Workshops recap
The April workshop was standing room only, as over 95 attendees came together to share their experiences related to intraoperative workflows. Click here to view recordings of the session presentations.
Our next workshop in August will focus on reporting topics. Let us know if you have an interesting story to share with your peers.
Watch for the registration announcement in June!

Share your story
We want to hear your success stories, opinions, and expertise. If your organization would like to be featured in the next quarterly newsletter, please contact Amanda Adrian at Amanda.Adrian@cerner.com

Quality reporting with GIQuIC registry
Quality, efficiency and compliance are at the front of mind for many GI service line managers. New technologies and tools are constantly being developed to help us move the bar for endoscopic procedures. Cerner clients now have a very powerful tool available to them: GIQuIC.

GIQuIC is a clinical data registry that provides analytics and reporting for GI procedures based on US government guidelines and GI society recommendations. The registry is acknowledged by CMS as a Qualified Clinical Data Registry (QCDR) and accounts for quality data for over 1 million colonoscopy procedures. Quality measures for colonoscopy include:

1. History and physical documentation
2. Informed consent documentation
3. Adequacy of bowel prep
4. Written discharge instructions – outpatient
5. ASA category documentation
6. Indication documentation
7. Cecal intubation rate with photo documentation
8. Adenoma detection rate – screening
9. Withdrawal time
10. Immediate adverse events

Health care facilities using Cerner PowerChart™ now have an easier way to submit endoscopy case data to the GIQuIC registry. Procedure data from the nurse record, physician procedure note and pathology results are electronically extracted for submission to the registry, eliminating the need for double documentation.

In addition to submitting qualifying case data, Cerner also works with clients to identify ways to increase compliance with registry-required data elements to make registry participation more effective.

To get started, contact gi@cerner.com. For more information about applying for access to the registry, refer to giquic.org.
At the April Perioperative Workshop, Evie Rittenhouse, director of surgery, and Peggy Kolb, director of material management, from Beloit Health System shared their experiences in creating effective and collaborative communication between the Surgery and Materials Management teams. Here is their top ten list for successful communication. To view a recording of their presentation, visit the Perioperative Community uCern group.

Evie and Peg’s top 10 for surviving health care…and each other

1. **Listen. Learn. Understand**
   Listen to learn what they’re really saying and to understand their operations, not to judge the person.

2. **The what the %$#! of scope**
   Understand the who, what, where, when, why and how of the project scope. Recognize the perspective of the other team and the true impact to them of what you’re asking.

3. **Liaisons**
   Use or develop liaison roles: staff who are strong self-starters and can bridge both surgery and materials needs to help keep communication moving.

4. **High-touch vs. high-tech**
   Communicate in person or via phone to foster a stronger relationship.

5. **Throw out the blame game**
   Keep each other updated, offer support, be accountable and work together to find the root cause and prevent reoccurrence.

6. **The box of rocks factor**
   Be honest about your knowledge or lack thereof.
   - **STOP** throwing rocks: Say you don’t understand
   - Talk, listen and explain until you do
   - **Options, evaluate all possibilities**
   - **Proceed**

7. **Don’t discriminate based on personality color**
   Knowing someone’s personality type helps you understand how they think, process and react.

8. **Get buy-in**
   Jointly present projects, be supportive and align on major issues, agree to challenge each other without repercussions.

9. **SOS. Know the code**
   Learn the other person’s code language: acronyms, lingo

10. **Have fun**
    Enjoy the experience, credit the other person. Get to know them outside of crisis mode, find something in common and show that you care.
The long-awaited dashboard configuration tool is currently in certification testing. Our plan is to have it generally available later this quarter. With the configuration tool, you’ll be able to select which components to include in a dashboard, size and placement of those components, and define some of the basic configuration (i.e. label, colors, etc.) for each of the components. This is the foundation for the next phase of our dashboard development, which will be the creation of a broader library of components that can be mixed and matched to create dashboards that focus on the measures that are key to managing your department.

This next release will also include several small enhancements and defect corrections, as well as internationalized dashboards.

Hands-on experience with the latest developments

Participants at the Spring Perioperative Workshop experienced the latest developments in Cerner’s Tissue and Implant Management solution. Utilizing point of use barcode scanning technology, attendees role-played the tracking and managing of tissues and implants through each step in the workflow process including: receiving, dispensing, and tracking of disposal or returning.

Attendees gained familiarity with the solution’s chain of custody approach for the management of tissues and surgical implants and experienced the intuitive functionality which provides for quick and accurate documentation and data retrieval.

Click here to view the recoding of the workshop session. For more information or for any questions, please email CernerTissueManagement@cerner.com
Over the last several months, the Perioperative Services team at Cerner has been laser focused on tightening integration with downstream solutions to prepare for the release of phase 2 of the continuing orders functionality. Also known as the meds 1.5 initiative, this project is centered on optimizing Enterprise Java Server (EJS) workflow, which is an integral component of the continuing orders functionality. To date, there have been a number of small enhancements rolled out via SVC SP pipeline, beginning on 2012.01.34 and continuing on into 2015.01.04. In addition, there are a few larger enhancements still pending that will be rolled out upon validation by one of Cerner’s validation partners in the coming weeks. Once validated, it is worth noting these enhancements will only be generally available via SVC SP pipeline.

Since the release of 2015.01 base code level, many clients have expressed interest in the aforementioned continuing orders functionality. Namely, the ‘outbound’ i.e., phase 2 portion of this enhancement, which closes the loop on this streamlined medication/intake workflow. Indeed, the meds 1.5 initiative integrated a large number of suggestions/requests, however, there are fundamental product build requirements that need to be considered. Over the past year, the we have published the ‘Transitioning to EJS and Continued Orders Integration’ reference page, which clearly and concisely outlines basic pharmacy product build requirements and workflow recommendations. Please take a moment to review the ‘Transitioning to EJS and Continued Orders Integration’ reference page, which can be found here.

Recently available: free, perioperative operational reports

Operational reporting is key to the day-to-day basic functionality of a care venue. Take advantage of the new, easy to use perioperative operational reports. Reach out to your CRE to find out how you can start leveraging the reports. For more information on Cerner’s overall operational reporting initiative, join our Operational Reporting – Client Forum uCern.