Date : April 22, 2013

To : Supervisor Peggy West, Chair, Health and Human Needs Committee

From : Chris Lindberg, Chief Information Officer, IMSD

Subject: Informational Report: Electronic Medical Records System Implementation for the Department of Human Services, Behavioral Health Division

BACKGROUND

The Information Management Services Division (IMSD) collaborated with the Department of Human Services Behavioral Health Division (BHD) and the Milwaukee County Office of the Sheriff (MCSO) to select an Electronic Medical Records (EMR) system for BHD, and if required, meet the future business need of MCSO.

The EMR project began in August of 2010 with the selection of the Joxel Group, LLC, (TJG) for project management services. Throughout the remainder of 2010 and into third quarter of 2011, business requirements were gathered, a request for proposal issued and the vendor selection process conducted. In conjunction with IMSD, the Department of Administrative Services (DAS) and TJG, BHD selected Netsmart's Avatar product as the Electronic Medical Records system to manage the clinical and financial needs of BHD. In September 2011, approval was granted by the County Board of Supervisors and the County Executive to execute the contract with Netsmart Technologies for the EMR.

This report is intended to provide an informational update on the progress of the EMR project and the anticipated phases to complete the project.

ANTICIPATED PROJECT PHASES

The EMR project is broken down into the following four (4) phases:
Phase 1 - Planning and Design (Complete)
Phase 2 - RFP Process and Vendor Selection (Complete)
Phase 3 - Implementation (In process)
Phase 4 - Closeout and Audit

UPDATE – PHASE 3: IMPLEMENTATION

Phase 3 – Implementation deals with the execution of the Avatar software at BHD. To ensure that the software could be enabled into BHD effectively while maintaining the change management issues associated with any new software implementation, the team decided to break down the project into three (3) stages. Each stage was intended to implement the EMR solution to a specific program and the lessons learned would then be leveraged into subsequent stage implementations. Within each stage, after an implementation, iterative improvement processes will be conducted to ensure there is continuous improvement of the EMR solution to that program.

The stages for the implementation are:

- <u>Stage 1</u> – involves implementing the EMR software to the Crisis business (with the exception of Crisis Respite) along with the fiscal implementation for Crisis, Acute, and Operated Community Services Branch. BHD went "Live" with this implementation on December 3, 2012. Today all clinical documentation with the exception of order entry is done electronically in Avatar. Nurses, Practitioners, Unit Clerks, and other Clinicians all use Avatar to document client assessments, progress notes, and any required clinical documentation to initiate the client into BHD services. Staff also has the ability to review prior episode information electronically. Since "Go Live", several modifications have been made to the system to ensure it conforms to the needs of the clinicians effectively. In addition, the project team, admissions team, and the clinical team meet on a weekly basis to review the Crisis process to determine areas of improvement within the current BHD process. One of these improvements this year will be to rollout the Order Entry process in a manner that is simplifies order entry for BHD.
- <u>Stage 2</u> – involves implementing the EMR software to the Acute business along with Crisis Respite. Upon completion of this stage, Acute staff will document clinical information of clients into Avatar while electronically viewing what other disciplines within Acute are doing more efficiently. Acute staff will also have the ability to review client evaluations performed by other divisions within BHD or in past episodes. The need for clinical paper documentation being copied from Crisis to Acute (and vice versa) will be eliminated. This stage will involve all aspects of the EMR software for Acute programs with the exception of Treatment Planning. Treatment Planning will be rolled out as an iterative development effort shortly after the Acute go live.
- <u>Stage 3</u> – involves implementing the EMR software to the Operated Community Service Programs. This implementation is tentatively scheduled for the end of 2013 or potentially by the first quarter of 2014.

Stage 2 Summary: Stage 2 of implementation started shortly after Stage 1 go live and is intended to complete by June 2013. The team will follow the same process implemented in Stage 1 where multiple iterative development and process improvement efforts will continue to ensure that the needs of the Acute users are being addressed as they get acclimated with the software.

This phase of the project is being monitored by the IMSD PMO group to ensure quality and repeatability of the process for all projects across the County. A high level status of the project is summarized as follows:

IMSD Monthly Project Status Report for Stage 2

Project Identification			
Project Name	BHD EMR Project Implementation – Stage 2	**Project Manager**	Sushil Pillai
Report Date	19-Apr-13	**Business Sponsor**	Kathie Eilers
IS Sponsor	Laurie Panella	**IS Director**	Chris Lindberg
Division	BHD		
Project Name	BHD EMR Project Implementation – Stage 2		
Project Description	Start the EMR Implementation Project in a phased approach to enable an EMR system for BHD that encompasses the Inpatient, Crisis Management, Admissions and Billing, Adult Community Services and Long-term Care.		

Health Summary for Stage 2					
	Financial	**Schedule**	**Scope**	**Resources**	**Overall Health**
	On Track	Requires Attention	Requires Attention	On Track	Requires Attention
Comments For Any Health Category If Not "GREEN"					

- During the planning and discovery stage of Acute it became apparent that individual disciplines require more focus to ensure effective utilization of services. This added a little over a month to the project time line.
- With the proposed change to BHD's business model, the scope of Stage 2 and Stage 3 may change.

Schedule Analysis for Stage 2						
Phase	Plan Start Date	Plan Finish Date	Target Start Date	Target Finish Date	Percent Complete	Variance
Planning & Discovery	1/7/2013	2/28/2013		4/2/2013	100%	
Configuration	4/3/2013	4/30/2013			88%	
Testing	4/4/2013	5/7/2013			75%	
Implementation	3/25/2013	6/13/2013			50%	

Activities / Milestones for Stage 2	
Recent Accomplishments	Upcoming Goals
• Process diagrams for all disciplines are completed and validated. Additional reworks are being done by the business which will be addressed as they happen. • Forms for each of the disciplines have been documented and validated. • Forms build has started and validation for these forms are happening concurrently. • Training plan has been completed and schedule has been submitted to the client. Training development is underway and is also scheduled to be completed by the end of April. • Test plan, scenarios, and scripts have been created. Integration testing is underway and scheduled to complete before the end of April. • Reports requirements have been documented and discussed with the client. Reports are being built and will continue through May.	• Process Walkthrough on all processes. • Update forms based on changes from the process walkthrough. • Complete training materials and training validation to prepare for Training in May and June. • End User Acceptance Testing (UAT) along with preliminary training to ensure UAT process works effectively. • Complete Integration testing.

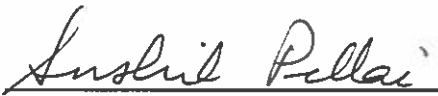| Key Milestones for Stage 2						
Name	Description	Plan Date	Target Date	Percent Complete	Comments	
Planning	Working with Acute, Crisis Respite to understand their business requirements and plan the integration between disciplines	1/7/13	4/2/13	90%	Since the disciplines are capturing the same information, the need to make each discipline concise will require additional time.	
Reporting	Determine internal and external reporting needs – regulatory, quality, fiscal, and clinical.	2/4/13	5/20/13	69%		
Technical Integration – PC Rollout and Network	Will need to work with IMSD to determine timings on the PC rollout and network testing to ensure Acute goes live.	1/21/13	6/3/13	25%		
Configuration	Get all forms, documents, orders, roles configured into the system.	4/8/13	4/23/13	88%		
Integration Testing	Develop strategy, scenarios and scripts to test the system along integration points.	4/22/13	4/29/13	82%		

UAT	Develop strategy, scenarios and scripts for the users to test the system.	4/24/13	5/6/13	0%	
End User Training	Develop end-user training materials in STT across every role so that training is specific to what each individual does with the system.	3/25/13	5/24/13	36%	
Go Live Activities	Plan for all activities prior to go live. IMSD involvement will be required to ensure there are no surprises.	5/27/13	6/5/13	0%	
Go Live Production Copy	There are things that happen behind the scenes after go live in terms of copy of files to ensure consistency.	6/10/13	6/20/13	0%	

RECOMMENDATION

The Director of Behavioral Health Division and the Chief Information Officer respectfully requests this report to be received and placed on file.

Prepared by: Approved by:

Sushil Pillai   Chris Lindberg
The Joxel Group, LLC   Chief Information Officer, IMSD

cc: County Executive Chris Abele
    Amber Moreen, Chief of Staff, County Executive's Office
    Marina Dimitrijevic, Chairwoman, County Board of Supervisors
    Kelly Bablitch, Chief of Staff, County Board of Supervisors
    Raisa Koltun, County Executive's Office
    Don Tyler, Director, Department of Administrative Services
    Hector Colon, Director, Health and Human Services

Jeanne Dorff, Deputy Director, Health and Human Services
Kathie Eilers, Director, Behavioral Health Division
Laurie Panella, Deputy Chief Information Officer, IMSD
Jennifer Collins, Health and Human Services Research Analyst
Jodi Mapp, Health and Human Services Committee Clerk
Alexandra Kotze, Fiscal and Management Analyst, Behavioral Health Division