

PARKVIEW

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oped, like the motion sensor camera that automatically logs off a computer user after a few seconds or the logging in on a computer with a fingerprint.

A. We researched available, cost effective, out-of-the-box solutions. One simple method of securing a desktop in a high-traffic area was to implement what we call TFT, or Toilet Flushing Technology. The sensor we installed automatically logs out a user as soon as he or she steps away from the keyboard. We also implemented for all clinical units one fingerprint login, which made for a better user experience. Users did not have to keep logging in and out of applications or computers. This also helped strengthen security.

Q. What is the percentage of items now being entered electronically, such as physician orders, etc.? What is the hospital's goal? Can any organization ever be 100 percent paperless?

A. Physicians currently enter 75 percent of all orders into the system. As far as being 100 percent paperless, there will always be paper of some sort in any facility, which is why we have implemented scanning in our medical records department. Anything that comes to the hospital in a paper format gets scanned into the patient's electronic medical record (EMR).

Q. When you arrived 10 years ago, Parkview didn't have e-mail or the Internet. I would imagine you saw a big opportunity?

A. When I interviewed at Parkview, I realized the potential. I saw how things were being done and I saw this as a great opportunity for myself and for Parkview.

Q. You make rounds with the chief nursing officer (CNO) to understand what nursing jobs entail. You do not have a help desk on the computer; but you do have a help desk telephone number. And your IT staff has links with the various departments with people you call

US EMR Adoption Model™			
Stage	Cumulative Capabilities	2008 Final	2009 Final
Stage 7	Complete EMR; CCD transactions to share data; Data warehousing; Data continuity with ED, ambulatory, OP	0.3%	0.7%
Stage 6	Physician documentation (structured templates), full CDSS (variance & compliance), full R-PACS	0.5%	1.6%
Stage 5	Closed loop medication administration	2.5%	3.8%
Stage 4	CPOE, Clinical Decision Support (clinical protocols)	2.5%	7.4%
Stage 3	Nursing/clinical documentation (flow sheets), CDSS (error checking), PACS available outside Radiology	35.7%	50.9%
Stage 2	CDR, Controlled Medical Vocabulary, CDS, may have Document Imaging; HIE capable	31.4%	16.9%
Stage 1	Ancillaries – Lab, Rad, Pharmacy – All Installed	11.5%	7.2%
Stage 0	All Three Ancillaries Not Installed	15.6%	11.5%

“super users.” Hands-on education seems to be the norm at Parkview. Why?

A. You've heard of the Chinese proverb ... "Tell me and I'll forget; show me and I may remember; involve me and I'll understand." We try to involve everyone in the process to get strong buy-in and a sense of ownership.

Q. Has there been any “slowness” or reluctance to embrace the new way of doing things? If yes, how did you overcome it?

A. We could not make everyone happy, and we know that resistance to change is a common human characteristic. Our approach is to work with each user; not ignore anyone's concerns, and work with them to find solutions. We have a Physicians Advisory Board that is always looking for ways to make things better. We try to work as close to the user as possible for a smooth transition. The key is to keep moving and not give up. Keeping all users involved lets us keep improving the product.

Q. Because of Parkview's implementation of its new system, it is now ranked at Stage 6 on the EMR (Electronic Medical Record) adoption scale of Chicago-based HIMSS Analytics, the research arm of the Healthcare Information and Management Systems Society. Parkview is the second

smallest of the 63 hospitals that share this distinction. Why is this rating important and what does Parkview have to do to reach Stage 7? How many stages are there?

A. As you can see from the EMR Adoption Model Chart shown above, fewer than 2 percent of all U.S. hospitals have earned a Stage 6 distinction. For Stage 7, the highest level, Parkview will be sharing our hospital information with other entities, which we are working on.

Q. What still needs to be done to complete the system or is it an ongoing process with updates, etc.? How often do you upgrade the system?

A. We upgrade about once a year. These types of systems are always a work in progress. We continually try to enhance it to make for a better user experience, and also to enhance patient care and safety.

Q. Looking back, if you and your staff had to do it over again, what would you do differently?

A. Looking back, I think we would take the same "Big Bang" approach. I don't believe we would do anything differently in that respect. Parkview is lucky to have an organization that supported our unconventional recommendations, and to have employees who are passion-

ate about, and take great pride in, using new technology to help improve patient care.

Q. It seems as though the decision was made to bring the system up as quickly as possible. Is this accurate and could you please explain the reason why?

A. Our vendors were no longer going to support their software. We knew we had no other option, and had to go fast because we could not afford to operate multiple systems. Failure was not an option.

Q. The testing phase took up a big chunk of time. Why was this important and did it make the transition go more smoothly?

A. Testing was very important to the implementation because we were going live with so many applications at once. Everything had to be synchronized.

Q. Did you and your staff have fun?

A. We made it fun for our implementation team. "Super users" from pharmacy, lab, emergency department, billing, nursing and others all worked well together.

Q. Please name others on your IT staff and their responsibilities?

A. Troy Pelletier, Jayne Cloutier, Ken Dobbins and Julie Brewer. Everyone is

responsible for supporting the end users. Parkview could not have done this without people in key areas in the hospital, especially pharmacy, which is second to none in the state. We all feel gratified about our team's hard work and the results.

Q. Can you name other hospitals that have sent representatives to view your new system?

A. To date, we have given tours to representatives from 10 states and four countries, including England, Africa, Australia and the Bahamas. They come here to see what really can be done and not just what sales people tell them is possible.

Q. Has Mid Coast Hospital, Brunswick's other medical center, come over to examine your setup?

A. No, not to date.

Q. Can you give us some background on yourself, like age, where you went to school, and any previous positions you have held? I understand you worked at L.L. Bean before coming to Parkview. What do you do to relax?

A. I'm 37. I was born at Parkview in 1972, earned a high school diploma from Mt. Ararat in Topsham, and an electrical engineering degree from the University of Maine. After my college graduation, I worked in the Information Services Department at L.L. Bean. I have fun mountain biking, snowmobiling, playing basketball and lobstering.

Q. Talk about making ComputerWorld magazine's 2010 Premier 100 IT Leaders list. Is that cool or what? I mean you are one of 11 people from the health care industry on the list, including heavy hitters from Harvard Medical School and GlaxoSmithKline.

A. This is a great honor, but the recognition goes to everyone at Parkview. I did not do this alone. There is no "I" in team.

Q. You have been nominated as one of five finalists, including Dave Cullinane of Ebay and Mark Weatherford for the state of

California, as Chief Security Officer of the Year by SC Magazine, a monthly publication for computer security professionals. Please talk about the nomination. How did you do?

A. I am honored to have been listed alongside these large companies. Being named a finalist is a tribute to Parkview's unique application of technology in the delivery of patient care. I had the opportunity to be present when a representative from the Department of Cyber Security at the White House presented the CISO of the state of California with his award.

Q. In talking with you, the subject of security keeps coming up. Why is this so important to a hospital like Parkview?

A. Security should be important to any hospital and monitored tightly. Our patients expect the highest level of security and protection of their privacy.

Q. What does the future hold, in your view, as far as IT development within hospitals?

A. It's becoming obvious with ARRA (American Recovery and Reinvestment Act) and HITECH that the future is in electronic medical records (EMR). Parkview is doing now what the federal government is going to expect of hospitals by the year 2015.

Q. Parkview is affiliated with Central Maine Medical Center in Lewiston. Is there any linkage between the two hospital information systems?

A. At present, there is no linkage between hospital systems, but this is something I am very excited about for the future. This is exactly the type of project that challenges me and makes my job fun.

Q. Is there anything else you would like to add?

A. As important as technology is to health care, nothing can replace compassion, customer care and skilled employees. Technology is just one tool in the provision of quality health care at Parkview.

In the challenge of getting the fully integrated and secure medical records system up and running at Parkview, “We were told this was impossible because of our size, but I think it was possible because of our size.”

Bill McQuaid, Parkview chief information officer



BRUNSWICK TOWN COUNCIL AGENDA

BRUNSWICK — The Brunswick Town Council is scheduled to meet at 7 p.m. Monday at the Municipal Meeting Facility at Maine Street Station, 16 Station Ave.

Following the pledge of allegiance, roll call, a period reserved for public comment, correspondence and adjustments to the agenda, the council will address the following items:

- Manager's report
- Financial update
- Committee updates
- Report on Brunswick Naval Air Station from Capt. William Fitzgerald
- Confirmation of new fire chief (action required)

- Update on Maine Department of Transportation meeting on Maine Street-Bath Road project
- Reminder of upcoming U.S. Census questionnaires
- Approval of night work on the Bath Road improvement project and the Route 1/Mill Street resurfacing project (action required)

Announcement regarding redevelopment of the Grand City property

- Tabled items
- The council will hear public comments on amendments to the code of ordinances regarding buildings and building regulations relative to increasing permitting fees.
- The council will consider taking public comments on the proposed development

review fees schedule and changes to the minor modifications policy.

- New business
- The council will consider a request for a sellers of prepared food on public ways permit for outdoor seating at The Gelato Fiasco, 74 Maine St.
- The council will consider approving a municipal-state agreement regarding the operation and maintenance of a

traffic signal at the intersection of Maine and McKeen streets.

- The council will discuss the 2010-11 municipal budget.
- The council will discuss changing the council rules of order to have public comment after new business items.
- The council will consider authorizing the town manager to negotiate an agreement with the town of Freeport relative to provide emergency communications services to Freeport.

OPEN HOUSE
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1:00PM to 3:00PM



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BATH PLANNING BOARD MEETING

Please be advised that the Bath Planning Board will meet on Tuesday, March 16, 2010, at 6:00 p.m. to consider the following agenda: (Note: Order of business subject to change)

6:00 pm REGULAR MEETING – COUNCIL CHAMBERS	
Minutes	March 2, 2010, meeting
Old Business	Item 1 Request for Final Subdivision Approval - Wing Farm Business Park, West Bath phase (Map 29, Lot 11); Town of West Bath applicant. (Continued from the February 16, 2010, meeting).
New Business	None
Other Business	Planning Board discussion – Schedule of Land Use Code amendments to implement Comprehensive Plan.
Adjournment	

The regular meeting will be held on the third floor of Bath City Hall in the Council Chambers, 55 Front Street, at 6:00 p.m. All interested parties are encouraged to attend. Materials detailing the project(s) are on file and available for review at the Planning Office, Third floor of City Hall, 55 Front Street. (443-8363)

Robert Oxtan, Chair, Bath Planning Board