

Project Startup Report

Presented to the IT Committee December 10, 2013

Project Name: NDVH – Electronic Medical Record

Agency: NDVH

Business Unit/Program Area:

Project Sponsor: Mark Johnson

Project Manager: Kari Nishek

Project Description

The North Dakota Veterans Home (NDVH) plans to upgrade its medical records program to a new electronic health records (EHR) program. The EHR system includes point of care (POC), electronic medication (eMAR), electronic treatments (eTAR), minimum data set (MDS) process, care planning, assessments, charting, reports, physician orders, electronic lab requests / results, resident census, accounts receivable, trust accounts and electronic insurance claims. This EHR system would comply with federal electronic health records requirements, state health information exchange and auditor's requirements.

Business Needs and Problems

Business Needs:

1. NDVH will be unable to submit MDS with their current MDI program after 05/17/13 which will result in a loss of \$240,000 per month in federal reimbursements.
2. The strategic goal of the NDVH is to convert from a paper-based medical records system to a fully electronic health records system in order to comply with federal and state requirements.
3. The State Auditor says the accounting component does provide a sufficient audit trail and should include sequential transaction numbers.

Key Metrics

Project Start Date	Project End Date	Original Baseline Budget
08/01/2013	04/14/2013	\$476,600

Objectives

Project Objectives	Measurement Description
1.1 MDS Submission	1.1.1 Federal and State accepted NDVH MDS submissions
2.2 The new EHR system should comply with Federal and State requirements	2.1.1 Upon first production use, the new EHR system meets HIPAA, HITECT and HIE standards
2.2.1 The new EHR system will be a federal Certified system	2.2.1 Upon first production use, the new EHR certified by Certification Commission for Health Information Technology (CCHIT) and meaning full use by Office National Coordinator for Health Information Technology (ONC) for Long Term and Post Acute care (LTPAC).
3.1 The accounting module must meet State Auditor's requirements	3.1.1 Upon first production use, the accounting module must provide audit trails and sequential transaction numbers for all accounting transactions.

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Cost/Benefit Analysis			
	Appropriated	Reallocated	Total
Project Costs			
Hardware			
Software/Licenses	\$45,000	\$53,500	\$98,500
Implementation Plan, Setup Conversion & Training	\$67,000	\$107,000	\$174,000
Project Management		\$25,000	\$25,000
Large Project Oversight		\$2,500	\$2,500
Maintenance Fees		\$16,909	\$16,909
Hosting Fees		\$6,556	\$6,556
Sub-Total	\$112,000	\$211,465	\$323,465
Risk Contingency		\$50,000	\$50,000
Baseline Sub-Total	\$112,000	\$261,465	\$373,465
Management Reserve		\$39,600	\$39,600
Non-Project Maint. Fees	\$17,755		\$17,755
Non-Project Hosting Fees	\$6,884		\$6,884
Budget Total	\$136,639	\$301,065	\$437,704

Key Constraints or Risks
<p><u>Identified Risks by NDVH:</u></p> <p>1. The new EHR system is not able to produce acceptable MDS electronic reports. Impact: This would have a severe impact on the NDVH as skilled reimbursements are linked to these reports. Response: This is a very low probability of occurrence because the Health MEDX MDS system provides acceptable reports with hundreds of other LTC clients.</p> <p>2. The new EHR accounting module is not acceptable to the State Auditor. Impact: If the new EHR accounting is not acceptable to the State Auditor, the NDVH would not be in compliance. Response: Health MEDX has assured us their accounting system has sequential transaction numbers and they do have the reports required by the State Auditor.</p> <p>3. One of the many modules in the Health MEDX program may not fully meet the needs of the NDVH. Impact: The impact will vary depending on which module does not meet the needs of NDVH. The key modules are MDS and accounting and are identified above.</p>

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Response: A problem with the one of the modules cannot be identified until the system is fully operational. The Health MEDX team is very dedicated and will make every effort to correct any problems.

4. The EHR vendor goes out of business or drops support for the program. This has occurred with the NDVH's last three electronic medical records systems.

Impact: The NDVH would have to start over with selection, conversion, training and setup of another EHR program.

Response: The probability of occurrence is very low because Health MEDX is the 2nd largest EHR provider for LTC.