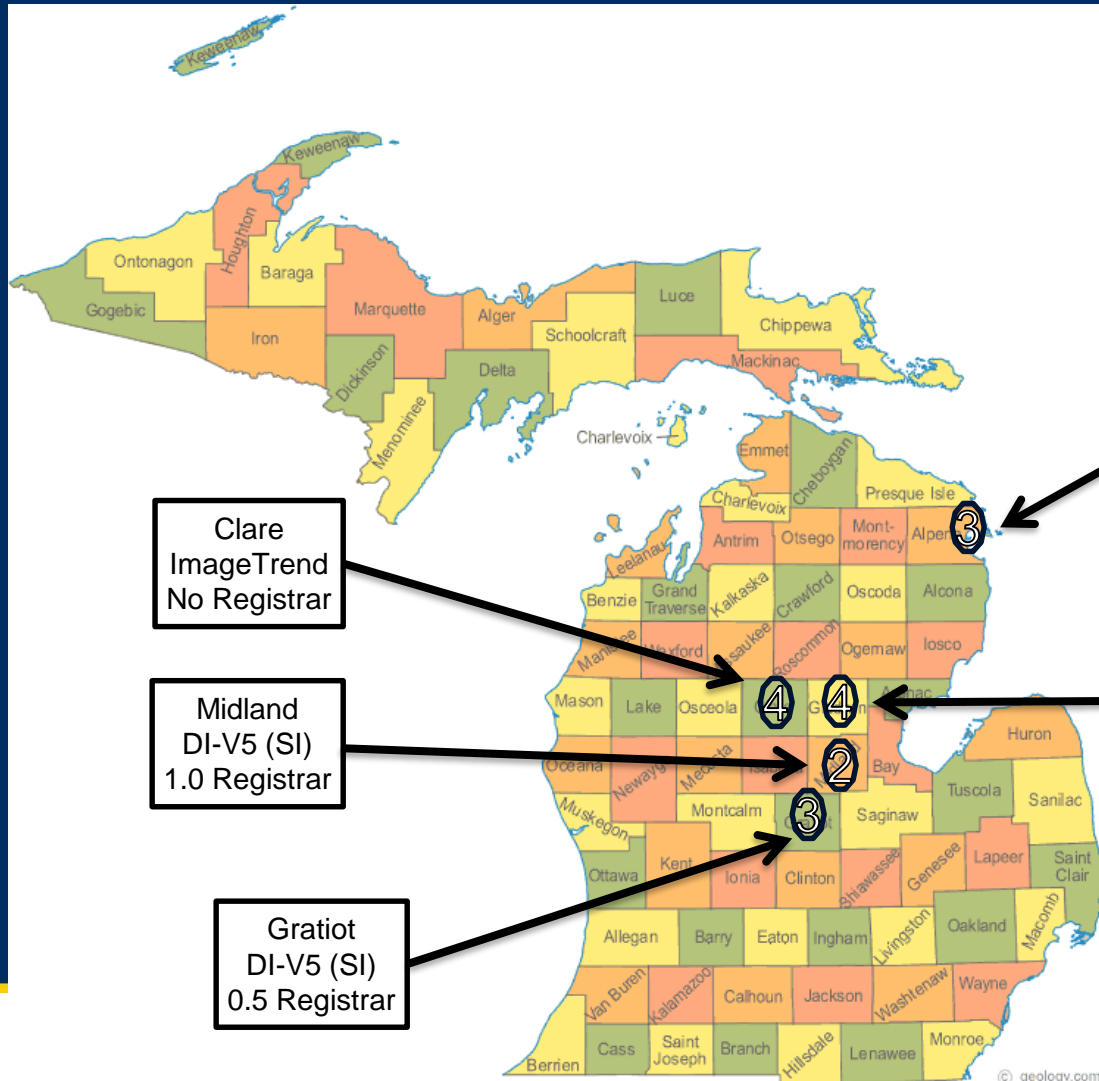


Multifacility Registry

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MidMichigan Health

Background



Design Concepts

- Same platform
 - Two programs already on DI
- Centralized resources
 - Leverage expertise at larger volume programs
 - Draw from bigger candidate pool
- Eliminate data variation between programs
- Create processes for cross-coverage

Registry Options

- ImageTrend
 - Eliminated: Did not meet needs for Midland
 - TQIP, MTQIP, complex reporting, etc
- Single Instance DI-V5 at all centers
- Transition to DI-V5 Multifacility
- Explore other registry vendors

S.I. vs Multifacility

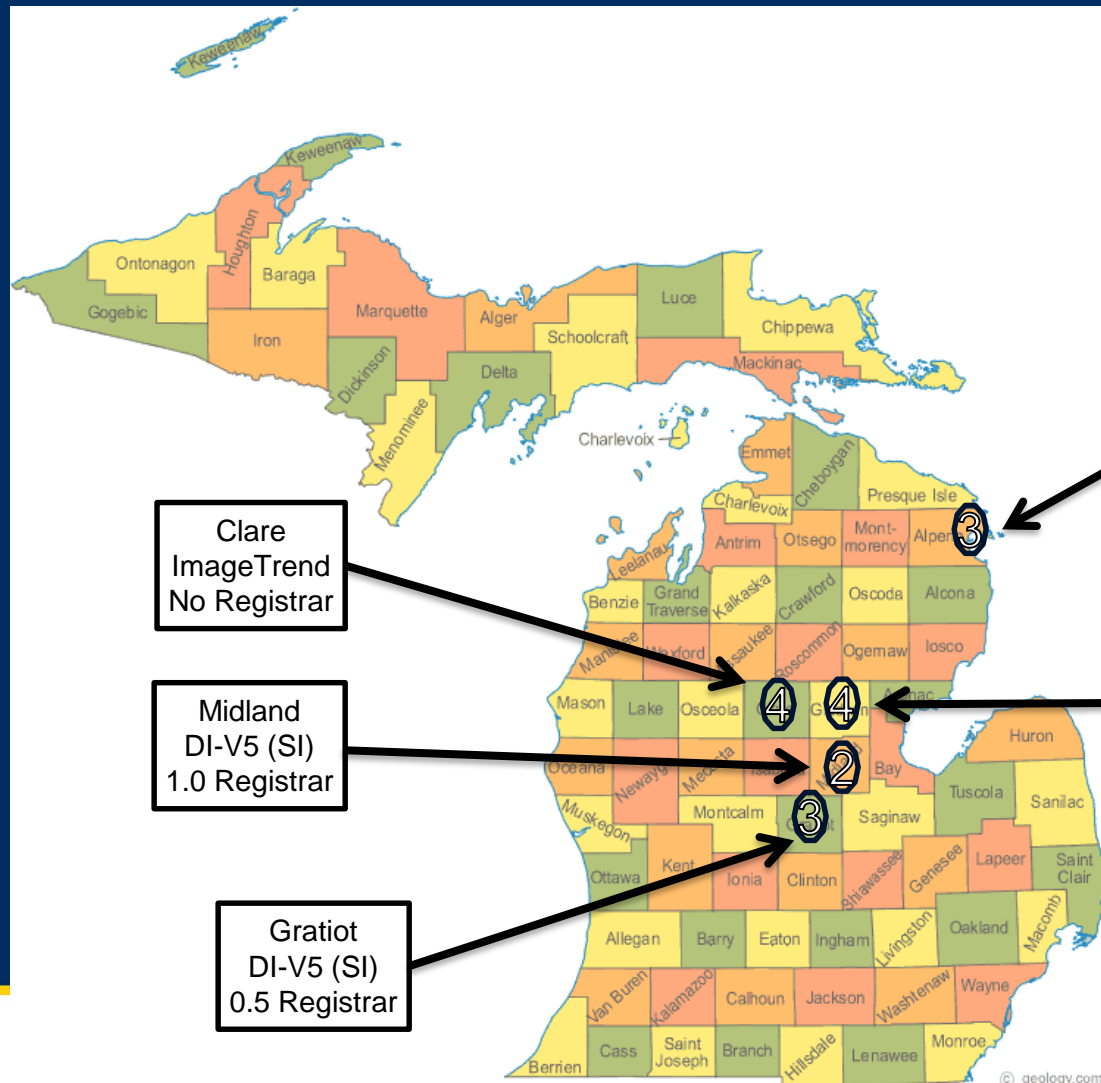
Single Instance

- Pros:
 - Same platform
 - No disruption to legacy software
 - Support processes already built
- Cons:
 - Cost
 - 2x Implementation
 - 1.6x Annual
 - Multiple logins
 - No shared reporting
 - Data element variation

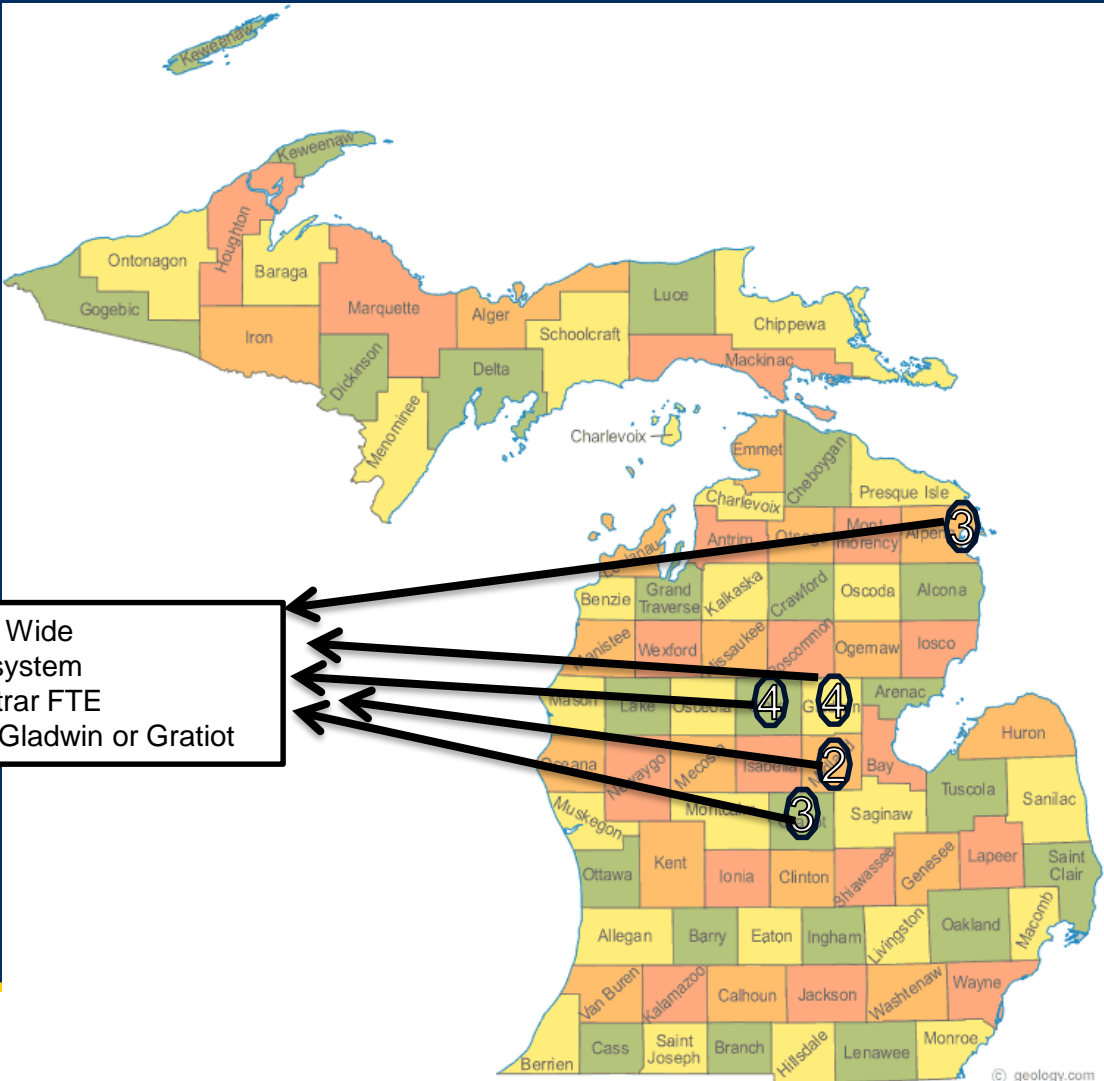
Multifacility

- Pros:
 - Same platform
 - Cost
 - Shared report writing
 - System data reports
 - No element variation
 - Aligns OPOR model
- Cons:
 - Data migration required
 - MTQIP/TQIP concerns
 - Complete rebuild
 - Process changes for legacy programs

Before



After



System Wide
DI Multisystem
2.5 Registrar FTE
Housed in Midland, Gladwin or Gratiot

Implementation Challenges

- Step 1: Put Shari in charge!
 - Step 1b: Hide
- Implementation challenges
 - Alpena, Gladwin and Clare need to submit data to State
 - Midland upcoming reverification visit
 - Need to eliminate all element variation
 - NTDB/TQIP/MTQIP etc

Implementation Experience

- 11/2016- Multifacility software was installed
 - Initial delays for several weeks due to IT issues and server requirements
- Clare, Gladwin, and Alpena-immediate data entry
 - Retrospective and concurrent data collection
- Strategic delays for transitioning Midland and Gratiot registries until Midland's ACS re-verification visit completed

Implementation Experience

Tiered approach to implementation for existing single instance registry.

#1: Wait until ACS visit completed

#2: Determine cutover date for entry in “new” multifacility registry while closing out charts in “existing” registry (Goal 2/1/17)

#3: Data Migration- work with DI support to migrate all closed legacy data to the “new” multifacility registry

Implementation Experience

Challenges:

- Additional IT requirements not initially communicated- Have IT involved early in process.
- Delays with implementation of MTQIP/TQIP data module. 1st multifacility registry to utilize MTQIP module.
 - Delayed implementation for 1 month for existing centers.
- Confusion with security access/ roles
 - Log in under correct facility ID
- Favorites/Staff menus were not exported, requiring manual re-entry by registrars

Success!

- 3/1/17: All 5 centers transitioned to data entry in multifacility registry

Data Migration

- Data migration scheduled 60 days after data entry began for all centers (May 2017)
- DI copied/tested legacy registry data to ensure data elements mapped correctly prior to cutover

Challenges:

- Registrars required to work out of 2 registries.
- Confusion regarding software updates to legacy registries.
 - Gratiot registry had not received several updates thus incompatible with multifacility registry. Updates required prior to data migration.

Results

- Combined volumes give small facilities access to resources including PI Outcomes modules
- High quality data system wide
 - System wide validation process
- Ability to workload balance
 - Ability to cover vacations/turnover/leaves
- One registry helped with EPIC implementation
- Standardized reports

Results

Continued Challenges:

- Optimizing PI Outcomes modules
- Scheduling Data submission time among registrars
- Re-creation of reports
 - Reporting errors from data from legacy time frames.