

HEALTH CARE IT ROUNDTABLE

Agenda October 19th, 2018

Final **Rev. FINAL***

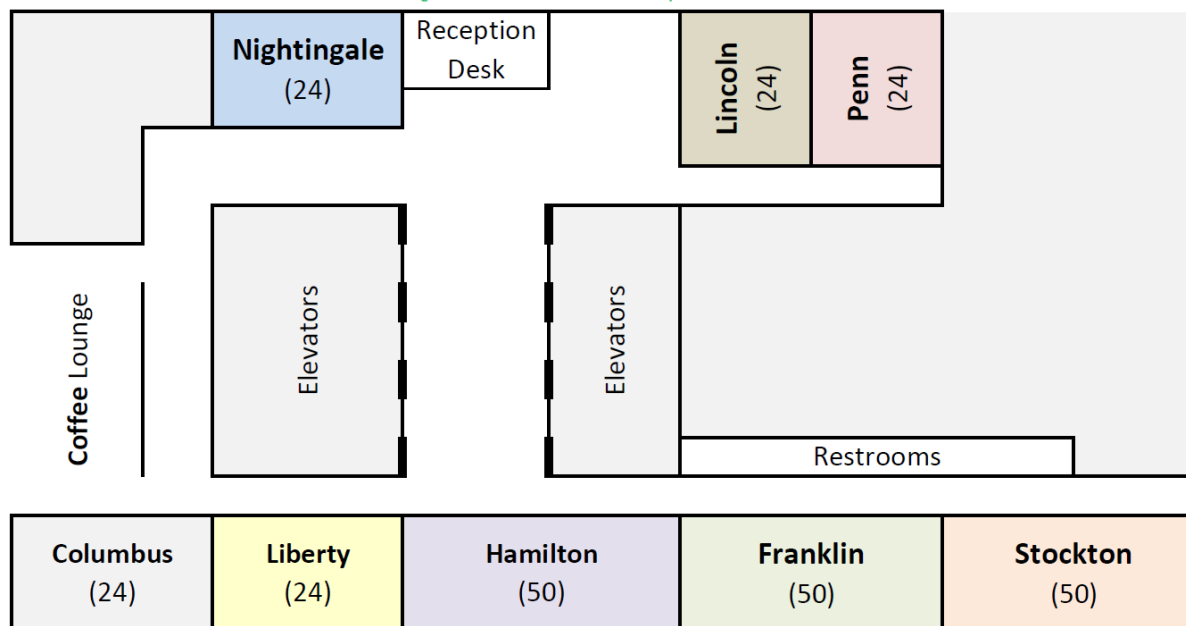
	Stockton Room (50)	Franklin Room (50)	Hamilton Room (50)	Liberty Room (24)	Columbus Room (24)	Nightingale Room (24)	Lincoln Room (24)	Penn Room (24)
8:00 8:55	Coffee and light breakfast: Mingle & Network							
8:55 9:00	Assemble in the Triple Room (Stockton, Franklin, & Hamilton)							
9:00 9:05	Quick Instructions: Gordon Tait, Lead App Data Architect, Penn Medicine							
9:15 10:00	Trauma Narrator Documentation & Anonymous Naming Convention by Katie Carr Main Line Health	Reduction of Unnecessary Testing by Drs. Matt Miller & Amy Slenker Lehigh Valley Health	Care Everywhere Integration with Government Agencies by Michael Shaughnessy Johns Hopkins Medicine	API & Application Integration Discussion by Shelle Houser CHOP	Increasing Compliance: CMS Certification Workflow in Epic by Jency Daniel Penn Medicine	Achieving High Influenza Quality Metrics by Calistus Abara, MSBIS; Katelyn Drummond, RN; & Jeff Riggio, MD Jefferson Health	Stork & the Fetal Chart by Lillie Rizack CHOP	Post-ED Lab Results Routing by Dr. David Richardson Lehigh Valley Health
10:15 11:00	Perfusion Workflows Using the Epic Anesthesia Module by Guy Hornig Lancaster Health	Reducing Ineffective Medication Alerts by Nish Kasbekar, & Eric Webb Penn Medicine	Research & Care Everywhere by Jess Chen & Ray Hess Penn Medicine	Implementing Long-Acting Reversible Contraception by Diane Kramer, Nathan Miller, & David Stabile Penn Medicine	Using Epic in a Patient Navigation Call Center by Kelly Bixby Virtua Health	Strategy to Improve Access to Care by Jake Moore Penn Medicine	OB Results Console by Trish Salome Main Line Health	EHR Optimization Program to Alleviate Provider Burn-out by Bridget St. John & Debra Laumer Penn Medicine
11:15 11:45	Lunch In The Triple Room							
12:00 1:00	Incomplete Note Discussion Led by Diane Kolodinsky, Michele Feisel, & Sherine Koshy Penn Medicine	Implementing Healthy Planet: Pop Health Mgmt Tools by Betsy Brooks & Ethan Jacobi CHOP	Patient Matching & Newborn Records Discussion Led by Marie Ruddy Nemours	Review of LGH Patient Technology Implementations by Steve Ketterer Lancaster Health		Perfusion Documentation by Doug Korzec Main Line Health	Treatment Plans for Behavioral Health by Monica Hooper Lancaster Health	Opioid RX Management by Jonathan Glick Penn Medicine
1:15 2:00	Real-Time Demand Capacity by Shivani Patel & Sean Coyne Jefferson Health	Care Pathways by Dr. Matt Miller Lehigh Valley Health	Image Exchange Discussion: A Care Everywhere Novella by Gordon Tait Penn Medicine	MyChart Instant Activation by Michael Shaughnessy Johns Hopkins Medicine	Early Work on a CDS Maturity Model by Dr. Marc Tobias & Mike Zeidlhack CHOP	OnBase & Epic Integration by Kim Palamar Englewood Health	Increasing Compliance w/ CARE Act by Jennifer Barnes, MBA & Donna Drumm Jefferson Health	High Tech Bug Zapper: Hep C Screening in the ED by Dr. David Fleece & Aleida Porter Temple Health
2:15 3:00	Decision Trees: Getting to the Right Visit Type by Tiff Gorham, Ryan Adiletto, & Avara Grant CHOP	Optimizing Epic to Partner More Effectively w/Gift of Life by Tom Ford, Charlotte Walton-Sweeney, & Jacqueline Giuffrida Temple, Lancaster, & GoL	Happy Together External Lab Results by Cooper	CRISP PDMP Integration w/Hyperspace & Opioid CDS by Andrew Maslen Johns Hopkins Medicine	Enterprise Scheduling: Securing Appointments Post ED & IP Discharge by Michael Lurakis, Matt Wong, & Mika Epps, MSN Penn Medicine	Managing M&A Led by Dr. Don Levick Lehigh Valley Health	Blood Product Utilization by Stephanie O'Reilly, MSPT, MBA & Connor Skeeahan Jefferson Health	Integration of ENS/Event Messages into Epic Discussion Led by Marie Ruddy Nemours

Website: www.uphs.upenn.edu/roundtable

Next: TBD (April/May)

*Note: FINAL agenda items CAN move to accommodate presenter need!

LinkedIn Group: Healthcare IT Roundtable



Agenda Topic Descriptions:

Stockton Room:

9:15 to 10:00 AM: Trauma Narrator Documentation & Anonymous Naming Convention

Presentation by Katie Carr of Main Line Health.

Main Line Health will explain how their two trauma centers successfully implemented the use of the Trauma Narrator... the good... the bad... and the ugly.

10:15 to 11:00 AM: Perfusion Workflows Using the Epic Anesthesia Module

Presentation by Guy Hornig of Lancaster Health

Epic Perfusion Workspace:

- a. Framework: Built on the anesthesia module, Perfusion is a fully integrated Epic application. All functions that anesthesia has (charges/one-step meds/BPAM) are available for perfusion.
- b. Chart review: Perfusion has its own tab and its own custom record. Only cases that have perfusion will show on the perfusion tab.
- c. Reminder Driven Workflow: Similar to anesthesia, perfusion workflow is driven by custom reminders. This insures that perfusionist complete all required documentation before closing out their case.
- d. Sidebar Functionality: Custom timers and iStat ABG print groups provide the perfusionist with real time data in a convenient location.
- e. Reporting & Registry: Like other applications, perfusion will have ability for RWB. Additionally, we have built a perfusion registry that places all of our perfusion metrics in one location. We are also part of Epic's Perfusion Brain trust which is focused on developing metrics and KPIs.
- f. Device integration 7 GUI: Using Capsule's Axon interface, we capture all device data from the Sorin HLMs. Our perfusionist have chosen the Dell 24" all-in-on PCs with touch screens.
- g. Future: Epic Device license that will allow for real time alerts in the Perfusion (and anesthesia) workspaces based on non-validated device data (e.g. dO2).

12:00 to 1:00 PM: Incomplete Notes Review and Other Pertinent Documentation Topics Discussion

Discussion led by Diane Kolodinsky, Michele Feisel, and Sherine Koshy of Penn Medicine.

HIM Team will help to coordinate a discussion on Incomplete Notes and other pertinent documentation topics based on the below areas:

Incomplete Notes

- Pre Live: Did your organization define a process for managing incomplete notes in Epic prior to go live? If so, what is your process? What type of security was employed for viewing incomplete notes? Can all users view incomplete notes or only a sub set of users? Did you follow the Epic foundation guidelines for deleting incomplete notes? Did you complete any system set up to purge or auto delete incomplete notes? If so, what methodology are you using? Purge or auto delete or other process?
- Go Live: When did your organization begin to review the accumulation of incomplete notes?
- Ongoing: What process are you following today to manage incomplete notes? Are you deleting or purging incomplete notes? Has your organization configured the purge batch job to delete incomplete notes? If your organization is deleting or purging incomplete notes, did your organization provide any type of communication or education to the clinicians prior to initiating this change?

Locking Down EHR Content

- Does your organization employ a timeframe to lock the medical record for any additional edits (post discharge)? If so, what is the timeframe and do you have any additional parameters. What factors were considered when developing a timeframe for locking the medical record? At what point in your implementation or post-live implementation, did you establish a timeframe?
- What is your process for making updates to the medical record? Do you have a dedicated workstation in a designated area(s) that is managed by HIM operations staff?

Unsigned Orders

- What process is your organization using to “police” unsigned orders? Can you share your approximate volume of unsigned orders? Is your organization receiving complaints from clinicians regarding unsigned orders routing to other clinicians who are refusing to sign them?

1:15 to 2:00 PM: Real Time Demand Capacity Using a Highly Customized Dashboard that Evaluate Admissions, Discharges, and Transfers.

Presented by Shivani Patel and Sean Coyne of Jefferson Health.

Real Time Demand Capacity is a highly customized dashboard running columns and extensions that evaluate admissions, discharges, and transfers in order to give our PFMC staff an altruistic view of the expected capacity and need for beds. The build also includes automatically creating bed requests from certain procedural areas where patients are almost always admitted from. This dashboard is designed to give patient flow a real time, minute-by-minute look in epic at demand/capacity per unit, per hospital and goes further beyond basic capacity metric reporting.

2:15 to 3:00 PM: Decision Trees: Getting to the Right Visit Type

Presentation by Tiff Gorham, Ryan Adiletto, and Avara Grant of the Children’s Hospital of Philadelphia.

Decision trees, a type of questionnaire, help schedulers who work in complex specialty areas to schedule the right visit with the right provider and resources.

Decision trees can handle advanced logic to offer a consistent scheduling experience for both schedulers and patients.

Franklin Room:

9:15 to 10:00 AM: Reduction of Unnecessary Testing

Presented by Dr. Amy Slenker and Dr. Matt Miller of the Lehigh Valley Health Network.

Reduction of unnecessary testing, such as urine culture and C Diff, using a multifaceted approach.

10:15 to 11:00 AM: Quieting the Noise - Reducing Ineffective Medication Alerts in Epic

Presented by Nishaminy Kasbekar, PharmD and Eric Webb, PharmD of Penn Medicine.

This project focused on reducing the EHR medication alert burden on clinicians. In so doing, we aimed to heighten clinician awareness of remaining, high importance alerts and improve the clinician experience with the EHR. This project supports system goals to make the EHR a usable, efficient, and lean system that supports safe and effective care for our patients. We used a standard Epic report known as the Warnings Override Report (WOR) to identify broad

categories of alerts that had been overridden, such as Duplicate Med alerts, high dose warnings, duplicate therapy alerts and drug-drug interactions. We were able to achieve a very significant reduction in the unnecessary medication alerts in Epic across all Penn Medicine care settings. Notably, between July 2017 and August 2018 this project reduced the total number of medication alerts, per month, by 22.7% (~155,000 alerts/month), the number of alerts firing per 100 orders rate by 36%, and the overall, health system alert override rate by 1.7%.

12:00 to 1:00 PM: Implementing Epic Healthy Planet: Population Health Management Tools for the Primary Care Medical Home and Specialty Care

Presented by Betsy Brooks and Ethan Jacobi of the Children's Hospital of Philadelphia.

Implementing Epic Healthy Planet: Population Health Management Tools for the Primary Care Medical Home and Specialty Care.

1:15 to 2:00 PM: Care Pathways

Presented by Dr. Matt Miller of the Lehigh Valley Health Network.

Creating, implementing and measuring results.

2:15 to 3:00 PM: Optimizing the Epic EMR to Partner More Effectively with the Gift of Life Donor Program

Presented by Tom Ford, Manager (ClinDoc & Orders), Temple Health; Charlotte Walton-Sweeney, Director (HIM), Lancaster General; and Jacqueline Giuffrida, Hospital EMR Coordinator, Gift of Life Donor Program.

Learn how Temple University Hospital and Lancaster General Hospital have worked closely with Gift of Life, our regional organ and tissue procurement organization, to leverage Epic functionality to improve communication and increase efficiency during the complex and time-sensitive process of organ procurement. Topics include development of a streamlined training and access process for GoL staff, documentation and decision support within Epic to ensure that potentially eligible donors are identified and called into GoL promptly, and use of EpicCare Link for streamlined real-time and retrospective access to donor records. We will share successes so far, lessons learned, and plans for future enhancements to workflow and build..

Hamilton Room:

9:15 to 10:00 AM: Care Everywhere Integration with Government Agencies

Presented by Michael Shaughnessy of Johns Hopkins.

This Care Everywhere presentation will include both Sequoia Project networks: eHealthExchange and CareQuality.

10:15 to 11:00 AM: Research & Care Everywhere

Led by Jessica Chen and Ray Hess of Penn Medicine.

This session will provide an overview of the recently released whitepaper concerning when Care Everywhere could be used in the Research setting. The session will provide a forum for discussing the paper and next steps for institutions that conduct research. The session will be led by Ray Hess who chaired the EPIC Governance Committee's Research Workgroup which authored the white paper.

12:00 to 1:00 PM: Patient Matching & Newborn Records Discussion

Led by Marie Ruddy of Nemours.

Patient matching and newborn records seems to be another area that would benefit from a discussion across organizations. We will come together and discuss challenges each organization is encountering and ways we can work to collaborate on a solution. We will also share ideas of what organizations have done with standardizing naming conventions, putting Care Everywhere IDs on facesheets, AVS or other documents, et cetera.

If time allows, other Care Everywhere topics can be discussed (other than Image Exchange & ENS which have dedicated discussions already).

1:15 to 2:00 PM: Image Exchange Discussion: A Care Everywhere Novella

Led by Gordon Tait of Penn Medicine.

As of v2017, Epic "can" support exchanging diagnostic images and documents such as scans. As of at least a short while ago, noone has implemented this yet. Attendees will be shown the basics of how it is supposed to work. The discussion will be centered around the scale of this sharing, the roadblocks we will likely each encounter, and how if we work together we can try to get limited sharing done far sooner.

2:15 to 3:00 PM: Happy Together External Lab Results Discussion

Led by Amber Werline of Cooper Health.

Cooper Health is preparing for the Epic 2018 upgrade and from their review of the build they have found some barriers/concerns. This discussion would be around Lab order and result component build and how the matching will be handled.

Are there other organizations in the area going live with this feature?

How are other organizations approaching this new feature? (Advanced vs. Fundamental; Procedures not mapped)

What is the strategy for mapping? Are LOINC codes linked directly to EAPs? Are there other ways to map the procedures if the LOINC is not linked directly to the EAP?

Liberty Room:**9:15 to 10:00 AM: API & Application Integration Discussion**

Led by Shelle Houser of the Children's Hospital of Philadelphia.

A discussion about APIs/web-services and integrating Epic with other Apps/Vendors. Some keywords: FHIR, OAuth, App Orchard, and open.epic.com.

10:15 to 11:00 AM: Implementing Long-Acting Reversible Contraception Insertion in Inpatient

Presented by Diane Kramer, RN; Nathan Miller, PharmD; and David Stabile, MSN, RN of Penn Medicine.

Women's Health at Penn Medicine has always strived to provide care to populations that need it most. Recently, a change was made to the way Intrauterine Devices (IUDs) and other Long Acting Reversible Contraception (LARC) devices were reimbursed. A cross-encounter workflow was developed and lessons were learned about the benefits and limitations of the Epic EMR.

12:00 to 1:00 PM: Review of LGH Patient Technology Implementations

Presented by Steve Ketterer of Lancaster Health.

Lancaster recently opened up a new patient tower that includes technology designed to increase patient safety and engagement. This presentation will include:

- * Epic Monitor at the nurse station: designed to give an overall view of the patients on the floor and the ability to drill down into each patient to assist with Rounding.
- * Epic Monitor in the patient rooms: provides a real-time view of the patient to assist any staff coming into the room and can replace signs and magnets used on the door (i.e. Diet, Fall Risk).
- * Call Bell integration into Epic so that the staff does not have to log into Epic to document when they turned the patient or rounded on the patient.
- * Video Integration: the patient can watch videos assigned to them or view patient education material and when completed it automatically documents in Epic that the patient has viewed the education material.

1:15 to 2:00 PM: MyChart Instant Activation

Presented by Michael Shaughnessy of Johns Hopkins Medicine.

This presentation will be related to the end user experience and what workflow Johns Hopkins has implemented for MyChart activation.

2:15 to 3:00 PM: CRISP PDMP Integration with Epic Hyperspace & CDS Tools Relating to Opioid Crisis and Controlled Substance Monitoring

Presented by Andrew Maslen of Johns Hopkins Medicine

Johns Hopkins will present on their CRISP PDMP integration into Epic Hyperspace as well as some of their Clinical Decision Support tools related to the opioid crisis and controlled substance monitoring. They have a report that allows providers to view PDMP data, as well as a few Best Practice Advisories (BPAs) recommending Naloxone ordering in cases where patients are on a number of opioids (≥ 90 MEDD), or are on combinations of other classes of drugs along with opioids that put them at a higher risk of overdose. They also have a BPA in place to allow providers to efficiently review the PDMP, which is a regulatory requirement in the state of Maryland.

Columbus Room:

9:15 to 10:00 AM: Improving Compliance: CMS Certification Workflow in Epic

Led by Jency Daniel of Penn Medicine.

The CMS Two-Midnights rule is CMS criteria for determining when inpatient admissions are appropriate for payment under Medicare

This presentation will be about an innovative workflow using different rules and criteria to develop clinical decision support to appropriately prompt providers to place certification orders on the patient. The design includes handling deficiencies appropriately by designated pool managers.

10:15 to 11:00 AM: Using Epic in a Patient Navigation Call Center

Led by Kelly Bixby of Virtua Health.

Explore how Epic tools such as CRM, Patient Finder and CTI can support current operational processes, noting successes and challengers along the way. Hear about the team's vision for the future.

1:15 to 2:00 PM: Early Work on a CDS Maturity Model

Presented by Dr. Marc Tobias and Mike Zeidlhack of the Children's Hospital of Philadelphia.

After speaking with over 90 healthcare systems around the world, we've discovered a wide degree of variation, but also common themes around processes for knowledge management. The three core tenants we've found are: "content creation", "analytics & reporting", and "governance & management". We've structured these 3 key pillars into a maturity model for CDS teams that are looking for structure and guidance as they seek to improve.

2:15 to 3:00 PM: Enterprise Scheduling: Securing Appointments Post ED and IP Discharge

Led by Michael Lurakis, Matthew Wong, and Mika Epps, MSN, RN of Penn Medicine.

When patients receive care in the ED, they often need follow-up care to manage their illnesses. If they do not receive follow-up care, they may be more likely to be readmitted. In order to prevent unnecessary readmissions, we have a full time scheduler embedded in the ED to schedule follow-up appointments for patients before they leave.

Nightingale Room:

9:15 to 10:00 AM: First time's a charm: Achieving High Influenza Quality metrics our first year on Epic

Presented by Calistus Abara, MSBIS, BSc, HITPRO; Katelyn Drummond, MSN RN; and Jeff Riggio, MD, MS, FACP of Jefferson Health.

Using various BPAs, CERs, AVS extensions, and order validation processes we were able to reach a 99.9% rate of Influenza Quality metrics. We will show how we reviewed the process map of the entire process and created soft and hard stops to make sure the quality metric was appropriately met. We also took into account provider efficiency and used smart logic to determine if patient already received the vaccine this current season. Also have ability to suppress the BPA alert for consultants and retrigger alert in 24 hours.

10:15 to 11:00 AM: Strategy to Improve Access to Care

Presented by Jake Moore of Penn Medicine.

This breakout session will go into detail on how a health system is taking a multi-channel approach to their Access Strategy utilizing Epic suite patient self-scheduling tools. It will include how we are approaching, implementing, and tracking online patient scheduling using Epic's Direct Scheduling, Open Scheduling, Scheduling Tickets, and Fast Pass which complement each other with specific use cases.

12:00 to 1:00 PM: Perfusion Documentation

Presented by Doug Korzec of Main Line Health.

Main Line Health will describe how they leveraged Epic Anesthesia for intra-operative perfusion documentation, getting them off of paper and into the EMR. They will discuss some of their lessons learned as well as ideas for future optimization.

1:15 to 2:00 PM: OnBase & Epic Integration

Presented by Kim Palamar of Englewood Health.

Englewood Health led a project to enhance integration between OnBase and Epic to improve workflow for staff and provider acknowledgement of clinical documents, predominantly for the physician practices. OnBase and Epic are now configured to handle result level documents, where future orders placed in Epic are sent to OnBase and staff are able to file results to ordering providers. Providers are able to indicate result notes with InBasket; improving the electronic review and communication of patient results between staff, provider, and patient. The goal is a patient Chart Review, where results are filed in appropriate Order-based tabs and notes (whether internal or external) are housed together for a better view of the patient's complete care. We will also discuss additional enhancements that are in the works that would greatly benefit the physician practices and hospital workflows with indexing documents.

2:15 to 3:00 PM: Managing M&A: is that Mergers & Acquisitions OR Madness & Anarchy

Led by Don Levick, MD of Lehigh Valley Health.

This session will be a discussion of various facets of Healthcare Organization M&A activity, from the global and I/T perspectives. Topics such as governance, setting expectations and communication will be covered. The session will encourage audience participation and sharing of experiences.

Lincoln Room:

9:15 to 10:00 AM: Stork & the Fetal Chart

Presented by Lillie Rizack, CNM of the Children's Hospital of Philadelphia.

The Fetal Chart: Use, Lessons Learned, Future Wishes.

10:15 to 11:00 AM: OB Results Console

Presented by Trish Salome of Main Line Health.

OB Results Console is a tool used to order, review, and enter historical Lab results providing valuable information to treat maternal, fetal, and newborn patients. Ambulatory and Inpatient providers have access to relative results sorted by trimester timeframes or a genetic screening group. How have other health systems modified from Foundation to provide relative results and support patient safety concerns?

12:00 to 1:00 PM: Treatment Plans for Behavioral Health

Presented by Monica Hooper of Lancaster Health.

This presentation will outline the treatment plans being utilized at Lancaster Behavioral Health Hospital (LBHH). LBHH recently was Joint Commission accredited and commented on the level of individualization that the treatment plan allowed. The presentation will include the overall design and the high level build.

1:15 to 2:00 PM: Collaborative Approach to Increasing Compliance with the CARE Act

Presented by Jennifer Barnes, MBA and Donna Drumm of Jefferson Health.

The CARE Act requires hospitals to provide patients with the opportunity to identify a caregiver. Jefferson took a multi-disciplinary approach by including Patient Access staff, Nurses, Case Managers, and Social Workers in the process of capturing this information. By creating encounter level items requiring end users to input discrete information, the process begins with the Patient Access staff workflow now including a field to capture if the patient contact is a caregiver, or if the patient does not have a caregiver, capturing the reason for no caregiver. If no caregiver is identified after 24 hours, the Nurse receives a Best Practice Advisory as a reminder to complete the caregiver information via the Admission Navigator. Case Managers and Social Workers also have the ability to update this information in their respective Navigators. After initiating this collaborative approach to obtaining required information, Jefferson was able to improve the rate of patients identifying a caregiver and decrease the missed opportunities for obtaining the caregiver information.

2:15 to 3:00 PM: Blood Product Utilization: Data Driving Organizational Change

Presented by Stephanie O'Reilly, MSPT, MBA and Connor Skeehan of Jefferson Health.

While blood product utilization is often an essential part of patient care, it is a high cost and limited resource. The use of blood products in patient care is not without risk – associated with: increased rate of infection, increased length of stay, increase morbidity and mortality. Prior to Epic there was a gap in the ability to provide data related to - blood product ordering patterns and volume of usage, blood bank workload demand, effectiveness of EMR tools in guiding evidence based ordering practices.

We developed a Qlik app, drawing data from Clarity to begin to gain insights into - ordering patterns; order appropriateness - correlating with relevant lab values; cross match volume demands; and to provide a mechanism for feedback to influence provider practice. To accomplish this we worked with physician SMEs and multiple Epic@Jeff application teams - primarily Orders - to identify workflows, products to track, evidence based lab value thresholds. Visualizations were developed to produce rapidly digestible insights at a high level with drill down capability to get to provider and patient level details.

Goals of the app include but are not limited to - decreasing associated costs, improving patient outcomes, using feedback loop to further optimize Epic evidence based decision support. We also expect this to serve as a valuable adjunct to feedback for Jefferson's graduate medical education team in shaping ordering behavior of providers in the course of their training and improved stewardship of overall blood product utilization.

Penn Room:**9:15 to 10:00 AM: Post-ED Lab Results Routing**

Presented by Dr. David Richardson of the Lehigh Valley Health Network.

Results routing of labs that result after the patient has left the ED – a plan of attack and outcomes.

10:15 to 11:00 AM: EHR Optimization Program to Alleviate Provider Burn-out

Presented by Bridget St. John and Debra Laumer of Penn Medicine.

The EHR Transformation Team at Penn Medicine created a meaningful and sustainable enterprise optimization program by implementing a multi-faceted approach. This includes leveraging a strong governance structure, defining processes, and partnering with multiple teams within the organization. Our success is due to our collaborative working relationships, which have been essential to the creation and the adoption of our efforts focusing on education, workflow standardization, and increased utilization of features and functionality within the system.

12:00 to 1:00 PM: Opioid RX Management

Presented by Jonathan Glick of Penn Medicine.

Opioid RX Management: Hear how providers at Penn Medicine are better able to manage prescriptions for Controlled Substances by using EPCS, PDMP and BPAs. Learn how the implementation team went through the discovery, build, testing, pilot and go-live phases in a large academic health system. Recognize how these tools are evaluated using reporting metrics and opportunities for future development.

1:15 to 2:00 PM: High Tech Bug Zapper: Hep C Screening in the ED

Presented by David Fleece, MD, CMIO, and Aleida Porter, ASAP Analyst of Temple Health.

Learn how Temple University is using Epic to screen patients in the ED for Hep C and follow-up with identifying and treating HCV-infected patients..

2:15 to 3:00 PM: Integration of ENS/Event Messages into Epic Discussion

Led by Marie Ruddy of Nemours.

There are at least five organizations that currently receive encounter notification messages from an HIE (either HSX or DHIN). Currently these are received via spreadsheets which get emailed once a day to the care coordinators. Several organizations are currently working to integrate these into Epic so they appear as an encounter in the chart and also trigger an InBasket message to a care coordinator's Pool. Several organizations have the same goal, yet all are working on this separately and re-inventing the wheel – some are looking to use Direct, some are creating ADT messages, etc. We are all encountering issues, troubleshooting them, etc.

Map and Directions: 9th Floor, West Tower, 1500 Market St, Philadelphia, PA

Amtrak Trains: Get off at the Amtrak 30th Street Station stop. Amtrak riders will need to go upstairs to the main enormous room. You can take a Taxi to 1500 Market by going west out of the Amtrak building. Or you can go up the ramp, purchase a Septa ticket, and take a Septa train EASTbound (towards the skyscrapers) one stop to Suburban Station.

Septa Trains, including the Airport line: Get off at the Suburban Station stop. Exit out of Suburban Station by following the signs for Market Street, the lower the street number the better. If you come out on a numbered street you may need to walk a block south to Market Street. Once on Market Street, walk over to 1500 Market which is next to City Hall (white building in the middle of Market Street around 15th).

Driving in:

Each direction of travel on I-76 has its own Exit 345.

The building is in “Center City” Philadelphia just west of and next to City Hall (white building in the middle of Market Street) on Market Street.

If you are coming East(south) on the I-76 highway, then you can exit at the 30th Street Station, Exit 345. You will need to go around the 30th Street Station to get to Market Street. At the exit ramp traffic light, you will have to take a right. You will pass under a glass walking bridge and then pass under part of the train station. You will want to be in the 2nd from the left lane after you pass under that part of the station (since the left-most lane will trap you into driving around the station itself like a Taxi). If you do get stuck in that lane, you can circle around and try again. You will come up to the Market Street traffic light, take a left onto Market Street. You will cross over the river and go down the main street of skyscrapers.

If you are coming from I-76 West(north), take Exit 345 and that will bring you up a ramp to an intersection with Chestnut Street. You want to go straight to Market Street and work your way to the right lane so that you can take a right onto Market Street. At the Market Street traffic light, take a right onto Market Street. You will cross over the river and go down the main street of skyscrapers.

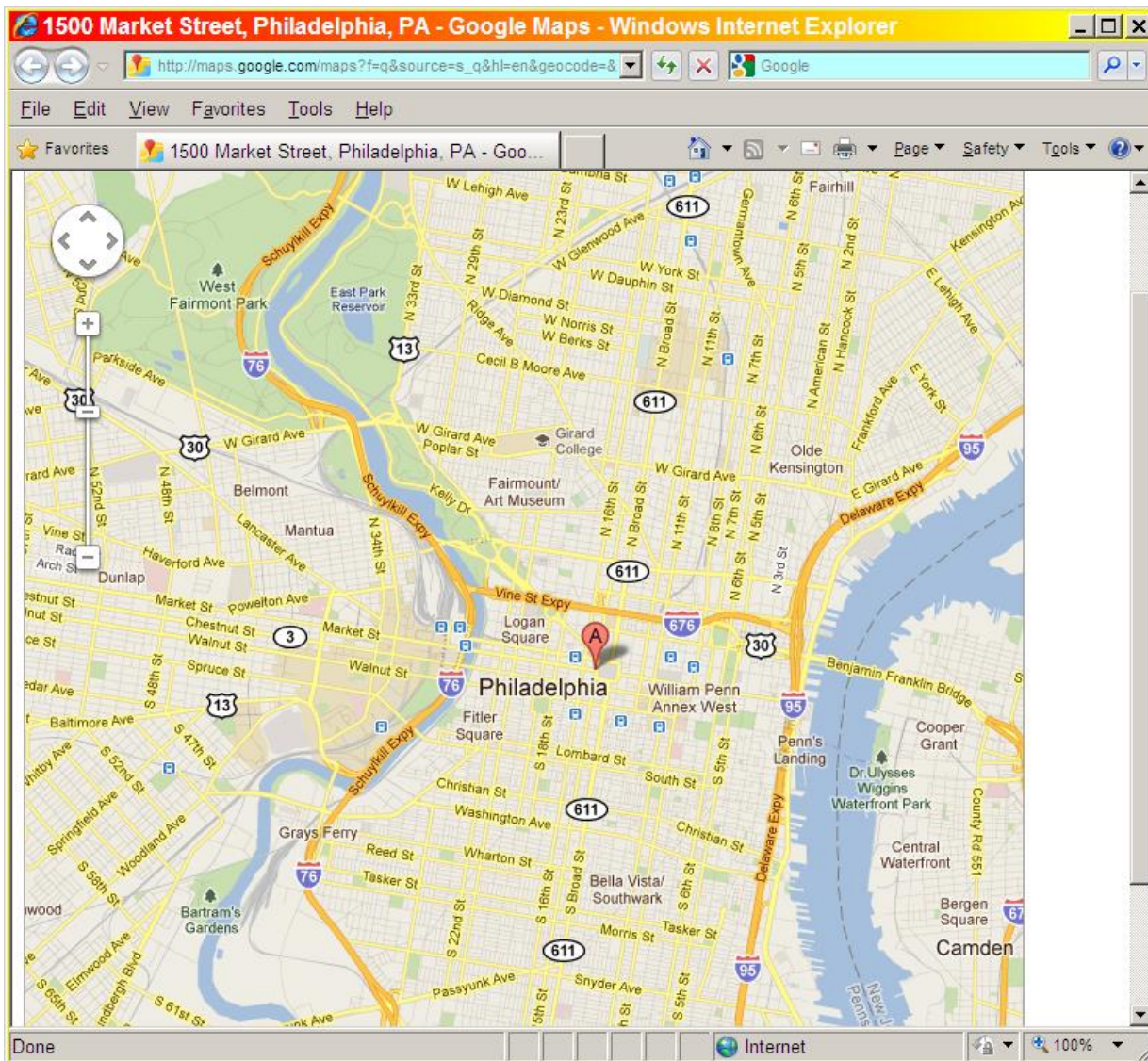
There may be parking in garages at 1800 Market Street (Crowne Plaza hotel 215-567-6326) as well as 1700 Market Street (Expert Parking 215-231-3155). Driving around City Hall should be avoided for sanity sake so you will want to park before it. You can then walk over to Centre Square at 1500 Market Street which has a large clothespin “sculpture”.

1500 Market Street (Centre Square - West Tower):

Once in the lobby, look for the Penn Medicine entrance to the right of the West Tower security desk. Tell them that you are attending a conference on the 9th floor in the Penn Medicine Center for Innovation and Learning. Tell them your name – bring a photo ID in case they ask for it. You will receive a building visitor sticker for the day, and a name tag for the Roundtable.

Take the elevators up to the 9th floor and go in through the glass doors to where reception persons are seated. We will be using the Franklin and Jefferson Rooms. We will have two connecting rooms so that we can have parallel sessions. Once in the rooms, please go up to the Signin table to let us know that you have arrived and to get your conference name tag.

When in doubt, please use online Map programs from your departure point, etc.!



Other Presentation/Discussion topics not listed in this Roundtable will be candidates for the next Roundtable. For information, please contact Gordon Tait at Gordon.Tait@PennMedicine.UPenn.edu. If you are having difficulties finding the event on your way to it, then feel free to contact us via cell 215-275-6028. There are a variety of hotels within a few blocks of the event and City Hall.