miclland memorial hospital 16th VistA Community Meeting January 10, 2008

- Midland, Texas Population 101,000
- 320 licensed beds, 2 sites
- Main Campus Full-Service Acute Care
- West Campus Women's and Children's services
- Medical Staff 200+/- community-based independent contractors
- Outpatient Imaging Facilities MRI, DIA, AWI
- Average Census 150+/-
- Annual Inpatient Admissions 11,000+/-
- Annual ER Visits 50,000+

Key Milestone Dates

6/03 World VistA Conference 7/03 VistA Evaluation Committee Formed Fall/03 **First Contacts with Medsphere** 12/04 **Professional Services Contract - Medsphere** 10/05 Pharmacy Go-Live Laboratory Go-Live 11/05 12/05 **Order Entry Go-Live (not CPOE)** 3/06-6/06 Full CPRS (Documentation/CPOE) 9/06-11/06 Bar Code Medication Administration 2/5/2007 Full EMR - "Paper Lite"

Current Status

- Main system live throughout facility on both campuses
- BCMA implementation completed
- System improvements ongoing
- Continuing focus on physician adoption
- Streamlining nursing documentation
- Organization changes for Clinical Informatics

OpenVista Interfaces

- ADT from Quadramed Affinity
- Lab, Pharmacy charges to Quadramed Affinity
- Orders to / from GE(IDX) Imagecast (RIS)
- Images pointer/API/Application Launch to PACS
- Orders to / from A4 (ER)
- Charts from A4 (ER)
- Transcription from Mediscribe
- Case reports from Cath Lab
- Orders to Clinivision (Cardiopulmonary)
- Results from Imagecast (RIS), Clinivision
- Lab results to A4
- First dose Rx orders to McKesson Robot/Rx
- MUSE (EKG) in development
- Pathology reports in development

Technology Stack

- Clustered HP DL580 Servers configured as Active/Passive. Cluster managed by HP Serviceguard.
- HP Storage Area Network (SAN)
- Linux Red Hat Enterprise AS
- Intersystems Cache' (proprietary)
- Vista / Fileman
- Clients CPRS, BCMA, PuTTy
- Remote Access OpenVPN
- Wireless Cisco

Final Thoughts – Why did we do it?

- System obsolescence required action
- Financial condition limited options
- VistA represented opportunity to leap forward at low cost
 - Patient safety enhancement
 - Support of quality initiatives
 - Tying to our physicians via superior information access
 - Meaningful contribution to the industry

Questions and Answers