

Creating the Information-Rich Lab:

How We Handled Two Big Bangs When Implementing and Integrating an LIS and EHR to Support Better Lab Workflow and Clinical Outcomes

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Today's Talk



- Session Purpose:
 - To convey the lessons learned from MD Anderson during our recent LIS (Cerner) and EMR (Epic) implementation and integration
- Key Learning Objectives:
 - To describe our experience with:
 - Integrating an LIS and EMR from different vendors
 - Enhancing care and lab data content without sacrificing functionality
 - Developing a set of QA/QC monitors to assist in effective evaluation of our system implementations



Who Is MD Anderson



- The nation's leading cancer care hospital
- A top 150 Great Places to Work in Healthcare
- A workforce more than 20,000 strong, including:
 - Over 1,700 faculty members
 - More than 6,600 trainees/students at any given time
- MD Anderson is No. 1 in U.S. News & World Report's 2016 rankings of top hospitals for cancer care
 - It's been ranked No. 1 for nine of the past 10 years.





Fast Facts

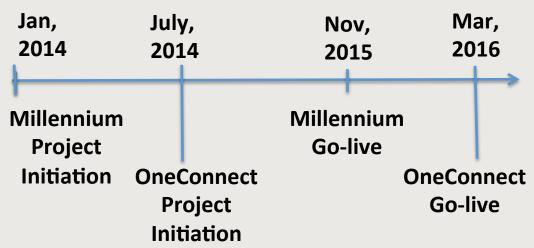


Hospital admissions	28,167
Treated people in 2015	>135,000
Average number of inpatient beds	665
Outpatient clinic visits, treatments and procedures	1,440,684
Pathology/laboratory medicine procedures	12,334,917
Diagnostic imaging procedures	530,590
Surgery hours	69,987
Active clinical research protocols	1,197
Participants in clinical trials	9,400



2014 - 2016 A Rapid Environment of Change







OneConnect Mission:

"We will collaboratively implement an integrated electronic health record environment that empowers our patients and equips our employees with the meaningful data and tools they need to enhance the safety and efficiency of patient care and ultimately eliminate cancer."



Prior to Nov 6th 2015



Laboratory Medicine

- Cerner Classic
- MAK Progesa Donor/ Transfusion

Pathology

- PowerPath AP Pathology
- Aperio Digital Pathology
- PathStation (Application integration Engine)

HemePath

- PowerPath
- Cerner Classic
- HLA Project 2



Nov 6th 2015- March 4th 2016



Laboratory Medicine

- Cerner Millennium connect to Clinicstation
- Haemonetics Donor Suite
- Bridge (partial rollout handheld device only)

Pathology

- PowerPath AP connected to Clinicstation
- Aperio Digital Pathology
- PathStation (Application integration Engine)

HemePath

- PowerPath
- Cerner Helix connected to Clinicstation
- HLA Project 2 connected to clinicstation



After March 4th 2016



Laboratory Medicine

- Cerner Millennium connect to Epic
- Haemonetics Donor Suite
- Bridge (Full Rollout handheld and web)

Pathology

- PowerPath connected to Epic
- Aperio Digital Pathology
- PathStation (Application integration Engine)

HemePath

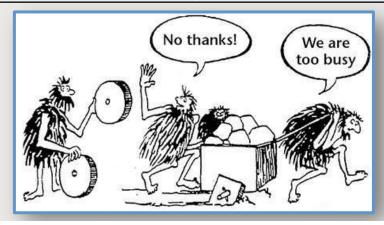
- PowerPath
- Cerner Helix connected to Epic
- HLA Project 2 connected to Epic



Legacy Architecture



System Name	Function	Launch Year	Years Used
Cerner Classic	LIS – Clinical	1997	18 yrs.
MAK Progesa	Donor / Transfusion	2008	7 yrs.
Clinicstation	EMR	2002	14 yrs.
Picis	Periop	2001	15 yrs.
Siemens RIS	Radiology	1992	23 yrs.
Siemens Envision	ADT/Tech billing	1991	25 yrs.
GE Centricity	Pharmacy	1998	17 yrs.
IDX/GE Billing	Professional Billing	1985	31 yrs





Change for Lab 2016!







Quality Objectives / Challenges









Handheld PPID Specimen Collection

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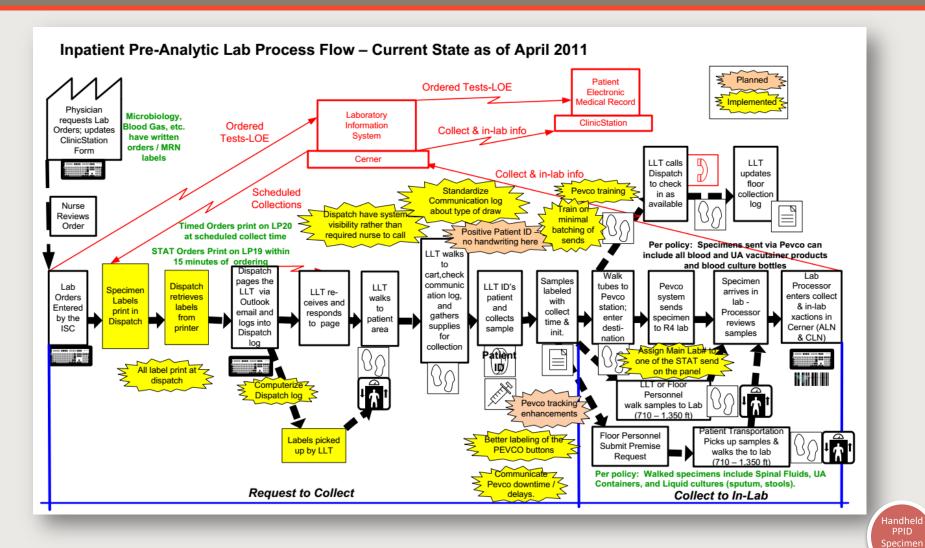
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Phlebotomy Prior to ML Go-Live







Post ML Go-Live Tools











Benefits to New Workflow



- Eliminated batch label printing
- Allowed for positive patient ID
- Allowed phlebotomist to know ALL tests ordered (scheduled and immediate)
- Just in time label printing and labeling of collected specimens
- Eliminated the need to hand-write information on the labels
 - Some of the critical information was not available in the order prior to Millennium and this had to be added every time manually to the label including site, source and phlebotomist
- Allowed for electronic confirmation of collection in real time
- Allowed for electronic capture of comments
- Allowed for electronic capture of uncollected specimens and the reasons

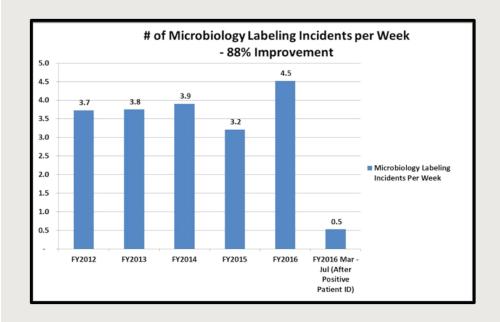


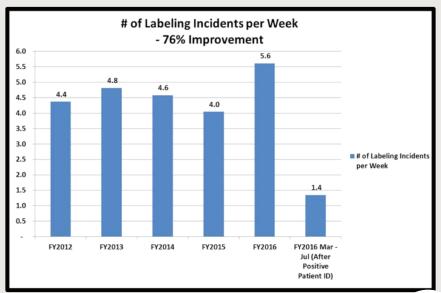


Specimen Collection Post-Implementation



- 88% reduction in Micro specimen labeling errors post implementation of Bridge for Nursing (with Epic go-live)
- 76% reduction in overall specimen labeling errors post implementation of Bridge for Nursing (with Epic go-live)







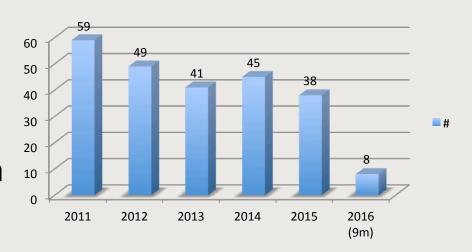


General Services ID Errors



- None of the 2016 incidents involved system failure:
 - Patients getting incorrect wristband
 - Collector failed to perform proper verbal confirmation
 - Collector failed to visually perform a wristband check
 - Zero identification errors from Nursing*

of Identification Errors





^{*} In past years, ID errors were evenly distributed between phlebotomists and nursing staff



Point of Care Implementation



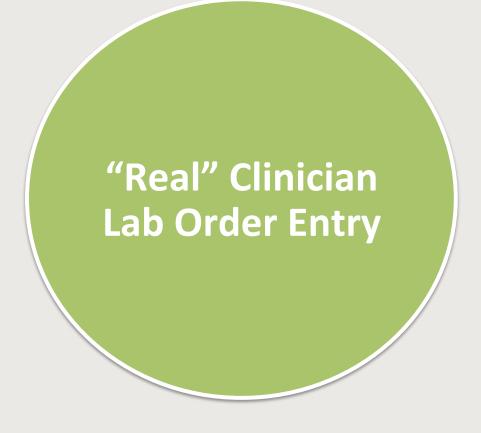
- 67% reduction in pre-Bridge to post-Bridge implementation errors
 - 15.3 annualized errors → 5.2 annualized errors
- POC safety incidents:
 - Wrong patient entered into the POC device





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Lab Orders Outpatient



eCSR

Paper CSR

PSC enters orders into CARE as appointment with orders attached

Patient Arrives → Care sends Lab Ordrs to HUB

Blood products

Non-Orderable Lab Orders on Paper requisitions





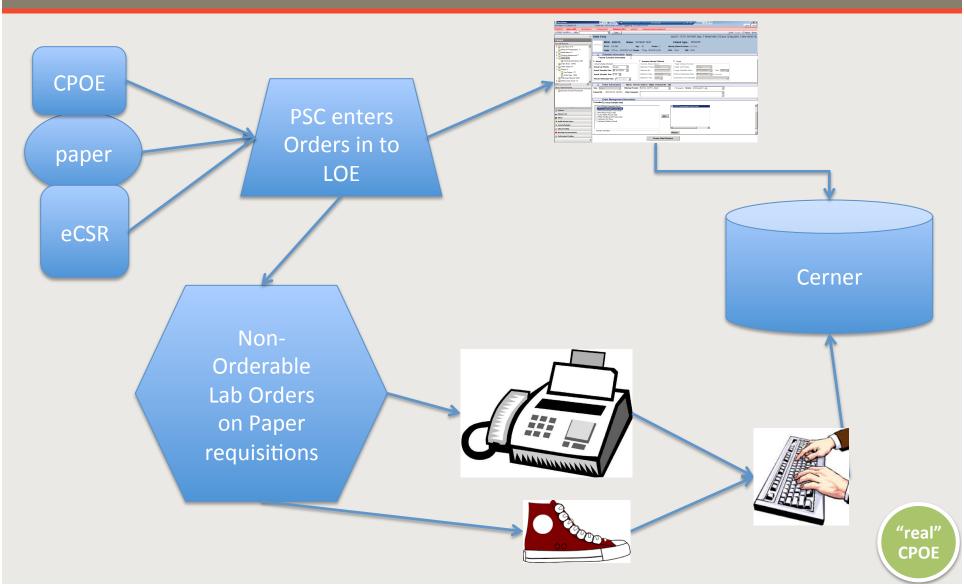
Cerner Lab





Lab Orders Inpatient

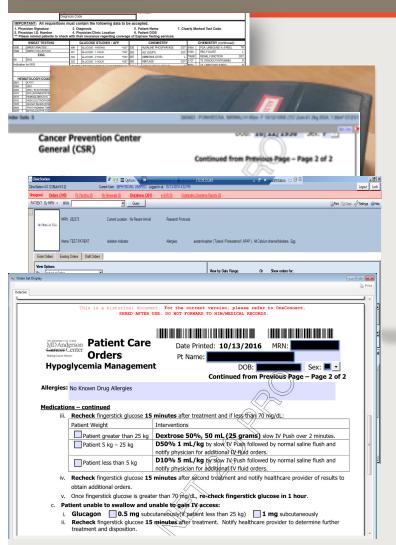






Critical Biological Interface Engine







Correct lab orders





After go live....



How do I order the Chem 7 now?



Hmmm...ummm...we haven't had a chem 7 lab order for 25 yrs...???







How?



The Biological Interface Engine!

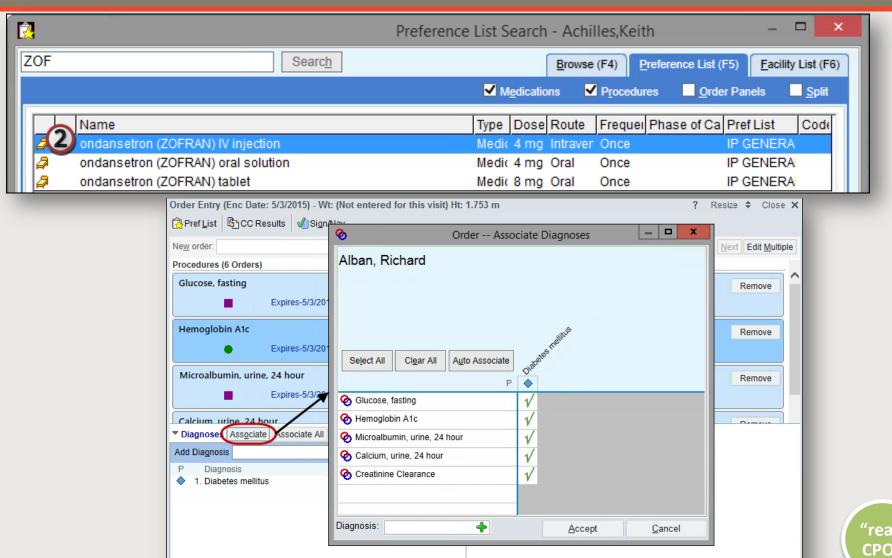






Epic Ordering









Epic Order Entry



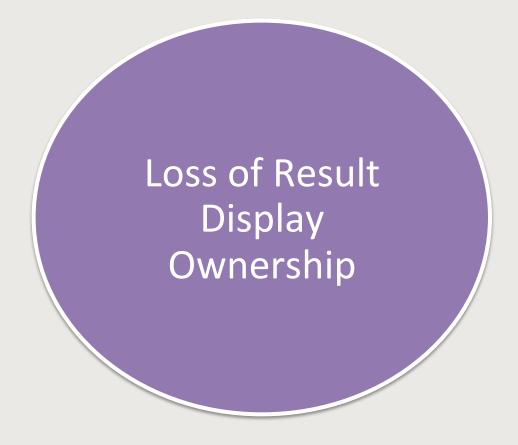
- Electronic order sets entered by clinicians
 - Proprietary order sets to help clinician order the correct test for the patient's conditions and disease states
 - Substantially reduced unnecessary lab orders
 - Clinical trial order sets created and ensure accurate ordering for patients on trials
- Eliminated biologic interface engine
- Allowed for real time decision support at the time of ordering for providers
 - Front end duplicate checking → decreased duplicate ordering
- Order/Diagnosis association upfront instead of by back end coders

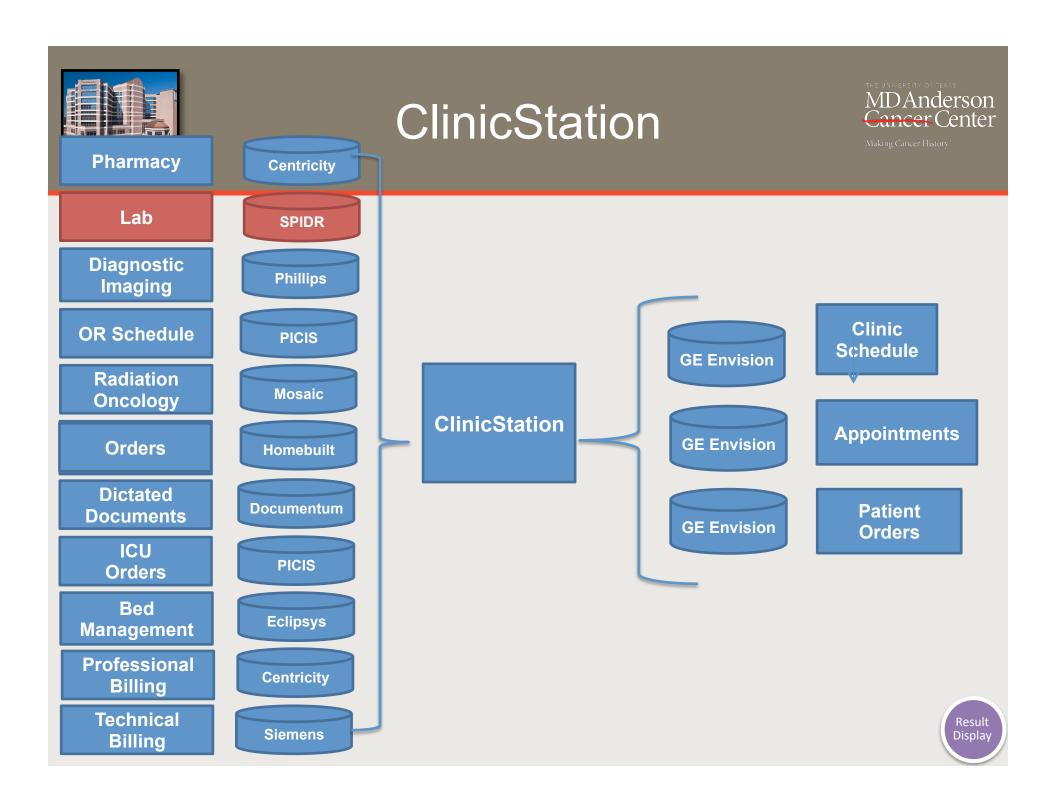




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Lab Data Ownership



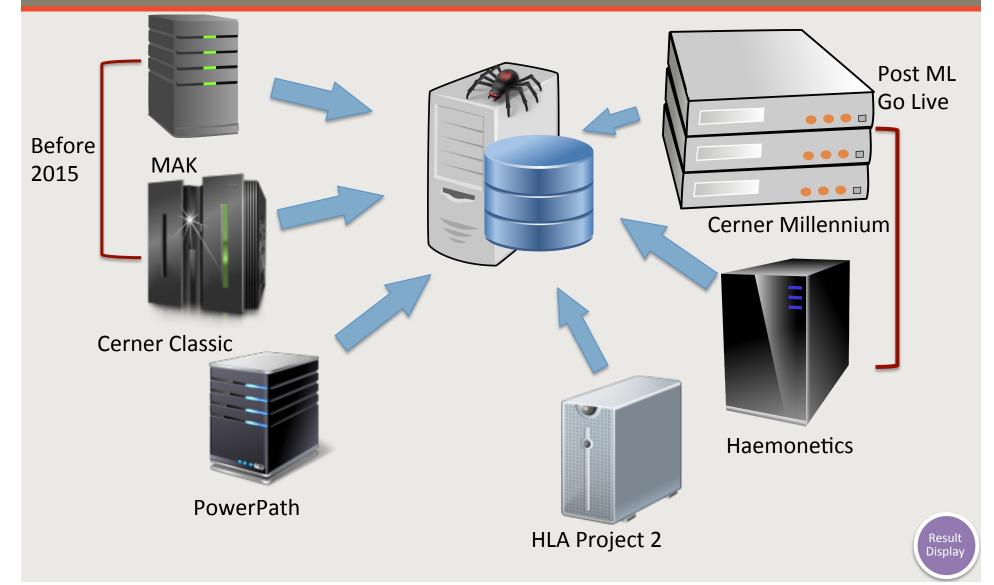
- Prior to Epic, all lab results were stored in a laboratory "owned" data repository and made available to the EMR via a Web Service interface
 - NO LAB DATA RESIDED IN THE "EMR"
 - Dynamic query delivered lab data as requested by clinicians in the EMR
 - Approach allowed multiple systems to use a single result Interface to the EMR
- Viewer in ClinicStation EMR was developed by the Laboratory Informatics Group
- Simple paradigm: View all tests chronologically by time of result





Spidr







ClinicStation Results



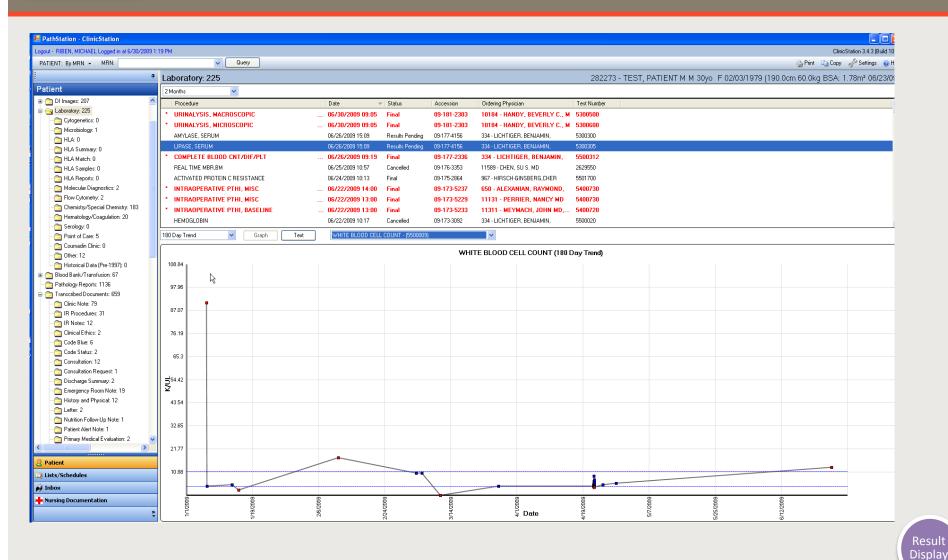
į t	Laboratory: 225					282273 - TEST, PATIENT M M 30yo F 02/03/1979 (190.0cm 60.0kg BSA: 1.78m² 06/23/09	
Patient	2 Months 🔻						
■ DI Images: 207 ■	Procedure	Date	▼ Status	Accession	Ordering Physician	Test Number	
= 😋 Laboratory: 225	* URINALYSIS, MACROSCOPIC	06/30/2009 09:05	Final	09-181-2303	10184 - HANDY, BEVERLY C., M	5300500	
Cytogenetics: 0	* URINALYSIS, MICROSCOPIC	06/30/2009 09:05		09-181-2303	10184 - HANDY, BEVERLY C., M		
- Microbiology: 1	AMYLASE, SERUM	06/26/2009 15:09	Results Pending	09-177-4156	334 - LICHTIGER, BENJAMIN,	5300300	
	LIPASE, SERUM	06/26/2009 15:09	Results Pending	09-177-4156	334 - LICHTIGER, BENJAMIN.	5300305	
HLA Summary: 0							
HLA Match: 0	* COMPLETE BLOOD CNT/DIF/PLT	06/26/2009 09:19		09-177-2336	334 - LICHTIGER, BENJAMIN,	5500312	
HLA Samples: 0	REAL TIME MBR,BM	06/25/2009 10:57	Cancelled	09-176-3353	11589 - CHEN, SU S. MD	2629550	
HLA Reports: 0	ACTIVATED PROTEIN C RESISTANCE	06/24/2009 10:13	Final	09-175-2864	967 - HIRSCH-GINSBERG,CHER	5501700	
Molecular Diagnostics: 2	* INTRAOPERATIVE PTHI, MISC	06/22/2009 14:00	Final	09-173-5237	650 - ALEXANIAN, RAYMOND,	5400730	
Flow Cytometry: 2	* INTRAOPERATIVE PTHI, MISC	06/22/2009 13:00	Final	09-173-5229	11131 - PERRIER, NANCY MD	5400730	
Chemistry/Special Chemistry: 183	* INTRAOPERATIVE PTHI, BASELINE	06/22/2009 13:00	Final	09-173-5233	11311 - MEYMACH, JOHN MD,	. 5400720	
	HEMOGLOBIN	06/22/2009 10:17	Cancelled	09-173-3092	334 - LICHTIGER, BENJAMIN,	5500020	
Serology: 0							
Point of Care: 5	Accession View						
	AMYLASE, SERUM in progress. The results are pending						
Historical Data (Pre-1997): 0	Other tests ordered on the same accession number are available below.						
	LIPASE, SERUM in progress. The results are pending						
Pathology Reports: 1136	progress. The results a	ce penaring					
Transcribed Documents: 659							
Clinic Note: 79	Other tests ordered on the same date with different accession numbers are available below.						
IR Procedures: 31							
IR Notes: 12	Accession: 09-177-2336						
Clinical Ethics: 2							
Code Blue: 6	COMPLETE BLOOD CNT/DIF/PLT						
Code Status: 2	WHITE BLOOD CELL COUNT 1	3.2 H K/UL	(4.0	- 11.0)			
Consultation: 12		.00 M/UL	(4.00				
Consultation Request: 1		5.0 G/DL 5.0 %	(12.0 (37.0				
Discharge Summary: 2	MEAN CORPUSCULAR VOLUME	95 FL	(82	- 98)			
Emergency Room Note: 19		5.0 H PG 4.0 G/DL	(27.0 (31.0				
History and Physical: 12	RED CELL DISTRIBUTION WIDTH 1	5.0 %	(12.0				
Letter: 2	RDW STANDARD DEVIATION 5	5.0 H fL	(35.1	- 46.3)			
Nutrition Follow-Up Note: 1		225 K/UL 5.0 H FL	(140 (4.0				
Patient Alert Note: 1	DIFFERENTIAL-METHOD MAN	UAL	(4.0	10.1)			
Primary Medical Evaluation: 2		100 В.О Н %	/40.0	- 66.0)			
>	NEUTROPHIL PERCENT 8 A Neutrophil count includes Bands.	о.∪ и %	(42.0	- bb.U)			
2 Patient	LYMPHOCYTE PERCENT	5.0 L %	(24.0				
Lists/Schedules		1.0 L % 1.0 %	(2.0 (0.0				
<u> </u>		5.0 н %	(0.0				
₩ Inbox	Metamyelocyte count now includes My						
Nursing Documentation	NUCLEATED RBC DWARF MEGAKARYOCYTE	0					
>>	ANISOCYTOSIS	1+ *					
ű.	POIKILOCYTOSIS	1+ *					





ClinicStation Results







How Can We Enhance Epic's Result Display?



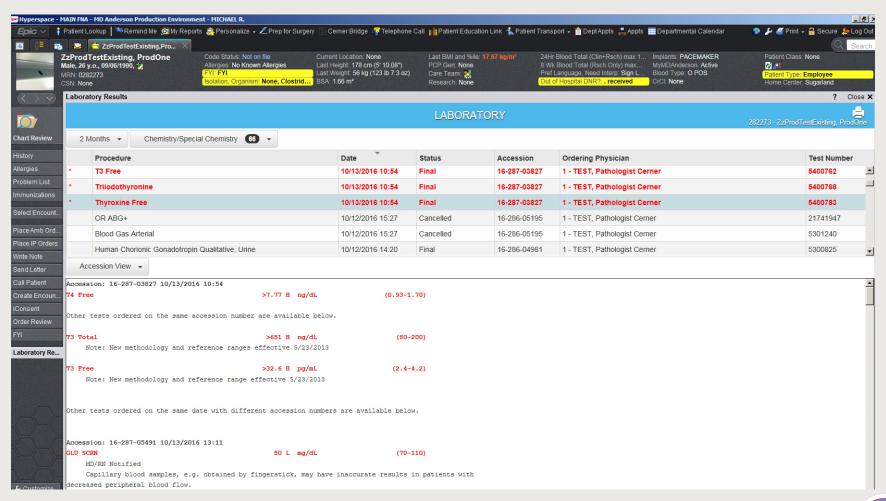
- Embedded viewers to access our high efficiency high quality lab controlled views of the lab data
 - Including custom HLA reporting viewer
- Embedded viewers for Pathology reports to mimic for rapid pathology review
- Embedded whole slide image viewing in Epic





Embedded Lab Results Viewer Cancer Center



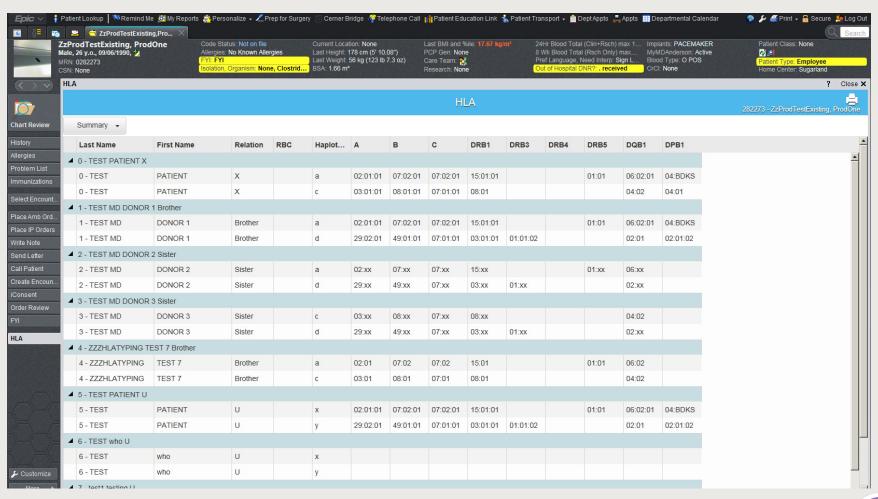






Epic HLA Viewer



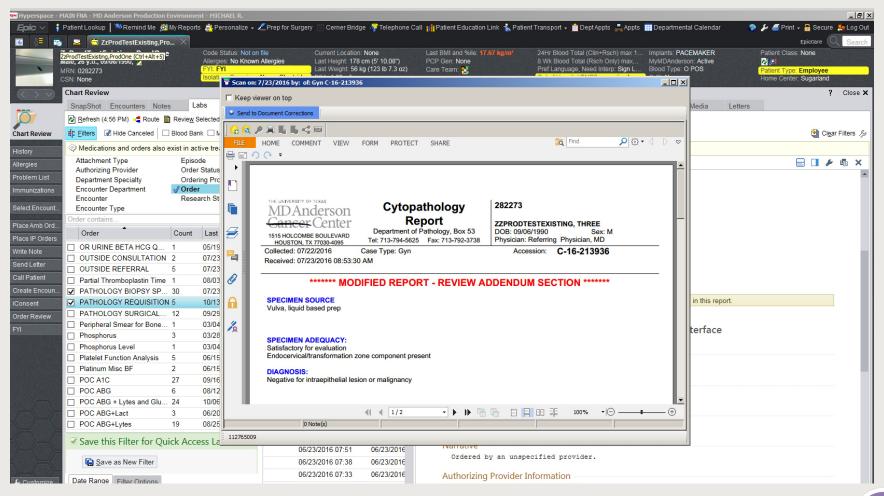






Epic Lab Tab



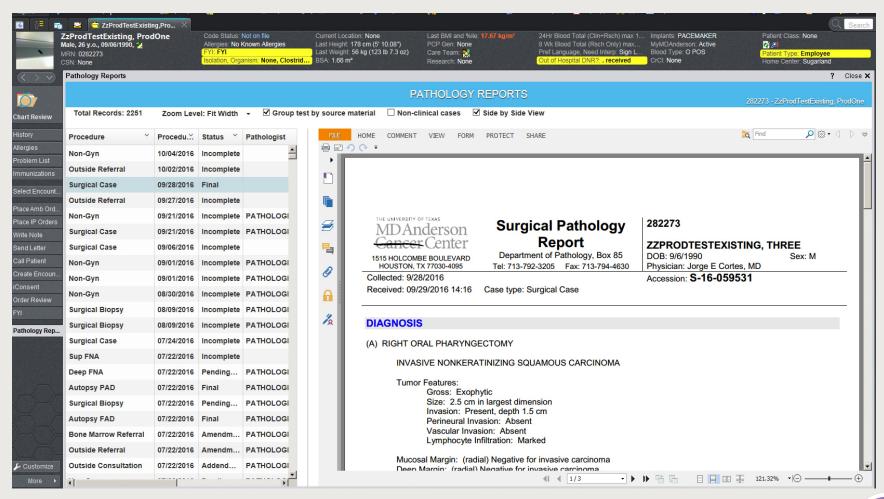






Embedded RTF Viewer



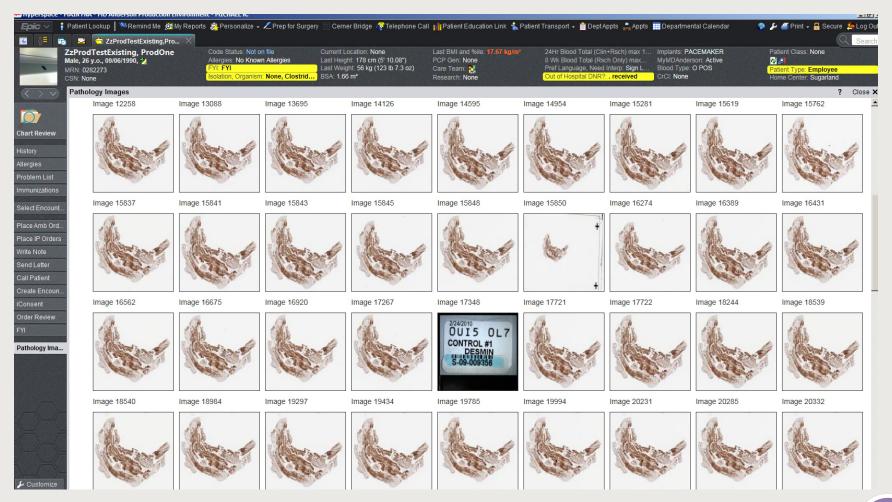






Whole Slide Images



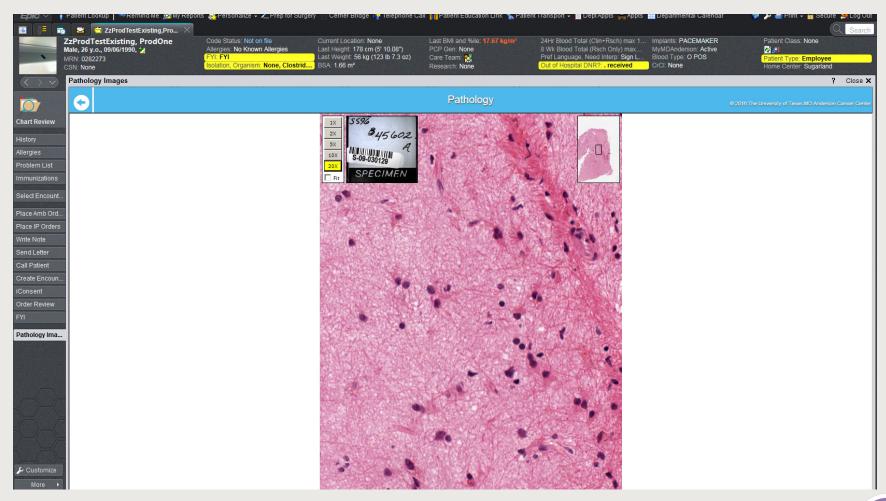






Whole Slide Imaging









Quality Actions Epic Go Live



- Continuous high volume order set review
- The Laboratory Medical Informatics Director built the result tree in Epic
 - By himself, in 2 weeks!
- Embedded Laboratory Results and Pathology Result Viewers (as well as Digital Pathology Viewers) into Epic Lab Tab
- Analytics around go live to analyze ordering patterns and discover anomalies





CBC Pathology Review

Cell Count w/ Diff CSF

CTX Beta Crosslaps

TMP Interpretation Exception PreOp Expir

Aspergillus Antigen Assay, Serum

.HSV/VZV Direct Ag Path Review

Albumin Level Body Fluid

Transferrin

Rapamycin

Troponin-I

FSH Level

Protein CSF

Glucose CSF

Calcitonin Level

Epic Go-live



Before Vs After Test Activity Differe	ences - Sorted By Volume	Weekd	ay(s): Multiple It	ems)			Filtered for				
	Before	After					Ratios 2.5 and				
F	From 1/8/2016	3/4/2016					Higher				
	To 1/30/2016	3/5/2016									
	Per Day Metrics are rounde	ed up									
				Ratio of %							
				Change							
				relative to	Mix - % of						
				Overall %	Total		After/Before Ratio				
TFST	Tests Per Day Refore Test				Refore	After	of Mix				
Calcium Level Ionized	35	111	76 217.19	-19.62	0.22%	0.77%	3.57				
								Overali %	Total	Total	Arter/Before Ratio
TECT											
TEST	Т	ests Per Day Befo	re Tests	er Day After	Differe	ence	% Difference	Change	Before	After	of Mix
Calcium Level Ionized	Т	ests Per Day Befo	re Tests 35	er Day After		nce 76	% Difference 217.1%	Change -19.62	Before 0.22%	After 0.77%	of Mix 3.57
	Т	ests Per Day Befo		•						0.000.000.000	
Calcium Level Ionized	15	ests Per Day Befo	35 (11) -73.3%	-5.62	0.09%	76 0.03%	217.1%			0.000.000.000	
Calcium Level Ionized PTH Intact Hemoglobin A1c	15 15	,	35 (11) -73.3% (10) -66.7%	-5.62 -5.02	0.09% 0.09%	76 0.03% 0.03%	217.1% 3.33 2.67			0.000.000.000	
PTH Intact Hemoglobin A1c Ionized Ca Whole Blood	15 15 15	4	35 (11) -73.3% (10) -66.7% (13) -86.7%	-5.62 -5.02 -6.83	0.09% 0.09% 0.09%	76 0.03% 0.03% 0.01%	3.33 2.67 6.67			0.000.000.000	
PTH Intact Hemoglobin A1c Ionized Ca Whole Blood Prealbumin	15 15 15 12	4	35 (11) -73.3% (10) -66.7% (13) -86.7% (8) -66.7%	-5.62 -5.02 -6.83 -5.02	0.09% 0.09% 0.09% 0.07%	76 0.03% 0.03% 0.01% 0.03%	3.33 2.67 6.67 2.67			0.000.000.000	
PTH Intact Hemoglobin A1c Ionized Ca Whole Blood Prealbumin HCVAb	15 15 15 12 10	4	35 (11) -73.3% (10) -66.7% (13) -86.7% (8) -66.7% (7) -70.0%	-5.62 -5.02 -6.83 -5.02 -5.32	0.09% 0.09% 0.09% 0.07% 0.06%	0.03% 0.03% 0.01% 0.03% 0.02%	217.1% 3.33 2.67 6.67 2.67 2.96			0.000.000.000	
PTH Intact Hemoglobin A1c Ionized Ca Whole Blood Prealbumin HCVAb Thyroglobulin	15 15 15 12 10	4	(11) -73.3% (10) -66.7% (13) -86.7% (8) -66.7% (7) -70.0% (8) -80.0%	-5.62 -5.02 -6.83 -5.02 -5.32 -6.23	0.09% 0.09% 0.09% 0.07% 0.06% 0.06%	76 0.03% 0.03% 0.01% 0.03% 0.02% 0.01%	217.1% 3.33 2.67 6.67 2.67 2.96 4.45			0.000.000.000	
PTH Intact Hemoglobin A1c Ionized Ca Whole Blood Prealbumin HCVAb Thyroglobulin HBCAb	15 15 15 12 10 10	4	(11) -73.3% (10) -66.7% (13) -86.7% (8) -66.7% (7) -70.0% (8) -80.0% (8) -80.0%	-5.62 -5.02 -6.83 -5.02 -5.32 -6.23	0.09% 0.09% 0.09% 0.07% 0.06% 0.06% 0.06%	76 0.03% 0.03% 0.01% 0.03% 0.02% 0.01% 0.01%	217.1% 3.33 2.67 6.67 2.67 2.96 4.45 4.45			0.000.000.000	
PTH Intact Hemoglobin A1c Ionized Ca Whole Blood Prealbumin HCVAb Thyroglobulin HBcAb Protein Electrophoresis	15 15 15 12 10 10 10	4 5 2 4 3 2 2	(11) -73.3% (10) -66.7% (13) -86.7% (7) -70.0% (8) -80.0% (8) -80.0% (9) -90.0%	-5.62 -5.02 -6.83 -5.02 -5.32 -6.23 -6.23 -7.13	0.09% 0.09% 0.09% 0.07% 0.06% 0.06% 0.06%	76 0.03% 0.03% 0.01% 0.03% 0.02% 0.01% 0.01%	217.1% 3.33 2.67 6.67 2.96 4.45 4.45 8.89			0.000.000.000	
PTH Intact Hemoglobin A1c Ionized Ca Whole Blood Prealbumin HCVAb Thyroglobulin HBCAb	15 15 15 12 10 10	4	(11) -73.3% (10) -66.7% (13) -86.7% (8) -66.7% (7) -70.0% (8) -80.0% (8) -80.0%	-5.62 -5.02 -6.83 -5.02 -5.32 -6.23 -6.23 -7.13 -5.02	0.09% 0.09% 0.09% 0.07% 0.06% 0.06% 0.06%	76 0.03% 0.03% 0.01% 0.03% 0.02% 0.01% 0.01%	217.1% 3.33 2.67 6.67 2.67 2.96 4.45 4.45			0.000.000.000	

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-75.0%

-85.7%

-83.3%

-80.0%

-75.0%

-75.0%

-75.0%

300.0%

-66.7%

-66.7%

-66.7%

-66.7%

-66.7%

-66.7%





Investigation



E MED SERVICE DISP	(All)	E MED SERVICE DISP	(All)
FLOOR	(All)	FLOOR	(All)
Weekday	(All)	Weekday	(Multiple Items)
MNEMONIC	(Multiple Items)	MNEMONIC	Calcium Level Ionized
Row Labels	Sum of CountOfACC4	Row Labels	Sum of CountOfACC4
Wed 1/6/2016	10	Fri 3/4/2016	68
Thu 1/7/2016	73	Sat 3/5/2016	153
Fri 1/8/2016	69	Grand Total	221
Sat 1/9/2016	64		
Sun 1/10/2016	55		
Mon 1/11/2016	79		
Tue 1/12/2016	77		
Wed 1/13/2016	79		
Thu 1/14/2016	67		
Fri 1/15/2016	69		
Sat 1/16/2016	45		
Sun 1/17/2016	51		
Mon 1/18/2016	52		
Tue 1/19/2016	72		
Wed 1/20/2016	76		
Thu 1/21/2016	65		
Fri 1/22/2016	59		
Sat 1/23/2016	44		
Sun 1/24/2016	46		
Mon 1/25/2016	84		
Tue 1/26/2016	75		
Wed 1/27/2016	75		
Thu 1/28/2016	73		
Fri 1/29/2016	76		
Sat 1/30/2016	52		
Sun 1/31/2016	51		
Mon 2/1/2016	76		

Weekday	(Multiple Items)			н
MNEMONIC	Calcium Level Ionized			ı
Sum of CountOfACC4				ı
Floor	Fri 3/4/2016	Sat 3/5/2016	Grand Total	1
07	27	51	78	
09	3	3	6	
10	7	13	20	
12		2	2	
15	1	6	7	п
16		5	5	н
17		7	7	н
18	1	2	3	4
19	2	12	14	_
P04	2	3	5	┫
P06	2	2	4	
P07	3	5	8	ı
P08	1	2	3	
P09	1	18	19	
P11	2	6	8	
P12		8	8	
R.02	4	5	9	ш
ACB	2		2	ш
EC		1	1	
Main Misc	10	2	12	П
Grand Total	68	153	221	

Issue: The wrong "order" code had been associated with a commonly used Order set by a few high volume Specialties





Bone Marrow
Workflow and
Reporting
Enhancement

THE UNIVERSITY OF TEXAS

MD Anderson Cancer Center

Making Cancer History®



Before ML Go live



Bone Marrow

• BM Diffs and Diagnosis are reported in PowerPath

Flow Cytometry

- Flow Results Reported in Cerner Classic
- Summarized in PowerPath

Molecular Diagnostics

- HomeGrown Portal to manage work
- Blood Based → Reported in Cerner Classic
- Tissue based → Reported in PowerPath

Cytogenetics

- Reported in AP Module of Classic
- Summarized in the AP system if derived from tissue specimen





Challenges



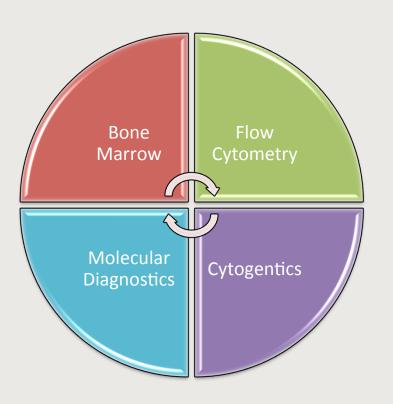
- Hematopathology testing results (Flow, Molecular and Cytogenetics) were dictated into the originating Anatomic Pathology case, with no electronic linkage
- There was no integration or association of the various reports in the EMR
 - appeared in different folder structures
 - required pathologists and clinicians to search the EMR for all relevant diagnostic information





Post ML Go live





- All four Labs function in 3 Interfaced Systems
- All components of a BM workup share a <u>common accession</u> number with a distinct "BM" prefix
- Hematopathology results are linked to AP results through accession number linking in Millennium and displayed together in Clinicstation and now Epic due to this linking
- Specimen visibility and tracking allows for more efficient sharing of limited samples





Following the ML Launch



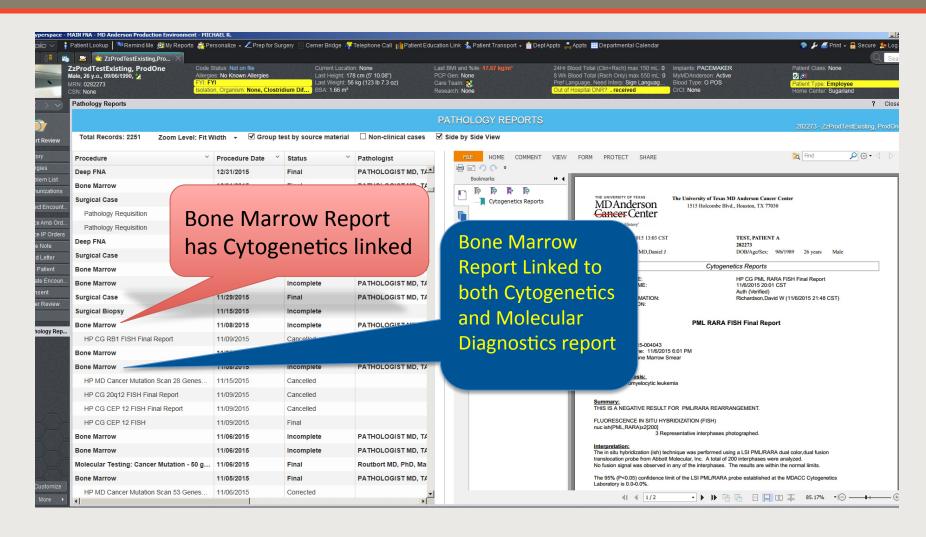
• At the first Epic MD Townhall prior to Epic golive, the first audience question was from a physician from Leukemia:

"Ok, I need to have the biomarker testing on my patients linked to the pathology reprt like it is now in Clinicstation!! This is vital to our practice! When I did my Epic training, it didn't appear this was possible..So...Will we be able to see it this way in Epic?"



With Epic and Cerner, we made it possible!







Blood Bank, Donor, **Transfusion Enhancement**

MD Anderson Cancer Center

Making Cancer History



BB is Busy!



	MDA	John Hopkins	Sloan Kettering	UCLA	University of Washington	Mayo Clinic	Dana Farber
Red Cells	55,384	48,770	22,816	31,000	8,000	36,943	34,678
Plateletpheresis	5,318	21,270	14,446	10,600	1,500	11,888	Not reported
Plasma	8,774	16,128	2,775	15,400	4,000	12,584	Not reported
Cryoprecipitate	3,062	8,422	Not reported	3,000	200	7,525	Not reported
Whole Blood Platelets	119,531	0	0	0	0	0	Not reported
TOTALS	192,069	94,590	40,037	60,000	13,700	68,940	34,678



Challenges



- Transfusion Medicine and Donor Center Operations co-existed on one sun-setted system (MAK Progesa) including infectious disease testing of patients and donors
 - Vendor ended support prior to golive



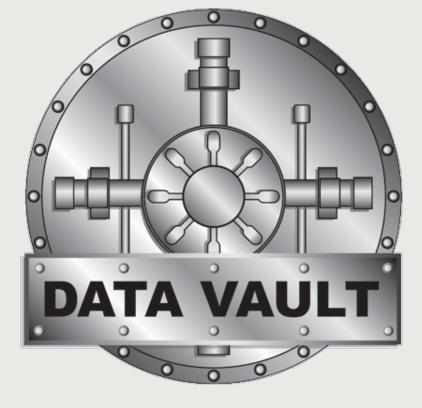


Data Locked Away



 MAK Progesa- Proprietary database system created data extraction issues for historical uploads required for clinical care and regulatory

purposes





Unique Workflow Challenge



- Modular approach of Cerner PathNet created unique workflow challenges for Transfusion Medicine Physician (TMP) sign out
 - One view required for Blood Bank and Infectious Disease
- Specialized patient population required customized build of Cerner PathNet Blood Bank Transfusion
 - Very little of standard content used



Enhanced Donor Operations



- Donor Center Operations is now supported by four modules of the Haemonetics system with bi-directional interfaces to Cerner Millennium
 - Online scheduling through an external portal allows for potential and repeat donor scheduling
 - Blood drive operations is now online through the Hemasphere module
 - Enhanced reporting capability through standardized data models with the new system using Crystal Reports

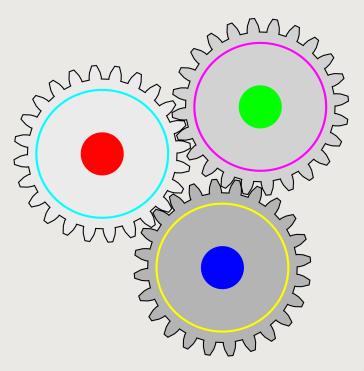




Process Automation



 Business rule driven workflows within Cerner PathNet have removed many technologist interactions





Increased Revenue



 Charge capture of additional charge points such as AHG crossmatches has increased revenue for the department







Enhanced TMP signout



 System generated interpretation capability has reduced TMP overhead on entering interpretations allowing focus on complex clinical consults





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Program Quality Assurance Conversion Monitors

- A number of key metrics and monitors were chosen for the conversion process, each of which had preconversion baseline data available at go-live:
 - Financial performance by lab and test to identify negative trends
 - TAT monitoring of key tests
 - Volume trending by lab and test
 - Pending lists by lab
 - Issue tracking, trending and aging
 - Real-time sample tracking (order to received to results released by LIS to results posted in EMR)
 - Cerner Lights On dashboard (indication of overall system health)





Ongoing Operational Integration Initiatives

- System Collaboration Meetings (2x/week):
 - Open integration items
 - Areas for more efficient collaboration
 - End-to-end troubleshooting, providing crosstraining opportunities
- Change Control (2x/week):
 - Highly-structured, cooperative process
 - Openly discuss changes and approvals
 - Two defined change windows/week
- Team Integration Meetings (1x/month):
 - In person meetings to promote cross-functional exchanges and teamwork
 - Cross-training
 - Driving towards a single, OneConnect team approach

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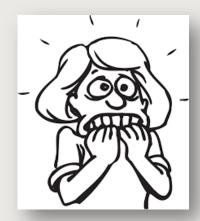


Outcome



- Fiscal year 2016 (sept 1 Aug 30)
 - ICD10 Go-Live
 - Classic to Millennium Conversion (Big Bang)
 - Epic Go-Live (Institutional Big Bang)

Fiscal Year (Sept1-Aug30)	Variance to Budget Revenue
2013	-3.81%
2014	-0.78%
2015	-0.55%
2016	-1.04%





Successful Partnership





SOLUTIONS



MDAnderson Cancer Center

Division of Pathology and Laboratory Medicine



Lessons Learned



- Change Management Planning and Preparation are key
- Clearly documented and communicated requirements
- Current and future state workflow documentation
- Test, test, test.....and then test more
- Strict change control, especially leading to and following go-live



More Lessons Learned



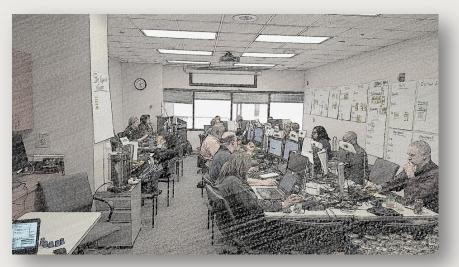
- Training, training, training.....
- Tight integration of cross-functional teams representing each application
 - Including active leadership participation
- Pre-defined QA/QC indicators and current baseline data, including trending and seasonal fluctuations
 - Identify key quality indicators
 - i.e Test TAT, Volumes, Financial
- Communication:
 - Active communication with super users, and others
 - Assess "pulse" of their respective areas



Final Lessons Learned



- War room methodology utilization
 - Cross functional multi-disciplinary team for effective issue prioritization and resolution
 - Application and functional leaders assigned as issue owners
 - Daily leadership meetings





Thank You



Questions?