

Form 641 – Parts A, B & C

**ASHNHA Quarterly Project Budget Summary
& Performance Analysis Reporting Form**

**For All 2009 Denali Commission Approved Projects –
Projects No. 01004 – A through N**

Project Name: Electronic Medical Record

Name of Hospital / Grant Recipient: Providence Valdez Medical Center

Reporting Period: **July 1 – September 30, 2009**

Grant No.: 01004 – 08 H

641-A. Project Budget Summary (provide the following information; use additional pages as necessary):

1. Original Project Budget Information:

- a. The *original total* approved project budget:
 - i. Amount of Denali Commission Grant Award: \$361,163.00
 - ii. Amount of Facility Cost Share Match (CSM): \$361,163.00
 - iii. Original Total Project Cost [line 1(a)(i) plus line 1(a)(ii)]: \$722,326.00

2. Actual Project Costs Recorded During the Reporting Period:

- a. Amount of the Facility's own Project CSM Expended: \$725,877.60
- b. Amount of Commission Grant Funds Received during the reporting period (whether to reimburse or as an advance): \$200,556.00 ✓ *yes*
- c. Amount of Facility funds expended during the reporting period for which Denali Commission grant funds are being requested on Form 641 to reimburse your hospital for its project expenditures during the reporting period: \$0
- d. Total amount of project costs recorded during the reporting period, whether expended, received, or reimbursement sought (add lines 1a, 1b, & 1c): \$725,877.60

3. Total Denali Commission Grant Funds Received to Date:

Please report the **total** amount of Denali Commission grant funds **received** (whether received as an advance or as reimbursement for expenses) as of the end of the current reporting period: \$361,163

4. Total Facility Cost Share Match Funds Expended to Date:

Please report the **total** amount of hospital funds **expended** (i.e., the hospital's share of the cost of the project for which reimbursement was not and cannot be sought from the Denali Commission) as of the end of the current reporting period: \$361,163

5. Project Schedule:

Please state the anticipated end date of this funded 2009 Denali Commission Primary Care in current Hospitals project, and provide a list appropriate milestone dates for the major phases or activities of your project.

Start date: Jan 2009

End date: Aug 2009

<u>Description of Milestone Or Activity</u>	<u>Anticipated Completion Date</u>
1.	
2.	
3.	
4.	
5.	
6.	

641-B. Project Performance Analysis (add line items to the chart as appropriate):

2008 Project Budget Line Items:	Approved Budget:	Actual Cost:	Scheduled Completion Date:	Actual Work Performed:
EMR Vendor: hardware; software; licenses; misc. equipment; Installation & training	\$722,326.00	\$725,877.60	Completed May 2009	Project completed
Facility network upgrade			Completed May 2009	Project completed
Support fees & ancillary equipment			Completed May 2009	Project completed
Totals:	\$722,326.00	\$725,877.60		

641-C. Facility Certification:

The preparer of this report, by signing below, certifies on behalf of his or her employer that the information contained herein is accurate and complete to the best of his or her knowledge.



 Signature

10/15/09

 Date

SEAN MCCALLISTER ADMINISTRATOR

 Printed Name and Official Title

Form 642

**ASHNHA's Quarterly Reporting Form
Covering 2007 Denali Commission Projects
Numbered 01004 – A through N**

*Please Use this Form to File Your Facility's Quarterly Narrative Progress Report
And /Or Make a Fund Disbursement Request*

Project Name: Electronic Medical Record

Hospital: Providence Valdez Medical Center

Reporting Period: ***July 1 – September 30, 2009***

Denali Commission Grant No.: 01004 - 08

A. Project Narrative (use additional pages as necessary):

1. What is the status of your 2008 "Primary Care in Hospitals" project as of September 30, 2009? (Please list all project phases completed or milestones achieved during the report period.)

- June-July: Users continued to learn and gain increased familiarity with the program. Learning to diagnose between a) User limitations and unfamiliarity with product; b) System design challenges; c) set up issues leading to complications ("bugs") that needed additional fine tuning, and d) Customer service concerns with Vendor. There was ongoing communication with vendor to consult regarding pre-scheduled implementation of the next Phase, which is the Computerized Physician Order entry. Consultation with Informatics experts from the Providence Region System. We had multiple visits from the team to help analyze problem areas and provide region support in working with the Vendor due to heightened awareness of problem areas related to pharmaceutical processes.
- End of July, CPSI leaders returned: One to represent Point Of Care (POC); One to represent Pharmacy and, the Other to represent Ancillary services. They worked with staff and point representatives in each of the areas to work out unresolved issues. Ancillary services and departments were satisfied with processes. Multiple issues in POC, some were resolved however, there were design issues(flaws) which could not be addressed at that time; and Pharmacy applications were looked at with no significant immediate changes.
- After this second visit from CPSI, together with the problem areas that were not fully addressed, several more glitches in the EMR system were noted.
In summary,
Pharmacy concerns: 1) During administration, frequently, during Med-verify, the computer would not accept the medication even though it was the right medication and the right dose
2) Inconsistently, the computer would note that the medication was being given too late or too early, even when they were given just a few minutes before or after the scheduled times
3) After administration of a medication, the Medication Administration Report would erroneously indicate that the wrong medication was given. 4) Diabetic Record insulin sliding scale and MAR was not linked, posing challenges to tracking and administration of complex diabetic regiments 5) Medication Reconciliation processes, a requirement by the National Patient Safety Goals to be met, have not been available in the EMR. It was requiring additional manpower to develop another tool that was user friendly and meaningful to the

patient upon discharge.

Summary of Point Of Care Issues:

1) Needed to address manpower to create flowcharts that were customized to the needs of the facility. It was originally recommended by the Vendor for PVMC to utilize their "Best of the Best" templates, however, these generic templates were posing multiple irrelevant and redundant charting that needed to be streamlined. 2) Needed additional manpower to help develop e-forms in order to allow for smoother processing of information exchange between processes, departments and different applications.

- In Early August –CPOE representative arrived to meet with Administration and plan to set up for CPOE-for a Go-live date in November. The Senior Analyst from the Region and the Director of Nurse Informatics was also present with the rest of the PVMC Superuser staff. It was determined at that time that more time was needed to work through many of the issues before progressing to the next Phase of the implementation. The implementation of the CPOE was to be HELD. The Pharmacy component was in need of an overhaul and efforts were underway to recruit a Full Time Pharmacist to assist with the processes. It was also determined that a dedicated Informatics specialist would be hired for the facility.
- September: After much deliberations and completion of a staff survey it was decided to hold all Pharmacy processes until CPSI Pharmacist and CPSI POC lead return. The current facility formulary was re-sent to CPSI in Alabama for them to re-load and clean up. There was planning for increase training and networking with other facilities that have been satisfied with CPSI . Plan for newly hired Pharmacist to be trained in CPSI Providence sister facility and by CPSI pharmacist. Identified further resources that can be dedicated to development of e-forms and work with the Nursing and Ancillary Teams.

2. Is your 2008 project on schedule? If not, what kind of problem(s) does the delay present? How will this be dealt with? Will the delay potentially extend the project beyond 9/30/2011?

The project is still on schedule according to the Charter for Phase1 of the implementation plan. Although the Order-Entry and Medication-Verification applications have been temporarily held by administration, it is to allow for greater time for the staff to become more familiar with the nursing documentation pieces of the program, and to allow time for cleaning up of the pharmaceutical processes, which the Vendor is committed to doing with the facility.

3. Is the 2008 project on budget, or over or under budget? If over budget, how will this be dealt with? What funds is your facility using to cover the additional project costs?

The project is on budget for Phase I. Phase II, which involves acquisition of a Pyxis (Pharmacy) Interface and Computerized Physician Order Entry (CPOE) isn't adequately covered by the original budget. Consequently, capital monies which had been assigned to another capital item have been re assigned to this portion of the EMR implementation project. The city of Valdez has approved these changes.

4. Other comments, problems and solutions:

Security setup and maintenance was accomplished during initial setup for all employees needing to access CPSI for designated job functions. CPSI provided template security settings for job functions and Providence Valdez Medical Center customized specific employee needs to meet job demands. Continued security setting maintenance will be provided as needed.

Over time clinical, ancillary and support services staff are getting accustomed to working in this new electronic world. It has had a significant impact on workflows – in some ways positive, but in others negative. Certain previously efficient processes now require painstaking work and effort to complete. We continue to fine-tune and individualize the EMR to meet our specific needs. We are optimistic and excited as we know the system will ultimately enhance quality and safety endeavors at our facility.

B. Project Fund Disbursement Request

We are requesting ASHNHA to release ~~\$0~~ in Denali Commission Grant Funds for our project at this time. *This funding request is either:*

1. a request for an *Advance* against Commission Project Grant Award Funds; **or**
2. a request for *Reimbursement* from Project Grant Award Funds in order to cover project expenses incurred by our hospital during the reporting period.

(Copies of all invoices submitted and checks written in payment must accompany any request for reimbursement; copies of purchase orders or other commitment documents must accompany any request for an advance).

individualize the EMR to meet our specific needs. We are optimistic and excited as we know the system will ultimately enhance quality and safety endeavors at our facility.



