

INFORMATION TECHNOLOGY @ JOHNS HOPKINS
Monthly Projects Status Reports

All information current as of April 1, 2004

RESPONSIBLE PARTY	PROJECT NAME	GOAL / STATUS
Cele DiGiacomo	Charge Capture Replacement	<u>Goal:</u> <i>Replace the current, homegrown Charge Capture system with an equivalent Keane product</i> <u>Status:</u> Hardware capacity issues are being worked on. Other options for clinic rollout are being investigated.
	Registration Redesign	<u>Goal:</u> <i>Continue to enhance the current systems to improve registration work flow and accuracy</i> <u>Status:</u> The team is working on integration with the Central Physician Dictionary to improve the flow of information to referring physicians. Two new major payers have been added to the automated eligibility verification system.
	Electronic Bed Board	<u>Goal:</u> <i>Provide a tool to be used to improve Bed Management within Johns Hopkins Hospital.</i> <u>Status:</u> The first pilot unit, Meyer 8, has begun to use the system with very good results. The schedule for the next two pilot units has been moved up.
	Document Management	<u>Goal:</u> <i>Implement Document Management to enhance work flow processes for paper</i> <u>Status:</u> Additional roll-out areas are underway.
	Nurse Scheduling and Professional Development Management	<u>Goal:</u> <i>Implement a Nurse Scheduling System to allow for improved scheduling for nursing</i> <u>Status:</u> Plans continue for the next round of nursing units to go onto the scheduling system.
	Executive Information System – Decision Support and Cost Accounting	<u>Goal:</u> <i>Continue to enhance the EIS to include information from the Physician’s Group and affiliates</i> <u>Status:</u> Work continues on the issues found with the Gold version of the software.
	Materials Management/Accounts Payable Phase III	<u>Goal:</u> <i>Implement the Windows version of the current product</i> <u>Status:</u> Meetings with the vendor to identify scope and plan the project are scheduled for early February.
	Labor Management	<u>Goal:</u> <i>Implement an automated time recording system</i> <u>Status:</u> Testing is underway.
	Bar Coding Wrist Bands	<u>Goal:</u> <i>Provide Bar Coded Patient Wrist Bands to improve patient safety</i> <u>Status:</u> Continued discussions with Pharmacy and Pathology on how to make use of the wrist bands.

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	Master Patient Index	<p><u>Goal:</u> <i>Clean up duplicate records on the JHM Master Patient Index. Include JHBMC in the JHM Master Patient Index. Improve patient selection quality by implementing QuadraMed</i></p> <p><u>Status:</u> The next stage of this project is under review for Johns Hopkins Hospital</p>
	Benefits Management	<p><u>Goal:</u> <i>Implement Integral's Benefits module and bring the management of employee benefits into Human Resources at JHH, JHBMC, and JHHC</i></p> <p><u>Status:</u> A meeting is being held in December to discuss whether to proceed or not.</p>
	Enterprise Resource Planning (ERP)	<p><u>Goal:</u> <i>Replace current Financial Systems Suite with new, improved, integrated systems, taking advantage of more modern technology. Include within the project a feasibility study for a joint effort with the University.</i></p> <p><u>Status:</u> Demos of Oracle occurred in November. Additional meetings with each vendor have been held to review Performance Standards and Maintenance and Support. All teams are reviewing all data to decide on a recommended ranking of the three vendors.</p>
Steven Mandell	Electronic Patient Record	<p><u>Goal:</u> <i>To continue to enhance the Electronic Patient Record to serve patient care, provider practice, and to provide efficiencies to the enterprise. All enhancements, changes and priorities are driven by the EPR Users Group, the CSAC, and regulatory requirements.</i></p> <p><u>Status:</u></p> <p>New version is under development and scheduled to be released in the next 60 days. Version 4.1 will include some of the following features</p> <ol style="list-style-type: none"> 1. New Document Editor (Phase 1 of the formatted document project) including web form editor, - formatting (bold, italics, underline, etc), spell checker, new Pediatric Immunization Record form 2. Complete rework of printing functionality which will no longer uses Crystal reports, will reduce install issues, and uses standard Internet Explorer printing , 3. Document Retirement (Phase 1 of Document events project) 4. Op Note Headers are now consistent with other headers 5. User Profiles - minor bug fixes 6. RSP call reduction 7. If password is revoked, user can go to URL to do a self-service password reset <p>Additional activities include:</p> <ul style="list-style-type: none"> • Successfully deployed the Dispensed Medication Module. This feature now displays all medications dispensed via the hospital pharmacy system (BDM). • Document Wizard documents from a variety of services are now being produced at a rate of about 1,200/month • The auto-parsing of Discharge Summaries have added, with physician approval, over 300,000 new entries into the Problems, Allergy, Medication section of EPR during the past 10 months. • Planning for a Psychiatry Notes version of EPR has started. A large team led by Drs. Mickey Kominsky and Pat Barta are working with the EPR team to create the functional specifications • A large team is working on connecting the Central Physician Directory, EPIC outpatient Registration, and EPR Clinic Notes. Ideally, the EPIC registrar will select referring physician from the CPD Directory, the data will be stored, and then printed on the dictated Clinic Note in EPR for more efficient communication to PCPs.

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	Operating Room Management System	<p><u>Goal:</u> <i>To provide an Hopkins Hospital wide Operating Room Management System</i></p> <p><u>Status:</u> A large team of physicians, nurses, administrators, OR personnel, scheduling staff, and technical personnel, led by Dr. John Ulatowski, has spent nearly two years to select a new comprehensive ORMS. The system, a product of GE/iPath, will be used for scheduling, conflict checking, case cart management, surgeon preference cards, perioperative documentation, patient tracking, materials management, and reporting. It will be deployed in the GORs, Weinberg, JHOC, Wilmer, CVDL, Greenspring, and other procedure areas. The system build is nearly complete and integration testing will begin soon. The first part of Phase 1, Case Scheduling for all cases from June 1st and later, will go live on April 19, 2004. The second part of Phase 1, the core ORMS features of case cart, interoperative time stamping, materials management, hospital billing, and day navigator will go live on June 1, 2004. Phase 2, complete perioperative documentation should follow in about 90 days. The Wilmer Eye Institute ORs, CVDL, and other sites will also be going live.</p>
	Provider Order Entry System	<p><u>Goal:</u> <i>To provide an automated provider order entry/nursing documentation tool for all inpatient and outpatient activity</i></p> <p><u>Status:</u> A large interdisciplinary team, led by Dr. Wayne Koch, has successfully gone through an evaluation and selection process to choose the best provider order entry system in the marketplace, Eclipsys' Sunrise Clinical Manager. This system is a web based highly modifiable, sophisticated order entry, documentation, and decision support tool. It is being installed at a number of our peer institutions such as Barnes Jewish, NIH, Cleveland Clinic, CHOP, etc. The contract was signed on December 30, 2002, and was invoked with the CON approval by the Maryland Health Care Commission in April. It is estimated that it will take about 12 months to install the first service, the Department of Medicine, which will then be followed by OB/Gyn, Adult ED, Pediatrics, Surgery, Neurosciences, Psychiatry, Oncology, and Ophthalmology. The Eclipsys implementation team are regularly on site, the project is well under way, the project plan and charter are complete. Hardware for test and development servers has been received and installed. The first Implementation Team (Medicine) is being led by Drs. Paul Scheel and Henry Fessler and Linda Kisamore, RN. The target go live for Part 1 of Medicine is scheduled for May 15, 2004. On October 23rd, the Eclipsys Corporation announced that the Sunrise XA we were planning to install has serious performance flaws that prevent it from being deployed. After careful review by clinical, technical, and executive leadership, JHH has decided to move forward and deploy Eclipsys' older version of the software, SCM 3.04. This software, which is what the original evaluation was based, is used in over a hundred hospitals in the country, including many first tier academic sites. Progress on the conversion, testing, and system build has been sound. Production hardware and a Citrix environment have all been ordered and will be installed in March. Integration testing is scheduled to begin in late February. Workstations and printers are being deployed in the Department of Medicine. Training plans are now being developed and schedules are being mapped. The go live date for mid-May has not changed.</p>
	Radiology Information System	<p><u>Goal:</u> <i>The goal is provide the most robust RIS to enable efficient patient management, test ordering, and result reporting.</i></p> <p><u>Status:</u> An entirely new RIS product, Siemens Radiology Management System (V26) with RIS/PACS was installed under the leadership of Tom Deluca on June 2, 2003. A large team of Radiology, JHMCIS, Talk technology, and Siemens personnel were on hand for nearly three weeks post live to ensure that the system is performing properly. There are some issues still outstanding regarding the RIS/PACS integration on the front end, but the system is working very well and the results are quite impressive.</p>
	ECLIPSYS Point of Care	<p><u>Goal:</u> <i>The goal is to fully deploy the Eclipsys Point of Care system in the Intensive Care environment.</i></p> <p><u>Status:</u></p> <ul style="list-style-type: none"> • The team is worked with the nursing and physician leadership in Pediatrics to install the system on the Neonatal Intensive Care Unit (CSMC2). This major initiative was completed and went live flawlessly on January 4, 2004..

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		<p>The team is now working with the physician and nursing leadership of the CPCU (Nelson 6) and Nelson 7 to install the system. Due to cross coverage by nursing and training needs, the teams have decided to go live together. As such, the all are working hard in the development, testing, and training are under way. The projected go live date is May 18, 2004. When complete, we will have 20 nursing units and 343 bedside Point of Care systems deployed. The total number of devices connected to the system will be nearly 500.</p>
	OB Perinatal Documentation System	<p><u>Goal:</u> <i>To provide a complete perinatal system, including fetal monitoring, across the enterprise to improve patient care and safety</i></p> <p><u>Status:</u> The OB group, led by Lynn Jones, RN, has successfully deployed the GE Quantitative Sentinel (QS) system in the labor and delivery suites at JHH and BMC. The system was successfully deployed in the JHOC and EBMC. Over the next 12 months it will be rolled out to most of the OB clinics at JHH, BMC, and JHCP. New server and software upgrades occurred in January in a nearly flawless fashion.</p>
	Pediatric Chemotherapy Template	<p><u>Goal:</u> <i>To provide a safe and secure way to produce a paper pediatric chemotherapy order form</i></p> <p><u>Status:</u> An interdisciplinary team led by Drs. Chris Lehmann and Bob Arceci have created an automated pediatric chemotherapy order form. Providing detailed specifications to BDM, inc., the JHH pharmacy system vendor, the team has worked to create an electronic form that does most of the complex chemotherapy calculations provides dose range limit checks, and an array of other clinical data not available on paper forms. The product is now in full productive use for all patients in the Pediatric Oncology Unit.</p>
Michael McCarty	Document sharing and file access	<p><u>Goal:</u> <i>Develop and implement a comprehensive solution that enables all users to maintain and share files on a common platform. It has become obvious that current solutions to share documents are not an appropriate solution for everyone. It is critical that there is an easy to use method of storing, retrieving and sharing files across multiple platforms and multiple operating systems</i></p> <p><u>Status:</u> Investigation into potential solutions began in 2000. Webdav (a relatively new protocol for document sharing) was investigated and felt to be a solution for a number of users. GroupWise file sharing is another very good solution, but for a portion of our customer base. We have finished a review and pilot of a product (Xythos) that meets the majority of needs for the broadest range of individuals. Xythos provides secure file sharing, can be integrated with JHED, can be used to provide shared folders, it is easy to use and provides a very convenient method for accessing most files from anywhere in the world. Final contract negotiations are under way with an anticipated agreement during February. Planning for the implementation will begin during late February. The implementation is anticipated to occur during the late spring time frame.</p>
	Network	<p><u>Goal:</u> <i>Network based caching</i></p> <p>Caching engines have been a method used by a number of institutions to improve response times for access to web sites. The issue with caching engines in the past is that they cache dynamic content in addition to static data and, as a result, the user is not able to see current data. Newer products are now available and we are investigating these products with the intent of improving response times.</p> <p><u>Status:</u> A cache engine has been acquired and is being tested on the East Baltimore campus. If this proves to be effective, it can reduce overall bandwidth for the Internet links as well as improve response times. The testing began during December 2003 and is anticipated to be complete during the spring of 2004.</p>
	Network	<p><u>Goal:</u> <i>Internet 2 and Research Network</i></p> <p>Current connectivity for Internet 2 is associated with one of the original research networks, vBNS. vBNS is associated with universities only, and there is a defined need to work with non-university research labs and companies. Abilene is another advanced network that provides access to non-university groups that have a defined research affiliation with universities. The minimum bandwidth requirement for access to Abilene is an OC3, (a DS3 is used for access to vBNS today). Access to</p>

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		<p>Abilene is generally made available through regional aggregation points. We are working with an organization known as the Mid-Atlantic Crossroads (MAX) that includes the University of Maryland and a number of other universities in this region to forge a relationship. We are, at the same time, working with Net.work.Maryland that has a fiber link and is utilizing DWDM technology, so that we can gain access to an OC48 lambda that will provide a path between Baltimore and MAX. Additionally, we are working with universities in the Baltimore area as well as the City and SAILOR to form a Baltimore MetaPop that will define fiber or high speed RF solutions for access between each of the constituents of the Baltimore MetaPop and the physical location where the OC48 is housed.</p> <p>Status: Contracts between MAX and Hopkins have been reviewed and satisfied, but not yet signed. An OC48 link has been established at 6 St. Paul Street and is now in production. A contractual relationship for members of the “BERNet” (short for Baltimore Education and Research Network), was developed and has been agreed to by the Chancellor of the University of Maryland and all participants in the Baltimore MetaPop. A City owned, fiber SONET connecting Hopkins to the BERNet site has been identified. The implementation of one of the two SONET legs feeding the Homewood campus is complete. Planning for the second leg, feeding the Bayview campus is under way. An MOU with the City is being developed and reviewed by the Legal groups for both Hopkins and the City.</p> <p>This new route and access to MAX will also provide the necessary, additional bandwidth needed in support of commodity Internet access. We are nearing our capacity limits. An optimistic completion time frame is April, 2004.</p>
	Voice Communications Services	<p>Goal: <i>Develop a long range plan for Voice services across the East Baltimore and Homewood Campuses</i></p> <p>In 1999 a project to perform a comprehensive review of the current and future voice communications requirements supporting all of Hopkins was approved. Because of the convergence of voice and data, the review included voice over Internet Protocol (VoIP) technologies. It became clear that VoIP would ultimately be used across Hopkins; however, the benefits that would result in such a massive change are not evident at this time. Additionally, the technology and the vendors have not sufficiently matured so as to suggest a wide-spread adoption of VoIP. It is critical that a common cable plant, common standards and protocols and common equipment locations be utilized across the campuses. It has also become clear that a change is needed in the way local services are provisioned and priced for Hopkins. Similarly a change to a single internal billing system and a single voice mail (with unified messaging) for the campuses is desirable. This involves a multi-year plan to deal with a migration of this magnitude. A consulting engagement that began in 2000 was concluded in 2001. The engagement included a detailed study of the current voice systems environment, recommendations related to how the voice and data requirements should be brought together, and a long term view of how related services should be delivered. As a result of the review, there are plans in place to review the organization and meld services across the campuses. Additionally, local services contracts are being renegotiated (with an anticipated completion date of 1/1/03) to 1.) reduce costs; 2.) provide flexibility in terms of hardware and software decisions; 3.) reduce the long term commitment related to Centrex services.</p> <p>Status: An RFI is being prepared for distribution to several PBX vendors and carriers. The results of the RFI will be used to project the cost associated with several potential solutions. The completion of this process is in the early May time frame with a presentation to the NTS Board scheduled for late May, 2004.</p>
	Unique Identifier (SSN replacement)	<p>Goal: <i>Develop a unique user identification (UID) that can server as a replacement for the SSN</i></p> <p><i>Planning for this effort began during the summer of 2003. A senior level committee, called by the Provost’s office has agreed to a process that will move away from the reliance on the SSN.</i></p> <p>Status: The new UID has been created and is now available in the production environment. There has been some discussion concerning the rules provided by the executive sponsors. These visibility rules are under review.</p>
	Web Single Sign-on	<p>Goal: <i>Implement a method to achieve Single Sign-on utilizing JHED for Web-based applications</i></p> <p><i>Planning for this effort began during 2002. There was a realization that the effort could be greatly simplified, if a commercial product could be used to support this effort. A review of commercial products as well as open source solutions took place during 2003. A product was selected, (SiteMinder) in November, 2003.</i></p> <p>Status: Product implementation planning for SiteMinder began in January 2004. The product will be ordered in the early</p>

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		<p>March time frame with implementation anticipated to begin in late March. The time line for full implementation and production use has not yet been established.</p>
	<p>Active Directory (AD) and JHED integration providing LAN based Single Sign-on (SSO)</p>	<p><i>Goal:</i> <i>Implement a method to achieve Single Sign-on for AD LAN based services and AD applications Planning for this effort began during 2003, following the selection and implementation planning for ISIS. The design of ISIS required an integration of AD and the LDAP directory (JHED).</i></p> <p><i>Status:</i> This was a major effort involving LAN's from across the Enterprise and integration with one product (AD from Microsoft) that was not standards based with the LDAP product from SUN that is based upon open standards. After a great deal of planning and efforts between the Central Desktop organization and LAN Administrators from most (unfortunately, there are some significant exceptions) of the LAN's across Hopkins an integration plan was developed during early 2003. Planning for the widespread rollout of this integration capability is under way. The anticipated production implementation start date is March, 2003. Completion time frames have not been established. Essentially, this will provide a method for SSO for LAN and JHED services as well as an automated mechanism for a user to change their password and to establish a new password, if one is forgotten.</p>
	<p>Directory Services</p>	<p><i>Goal:</i> <i>Develop an architecture and implement the essential middleware elements supporting advanced directory services Hopkins utilizes many disparate directories in search of information about faculty, staff, and students. As Quality of Service, Policy Management and authentication technologies are implemented, it is critical that these services rely upon a well established, standards based and robust directory. Develop and implement a plan supporting the DEN architecture, establishing a central directory and populating the directory with accurate and up-to-date information. The need for a robust, standards based directory and other building blocks associated with the DEN architecture was recognized in 1998. Over the past several years, tools and product selection for critical products have been made with the requirements of DEN understood. The DHCP product, JHEM and GroupWise email, and core application products have been acquired that are in compliance with relevant standards. The iPlanet product from SUN was selected as the Johns Hopkins Enterprise Directory (JHED).</i></p> <p><i>Status:</i> High level plans with associated time frames have been developed. This information will be shared with other areas in IT through the ISLC process. Implementation of some portions of the plan began in September with completion of the critical elements ending in the second quarter, 2004. This includes a change in the architecture to enable the directory to handle much larger volumes as well as implementation of a test environment. The next steps for the middleware effort include the implementation of identity management and a review of portal technologies.</p>
<p>Robert Romero</p>	<p>Data Center Services</p>	<p><i>Goal:</i> <i>To provide a cogent reliable data center facilities and support services for critical IT computing resources.</i></p> <p><i>Status:</i> Institute of Genetic Medicine has completed installation of equipment in 1830 data center. Required electrical and air-handlers were completed as scheduled. Have installed Data Wave circuits to accommodate POE equipment for first integration test.</p> <p>Presented findings and recommendation for Mt. Washington Data Center expansion to Hospital leadership. Next steps are to review plans with FRED committee for approval and funding.</p>
	<p>Engineering Services</p>	<p><i>Goal:</i> <i>To provide high quality and technologically advanced services for mainframe and mid-range systems.</i></p> <p><i>Status:</i> Participated in various negotiation sessions with SAP and Accenture in support of the HopkinsOne initiative. Prepared a TCO analysis for hardware/software acquisition used to prepare HopkinsOne budget forecast. Will continue to review project staffing recommendations with Accenture and participate in similar negotiations and contract reviews with BearingPoint.</p>

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		<p>Coordinated demonstration of host intrusion detection software from Computer Associates. This software is being considered to provide enhanced security for all mid-range platforms and operating systems. This product will also help address audit findings for further securing ROOT access privileges and providing extensive audit tracking capabilities.</p> <p>Reviewing tape automation solutions from StorageTek for possible replacement of existing IBM/Virtual Tape Subsystem. This project will replace aging VTS technology and deliver a more robust tape automation solution to be used by both mainframe and mid-range platforms. Solution will also provide for data replication capabilities between 1830 and Mt. Washington data centers to facilitate disaster recovery features.</p>
	<p>Customer Services</p>	<p><u>Goal:</u> <i>To provide high quality customer assistance through Help Desk and 2nd level support groups.</i></p> <p><u>Status:</u> Conversion from asynchronous to Cisco connected devices is complete except for a limited number of connections in Reed Hall. We are waiting on the customer before completing work in Reed Hall.</p> <p>An ongoing analysis of OrderNet printer problems continues. Results continue to be presented monthly to the OrderNet Steering Committee. Monthly problem volume has been reduced significantly. The largest volume of support calls continue to be for DataMax Allegro label printers. PDS has completed its certification of the m-Class printers and one printer will be deployed on the Osler 4 nursing station during February or March (depending on device availability). This is the same device which will be deployed as a part of the POE project. It appears that all existing printers will now probably be replaced as a part of that project.</p> <p>The Network Tech lab in the Rutland basement has been loaned to the POE team for integration testing through May, 2004. Equipment has been ordered and the lab will be ready for full POE testing during February.</p> <p>A new project has been initiated to upgrade the network connectivity at Good Samaritan. Existing Cabletron units will be removed and replaced with Cisco devices. Visio documentation of existing configurations has been completed and is currently being reviewed by senior NTS staff.</p> <p>Approximately 120 new locations in the Hospital will be set up for Pixys devices. Surveys have been completed with the Facilities Project Manager. Initial installations have gone smoothly. Patches were made to activate ports for approximately 15 devices during January</p> <p>A project was initiated to provide complete wireless coverage for all locations in the JHOC. This will involve wireless surveys (complete), wiring and equipment installation of over 45 access point locations. Wiring has been completed. A determination must still be made as to whether 802.11b or 802.11g units are more appropriate for the area. (The customer has been advised that a slight delay (of up to two months) may be advantageous due to the possible introduction of 802.11g access points into the JHH environment.)</p> <p>A project was initiated to provide complete wireless coverage for all locations in the Wilmer, Woods and Maumenee buildings. This will involve wireless surveys, wiring and equipment installation of over 50 access point locations. Estimates have been broken out by floor and we are awaiting word from the customer as to which areas should be covered.</p> <p>Student Technology Services hosted a Web Accessibility, Mini Conference on January 21, 2004 (http://hrnt.jhu.edu/web_access/agenda.cfm). More than 150 people attended the conference in the Bloomberg Center.</p>

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Wayne Smith	Strategic Planning	<p><u>Goal:</u> <i>Create a global project plan for all clinical practice groups to implement and use common system configurations, screens and implementation approaches to minimize customization of the IDX system</i></p> <p><u>Status:</u> -Universal Front Door RFP received and evaluated. Vendor demos in April, site visits planned for May-June. -CPA Productivity database developed, testing in April and production 7/1/04. -Patient Keeper Lab Results moved to production. -Successfully migrated to Cache 5.0 (database) 3/20/04 as planned. -‘Mini release’ activating selected enhancements to maximize functionality is being tested</p>
	Electronic Data Interchange (EDI)	<p><u>Goal:</u> <i>Use HIPAA standard EDI for all interface transactions</i></p> <p><u>Status:</u> Testing 834 enrollment interface with MAMSI (JHU is alpha site) continues with production planned 4/13. -Problems at Medicare with their HIPAA compliant remittances in the 835 transaction format prevented us from moving to production. April new target dates. -Carefirst 835 remittances being tested. -Medicare 837 Claims placed into production 3/24. -Medicaid 837 Claims awaiting approval to place into production. -Eligibility, Referral and Claims Test files for Tricare on OAO completed, delivered, change requests accepted, completed and redelivered.</p>
	HL7 Interfaces	<p><u>Goal:</u> <i>Investigate, document and propose solutions to the issues with the receipt and posting of HL7 messages into IDX</i></p> <p><u>Status:</u> Allscripts HL7 Charge interface planned for production April 6, 2004. -Once Allscripts in production, we need to upgrade other departmental charge interfaces.</p>
	IDX Activity	<p><u>Goal:</u> <i>Monitor JHU use of our IDX resources to ensure that we are receiving both quality and quantity projects and tasks from IDX.</i></p> <p><u>Status:</u> For March, opened 42 cases, closed 35 cases, 39 cases pending (IDX 11, MSP 10, Customers 18).</p>
	<p>Hardware</p> <p>-Primetime (Production hours) (7:30 AM - 5:30 PM, 10 hours/day x 5 days)</p> <p>-Total availability (24 x7)</p>	<p><u>Goal:</u> <i>Evaluate new technology so that we can incrementally upgrade the hardware thus maintaining our response time and capacity.</i></p> <p><u>Status:</u> 0 hours downtime in March during Prime Time yielding prime time availability of 100%. In 24x7 availability, we had 28 hours of scheduled downtime yielding total uptime of 96.2% -System license usage had an average peak of 446 concurrent users with 476 maximum. -Produced 215,537 electronic invoices; 109,489 paper invoices.</p>
Alan Coltri	Procedure Reporting System	<p><u>Goal:</u> <i>Upgrade operating environment with new servers, and recompile code for Java version 2. Extend deployment to other specialties.</i></p> <p><u>Status:</u> JHH Vascular Lab installed in February. BMC Vascular Lab configured in Feb/March. Plans for April include the installation for BMC Vascular Lab.</p>
	EPR Document Enhancements	<p><u>Goal:</u> <i>This will be a multi-phased project. The first phase deals with extending document status code values to allow the JHH and BMC Medical Records departments to marked documents as “retired”(a new status value) that cannot otherwise be marked as signed or finalized. Documents that currently have a “final” status but lack an electronic signature will be assigned a new value; those with an electronic signature will retain their current status value.</i></p> <p><u>Status:</u> This project will require many program (including RSP) changes, as well as a conversion of some EPR DB2 document tables. As planned in March, the DBA Team converted the EPR database in test to reflect the new document status of “final/no signature”. Related RSP changes made by the EPR team were also moved to production in March.</p>

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		<p>A subsequent phase of the project involves saving and retrieving discharge summaries, operative notes, clinic notes, and unstructured notes with imbedded HTML tags. Plans for April include supporting the EPR team's testing efforts and determining how to accommodate non-EPR callers of the RSPs that save/retrieve these documents.</p>
	<p>TDM Interface Engine Migration and Upgrade</p>	<p><i>Goal:</i> <i>Migrate the interface engine to a non-Compaq platform as necessitated by the vendor's dropping Compaq support. Install new version of TDM software. Old = TDM; New = Impact.</i></p> <p><i>Status:</i> All test interfaces have been moved from TDM to Impact with the exception of the LU6.2 interfaces from TDM to the mainframe. The test LU6.2 interfaces from the mainframe to the interface engine have been converted to TCP/IP and re-routed to go directly to Impact. Testing of the conversion of the LU6.2 interfaces from the interface engine to the mainframe has begun with a single interface. On the test side, plans for April also include supporting phase two of POE integration testing, and continued modifications to the POE interfaces as requested by the POE team as they arise.</p> <p>Production Interfaces between Lab and Howard County were moved from TDM to Impact in March.</p> <p>The re-routing of production ADT to the many receivers of those messages will be accomplished by continuing to have TDM receive the feeds from Invision, Epic, PID/MRA, and Keane, whereupon TDM will "hand off" to Impact. This will then allow each receiver's source to be switched from TDM to Impact singly or in groups, and with minimal disruption in service. The production ADT feed to ORMIS was set up in this manner in March. A re-load of the ORMIS production patient master database from JHH PMDB was also performed in conjunction with enabling that interface.</p> <p>Plans for April include developing a plan for moving other production interfaces from TDM to Impact. It is likely that this will begin with the re-routing of ADT to the smaller systems whose only interface is ADT inbound. The LU6.2-to-TCP/IP conversion of production interfaces from the mainframe to Impact is tentatively scheduled for the end of April.</p>
	<p>Epic/CPD Interfaces</p>	<p><i>Goal:</i> <i>Develop interfaces to exchange referring physician updates between Epic and the Central Physician Directory (CPD). Create outpatient links in EPR.</i></p> <p><i>Status:</i> Approx. 95% of the Book of Calls documentation for the many remote stored procedures (RSPs) that are being developed or changed for this project have been turned over to the EPR team for their review. RSP coding has continued. Completion of RSP coding requires a conversion of the test EPR database, which the EPR team has asked be deferred until the pending rollout of their next push occurs. Some tasks on the project plan have been re-sequenced to allow coding and unit testing to proceed without need for the database conversion.</p> <p>Plans for April include completion of the Book of Calls documentation; also a continuation of RSP coding. Unit testing and code walkthroughs for the coded RSPs will begin in April.</p>
	<p>Conceptual Health Systems (CHS)</p>	<p><i>Goal:</i> <i>Develop a process to allow the real time capture of signed EPR documents by the CHS SAVS/OptiCode software.</i></p> <p><i>Status:</i> The DBA team is developing a remote stored procedure that will support the transfer of EPR documents to CHS in real time, triggered by the signing of the documents. The RSP was previously turned over to the user for system testing. His testing is still under way.</p>

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	Interface Development and Consultation	<p><u>Goal:</u> <i>To assist with the analysis, development, and implementation of interfaces among JHH systems.</i></p> <p><u>Status:</u></p> <p>TeleResults Transplant Information System: DBA Messaging will assist with the implementation of ADT, Lab results, and Pharmacy interfaces with this application. There are no outstanding tasks for the DBA team at this time.</p> <p>Provider Order Entry: There will be many interfaces with this system. The DBA team has constructed all POE interfaces in test on the new Impact interface engine except Nutrition, for which specifications are outstanding. The POE team continues to identify situations that the POE system cannot accommodate, however, for which the DBA team continues to apply customizations in the Impact interface definitions for POE. Plans for April are to provide support to the POE integration test phase two.</p> <p>PatientKeeper 2.4 Implementation: No change in status from previous month. This system is moving from pilot to full production status. DBA has delivered ADT and Lab results interfaces inbound to PatientKeeper, and may be asked to provide additional interfaces such as Bayview ADT, but we otherwise have no outstanding tasks.</p> <p>TheraDoc HEIC Surveillance System: Planned interfaces include ADT, Lab, Radiology, and Pharmacy. The project is still in its early stages. The DBA team has set up test interfaces between Impact (interface engine) and TheraDoc. A controlled integration test is planned for April.</p> <p>Pediatric Digital Echos (KinetDx): No change in status from previous month. Planned interfaces are ADT to KinetDx; results from KinetDx to EPR; and image status to EPR. It is anticipated that the imaging component will closely follow that for JHH Radiology, whereby EPR will maintain a copy of report text, and a placeholder that indicates the presence of and points to images on a separate host. The project is in its early stages, and the DBA team is participating in weekly planning and analysis meetings. It is anticipated that development of a new HL7 report poster to store the KinetDx report text in EPR will be required.</p> <p>MercuryMD System: This application will capture and display on handheld devices interfaced clinical data. Planned interfaces are ADT, Lab results, and Radiology reports, and possibly dispensed meds. The DBA Team continues to exchange informal statuses with the project sponsor on a weekly basis, and is awaiting the go-ahead to set up the interfaces in test. The team is also reviewing feedback from the vendor regarding Lab result message content.</p>
	Psych EPR	<p><u>Goal:</u> <i>Create a secure and confidential extension of the JHM Electronic Patient Record (EPR) to support the Department of Psychiatry.</i></p> <p><u>Status:</u> The EPR team is working to finalize the functional requirements.</p>

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Denise Antinori	Internet Student Information Services (ISIS)	<p><u>Goal:</u> <i>To integrate student services, including admissions, financial aid, student accounts, and records/registration into one database used for maintaining and reporting on student information. Provide web-based self-service for student offices and for students, faculty, and staff.</i></p> <p><u>Status:</u></p> <ul style="list-style-type: none"> • The Undergraduate Office of Admissions, Peabody, PTE, AAP, and SPSBE are now using the admissions module of the Matrix product. • Three divisions, Nursing, Medicine and Public Health, are piloting the SAS module for financial aid in 2004. The school of Nursing migrated into production the week of January 26, Public Health and Medicine will follow in February. • The Student Billing Module is scheduled for implementation in June. • The implementation team for the Records and Registration Module (SSS) is meeting regularly to define their requirements and identify gaps in the Matrix product to be provided to the vendor, SCT. They will be piloting the course database portion in 2004.
	Student Web Services	<p><u>Goal:</u> <i>To provide self-service, remote access for students, faculty, and student offices staff to legacy student systems as an interim solution while the ISIS project is being implemented</i></p> <p><u>Status:</u></p> <ul style="list-style-type: none"> • Web registration is now online and available for all school divisions that use the USIS system. Students can register for classes and pay tuition online. Functionality has been added to provide web access to student data for faculty and advisors. • eBill Presentment has now been added to the online offerings allowing students as well as parents to pay bills online.
	Course Management	<p><u>Goal:</u> <i>To select and implement an enterprise wide course management system for online courses and enrichment to in-person courses. IT@Hopkins is providing technical support to the faculty and academic support staff for this project.</i></p> <p><u>Status:</u> The course management system (CMS) team is working to host and provide help desk/support services for web-enabled coursework and communications functions for faculty and students. Currently, the School of Arts and Sciences Advanced Academic Programs (AAP), Part-time Engineering, and the School for Professional Studies in Business and Education (SPSBE) are using separate CMS applications but are considering consolidating CMS systems. Other schools and academic centers will also become involved.</p>
	Student Financial Aid Common Origination and Distribution (COD)	<p><u>Goal:</u> <i>Hopkins is a full participant in the Department of Education's (ED) COD program, a web-based facility for student loans and grants using one common record format, which streamlines processing and provides web access for the university to view and update student data.</i></p> <p><u>Status:</u> Hopkins has successfully sent and received direct loan disbursements and Pell Grant disbursements to COD service for the academic year. Student Loan and Pell records are being transmitted to COD using the new Department of Education's XML Common Record format. As a full participant, Hopkins is taking advantage of the new COD Web Site which provides improved functionality to view and update student financial aid information as well as providing information on the monies released to the schools by ED.</p>

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	Software Procurement And Registration System (SPARS)	<p><u>Goal:</u> <i>Consolidate the 17 existing databases used for tracking software licensing into a single SQL Server database and provide a web-based request form for users, eliminating the current paper-based M&S forms. A desktop back-end will provide inventory and license tracking with direct financial reporting via FTP connection to the mainframe.</i></p> <p><u>Status:</u> The SPARS system is now available on the web requiring a JHED login for access for faculty, staff and students to purchase software at university negotiated discounts. Further enhancements are being added.</p>
Judy Kilpatrick	Budget Account Set-up and Information System (BASIS)	<p><u>Goal:</u> <i>To provide a user-friendly rules-based method to establish grant award and budget account data in CUFS</i></p> <p><u>Status:</u> Phase I (creating new grant and budget accounts) is complete</p> <p>Phase II, which is providing a BASIS “look-alike” system for annual general funds budgeting, has been completed for division and department level budget input. Further report capabilities will be added by June for use by UA.</p> <p>Phase III functionality for “Masters and Allocations” research accounts is being added in an incremental development approach, with new features put into production as they are completed.</p>
	Access to Financial Information (AFI)	<p><u>Goal:</u> <i>To assist Principle Investigators and their administrative staff in managing their sponsored research accounts by providing on-line, up-to-date financial information to them via the Web</i></p> <p><u>Status:</u> Project was launched successfully in August.</p>
	FLEX	<p><u>Goal:</u> <i>To provide a Web-based system to university employees for benefits enrollment</i></p> <p><u>Status:</u> This new system was used very successfully for annual benefits enrollment, and is now being modified to handle year-round enrollment for new hires and life events as well as LTD and Life Insurance remittance management. Testing is underway for several of the functions.</p>
	CUFS “Clean-up”	<p><u>Goal:</u> <i>To develop custom routines which will allow the deletion of out-dated and incorrect data from the CUFS general ledger and transactional warehouse system, which is currently holding over 99 million records. This is in preparation for migration to a new general ledger system.</i></p> <p><u>Status:</u> This project has been defined in 8 separate parts, each addressing different files and accounts. Two files have been completed, and further parts are in customer review, as each account must be examined by the end user in some files. Project currently ‘on hold’ awaiting user testing resources.</p>
	Retiree Database System	<p><u>Goal:</u> <i>To establish a database of university retirees and provide updating and reporting information in regard to their benefits status and other pertinent information</i></p> <p><u>Status:</u> The database design and Web page macros have been developed, and are awaiting further functional review and final testing.</p>
	Community Relations Database System	<p><u>Goal:</u> <i>To provide a repository of information on community-based projects and initiatives in which Johns Hopkins is involved</i></p> <p><u>Status:</u> This system went into pilot production at the end of February, and further development will be assessed after a period of initial use. Currently moving code to Versata platform.</p>
	Tuition Grant System	<p><u>Goal:</u> <i>To provide an automated method of tracking tuition grant eligibility and payments, in order to replace the current labor intensive, stand-alone PC system used for this purpose</i></p> <p><u>Status:</u> A needs assessment has been completed and various options for accomplishing the replacement have been outlined. The cost alternatives are being assessed by the HR department responsible for the function.</p>

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	Payroll Update Process Automation	<p><u>Goal:</u> <i>To provide an automated mechanism to streamline the Payroll Update correction process by eliminating redundant data entry.</i></p> <p><u>Status:</u> Using IBM's NET.DATA technology, a web-enabled system has been developed for use by the University Payroll Office that eliminates the needs for writing corrections on forms that are then data entered by the IT Data Entry staff. Customer testing to begin within the next week.</p>
Debbie Prince	Meditech Phase 1A and 2	<p><u>Goal:</u> <i>Expand the implementation of the Meditech system to include the addition of the Addiction Treatment and Community Psychiatry Programs onto the billing application, rollout of physician order entry, implementation of the Staffing and Scheduling module for nursing, expansion of the Community Wide Scheduling module to the outpatient clinics and development of the online MAR within the Patient Care System module.</i></p> <p><u>Status:</u> Staffing and Scheduling application is live. Surgical units and the ED are the remaining POE units to rollout in May and June. Community wide scheduling has completed the rollout of over 80% of the outpatient clinics with the remainder to be live by mid June. Med A and Med B are scheduled for go live with the On line Mar April 18th with the remaining units scheduled through mid August. FY05 implementation efforts will include an upgrade, HDX integration, PACS integration, ED module, Authorization and Referrals Module, integration with the credentialing system, and rollout of nursing documentation.</p>
	PACS – Phase 3	<p><u>Goal:</u> <i>Provide the technology to support the capture and storage of electronic images. This phase of the implementation will include long term archiving, RIS interface, clinical review workstations, computed radiography (replacing files over time) and a RAID server to support increased volumes.</i></p> <p><u>Status:</u> All hardware has been received and installed. Several issues are being resolved with the vendor. Implementation is expected to carry through FY06.</p>
	QuadraMed/EMPI	<p><u>Goal:</u> <i>Provide a solution to support the management and assignment of JHM patient Ids to include JHBMC patients</i></p> <p><u>Status:</u> BMC/JHH teams continue to work through post live issues. A recent JHM meeting defined an ongoing plan for the use of the software to include JHH medical records cleanup and further research on the software's ability to accommodate the need for a an EMPI to meet the needs of the UFD initiative.</p>
	Dietary System Enhancements	<p><u>Goal:</u> <i>To provide increased systems functionality to support dietary office strategic goals and improve dietary services.</i></p> <p><u>Status:</u> Software upgrade is completed, team working on software module enhancement for completion in June.</p>
	Orthopedics Clinical Documentation System	<p><u>Goal:</u> <i>Implement a software solution to support further automation of the outpatient orthopedic clinic visit process.</i></p> <p><u>Status:</u> Training is complete, users are developing documentation templates. Interface development is in progress. Go live is scheduled for July.</p>
	Quality Management System	<p><u>Goal:</u> <i>To provide a system to support risk management, QM and physician profiles needed for critical organizational and compliance reporting</i></p> <p><u>Status:</u> Training sessions are completed. QM dept has begun their system build and project lead is working with other departments to assist with their system build tasks.</p>

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Beth Hennessey	OAO Application Suite Implementation	<p><u>Goal:</u> <i>Implement MC400 Claims Processing, Care Management and Data Warehouse applications as well as Communication and MeNet (Internet) services for EHP, Kaiser and Priority Partners Lines of Business</i></p> <p><u>Status:</u> System implementation for EHP and Priority Partners lines of business began on July 28, 2003. Claims processing, Care Management and Data Warehouse applications are fully operational. Conversion of historic claims continues. A project team comprised of JHSOM, JHCP, and JHHC members is working toward transition of the USFHP line of business to OAOHS. Access to McNet (internet) functionality has been provided to JHH, JHBMC, JHSOM, JHCP and JHHCG staff for member eligibility and claims status inquiry. JHHC's Provider Relations Department has initiated a project to increase the volume of EDI claims submissions.</p>
	Disaster Recovery Planning/Business Continuity Planning	<p><u>Goal:</u> <i>To develop and test disaster recovery and executable business continuity plans for mission critical systems</i></p> <p><u>Status:</u> Development of a formal DRP/BCP has commenced with guidance from JH Office of Internal Audit. Representatives from key internal departments will identify critical processes and business needs to which priorities will be assigned. This will ensure the comprehensive nature of the documents when they are completed. JHHC staff also work with our ASP vendor, OAOHS, who recently conducted a disaster recovery test at its Burbank, CA CyberCenter, hosted by Qwest. DR test results have been received and shared with Bill Rider and others for comment. OAOHS has announced its next Disaster Recovery test will be performed in May, 2004.</p>
	UltiPro to new JHHS Benefits Tracking System transition	<p><u>Goal:</u> <i>Provide assistance required for implementation of and transition to Integral Benefits Management System</i></p> <p><u>Status:</u> This project is not being pursued at this time. JHHC will continue to support the UltiPro application which is now able to be accessed by designated JHH Human Resources staff.</p>
	JHHC Internet Site Strategy	<p><u>Goal:</u> <i>Develop strategy for roll-out of a secure JHHC.com website utilizing the base internet component delivered with OAO application suite</i></p> <p><u>Status:</u> Secure JHHC.com site is implemented.</p>
	Document Management	<p><u>Goal:</u> <i>Implement a document management system to enhance workflow processing</i></p> <p><u>Status:</u> JHHC will implement JHH's Legato (EMC) document management solution in an initiative by which hard copy HCFA 1500 and UB92 claims will be scanned rather than microfilmed prior to manual data entry. A consultant, SCI, will assist JHHC to identify suitable outsource vendor to receive, prep, scan the forms and assist in project implementation. In a later phase, JHHC intends to utilize OCR capabilities to further expedite and more fully automate claims entry. Kick-off meeting was held January, 2004 with initial implementation expected by Summer 2004. An RFP soliciting responses from potential out-source vendors relative to scanning UB92 and HCFA claim forms was distributed April 9, 2004.</p>
	Secure FTP	<p><u>Goal:</u> <i>Implement use of secure ftp site for in-coming/out-going file transmissions</i></p> <p><u>Status:</u> Completed: Secure ftp software acquired, installed; users and business partners notified. FTP site is fully operational.</p>
	Credentialing Application	<p><u>Goal:</u> <i>Implement a Managed Care credentialing application to facilitate compliance with URAC regulatory requirements, improve workflow and productivity.</i></p> <p><u>Status:</u> Responses have been received to RFPs; vendor demonstrations have been completed and are being evaluated with respect to ability to meet business requirements and budget. Additional vendor follow-up is in process.</p>

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	DITSCAP Authority to Operate	<p><u>Goal:</u> <i>Successfully complete DOD Information Technology Security Certification and Accreditation Process to obtain Authority to Operate (ATO) USFHP contract.</i></p> <p><u>Status:</u> DITSCAP Kick-off meeting was held in February 2004; project scope and accreditation boundary were defined and approved. Security policy review is in process; physical security assessments (only) will be performed at Reed Hall and 1830 Bldg Data Centers. Physical security and system security audits will be performed at JHHC Data Center (Glen Burnie, MD) and the OAOHS ASP site at the Qwest Cyber Center (Burbank, CA) in June 2004. All assessments and required mediation must be completed by December, 2004 in order for JHHC to be granted Authority to Operate (ATO) i.e., administer claims processing for the USFHP line of business. Security policy and process review is currently underway.</p>
	Direct submission of EDI claims	<p><u>Goal:</u> <i>Enable the receipt of EDI claims and encounters directly from providers into OAO application suite for expedited processing and reporting – eliminating the need for claims/encounters to be processed through a clearinghouse (i.e., WebMD)</i></p> <p><u>Status:</u> First phase will involve transmission of JHH, JHBMC claims directly from PerSe. Initial meeting was held in January, 2004 with PerSe, JHH, JHHC to review requirements for 837 Institutional claims. Results of Per Se's initial tests file were provided and a revised file has been submitted for testing. Related projects: JHHCG has expressed a desire to directly submit encounter data via 837 Professional Claim file format; JHSOM similarly wishes to discuss direct submission of encounter and/or claims. Test files have been submitted for validation. JHH and JHBMC are addressing business decisions related to creation and monitoring of outbound EDI claim batches .</p>
Mary Atwood	Charge Capture	<p><u>Goal:</u> <i>Research and negotiate a pilot for review of a charge capture module at JHCP</i></p> <p><u>Status:</u> Pilot contract negotiated. Research for project has begun with Allscripts. Some progress is being made on this project with an interface being installed and project team training dates being selected. The pilot site is due to go live in March. The project went live on April 6th. Results are very positive to date.</p>
	Document Imaging	<p><u>Goal:</u> <i>Implement a system/process to assist the business office and practice staff in scanning and retrieving documents to save time and money in the operational process</i></p> <p><u>Status:</u> Advance PCI was selected. This project is being implemented. This project is gradually beginning to gain acceptance at the SOM specialty clinics. The Bayview specialties are using the system to retrieve referrals. A number of JHOC users have asked for access to this system. A new platform has been selected for this system and it currently has a much better response time. JHCP is attempting to work with SOM/Bayview specialty support staff to retrieve referrals online. This system continues to be used by Bayview specialists and it is a huge time-saver for those practices who receive repeat requests for referrals.</p>
	Teleconferencing /On-Line Training	<p><u>Goal:</u> <i>Research and implement a system for better training using some form of teleconferencing</i></p> <p><u>Status:</u> This project was placed on hold and will resume in March. Research will begin in March. The goal will be to evaluate vendors that provide Web training applications. Webex has been selected as a vendor for online training. Legal is reviewing the contract. The contract has been signed and we have moved to the setup stage. Training continues for this system. It has been used for a few meetings and several directors have been trained. Classes continue to be developed for on-line training. Classes are being prepared for delivery utilizing this technology.</p>
	Allscripts – Pharmacy	<p><u>Goal:</u> <i>Participate with the roll-out strategy for Rx and WorkFlow for FY04 budgeted locations</i></p> <p><u>Status:</u> The roll-out is now on schedule. There are 3 practice locations to roll-out in this fiscal year. There are two locations left for installation during this fiscal year. The budgeted locations are successfully using Allscripts at this time. A rollout schedule has been developed for the remaining JHCP practices. Roll-out per the new budget year is underway. The roll-out should be complete by the end of this fiscal year. The roll-out is on schedule and will be completed by the end of this fiscal year.</p>

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	Telecommunications Transition	<u>Goal:</u> <i>The Department will be transitioned to HS Communications</i> <u>Status:</u> Meetings have begun to transition the telecommunication services from JHCP to the University/Hospital.
	New Physician/Provider Orientation	<u>Goal:</u> <i>Encourage Orientation of Systems for providers</i> <u>Status:</u> Continued communication is key to this goal. Efforts will continue.
	EPR Analysis	<u>Goal:</u> <i>Determine JHCP need and implement based on research</i> <u>Status:</u> An RFP is being developed to review Electronic Medical Record Vendors. The RFP has been distributed with an expected response date of May 2004. An EMR strategy is being developed.
	Network Upgrade/Active Directory	<u>Goal:</u> <i>Collaborate with JHMCIS on Network Upgrade – DHCP</i> <u>Status:</u> This project is on schedule. The last site was upgraded on March 1 st . The project is 99% complete. The project is complete with the exception of a few printer migrations. The Network group is currently working with JHMCIS on implementing AD for JHCP.
	System Enhancements	<u>Goal:</u> <i>Development of DR/BCP/BRP with Medical Practices</i> <u>Status:</u> Discussion continues about BCP planning with the practices. JHCP has been added to the group to work on BCP with JHM Practices are currently developing BCP's at a more detailed level than presented to the Steering Committee.
	Analyzer/DSM	<u>Goal:</u> <i>Implement a fast reporting warehouse type solution for data reporting</i> <u>Status:</u> JHCP is collaborating on 2 initiatives toward this goal. Work continues with DSM only at this point.
	Universal Front Door	<u>Goal:</u> <i>Identify a system to be used across JHHS/JHM for Scheduling & Registration</i> <u>Status:</u> JHCP is participating with the Steering Committee as well as the IT Selection Committee on this initiative
Rick Edwards	Plan and Implement High-Speed WAN Link, between HCGH and JHHS/JHM.	<u>Goal:</u> <i>To plan and implement a high-speed WAN connection, between HCGH and JHHS/JHM, in order to support current and future data exchange and integration.</i> <u>Status:</u> In Process – AT&T has submitted a formal proposal for their high-speed WAN service, while Verizon should have their submission in by mid-April. It is anticipated a vendor/carrier will be selected by end of April, with service going into effect on or around July 1, 2004.
	Wireless LAN Infrastructure Installation	<u>Goal:</u> <i>To have a wireless LAN infrastructure installed and completed for entire HCGH and Ambulatory Care Center buildings.</i> <u>Status:</u> In Process- All thirty eight (38) Cisco 1230b access points have been fully installed, configured, and tested. The next step is the purchase and installation of the Vernier Networks IS-650 (wireless LAN security/access device), with integration with HCGH's MS Active Directory. Anticipated completion date for this project is May/June 2004.
	Lab Instrumentation Replacements and Upgrades	<u>Goal:</u> <i>To support HCGH through the process of replacing all current lab instrumentation, while also implementing their interfaces with the MEDITECH Lab Module.</i> <u>Status:</u> In Process- The interface has been delivered to HCGH's Test MEDITECH directory in November 2003. Testing has been started and has been in process for past 2-3 months – LIVE status is expected to be attained by July 2004.

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Anatomical Pathology Interface Implementation	<p><u>Goal:</u> <i>To support HCGH through the process of replacing all current lab instrumentation, while also implementing their interfaces with the MEDITECH Lab Module.</i></p> <p><u>Status:</u> In Process- The interface has been delivered to HCGH's Test MEDITECH directory in November 2003. Testing has been started and has been in process for past 2-3 months – LIVE status is expected to be attained by July 2004.</p>
Citrix /Thin Client Pilot Implementation – 3South	<p><u>Goal:</u> <i>To pilot the migration from MEDITECH "dumb" terminals to Citrix and thin client devices (Wyse 3640LE), on the 3South Med/Surg unit. If successful, the model will be followed and implemented throughout HCGH in FY 2005.</i></p> <p><u>Status:</u> In-Process – The Citrix/Windows 2003 server hardware has arrived at HCGH and will be installed and configured during the week of February 9 and 16. The actual thin client devices will be deployed in March-June 2004 timeframe.</p>
PACS Vendor Selection/Evaluation	<p><u>Goal:</u> <i>To evaluate and select the PACS vendor and solution, which best fits into the HCGH environment</i></p> <p><u>Status:</u> In-Process – DR Systems was named PACS vendor of choice on Friday, December 19, 2003 by the HCGH PACS Steering Committee. Contract has been executed and signed. Kick-Off Meeting was held on April 1, 2004, with tentative LIVE date of mid-July 2004.</p>
EDIS Vendor Evaluation/Selection	<p><u>Goal:</u> <i>To evaluate and select the Emergency Department Information System (EDIS) and solution, which best fits into the HCGH environment.</i></p> <p><u>Status:</u> Complete – Due to budgetary constraints and concerns with the solutions that were reviewed, the EDIS Steering Committee has decided to defer this evaluation/selection process for another year, with goal of including in budget for FY 2006.</p>
Cardiology Management System Implementation	<p><u>Goal:</u> <i>To implement the Philips TraceMaster ECG Management System, with HL7 interfaces with MEDITECH.</i></p> <p><u>Status:</u> In Process- Vendors still being considered include Philips and Healthline. Site visits scheduled for April 2004.</p>
Physician Portal Evaluation/Selection	<p><u>Goal:</u> <i>To evaluate the available physician portal products, that can integrate with MEDITECH and existing HCGH web site.</i></p> <p><u>Status:</u> Complete - Due to budgetary constraints, the Physician Portal Steering Committee has decided to defer this evaluation/selection process for another year, with goal of including in budget for FY 2006.</p>
Electronic Forms Solution Implementation	<p><u>Goal:</u> <i>To implement the FormFAST electronic forms solution throughout the HCGH enterprise, replacing current disparate solutions and manual form processes.</i></p> <p><u>Status:</u> In Process - Implementation has started and Phase I went LIVE in September 2003, which included Admissions, OP Registration, ED Registration, and TCAS Registration. Phase II (implementation of all other admissions related forms) has been completed as well. Phase III (nursing forms) is expected to begin in May/June 2004.</p>
Disaster Recovery	<p><u>Goal:</u> <i>To develop, test, and implement a comprehensive IT disaster recovery plan</i></p> <p><u>Status:</u> Complete - HCGH has constructed and completed an on-campus secondary data center, with full network and backbone redundancy. The Secondary Data Center now has a redundant Cisco 6509 core switch, and three (3) Dell PowerEdge 2650 servers – for use as backup MEDITECH servers – in case that the six (6) production MEDITECH servers are inoperative in the main HCGH Data Center. HCGH has already completed backing up/restoring of MEDITECH onto the backup MEDITECH servers – these tests have been successful and have averaged approximately four (4) hours to complete. A comprehensive Disaster Recovery plan and manual have been completed and have been communicated to all IS staff and HCGH senior management.</p>
Wireless Carts and other POC Device Evaluation	<p><u>Goal:</u> <i>To evaluate and select the wireless POC device to be used in Nursing units, including the OR's.</i></p> <p><u>Status:</u> In Process – HCGH has selected Stinger Industries as its wireless cart vendor of choice. A LIVE trial and evaluation of a Stinger cart was completed in January 2004. At this point, HCGH plans to purchase 22-24 wireless carts in FY 2004, with another 25-30 in FY 2005.</p>
Network IP Readdressing	<p><u>Goal:</u> <i>To complete the readdressing of the entire HCGH network, bringing it into compliance with the IP address space allocated to HCGH within the Hopkins IP address scheme.</i></p> <p><u>Status:</u> In Process- Much of the HCGH network has been readdressed already – the devices that still need to be readdressed include the MEDITECH servers, terminal servers, and some network printers. The remainder of these devices will be readdressed by July 1, 2004 - at which point this project will be completed.</p>

INFORMATION TECHNOLOGY @ JOHNS HOPKINS
Monthly Projects Status Reports

	Implementation of Electronic MAR (EMAR) and Bedside Medication Verification.	<p><u>Goal:</u> <i>To complete the implementation of the MEDITECH electronic medication administration record (EMAR) and the Bedside Medication Verification (BMV) module.</i></p> <p><u>Status:</u> In Process- HCGH executed the contract with MEDITECH, for Bedside Medication Verification (BMV), in December 2003. Software delivery of BMV is scheduled for late January 2004. The project core implementation team attended training at MEDITECH in March 2004. Implementation is expected to take 3-6 months.</p>
	Implementation of Email/Spam Filtering	<p><u>Goal:</u> <i>To implement an email/spam filtering solution, to reduce the negative impact of the ever-increasing volume of spam, nuisance emails (unsolicited marketing emails), and emails used to transport and deliver viruses.</i></p> <p><u>Status:</u> In Process- HCGH installed the SurfControl Email/Spam Filtering software module, on a dedicated MS Windows 2003 server. Currently, filtering has been setup for just the standard default email content categories – for example, for emails containing executable files or script files, emails with offensive language, etc. This will be monitored and fine-tuned on an ongoing basis.</p>