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## Progress Notes

On Tuesday, March 16, 2010, the Department of Internal Medicine will go live on the HealthSpan Ambulatory EMR (electronic medical record). There is a lot of work to be done before that date, not the least of which is training all the physicians, nurses, MOAs, etc, on the EMR. (It is important to know that physicians who have used HealthSpan in PCMH must still receive training on the HealthSpan EMR that will be used in the clinics. Both applications are part of the same overall system, but the layout and workflows are different.) Internal Medicine will join Firetower Medical Office who went live on the HealthSpan EMR in March 2009.

Needless to say, we then need to roll out the EMR to all of our other clinic sites. We will use a definite approach for all the other clinics. A few of you may have seen the demo of the Epic Model System presented by an Epic physician on January 21st. For any of you not familiar with the concept of their Model, this is a relatively new concept that was not fully built at the time we started the implementation process for HealthSpan EMR at Firetower. The Model System consists of recommended workflows and content based on Epic's other clients, including many academic medical centers and physician groups; thus, it includes a number of tools and templates that the bare-bones system does not have because it draws on the work done at other medical centers.

After the demo, there was sufficient enthusiasm for the Model System and we have decided to use it for all clinic sites after Internal Medicine. However, please understand we cannot just use the Model System as it comes out of the box. We still must configure it with the names of our clinics, our providers, and other things specific to ECU Physicians and validate that the clinical tools, such as charting templates and order sets, reflect our methods. So, using Model does not eliminate the need for a build process, but it could allow us to draw from features developed for other academic centers and validate them instead of building from scratch or simply replicating what we do today in Centricity or on paper. That will help decrease the time needed to roll out the EMR to all of our sites, which is now projected to take until the fall of 2012.

By using Model, we can significantly accelerate the build process, since a lot of provider-needed features are already included. Examples include: templates for HPI built for specific complaints (hundreds of them); templates for PQRI reporting (all PQRI elements from CMS); templates for clinic progress notes in SOAP format (450 of them); Smart Sets (combination of charting templates, order sets, coding, and patient instructions driven by chief complaint – 450 of them); best practice alerts (hundreds of them). All of these can be modified locally, even at the provider level. Epic staff advises not doing a lot of customization to Model prior to the clinic's go-live date. Rather, work with it for a few months to really get used to the Model features, and then decide what is missing that needs to be added in.

Another factor is that Epic updates their software every spring. Some years the updates are minor and some years they are major. If we go with heavily customized version (not go with Model), then every upgrade from Epic will require a major build process to make our customizations compatible with the updated version from Epic. If we use Model, that makes the annual updates significantly easier to install.

Note that Internal Medicine will still complete its current build process for their go-live on March 16, 2010. Our colleagues at UHS are working on the right way to fold that work and the work done for Firetower into the Model System as soon as practical.

So the HealthSpan EMR rollout continues. We do have a ways to go, but the end result will be an EMR that better meets the needs of our patients and ourselves.

*Nicholas Benson, MD, MBA  
Medical Director, ECU Physicians  
Vice Dean*

## Rotondo to Chair National Trauma Committee



Dr. Michael F. Rotondo, professor and chair of surgery at the Brody School of Medicine, has been appointed chair of the Committee on Trauma of the American College of Surgeons.

Rotondo will serve as the 18th chair of the committee, founded in 1922. His term will be from March 2010 until 2012, and he can be reappointed to another two-year term.

Rotondo is a former president of the Eastern Association for the Surgery of Trauma and has served in leadership roles in the American Association for the Surgery of Trauma.

*Wear Red*

*Katie Jerdee helps raise awareness about stroke warning signs*

On February 5th, at the Wear Red for Women event at the East Carolina Heart Institute, a sea of women wearing red, and a few men, enjoyed a heart healthy lunch prepared by the ECU Physicians Nursing Leadership Council while remembering they were there because of a great need, especially in our region. The need to educate women about the signs and symptoms of heart and vascular disease and the importance of not ignoring our heart health. A lot of us know that watching our health and making good choices becomes a daily routine as we get older. But we need to remind our friends and family that taking care of ourselves and being aware of our health doesn't start at a certain age, and before that everything's easy and fun.

The speaker of the hour was an amazing young woman with a powerful story. Katie Jerdee reminds us that you can be the picture of heart health, but sometimes we can do all the right things, and it still isn't enough.

In 2006, Katie Jerdee was a 20-year-old soccer player at Northeastern University, and debilitating illness was probably one of her smallest worries. That changed when she suffered a major stroke.

But she didn't give up. She worked hard to learn again how to walk and use her right hand.

Amazingly, she rejoined her soccer team in 2007 and ran the Boston Marathon a year later.

Katie She's here with us today to raise awareness about stroke and its warning signs.



*Participants enjoyed a fashion show as the final event of the day. Models were Patricia Simpson, Phyllis Horns, Jennifer Blizzard, Sydney Cunningham, Rukiyah Hayes, Paige Butler, Gloria Jones, Miriam Kemp, Brittany Harrell and Jilayne Erwin*

## *Wear Red Cont'd*



*The Wear Red Event planning committee is Debi Crotts, Carolyn Erwin, Martina Christie, Karen Warren, Martha Dartt, Susan DeAntonio, Donna McDonald and Drillious Gay.*

## *Stroke Warning Signs*

If you notice one or more of these signs, don't wait. Stroke is a medical emergency. Call 9-1-1 or your emergency medical services. Get to a hospital right away!

The American Stroke Association wants you to learn the warning signs of a stroke:

- Sudden numbness or weakness of the face, arm or leg, especially on one side of the body
- Sudden confusion, trouble speaking or understanding
- Sudden trouble seeing in one or both eyes
- Sudden trouble walking, dizziness, loss of balance or coordination
- Sudden, severe headache with no known cause
- Be prepared for an emergency.



Keep a list of emergency rescue service numbers next to the telephone and in your pocket, wallet or purse.  
 Find out which area hospitals are primary stroke centers that have 24-hour emergency stroke care.  
 Know (in advance) which hospital or medical facility is nearest your home or office.  
 Take action in an emergency.

Not all the warning signs occur in every stroke. Don't ignore signs of stroke, even if they go away!  
 Check the time. When did the first warning sign or symptom start? You'll be asked this important question later.  
 If you have one or more stroke symptoms that last more than a few minutes, don't delay! Immediately call 9-1-1 or the emergency medical service (EMS) number so an ambulance (ideally with advanced life support) can quickly be sent for you.  
 If you're with someone who may be having stroke symptoms, immediately call 9-1-1 or the EMS. Expect the person to protest — denial is common. Don't take "no" for an answer. Insist on taking prompt action.

## *Word to the Wise*

*"The best and most beautiful things in the world cannot be seen or even touched. They must be felt with the heart."*

*-- Helen Keller*

## Health Information Systems/Services Update

*From the Training Department...*

HealthSpan "Go Live" is set forth to roll out on March 15th in the medicine clinics. The following clinics will be included in the roll out: General Internal Medicine, Infectious Disease, Pulmonary, Nephrology, Dermatology, Rheumatology, Endocrinology and Gastroenterology.

HealthSpan training will begin Monday, Feb. 15th in the Old Laupus Library HealthSpan Training Room second floor. The training dates and times are listed below:

Super User Training (Assigned) - Monday, February 15th & 16th, classes are from 9 a.m.- 4 p.m. with one hour for lunch

Non-Provider Training (Sign Up on One Stop) - Classes are from 9 a.m.-12 noon

Wednesday, Feb. 17th

Wednesday, March 3rd

Provider Training (Sign Up on One Stop) - Classes are from 9 a.m. - 4 p.m. with one hour for lunch.

Thursday, Feb. 18th

Monday, Feb. 22nd

Tuesday, Feb. 23rd

Friday, Feb. 26th

Monday, March 1st

Tuesday, March 2nd

Thursday, March 4th

Monday, March 8th

Tuesday, March 9th

Friday, March 12th

HealthSpan "seated" training classes are now available on One Stop. Please register by accessing the ECU home page and clicking on the One Stop icon. Log on using your Pirate ID and Passphrase. Under the section "Employee" click on the University Training link. As you scroll through the classes offered, you will see two classes pertaining to HealthSpan training; one provider class and one non-provider class. Click on the "View Sections" hyperlink to see a list of available dates and times of training. Click enroll on your date of choice. Please be aware that training for providers is limited to 30 seats. Non-provider training is limited to 25 seats per class. The training is on a first come first serve basis. For more options/availability it is our recommendation that you log on as soon as possible. There will be two(2) non-provider training sessions offered and there will be ten(10) provider training sessions offered. Also, please be advised that there will be **NO MAKE UP CLASSES**, as time does not permit prior to "Go Live". Thank you and we look forward to seeing each of you at training!

If you have questions regarding training please feel free to call Health Information Systems/Services at 744-2030, option 2.

*Tracy Carawan  
Staff Development Specialist*

## Cardiologist Joins ECU Physicians



*Dr. William H. Bailey*

Dr. William H. Bailey has joined the Brody School of Medicine at East Carolina University and its group medical practice, ECU Physicians.

A cardiologist who specializes in heart arrhythmias, Bailey comes to ECU from La Grange, Texas, where he was in private practice. He has a bachelor's degree in biology and German literature from Tulane University in New Orleans and a medical degree from Baylor College of Medicine in Houston. He completed an internship and residency training in family medicine at Baylor and a residency in internal medicine at the University of Texas Health Science Center in Houston. He also completed a fellowship in cardiology at Texas and another in cardiac electrophysiology at Baylor.

Bailey is certified by the American Board of Family Medicine and the American Board of Internal Medicine.

Bailey is also a reservist in the U.S. Air Force and speaks German and Spanish. He sees patients at the East Carolina Heart Institute at ECU.

For appointment information, call 744-3476.

*Contributed by Doug Boyd  
ECU Health Sciences New Services*



### Send newsletter submissions to:

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