

LYN SCHULTES: Reminders before we begin the discussion today about the Nursing Shift Companion app. Please note that your phone lines will be muted throughout today. However, we will be accepting questions from all of you through the chat feature. If you're experiencing any technical difficulties, please use the chat as well. That is available at the bottom left of your screen. And to respect everyone's schedules we will keep this moving so that the session ends on time.

Today we are welcoming Adam Herr. He's a nurse manager who will be presenting today on the Nursing Shift Companion app. Also on the line is Franklin Scott. He's the Chief Health Informatics Officer for central Texas and will be here to help address any questions that you may have. As mentioned before, if you have any questions, please use the chat feature and we'll stop the presentation intermittently to answer those questions, and if we don't get to yours, we will send out an email following this webinar with any relevant information. Also, if you'd like to download the presentation today, please click on the paperclip at the top right and the chat screen. And with that I will turn it over to you, Adam.

ADAM HERR: Hello. Just bear with me here for one sec while I kind of get myself in order. My name is Adam Herr, and myself, and Franklin Scott, as well as Michelle Lucatorto, have been working on this project since the early days. I'm excited to share it with you, and if you do have any questions, feel free to ask. The Nursing Shift Companion is also known as the NSC for short. When it is introduced and when it does go out to the general population, it will actually-- the icon will just indicate NSC.

So what is the Nursing Shift Companion? In short, the Nursing Shift Companion is a tool that is intended to provide nursing staff with information vital to patient care to be at the fingertips of the nurse in an actionable format. The NSC is intended to provide just-in-time reminders for scheduled nursing procedures, along with the ability to document as work is done. The connected care office is planning a field test of this application in September 2016 at three sites.

The idea for the Nursing Shift Companion was born out of the desire to provide nurses an electronic brain sheet or Kardex that was usable as well dynamic, but it needed to be more than that. It had to be usable. One of the things that was brought up early on is we did not want to create another application that would just be part of the-- excuse the term, but part of the junkyard of VA applications, computer products, various other things that just don't really have-- they're not usable to the end user.

We wanted something that the nurses would build off of already proven uses, such as the brain sheet and Kardex, and it would enhance their career, not just burden them. We wanted this to be a platform where nurses could work, and that, as technology grew, the application could grow also. It is a tool that gives-- it gives an up to date picture on the patient and allows for setting tasks and prioritizing a nurse's day. It was built by nurses for nurses.

So as we go forward, let's go ahead and let's look at some features of the Nursing Shift Companion. And feel free to interject as I'm going here.

So as that was mentioned in the introduction, the Nursing Shift Companion provides vital information to nurses at their fingertips using a mobile device, whether that is a tablet or a laptop. It is a web-based app, so they can bring it up, and it can be used across the platforms. It is not specific to iPad. It is not specific to Windows base. It is built to be a web-based application.

Some of the information available for viewing with the Nursing Shift Companion-- it includes things such as recent lab work, patient's current medication list, allergy list, as well as an active problem list. While this information is view-only, we will provide some examples of use cases that you can see how valuable this information can be to nurses.

Again, this basically is a tool that's similar to the Kardex or brain sheet, except that it is actively updated. So before we get going into some views, does anybody have any questions or anybody would like me to elaborate a little bit further?

LYN SCHULTES: And just a reminder for everyone, we do have participants on mute, so I don't see any questions coming through yet, Adam, but if anyone does, please send via the chat feature. And also if you're having any technical issue, let us know there, as well.

ADAM HERR: Bear with me, too. I'm not used to presenting in this format either, so. I'm used to being in front of a group of people. So let's look at a specific use case.

So let's say a surgeon comes into a floor, a ward, into a nursing unit to follow up on several patients prior to going into the OR for the day. You, as the nurse, are down the hall and join the surgeon, because, I mean, the reality is us nurses know more about their patients. We're with them 24 hours a day, and that provider is coming on to figure out where his patients are at, and to determine who he can discharge, and basically get the discharge order set up prior to going to the OR where he or she's not able to easily get access to CPRS.

So the surgeon is deciding to discharge a patient, and he asks you, as the nurse, when was the last dose of the patient's IV antibiotic due, or, was it completed? What was the patient taking for pain in terms of were they still getting their IV or their PO dose-- things along that line. These are all very important pieces of information to know when deciding upon a discharge time.

With the Nursing Shift Companion that information is at your fingertips. You can pull it up right there-- the labs, the last time the patient ambulated. And you've got to remember that part of this, too, is it's active, too. So any orders that came up during that time are right there showing up at the fingertips.

The other part to it, too, is that you're not searching through papers. You're not trying to remember when it happened or when it occurred, or having to go to look the information up on a desktop and moving between both the CPRS, and BCMA, and all the other various programs that are out there.

This is also handy when you, as a patient's nurse, are tied up in another room. If that surgeon needs that information and is not able to get that from you because you're tied up with another patient, one of your colleagues, one of your fellow nurses can actually step in and answer the questions for you. And they have-- it's active. It's dynamic. It shows up right there. The nurse can even write a brief note in the Nursing Shift Companion to just document the discussion and the decisions made with the patient and the health care team in the room using a tablet device. So you're able to, when-- so, say in this instance where another nurse who is not the primary nurse for that patient-- a decision is made, they're able to give that information right away. At the same time, they're able to document the interaction and send it to the CPRS, so it will be a documented note.

So this view here is the cover sheet. When pulling the cover sheet information on a specific patient, this is what the nurse sees. So when you log in and pull that cover sheet up, this is the first thing that pops up. As part of the Nursing Shift Companion pilot, we'll be evaluating the perception of the value for the various categories of information found in the read-only version of the Nursing Shift Companion.

Future versions of the Nursing Shift Companion may have less or more categories of view-only information. The focus is on, is this a tool that nurses can use? And if you look up above at the cover sheet, what you can see available is there's immediately, right at the top, is contact information. That right there-- that brings up information such as all the current information. It's the same information found inside CPRS and the name tab.

But one thing that we've already discussed here about [INAUDIBLE] we have many discharges where the patient is going to stay with-- say, that grandpa is going to stay with the granddaughter. In many instances, that phone number may not be what is going to be his availability over the next two weeks when we need to do the follow up call. We're able to pull up that contact information, look at that, and ask right away, is this current information? If not, then we can go ahead, and we can record that, in fact, this is where they'll be for the next two weeks with this phone number.

Problem list is active. So like we discussed with the surgeon you'll be able to pull down and look at the active problem list, look at active medications, see when the medication was given, everything from future appointments to even past hospitalizations. It's all at your fingertip. This is a touch-based application.

The other part, if you look next to it, you can see for outpatient medications this is the example that we have displayed there, but you can actually see the medications, see their status, and

see where they're coming from. So for the outpatient medication, you can see what's active, and you can also see if it's a non-VA med or a VA med.

I'm just looking at the questions-- I apologize-- I saw.

LYN SCHULTES: Adam, we can go ahead and take a quick pause to answer some of these questions.

ADAM HERR: OK.

LYN SCHULTES: So one question that came in is when this will be available to the site.

ADAM HERR: Yep, I will address that actually here. So the testing will actually start in September, 2016, and then it will occur at three sites. Going forward, the goal is to have the testing period take back the information, revise, and then-- at this point in time, I don't have an exact date. I don't want to give you bad information. The goal, though, is to roll it out within, I believe, the next fiscal.

LYN SCHULTES: OK, great. And then we also had another question from Danielle asking if this is compatible with ICCA.

ADAM HERR: I'm not familiar with that either. CPRS is-- I see that-- oh, I see what she's saying. No, it is not compatible, because there's multiple systems out there in the ICUs. So we set this up from, what I understand, unless there is some type of handshake going on between CPRS and these, ICCA and other things like that, to-- and Franklin feel free to chime in on this, because you'd probably more versed, but for the documentation systems, we're geared toward CPRS.

FRANKLIN SCOTT: That's correct. Our interoperability is with CPRS in VistA. We are not directly interfacing with any of the other cross-products at this point in time because of the various data structures involved. We're focusing on making sure that this app is fully integrated with VistA.

ADAM HERR: I believe one other person is typing a question, and I'll wait till then. So go ahead, Franklin, if you want to answer that one.

FRANKLIN SCOTT: Marcia, yes, it's-- the task portion of that application is based upon the CP flow sheet, which you're probably using to do your Is and Os. So yes, it is a kind of re-imagined overlay on that underlying data structure and functionality.

LYN SCHULTES: Great, and I think, Adam, let's keep moving, and we can save some the rest of these questions-- I'm taking notice of them-- later on in the presentation.

ADAM HERR: OK. All right, let me see where I'm at. I apologize. All right. So the cover sheet-- so specific view function that is separate from the cover sheet and can be viewed as a standalone or next to the current medication is the orders viewer. If you look up above at the red arrow, you click that, and it brings out the orders viewer. So once you click that icon, you get basically a side bar overlay. In this view, basically the nurses can look for what are newly written orders.

So to go back to what the purpose of this is, is basically a dynamic brain sheet for those of us that work on the floors. So you can actively see as providers are discontinuing, writing orders, and as orders drop down. And if you look up above, you can see some examples of what we're talking about that are still pending. So these are new ones.

So you've got both a lab and a drug that have been added-- or excuse me, two labs that have been added. So those would be pending. Those are labs that are going to be-- it shows that those orders have been dropped, and they're still out there. So you can quick look and see that, A, these orders are out there, and, B, you can quickly identify that they still need to be drawn. In the medications tab for the orders viewer, if you look up above it, it says medication for a drop down. In that case, you would be able to actually see medications that have been added.

I can't tell you how many times as a nurse-- it drives me crazy-- that when I just got done doing my 9 o'clock meds, and at 9:30, a provider writes for a 9 o'clock med. And you don't know about it until you go back, and go to the system, and pull up either your orders list and CPRS, or it gets complete and it's [INAUDIBLE]. This allows you to see right away that the med has in fact been added.

It allows you to check periodically through the day. Instead of having to go back to the central nursing station, or go back to your COW, and look inside CPRS, and look at the white board for current notifications. It allows you just to pull it up. It's right there, one stop shop. The Nursing Shift Companion eliminates the need to travel to the white board. You can check new orders from any location using the Nursing Shift Companion. You can look at it from a tablet, or, like I said before, since this is a web-based app, you can pull it up on your laptop, but it gives you one central location for that.

So everyone who has provided care for a patient understands complexity of basically having the big picture. A good analogy is that, when you see your primary care provider as a patient, you expect them to be able to see all of your problems and think about them together and not scheduling you for a different appointment for, say, your blood pressure, and then come back next week to discuss your knee pain, and then the following week discuss your cholesterol. If things happen like that, you would never get anything done. You'd be very unhappy with your provider, to say the least. And as providers, we would be unable to keep up with the demands of the job.

So, likewise, nurses consider all the nursing problems and the concerns the patient has when they see the patient in the room. This might be assessing a wound and doing a dressing change, evaluating the response to a pain medication, or even starting the discharge teaching, or

providing medication. You're looking at all the nursing care required for a patient, and it helps the nurse to be coordinated and be more efficient in providing care.

Current practice for most nurses is to have a little side sheet that we print out, and they do a little time-- everybody has their own little ways they do it. But those of you that are out of the floor know that you make little man annotations. You one-line things, and you kind of go off that and hope that your time is well managed, and any little thing can set it off. This system allows you to be-- like I said, it's active. It's interactive. It allows you to adapt.

If you look up above, this view is-- this is the to do list for a patient that is also a part of the application. As you can see, what the patient needs to have done is listed. So you can individually enter tasks in, as well as pull tasks in. And then you get a reminder, so-- excuse me for one sec. Let me collect my thoughts. As you can see, what the patient needs done is immediately listed there, and you also have a reminder of whether you did it or not.

I can't tell you how many times I've had to go back, and piece through my brain sheet, and go, did I get this done? When you're managing four or five patients, especially on a med-surg floor or post-op surgery, you're running. And sometimes remembering that something little you did can make or break your day, or you can see-- obviously if you look at there, you can see if it's been done.

So you can see if you look here at task one on the sheet it says past due. It's an immediate reminder. It tells you the time that it was expected to be done and the date, that time and date also moves with it. So if it needs to be done multiple times, it will actually continuously update.

The other part to it, too, is it will document the action. So you can document some of those simple tasks that before you would write down or try and remember throughout the day. So in short-- so basically what it is, is it's giving you a quick synopsis, a quick look at what you have to do for planning out your day. It gives you your tasks, gives you the times that they need to be done, and then allows you to document.

You can also prioritize with it, and you can also move things forward or back as needed. And you're not waiting to the end of the day to try and remember everything you did to document. It documents at the time it actually happened.

So as nurses in this application, we'll be deciding what care activities will be tracked for the care planning and documentation inside the NSC application, or Nursing Shift Companion. These are some examples.

So say a nurse places a PPD skin test on a patient, and it is desired that-- or obviously within 48 hours you want to check for a reaction. He or she can go inside the Nursing Shift Companion, and activate this task, and set it for 48 hours.

So during that time, in the past, there are many occasions where people go, oh my goodness. I forgot to check this on day two, so now let's check it on day three, and if it's outside their parameter, then the patient has to go through the entire series again. But with this, with the Nursing Shift Companion, it will actually remind on that patient at the 48 hour marker even with another nurse on duty. So the tasks stay with the patient. They don't stay with the nurse. And basically this creates an effective opportunity to communicate this to colleagues and communicate with the nurses as you go throughout your day, even when you're not there. So that's one huge benefit.

A nurse could also schedule a dressing change. In addition to the nurse setting that's on the task list with the tablet or with a COW or however, with bringing the tablet into the room-- or the laptop-- you would be able to look at what supplies are needed as well as see how the dressing change needs to be done. And you can take it right in the room. So you're no longer having to carry a sheet of paper to and from that gets ripped up, gets left places, that is being set on a table for things to be dumped on it. It is right there at your fingertips inside the tablet, and it's available at a touch.

And then the last part is-- and Franklin touched base on this-- if you have flow sheets set up inside the-- just CP flow sheets inside the clinical package-- the nurse can pull this information into the app and chart it directly into CP flow sheets also.

So the field test is scheduled for September, 2016, and it's to occur at three sites. It is here in Minneapolis, Franklin's site, which is central Texas-- and Franklin, do you remember what the third site was?

FRANKLIN SCOTT: No, I do not.

ADAM HERR: OK, I can find that out if someone is interested. So with the field test, nurses will complete a cognitive walkthrough with human factors, provide a diary feedback, and a time motion study focusing on work flow will be done with a subset of the testers. So to be completely upfront, this is a work in progress, but the ultimate goal is to put something in the hands of nurses that they can use, that they actually will enhance their job and not just be part of the proverbial junkyard of gear, and equipment, and material that we have out there. We want something that nurses can use.

LYN SCHULTES: OK, great, Adam, and we have a few questions that are coming in through chat, one of which was, will this work with any facilities that are currently not using CP flow sheets?

FRANKLIN SCOTT: Yes, it will. CP flow sheets is a class one product, so it's installed on all Vista instances. So, yes, it will work. CP flow sheets is just one component that kind of underlines this app. You don't have to use that if you don't-- that component if you don't want to. You can do custom tasks. The CP flow sheet component just allows you to do some of the data driven documentation on preset elements, but you can do it also as free text.

LYN SCHULTES: OK, great. And another question asking how it charts back to CPRS.

FRANKLIN SCOTT: It writes a TIU note with the information that's been saved from the current shift back over-- it stuffs it over into CPRS through the note writer app that [INAUDIBLE] developed.

ADAM HERR: And also to piggyback onto that, it's not officially written-- or it's not signed inside the application. You still have to log into CPRS to complete the note.

LYN SCHULTES: OK, great. And we have a question from Eileen asking if nursing students will also be able to tell use this.

ADAM HERR: I don't see any reason they wouldn't be able to. As long as they have access to CPRS, yes.

LYN SCHULTES: OK, great. And Adam, do we have a sample of a nurse shift report created that we can share with the group? Otherwise that's something we can send after the discussion.

ADAM HERR: Yeah, I don't have one available right now, but we can definitely get one.

LYN SCHULTES: OK, great, and would you mind repeating for the audience the test sites that we're aware of at this point?

ADAM HERR: So Minneapolis is one of them, and then the other is central Texas, and for some reason it is escaping me what the third one is. I believe-- I don't want to say. I don't remember the third site.

LYN SCHULTES: OK, and that's something we're happy to confirm with the group after the discussion. A question in relation to that-- if this app will be made available to all sites later on?

ADAM HERR: The goal is for this to be pushed out VA wide. Franklin, correct me if I'm wrong in that, but this will be available to every site along with the package.

FRANKLIN SCOTT: Right. Eventually. My understanding is that we didn't get everything we asked for here with version one, and so we're doing a limited deployment with the human factors component to prove the worth of the software. And then hopefully we will take the lessons learned and the requirements that are identified and roll that into a version two that would make it out enterprise-wide.

LYN SCHULTES: Great. And we've got lots of great questions coming in, so keep them coming. One question was about the security of the app. Since it is a web app, how have cybersecurity issues been evaluated and cleared? If you could speak a little bit to that.



FRANKLIN SCOTT: It is built under the Office of Connected Care's mobile app framework. It is platform agnostic. It is designed as a mobile app, and so it meets all of the mobile app security requirements, but it's also available on the VA web browser for your desktops, and laptops, and things like that.

ADAM HERR: And one interesting thing about it-- actually, one of the features that I really like is-- so if you do drop out-- I mean, we all know in CPRS that if you got a note up and it closes out or you're in a template, you lose it. One thing nice about this application is if you move out of the tablet, you can pick up where you left off before you send it to CPRS. So it's nice because of the fact that it's still active out there, and you can actively create these notes. But the note is not finalized until you go into CPRS and sign it.

But it gives a good time stamps. It's giving good documentation of simple things, such as even turning a patient, that can be so important to document, but we just put it to the wayside because it's just one of the multiple things that we have to try and remember. This allows for you to actually track these things and be able to go from multiple systems. You don't lose if you lose that instance.

LYN SCHULTES: Excellent, and we've gotten a couple of questions asking about if the VA-issued devices will be distributed to use the app or if nurses are expected to use on their personal devices.

FRANKLIN SCOTT: I don't know that there is a plan, necessarily, to issue mobile devices to all the nurses nationwide, because it will work on your PCs, and your [INAUDIBLE], and your carts, and things of that nature. It would probably be a facility-level decision. There may be a limited number for a few sites that are early adopters. That would be a discussion to have with the Office of Connected Care and ONS. But I don't, at the time, see that being a nationwide push to procure that number of devices.

ADAM HERR: And the part of that, too, is that there are some sites that are actually outside of this, completely separate from this application, that already do have tablets out to nursing staff. And then there's other sites that have elected not to go that route. So it is an individual institution.

LYN SCHULTES: Got it. Thank you for that. One of the questions is asking, will this allow us to print a nurse shift report on multiple patients or just one at a time?

FRANKLIN SCOTT: I believe the recording feature for printing-- kind of like what we used to have on the old Kardexes-- that type of printing, I believe, was one of the functionalities that we lost in version one that we had requested. So that's something we'll probably be looking for in version two.

ADAM HERR: That's correct.

LYN SCHULTES: OK, great. And can you talk a little bit more about if this will allow assessments to be documented as well?

FRANKLIN SCOTT: Yes, it will. There are assessment elements within the CP flow sheet's terminology. So you would be able to pick those up and use those to time your assessments and do your assessments via this app, as well.

LYN SCHULTES: And does the note show unsigned in CPRS if a nurse starts it in the app?

FRANKLIN SCOTT: So the way that the note writer component works is within the app you have to actually manually queue that up to push it over to CPRS. So it's not like if you picked up the app and start using it, it creates an unsigned note in your name. You have to manually push it over to CPRS and then go sign it.

LYN SCHULTES: And is there a size limit to the template that can be created to complete the app and send to CPRS? And there's an example included. Admission assessment-- will they just be texted templates, or will health factors and clinical reminders be able to be used?

FRANKLIN SCOTT: Let's see. When it pushes it over to TIU, it will be as text. I don't believe that we have integration with health factors at the current time.

LYN SCHULTES: OK, got it. And just a couple more questions. Do we have to build out CP flow sheets in order to use the assessment feature?

FRANKLIN SCOTT: Yes. Basically, when you're adding tasks to the flow sheet, there's an option there that you can select a clinical task, and it will pull up a list of flow sheet views that are created in your system. So you can pre-populate and group certain elements together. So yes, if you build them in CP console, they will show up for you in the app.

LYN SCHULTES: And will the app include such assessments as the Morse Fall Scale and the Braden skin assessment?

FRANKLIN SCOTT: Yes, those are in the CP flow sheets terminology.

LYN SCHULTES: OK, great.

ADAM HERR: Franklin, tell me if I'm wrong, but I think there's also with inside the apps package that Connected Health has there's actually apps for that. Am I correct?

FRANKLIN SCOTT: Correct. For the Braden-- they're working on a skin assessment app, as well.

LYN SCHULTES: And does version one provide the ability to view data across patients all at once?

FRANKLIN SCOTT: So, not at the summary level. It will show you which patients you have, and I believe it gives you some sort of indicator if you have tasks due on your patient. You create a patient list, essentially, of which patients you're managing, but no, we did not get the summary level view, where you could quickly kind of scroll through your patients and see how many of which types of task are pending on each patient. Yeah, no, Jonathan, we didn't get the nice summary view when we were initially kind of mocking things up.

We really wanted that kind of summary level view so you could see all the patients you were taking care of on that shift. You could see kind of like when you get a text message and it pops up a number. You have two text messages waiting to be read. We wanted that same kind of functionality-- relay it to labs that were coming back, doctor's orders that were coming in, medications that were due, and tasks that were due. And so we got a lot of the functionality, but we didn't get that overarching view. That's something we'll be looking for in a later version.

LYN SCHULTES: And the question that came from Diane-- CP flow sheets hasn't seen any new funding? Is it expected to have funding as this is released?

FRANKLIN SCOTT: I haven't been on some of those calls recently. I have not heard that the CP flow sheets will receive any additional funding. Additional terminology requests are still being processed by the terminology group. So if there are additional documents, or documentation elements, or terms that you would like to see added to the terminology, those are still being processed. I believe they've been releasing patches every four to six months with new content there within the terminology.

LYN SCHULTES: Great. OK, lots of good questions. Please, everyone continue to, if you have additional questions, type into the chat feature, and apologies if we might have missed any of those. If we did, please go ahead and retype in the chat now. I see couple people typing, so we'll give them a few seconds to pop up. OK, great. So we have a question asking if the app pulls nursing orders out of CPRS, or will nurses have to re-enter tasks separately?

FRANKLIN SCOTT: Right. So the workflow that we have within the app there-- I believe you had a screenshot of the orders view, and Adam will have to help me here. Our initial requirement was for the nurse to be able to verify the order from within the app. I don't remember if we got component or not.

ADAM HERR: We did not.

FRANKLIN SCOTT: OK. And then I believe we did get the component where we can copy the order--

LYN SCHULTES: Franklin, if you could speak up just a little bit here. Your voice is cutting out.

FRANKLIN SCOTT: Sure. I believe we did get the element where we could copy the order over to our task list.

ADAM HERR: We did. Yes, we did.

LYN SCHULTES: And can you tell us how the data elements and information groupings were determined? Were nurses asked what they wanted to see in the app?

FRANKLIN SCOTT: We did have a lot of nursing involvement when we were building the requirements, and we kind of looked around in VistA to see what was available, and that's what we were able to go with.

LYN SCHULTES: OK, and I see a few other people typing. So we'll give them a couple seconds for those questions to pop up.

FRANKLIN SCOTT: Just to tack on a little more to that last question, one of the things we wanted to avoid was designing an app that lived only in the mobile app environment. We didn't want something for all the data to be stored in this server out there in the cloud somewhere that didn't interface with VistA. It didn't fit into the nurse's regular workflow, so that's why we went with something that already had roots in VistA that we could tie into.

LYN SCHULTES: OK, a few more questions have come in. It is known that nurses' knowledge needs different various care areas. For example, ICE needs are different than CLC. Based on that, will there be alternative views to support the different care needs of different types of nursing?

FRANKLIN SCOTT: The CP flow sheets terminology team does consider all those requests for terminology across all those different areas. We are aware that there are multiple nursing terminologies out there. I think we're probably all aware of that. We have been engaged with ONS and the [INAUDIBLE] group being run by Toni Philips in the discussion of the overarching nursing informatics component of, OK, we really need to pick a standardized nursing language that we will move forward with as an enterprise.

And I was at a conference earlier this week with Toni, and she was very excited because we-- and I don't want to steal any of her thunder. I hope I'm not, but she was saying that we received a perpetual copyright license for [INAUDIBLE] language. And that comes with-- I believe [INAUDIBLE] was very willing to provide resources to help the VA adopt that language. And it is kind of an open ended license for perpetual use within the VA across this or other platforms. So I think that's very exciting.

LYN SCHULTES: Great, and can you tell us if the Apple interface with VistA Evolution project?

FRANKLIN SCOTT: It should-- I'm not sure if there are specific components being referenced with that question, but since everything in this app is VistA based, yes, it should propagate forward with VistA Evolution work that's done.

LYN SCHULTES: And will nurses use this to provide hand-offs, or will it mainly be used bedside documentation?

FRANKLIN SCOTT: It can be used for both. Part of our beginning discussion with the development of this app was nursing used to have Kardexes. They may still in some facilities. I know my local facility-- the nurses have given that up, and there's kind of a hole there because we moved to an electronic process. That was one of the paper elements that just kind of got dropped, and so our vision was that we need something that's more robust than paper that can be used to keep track of the care needs of the patient and that that should be something that both provides a snapshot and a forward looking picture of the patient, as well as allowing you to document there at the point of care with what's going on and the care that you're rendering. So it can be used in hand-off to give a snapshot of where the patient is at, what's been done on the patient, what still needs to be done.

ADAM HERR: And this shouldn't be used just for bedside nursing. I mean, it can be used by a wound care nurse. It can be used across all facets of nursing. It has a lot of features that allow-- I mean, even ultimately you could even see providers using something like this. And for bedside report or anything along hand-off, yeah, it gives you a quick synopsis of everything going on with the patient, as well as active orders that are coming down the pipe. So there's a lot of uses for the application itself, and part of the initial-- we're going to look at with the initial deployment to the test sites. We're going to be actively seeking out feedback of what works, what doesn't work, and what other areas that the people would like to see added to it.

LYN SCHULTES: So will there be a summary page for bedside report, or do you have to go to each tab?

FRANKLIN SCOTT: Yeah, unfortunately I think that ties back into Jonathan's question earlier about that summary page. It just wasn't one of the things that we were able to get in version one. So right now you do have to go through-- the workflow is a little bit awkward. I believe it's on the screen right now. If you want to see orders, you have to go up to the orders in the top right. If you want to see the task, you have to go into each patient, and so some of that's not as smooth as we would like it.

ADAM HERR: But we did put that on the website for follow up in future versions assuming that it continues.

FRANKLIN SCOTT: Right, and we're very [INAUDIBLE] those types of things and possibly other items that we haven't discovered yet will come out during the testing.

LYN SCHULTES: And will the app require specific Vista security keys beyond the ORELSE key-- [INAUDIBLE]. Saying that wrong?

FRANKLIN SCOTT: That should come out in the documentation that's released with the app. It should be your fairly standard CPRS access and whatnot that you need to access this app if I remember correctly.

LYN SCHULTES: And do you see it appropriate for quality management and utilization management RNs' roles?

ADAM HERR: Franklin, if you don't mind, yeah, I do, actually. I can actually see-- and especially in the QM and making sure that the right patient, right bed-- as patients are coming up, you're able to pull up that information directly on the patient and give a quick view of what's going on with the patient. The other part to it, too, is I think it just basically comes down to, for the UM and CI roles, being able to give a quick synopsis of what patients are on what floor and being able to-- I envision them being able to look at the data and making sure that a patient is appropriate to move up or down in terms of what is being ordered, and basically their labs, and everything else. So it's a quick view.

LYN SCHULTES: Great, and can it hold reports from managers showing tasks not completed?

FRANKLIN SCOTT: Yeah, unfortunately the reports was one of the things we did not get in version one. So currently, no. I will say that the tasks will remain active and pending as due or past due until they are completed or dismissed by the staff member.

LYN SCHULTES: OK, great. Well, this has been an interesting conversation. I think in all the discussions here, we've had more questions on this than in previous ones. We've got a couple more folks typing, so we'll give it just a couple seconds to answer any last questions, but this will be the last call. An additional question-- if a patient is discharged, will the task clear for next admission?

FRANKLIN SCOTT: Yes, I believe so. Do you remember the specifics on that, Adam?

ADAM HERR: It does. When they discharge, it clears them. They don't carry over into the next admission if that's what you're asking.

LYN SCHULTES: OK, great, and if anyone on the line has additional questions after we wrap up, we will make sure to try to answer as many as possible, but we are going to go ahead and end this session now and ask that you fill out a questionnaire that will be sent to you following the presentation. We want to hear about how we're doing and any additional topics that you might be interested in hearing about. And if there are any additional questions, please feel free to let us know, and we will try to respond to all of them accordingly, but thank you everyone for your time, and I hope everyone has a great weekend.

ADAM HERR: Thank you very much.

FRANKLIN SCOTT: Yep, thank you.