



2.16.18



Cerner Updates

- Three physician residents have joined the Academic Technical Advisory Group. Welcome to Drs. Anthony Whitten, Jessie Bang and Christopher Gonzalez.
- Pacemaker Clinic: Charges for the North Campus have been added to the Pacemaker/ICD Follow Up Powerform to improve workflow to place tech charges.
- Non-Invasive Cardiology: Charges for the North Campus have been added to the Non-Invasive Cardiology Powerform to improve workflow to place tech charges.
- Academic Service Order Alert Tucson Campus: This alert is currently operating at BUMCS and will be turned on for BUMCT on Feb. 21. This alert prompts residents to place the Academic Service order if it is not on the chart. This order assists both clinicians and providers in communicating which care teams, attendings and residents are caring for the patient.
- Order Synonyms: A final list of order synonyms will be completed by Feb. 16 and will then be sent to IT to build. These include lab, imaging, nursing and medication orders.
- DKA: Great progress is being made on changes to this orderset with involvement from Dr. Bime (BUMCT) and Dr. Bruzzi (BUMCS). The proposed changes will be presented for approval soon.
- Our physicians now have the ability to dictate notes into patient records via their mobile phones using new Medical One cloud-based software. This came to Tucson first, and will roll out across Banner.
- Continuous Renal Replacement Therapy (CRRT) PowerPlans will be replacing caresets.
- A Cerner team from Kansas City is onsite to evaluate our infrastructure for areas where performance can be improved.

Mark your calendars for Feb. 26 for a Physician and Staff Information Exchange to provide updated information on Cerner.

12 Noon

Banner UMC South,
LaGaleria

5:30 p.m.

Banner UMC Tucson,
Kiewit Auditorium

An Important Message from Kathy Bollinger, President, Banner – University Medicine

Dear Friends and Colleagues,

You may have read the Arizona Daily Star article describing the challenges our patients have experienced during our EMR transition. Although it focuses on a particularly difficult time-- including a system-wide Cerner outage and during a bad flu season-- the premise is accurate. This transition has not gone smoothly, and it has impacted our patients, faculty, and staff far too much.

On behalf of Banner, if one patient was inconvenienced, it is one patient too many. And no provider should ever feel that our systems are standing in the way of delivering excellent patient care. Implementing a new IT system in an environment as complex as this one is not an easy undertaking, and it is one we underestimated. We regret this deeply and are making no excuses and sparing no resources to make it right.

This “fix” is multi-factorial. We now have six teams each bringing Banner’s immediate attention to the most important goals. They are:

1. Improving the Experience for our physicians and clinicians
2. Improving Access to Care
3. Continuing to design and build improvements to Cerner (ATAG Agenda)
4. Improving Revenue Cycle (financial implication of the clinical record)
5. Meet Sofia’s needs
6. Improve the System Performance of Cerner (downtimes, slowness, etc)

Achieving the outcomes we all expect requires us to perform in ALL of these areas simultaneously. I am leading the team that is ensuring we do just that. Thanks to the work of many, we have made substantial progress and continue to work through our 30/60/90-day improvement plan.

As we work through the challenges, I don’t want us to forget why we undertook this transition in the first place.

When the system is complete, clinicians and researchers will have access to information about millions of patient visits across Banner. This will allow the kind of research that will put us among the leading academic research institutions in the nation. It is also one reason we received the largest precision medicine grant ever awarded by the National Institutes of Health. Integrating BUMCT into Banner’s information systems will also ultimately streamline everyday workflows and administration. I recognize that this longer term benefit may not be of greatest importance to you right now. You must have the tools to do your jobs and that is job #1 for Banner. Please do, however keep the end game in mind.

I know that your frustrations are real and you may not have enough information to know that your concerns ARE being heard and addressed. We have brought extra resources to ensure that we are effectively closing this communication loop. Please know that the entire organization is fully invested. You are the heroes that are working every single day to do what it takes to ensure that our patients are receiving the care they need and deserve. We WILL get this right.

My door is open. Please feel free to contact me at any time with your suggestions. We must focus on the right things and continue to work together to achieve our bold vision for Banner University Medicine.