA-DMHAS-EHR Project](mailto:MHA-DMHAS-EHR@dmhas.org).