Report to the Clinical Affairs Committee from the Physician Advisory Group Meeting on May 10, 2006
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Key Points.

1. All “ranked” budget items on the IT budget were approved as part of the Capital Budget for the medical center. Projects funded include improved security, PICIS/UCare interface, ICU UCare, the introduction of IT to the transplant units, learning management (on how to use the system), business intelligence, and work on the ambulatory IT program.

2. There are several problems within the critical care systems. The brand of monitors has been selected. However, there is no good communication between UCare and the Alaris pump, and there is no promising system in the pipe-line with GE.

3. The IT committee is now starting to get initial feedback, upon which improvements in the system depend. The clinical faculty will be appraised of “improvements” by be-mail.

4. Pediatrics UCare is now partially live. It is expected to be fully active by 5/30/06.

5. The initial feedback from Synopsis (the sign out system) is positive and holds the promise of more complete sign outs and better rounds reports. Nursing access is an unresolved issue. It is still largely a blank text format.

6. Template documentation has been a problem, but there have been major improvements, and IT is working on the next generation of UCare in which care-givers will be able to use templates within UCare itself (paste and copy will no longer be necessary).

7. Pharmacy is still a major issue. IT is meeting with GE in Seattle this month to see if there is some way a useful system can be created from existing software.

8. The ambulatory roll-out is scheduled to take 3 years. The first phase will be “wide and shallow”. As many clinics as possible will begin to participate, but the IT capabilities will be limited. During the second phase IT will concentrate on using the electronic record system to improve clinical practices (presumably both medically and financially). The third phase will be the development the next generation of the ambulatory electronic record system, based on feedback from phases 1 and 2. The IT steering committee is planning on developing a series of specific clinic working groups.

Respectfully submitted by Ken Fye, MD