

# MEDITECH

## Surveillance Collaborative

February 13, 2025

**Dan Seltzer**, Senior Analyst, Clinical Excellence  
Quality & Toolkits

**Larissa DeGregorio**, Analyst, Surveillance Client  
Services



# Key Points

- Movement on making Genomics data items for Surveillance Rules Engine
- Surveillance Criteria Screen
- SIRT Surveillance Utilization Report Statistics
- SIRT Toolkit Report Statistics

# MEDITECH

## VISION

Advance digital health record technology so every patient and their providers can access their health information and participate in their care. We believe every healthcare organization can better serve its community with open access to electronic health records, clinical knowledge, and data.

## MISSION

Enable global healthcare organizations to deliver safe, efficient, and impactful care to the communities they serve through our comprehensive software, services, and technology

## VALUES

Integrity

Investing in the future:  
people, process, and technology

Sustainability and focus

Fiscal responsibility

Ensuring a positive long-term  
impact on customers, staff,  
and the industry

**Our solutions drive organizations to improve efficiency; guide clinical, financial, and operational decisions; and connect clinicians across a dynamic healthcare ecosystem in support of holistic, person-centered care.**

# Surveillance Collaboration

## Our Mission

To incorporate **Surveillance** throughout healthcare organizations. To **enhance safety practices and access to information**. The Surveillance Collaborative Forum will serve as subject matter experts and provide guidance, recommendations, and conceptualization on Surveillance Best Practices through the use of MEDITECH software and provide feedback for the future design of the Surveillance application.



## Our MEDITECH Members

- Daniel Seltzer, Quality & Toolkits
- Gregory Ayers, HCA Surveillance
- Brett Muirhead, MaaS Implementation
- Jennifer Ford, Strategy Division
- Jonathan Hallman, Client Services
- Jonathon Junker, Client Services
- Ilana Gutierrez, Implementation
- Israel Perez, EMT Client Services
- Scott Gooch, Development
- Arthur Keown, Development
- Paul Kane, Development
- Larissa DeGregorio, Client Services
- Dr. Marsha Fearing, MD, MPH, MMSc., Physician Specialist

# Our Client Members



A group of people in a meeting, overlaid with a green tint and a semi-transparent grey banner containing the text 'SURVEILLANCE AND GENOMICS'. The image shows several individuals, including a man in the foreground pointing at a laptop screen, and others looking on. The overall scene is dimly lit, suggesting an office or laboratory environment.

# SURVEILLANCE AND GENOMICS



# **SURVEILLANCE AND GENOMICS**

- **Genomics research starting for Surveillance in October 2024**
- **Included with Registries and Surveillance**
- **Behavioral Health and Medications focus**
- **CM-25285: Enable Genomics data items for Surveillance Rules Engine**
  - Expanse 2.2.60 - RC, Expanse 2.1.72

# SURVEILLANCE AND GENOMICS

Main

Rule

Embedded In

Component Type	* Component	Group
Open Bracket	(	
Fact	EMR Gen Gene/ROI: in list: CYP3A5	3
Operator	And	
Fact	EMR Gen Comp Result Harm: in list: *3/*3	3
Operator	And	
Fact	EMR Gen Comp Result Harm: contains: poor metaboliz	3
Close Bracket	)	
	* Item	EMR Gen Gene/ROI
	* Operator	In List
	Modifier	
	Sub Modifier	

+ → ↑ ↓ ×

## Rule

( [f-g3] EMR Gen Gene/ROI: in list: CYP3A5 <And> [f-g3] EMR Gen Comp Result Harm: in list: \*3/\*3 <And> [f-g3] EMR Gen Comp Result Harm: contains: poor metaboliz )

## Component Description

# SURVEILLANCE AND GENOMICS

## Behavioral Health

19\_Patients as of 02/13/25 10:12 am. 0 Restricted.

	Profile	Qualified ▲	Instance
CYP3A5 Poor Metabolism		02/13/25 10:10 am	2

### GENOMICS IN PSYCHIATRIC CARE

As genomic knowledge and clinical applications develop, psychiatrists themselves may eventually order genomic tests on a regular basis, and use these results to aid in risk prediction, diagnosis, prognosis, and treatment selection for mental disorders

Take Action for CYP3A5 Poor Metabolism	
Send Email	
Add Problem: Life Stressors	
Add Problem: Occupation Hazard	
Add Problem: Suicide Risk	
Add Problem: Social Isolation	
Neurological Assessment	
Order Set: Psy Med Clearance	

Qualifying Values	
Gen Gene/ROI	CYP3A5
Gen Comp Result Harm	*3/*3
Gen Comp Result Harm	Poor Metabolizer



# Surveillance Criteria Screen

# Surveillance Profile Criteria

Jensen, Jasper Confidential (c) 25 M 09/09/1999 Allerg/Adv: aceclofenac, acetylcholine, acipimox, corticorelin ovine trifluta acetic acid, u... (More ▾)

Close

Profile Qualified

External Link

PCS Protocol

Guidelines for managing qualified patients

Possible Sepsis  
01/22/19 2:06 pm

1 ⓘ P

## Details

Please review facility's protocol for Sepsis.

## Associated Data

Order	Result	Date	Specimen
WBC	30.0 K/mm3 (4.5-11.0) H*	10/02/18 7:06 am	 
RBC	4.7 (4.2-5.7)	10/02/18 7:06 am	
Micro Wound Specimen		10/02/18 7:06 am	

Specimen launch

Patient's Time on profile

Profile Count

Comprehensive patient lab data, query, & reports

Time-saving actions

## Take Action for Possible Sepsis

- Vital Signs ⓘ
- Avera Nursing Note ⓘ
- Simple Note no template ⓘ



- Add To Profile
- Remove From Profile
- Edit Reevaluate Time
- View Actions History

## Surveillance Profile Criteria

Jensen, Jasper Co

Collection Date: 10/02/18 07:06

Profile Qualified

Jensen, Jasper Confidential (c) 25 M 09/09/1999 Allergy/Adv: aceclofenac, acetylcholine, acipimox, corticorelin ovine triflutate, fol... (More ▾)

Possible Sepsis  
01/22/19 2:06 pm

Test	Result	Units	Range	Specimen
White Blood Count	30.0 H*	K/mm3	4.5-11.0	
Corrected White Blood Count	Pending			
Red Blood Count	4.7		4.2-5.7	
Hemoglobin	6 L		10-15	
Hematocrit	36	UNITS	33-47	
Mean Corpuscular Volume	12			
Mean Corpuscular Hemoglobin	12.760			
Mean Corpuscular Hemoglobin Concent	0.0016			

Close

Close

Specimen

i

i

i

Add To Profile

Remove From Profile

Edit Reevaluate Time

View Actions History

# Custom Settings

## Surveillance Profile Criteria

Aston, Mary 56 F 12/12/1967 Allergy/Adv: Not Recorded

Close

Profile Qualified	Instance	
Sepsis with Lactate Removal 11/06/24 10:28 am	1  	<ul style="list-style-type: none"><li>&gt; Details</li><li>&gt; Associated Data</li><li>&gt; Take Action for Possible Sepsis</li><li>&gt; Qualifying Criteria</li></ul>
Possible Sepsis 11/06/24 10:13 am	1  	

Surveillance Profile Criteria Web Display

Display	Expand/Collapse		
Qualifying Criteria	<input type="radio"/> Expand	<input checked="" type="radio"/> Collapse	▲
Surveillance Actions	<input type="radio"/> Expand	<input checked="" type="radio"/> Collapse	
Associated Data	<input type="radio"/> Expand	<input checked="" type="radio"/> Collapse	▼

↑ ↓

Show Surveillance Instance

**Data**

leads to

**Analytics**

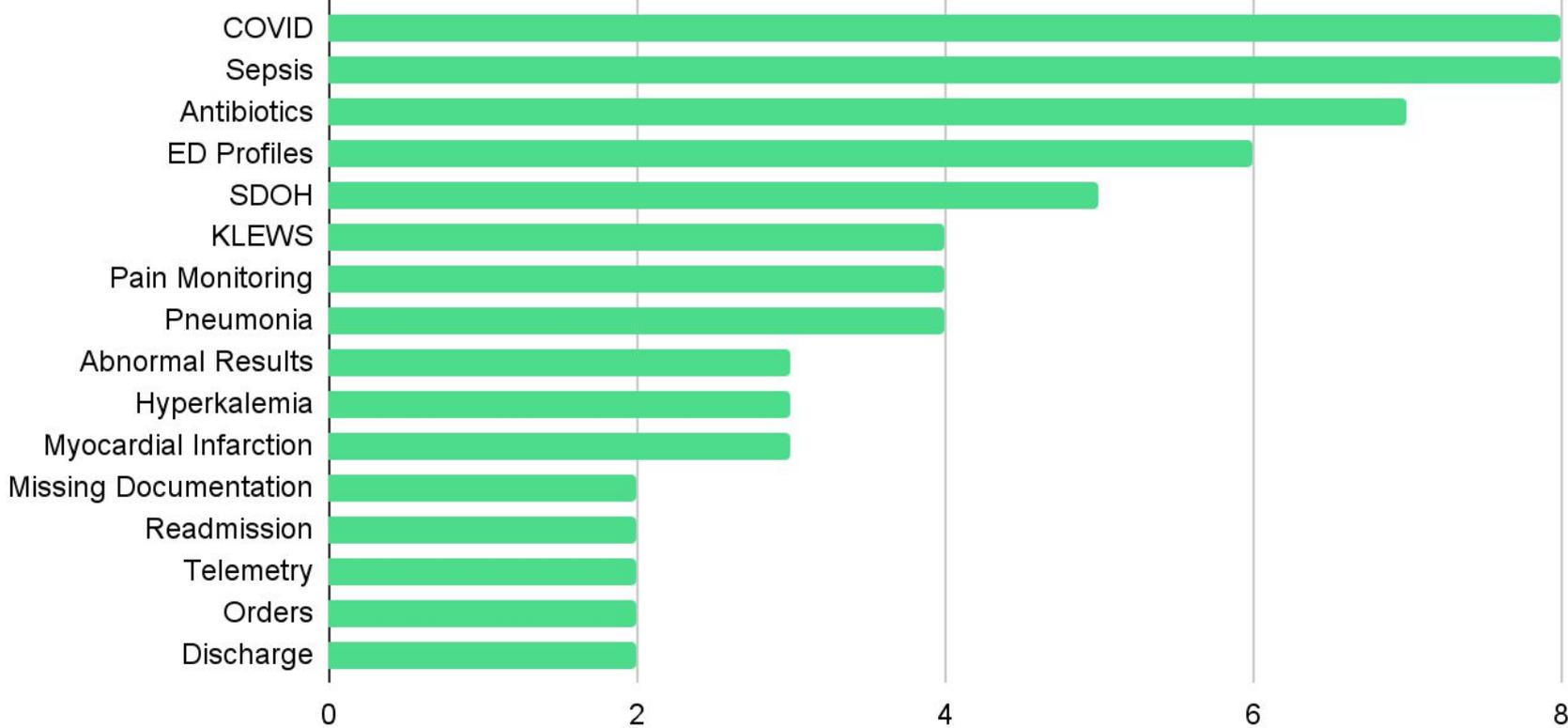
leads to

**Insight**

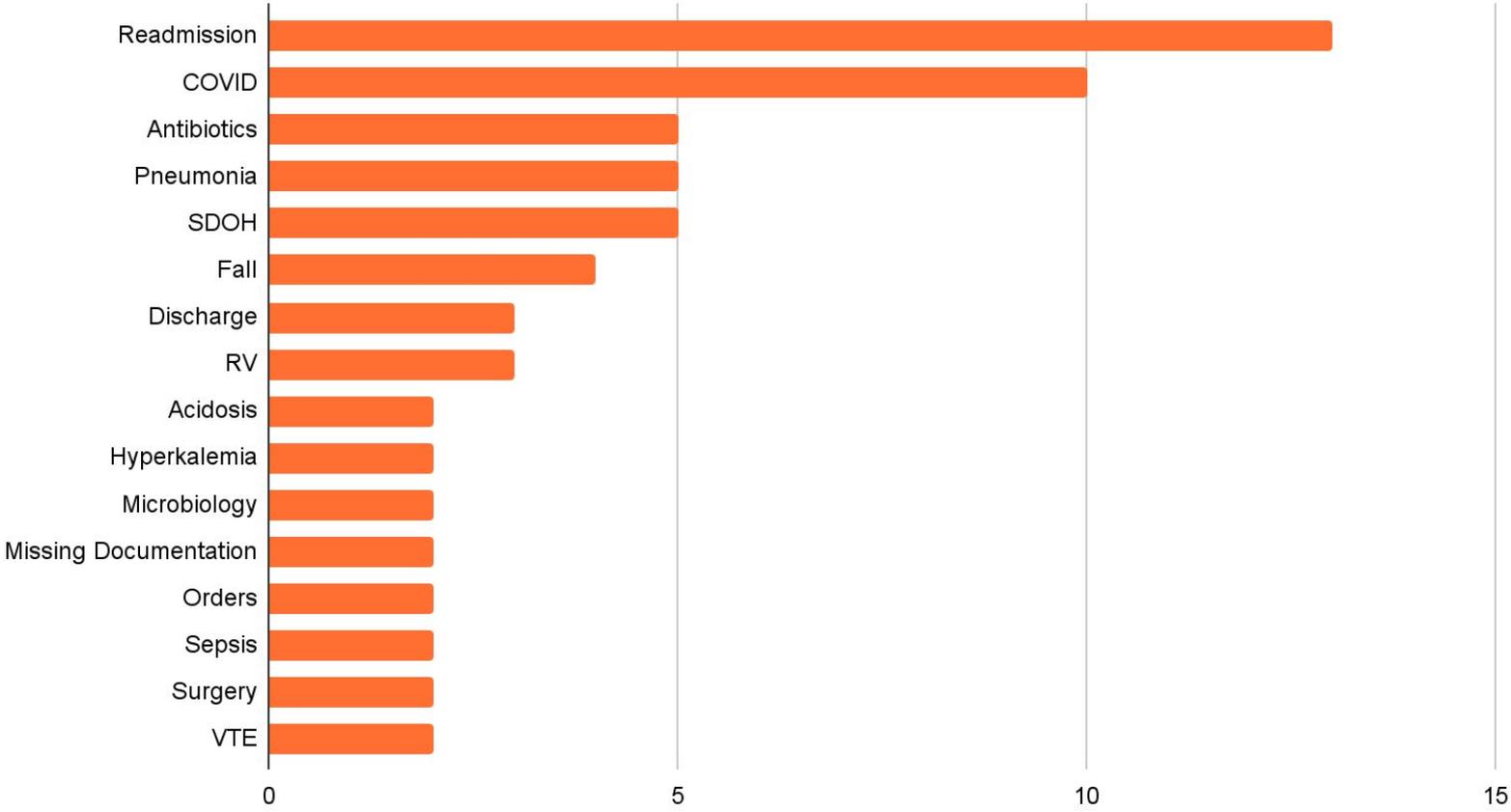


Surveillance Utilization  
**Statistics**

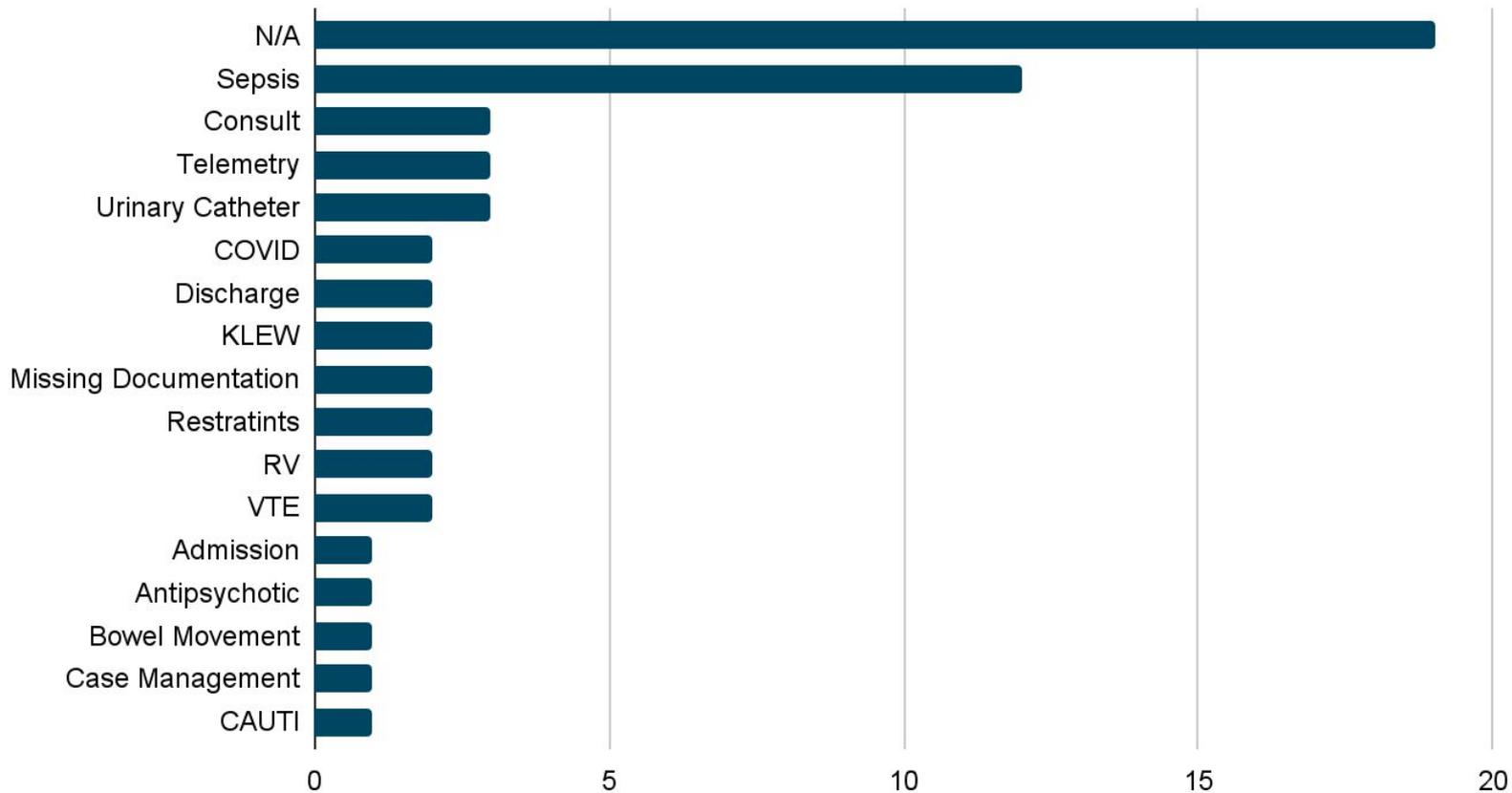
# Top Qualified Profile (Last 30 Days)



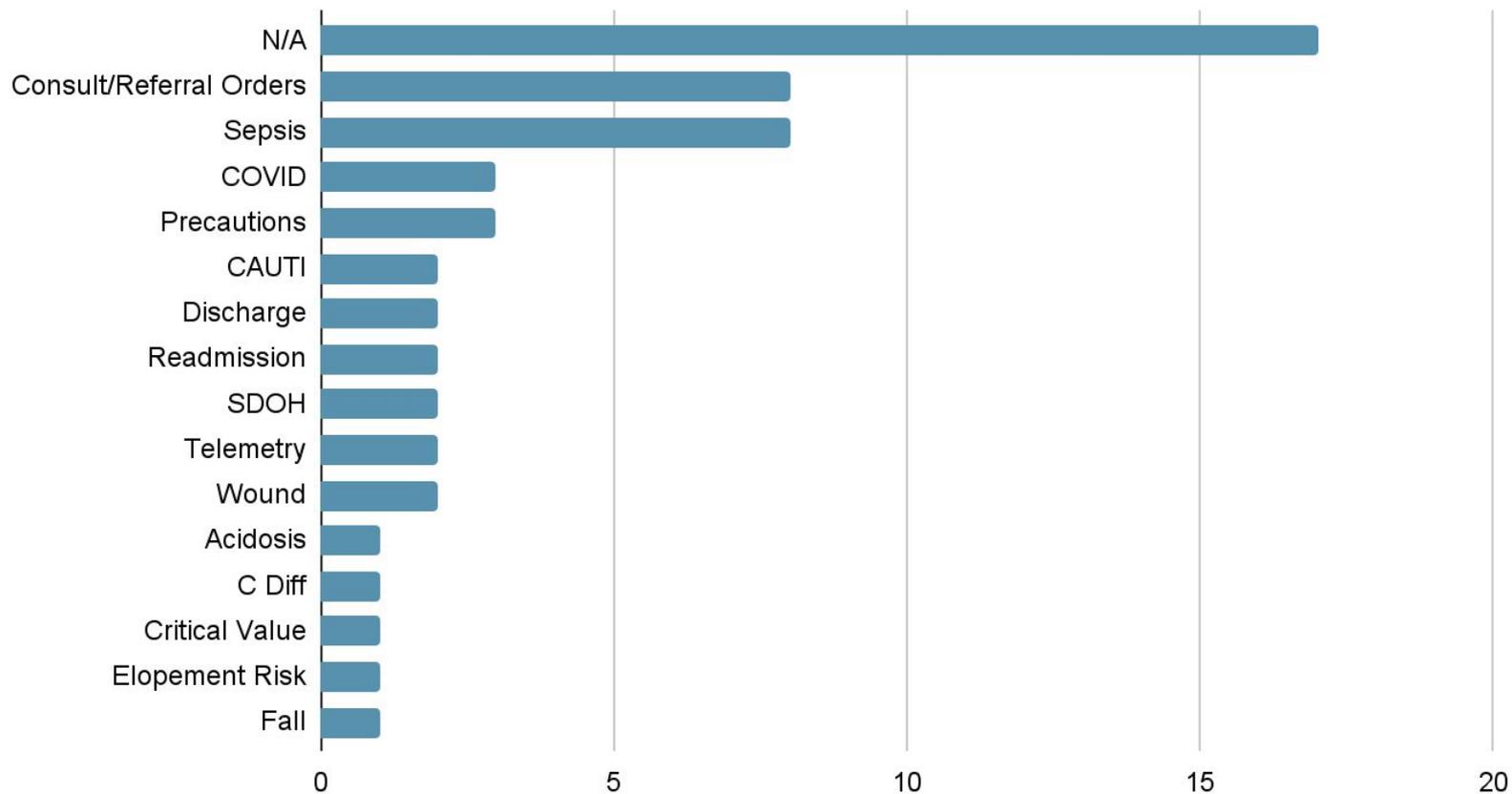
# Profiles Currently with the Most Patients



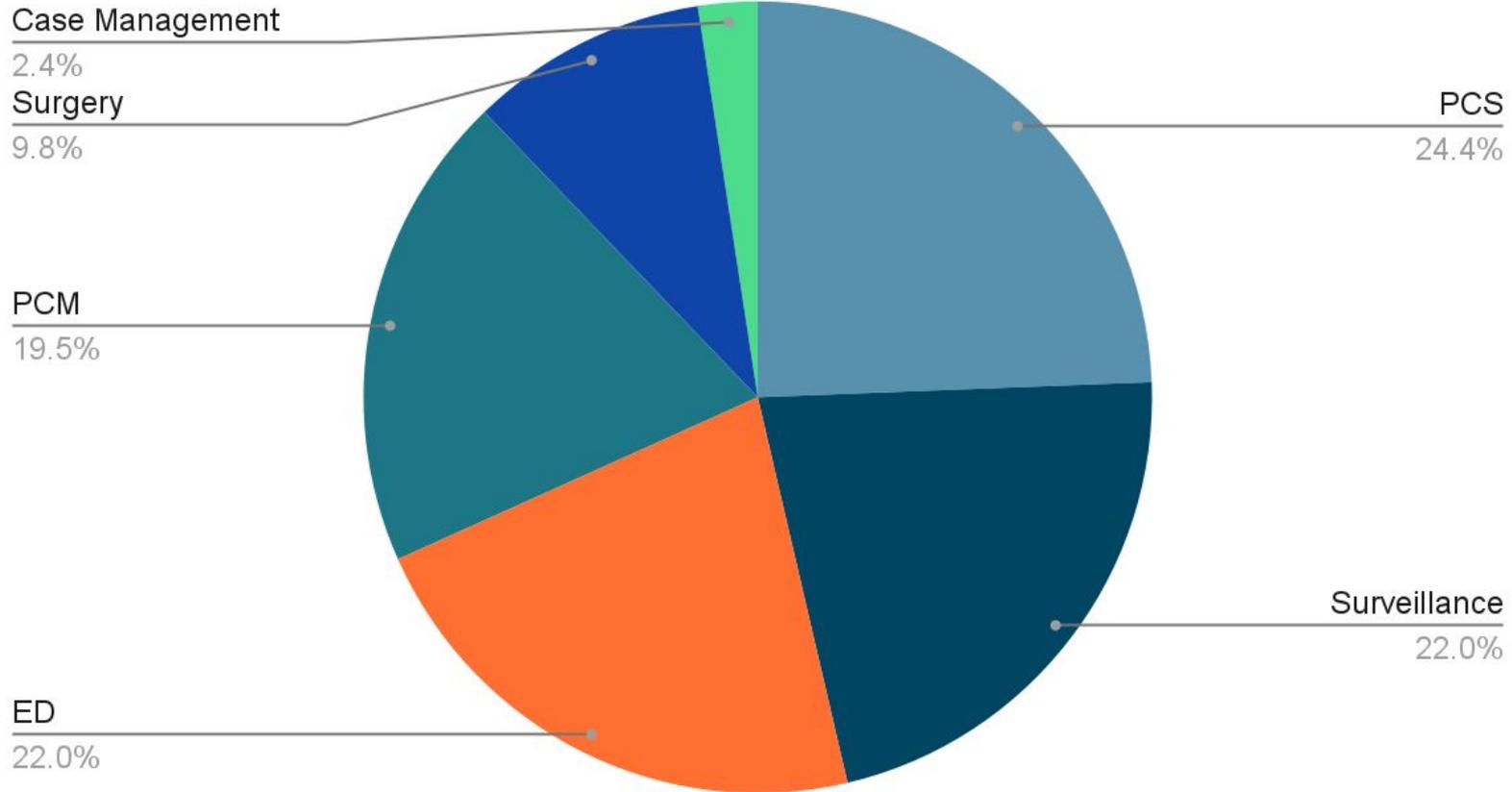
# Profile with the Most Actions Taken



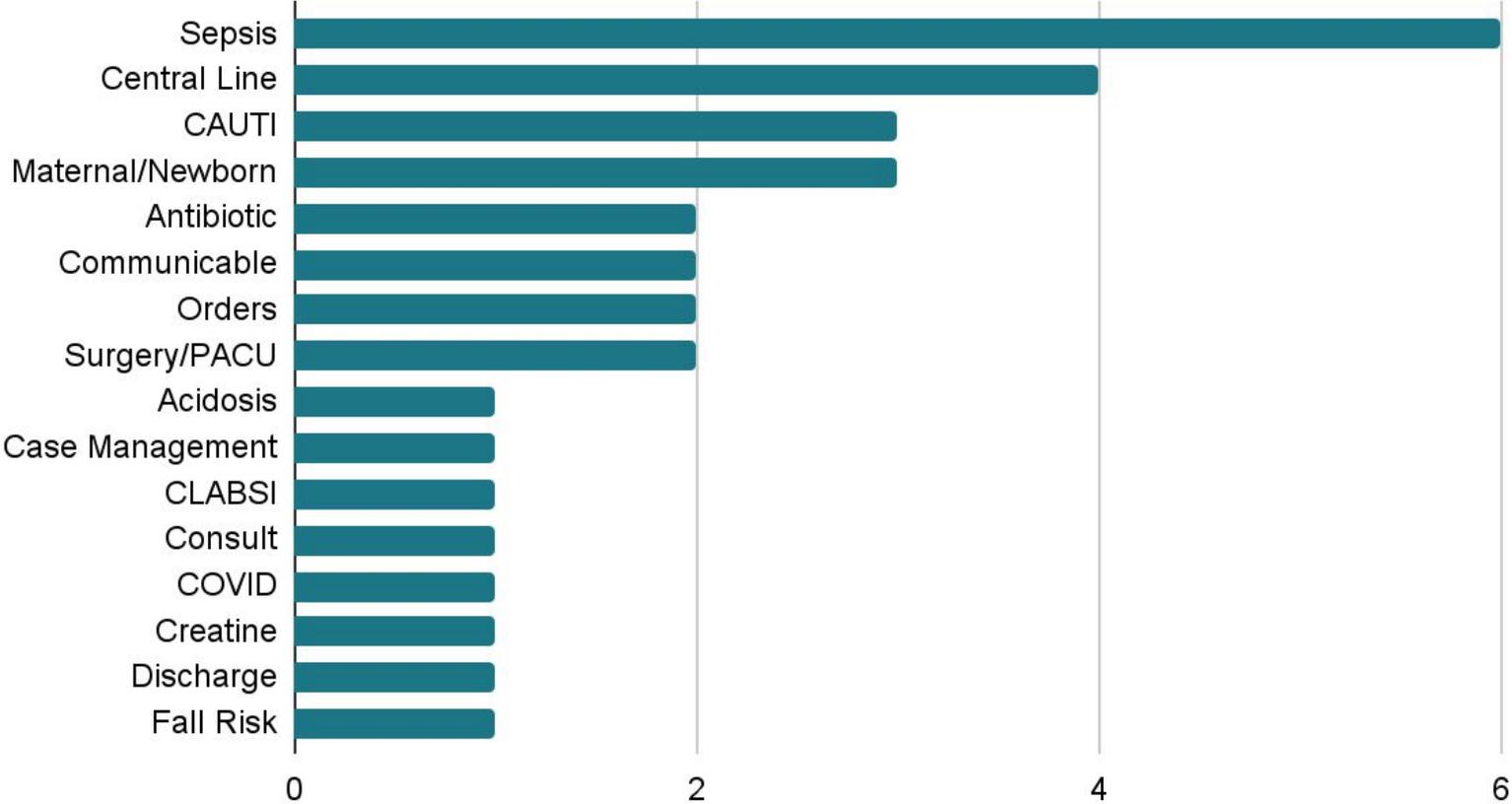
## Profiles with the most views



# Application Views Last 30 Days



# Profiles Driving Success

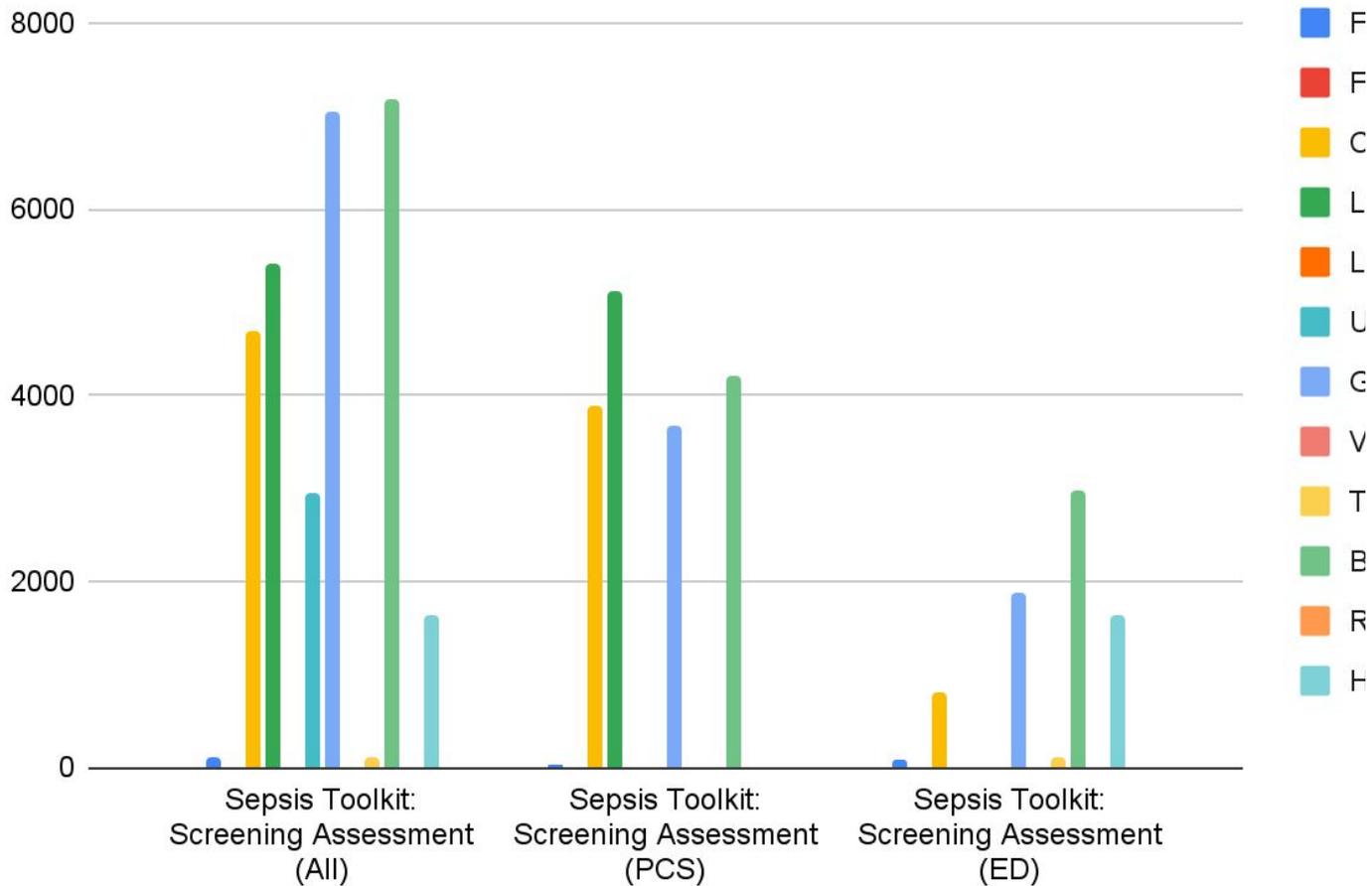




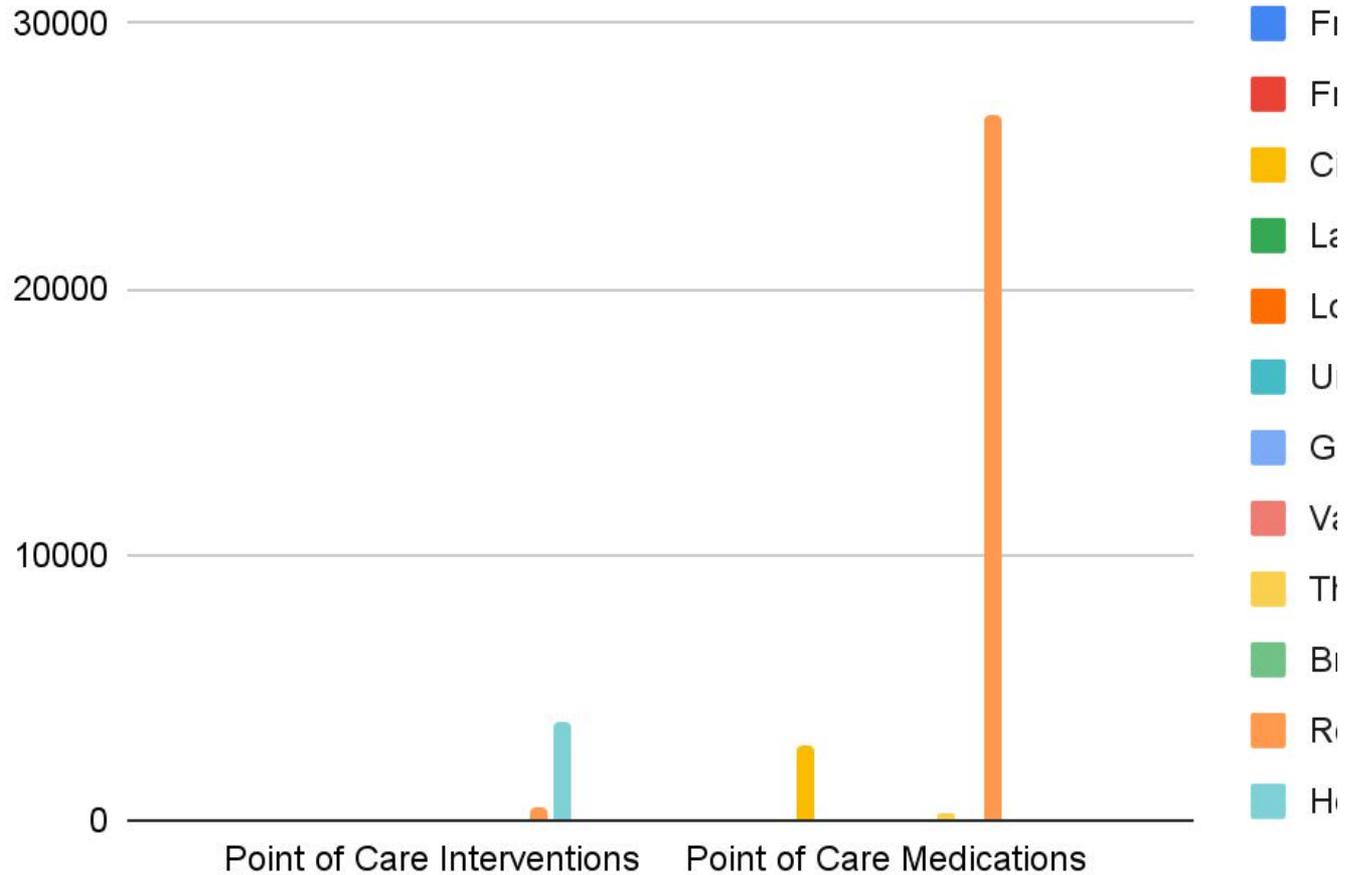
# Toolkits Utilization Report



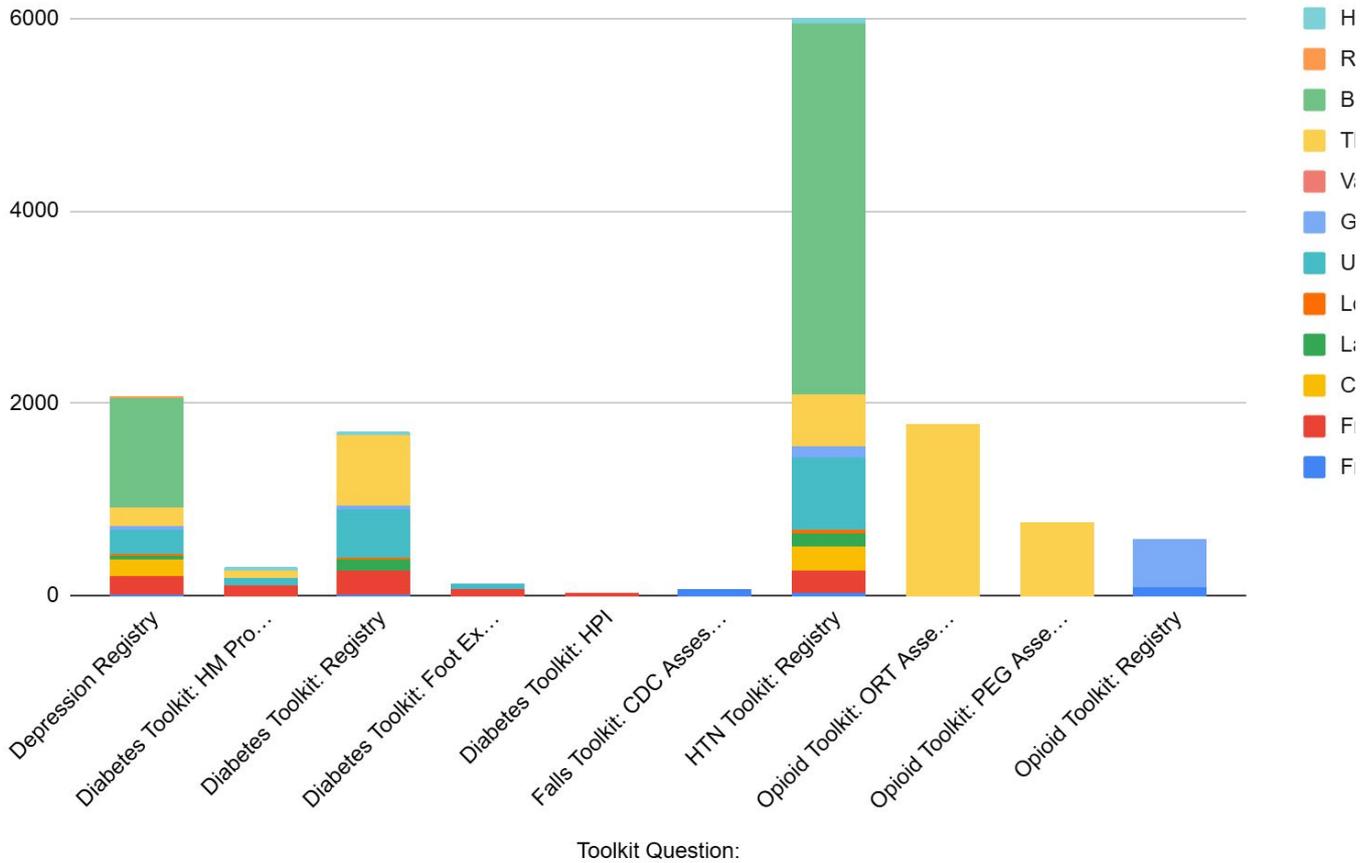
# Sepsis Screening Assessment January 2025



# Point of Care utilization January 2025



# Ambulatory Tools in use January 2025



### Standard Toolkit Tools Not Currently In Use

Depression/Suicide Toolkit: C-SSRS Assessment (AMB)

Heart Failure Toolkit: CXR Returned Profile

Heart Failure Toolkit: HF Dx Profile

Heart Failure Toolkit: No BNP Profile

Heart Failure Toolkit: No CXR Profile

Heart Failure Toolkit: No EF% Profile

Heart Failure Toolkit: No Troponin Profile

Heart Failure Toolkit: Not on ACE-I or ARB Profile

Heart Failure Toolkit: Not on Beta Blocker Profile

Heart Failure Toolkit: Not on MCRA Profile

OB Hemorrhage Toolkit: PPH Med/High Risk Profile

OB Hemorrhage Toolkit: PPH Profile

Depression/Suicide Toolkit: C-SSRS High Risk Profile

Depression/Suicide Toolkit: C-SSRS Low Risk Profile

Depression/Suicide Toolkit: C-SSRS Moderate Risk Profile

Depression/Suicide Toolkit: C-SSRS Profile

Sepsis Toolkit: ED Sepsis Order Set

Sepsis Toolkit: 3 Hour Bundle Order Set

Sepsis Toolkit: 6 Hour Bundle Order Set

Heart Failure Toolkit: EF% Documentation

AMS Toolkit: PHA Stewardship Intervention

AMS Toolkit: PHA Stewardship Intervention

Heart Failure Toolkit: ED Order Set

Heart Failure Toolkit: Inpatient Order Set

HTN Toolkit: HM Protocol

HTN Toolkit: Nurse BP Intake Documentation

Diabetes Toolkit: Comprehensive Assessment

Opioid Toolkit: Special Indicator

HTN Toolkit: Physician HPI

Heart Failure Toolkit: Physician Note

Opioid Toolkit: Physician Document

OB Hemorrhage Toolkit: PPH Risk Assessment

OB Hemorrhage Toolkit: QBL Assessment

# EHR Excellence ExpansE

## Full Library on Customer Homepage

### Toolkits

-  Antimicrobial Stewardship
-  CAUTI Prevention
-  Depression Screening and Suicide Prevention
-  Diabetes Prevention and Management
-  Fall Risk Management
-  Heart Failure Management
-  Hypertension Management
-  Obstetric Hemorrhage Management
-  Opioid Stewardship
-  Sepsis Management
-  Telemetry Appropriateness

### Toolkit Components

- [Toolkit Overview](#)
- [Getting Started](#)
- [Implementation Guides](#)
- [Education/Training](#)
- [FAQ](#)

### Implementation Guides

- [Workflow Guide](#) (Last Update: May 2021)
- [Decision Log \(.xlsx or .pdf\)](#)
- [Dictionary Inventory & Build Spreadsheet \(.xlsx or .pdf\)](#)
- [Recommended Toolkit Build Process](#)
- [Change Log](#)



# Survey Questions

## Topic: Violence Risk and Suicide Risk

“ How does your organization alert for Violence Risk? How do you track patients for high suicide risk? We gather data on these risks but do not have an alert built for violence or suicide.

”



**Dr. Andrea Waddell**

Chief Medical Information Officer  
Waypoint Centre for Mental Health Care

## Topic: Scoring System



Is anyone working on any scoring systems?



**Christopher Neumann**  
IT Analyst  
Valley Health System

## Topic: Severe Sepsis and Septic Shock Profiles



Does anyone have these profiles implemented?  
Who is monitoring?



**Jeanne Dobrzynski**  
RN, BSN, Clinical Analyst  
Broadlawns Medical Center

## Topic: Behavioral Health Admissions



Do any facilities use a surveillance profile for these?  
If so, what does that look like?



FRANCES MAHON  
DEACONESS HOSPITAL

**Amy Burleson**

RN, Informatics

Frances Mahon Deaconess Hospital

## Topic: Pressure Injury



What are organizations doing to potentially catch pressure injuries using surveillance?



**Chris Giroux**

IS Director of Application Services  
Holyoke Medical Center

**Thank You!**



# Resources

Customer Showcase Recordings and Resources:

<https://customer.meditech.com/en/d/prwqm/pages/qmebfesurvshowcase.htm>

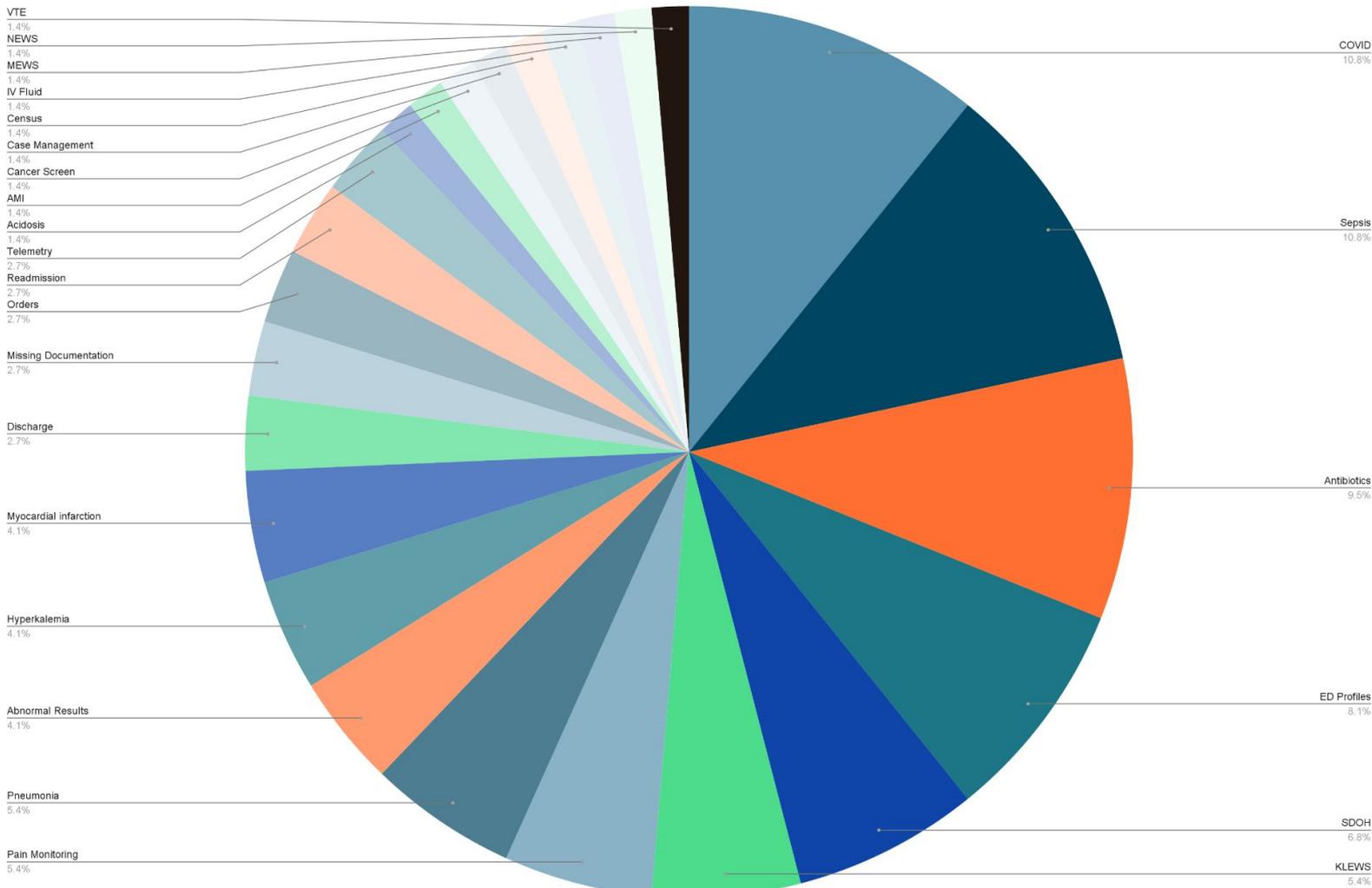
Surveillance Collaborative Page:

[https://home.meditech.com/en/d/customercollaboration/pages/surveillanc  
ecollaborative.htm](https://home.meditech.com/en/d/customercollaboration/pages/surveillanc<br/>ecollaborative.htm)

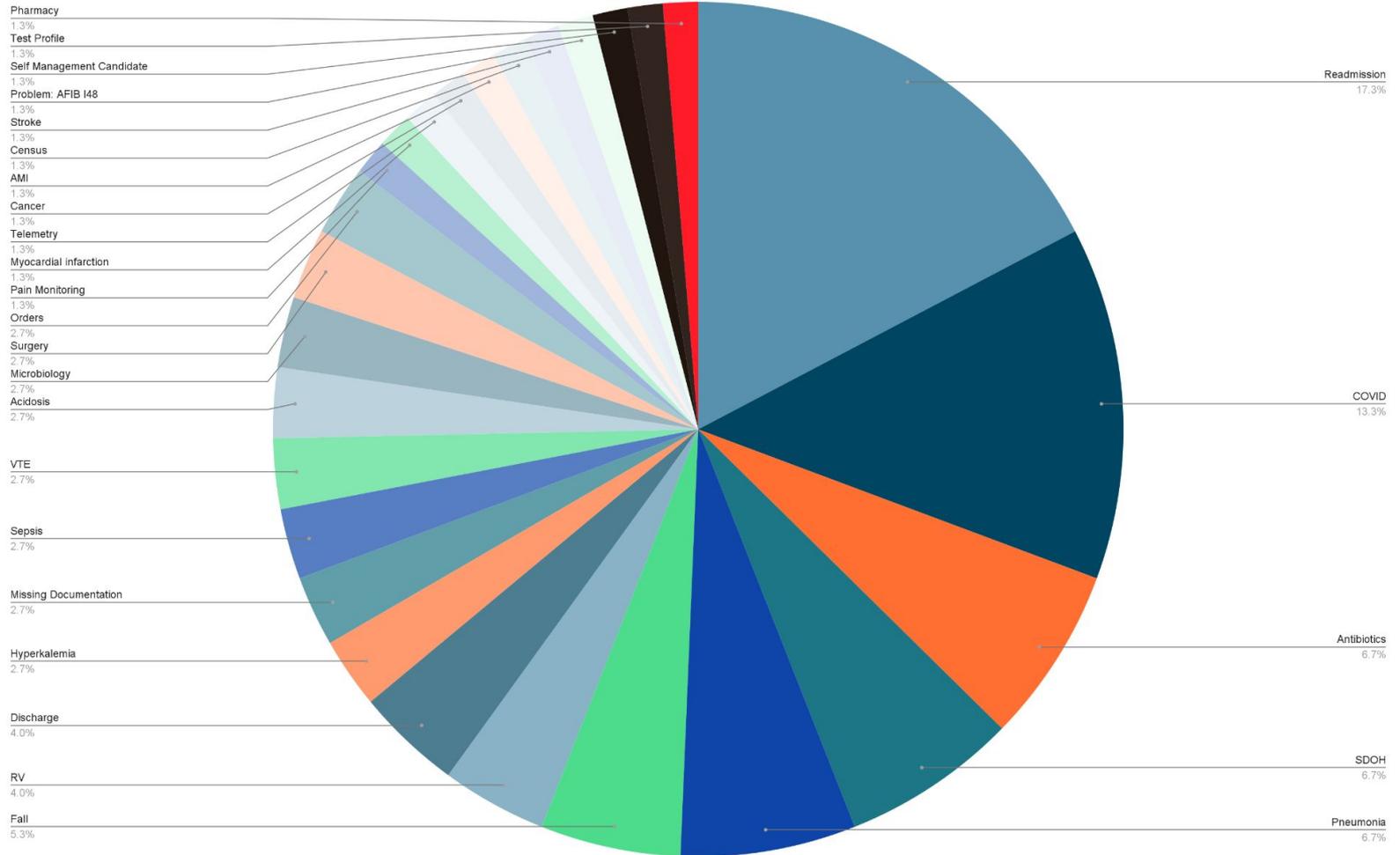
Surveillance Troubleshooting:

[https://customer.meditech.com/en/d/prwqm/otherfiles/qrmeiassurveillance  
troubleshootingguidelines.pdf](https://customer.meditech.com/en/d/prwqm/otherfiles/qrmeiassurveillance<br/>troubleshootingguidelines.pdf)

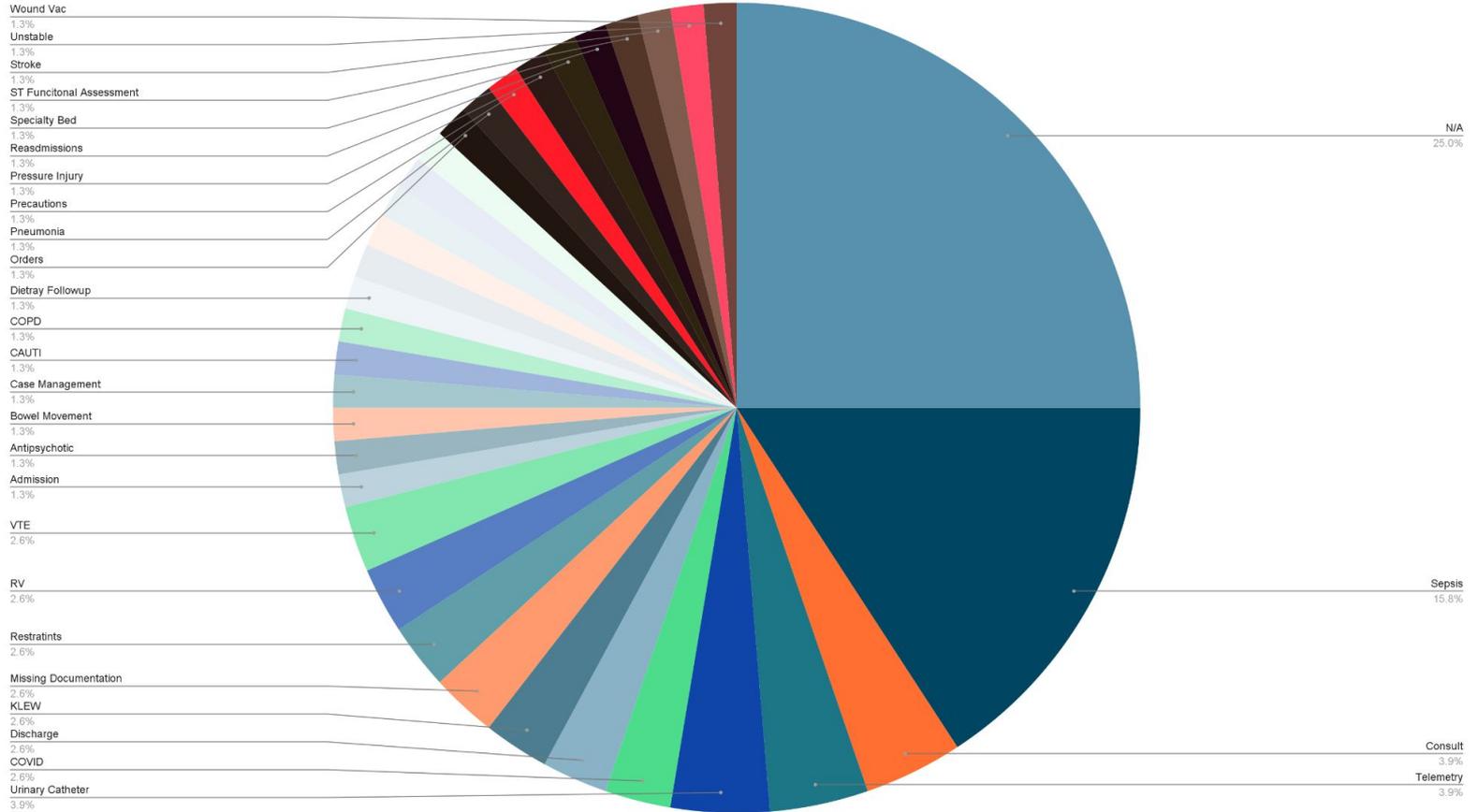
Top Qualified Profile (Last 30 Days)



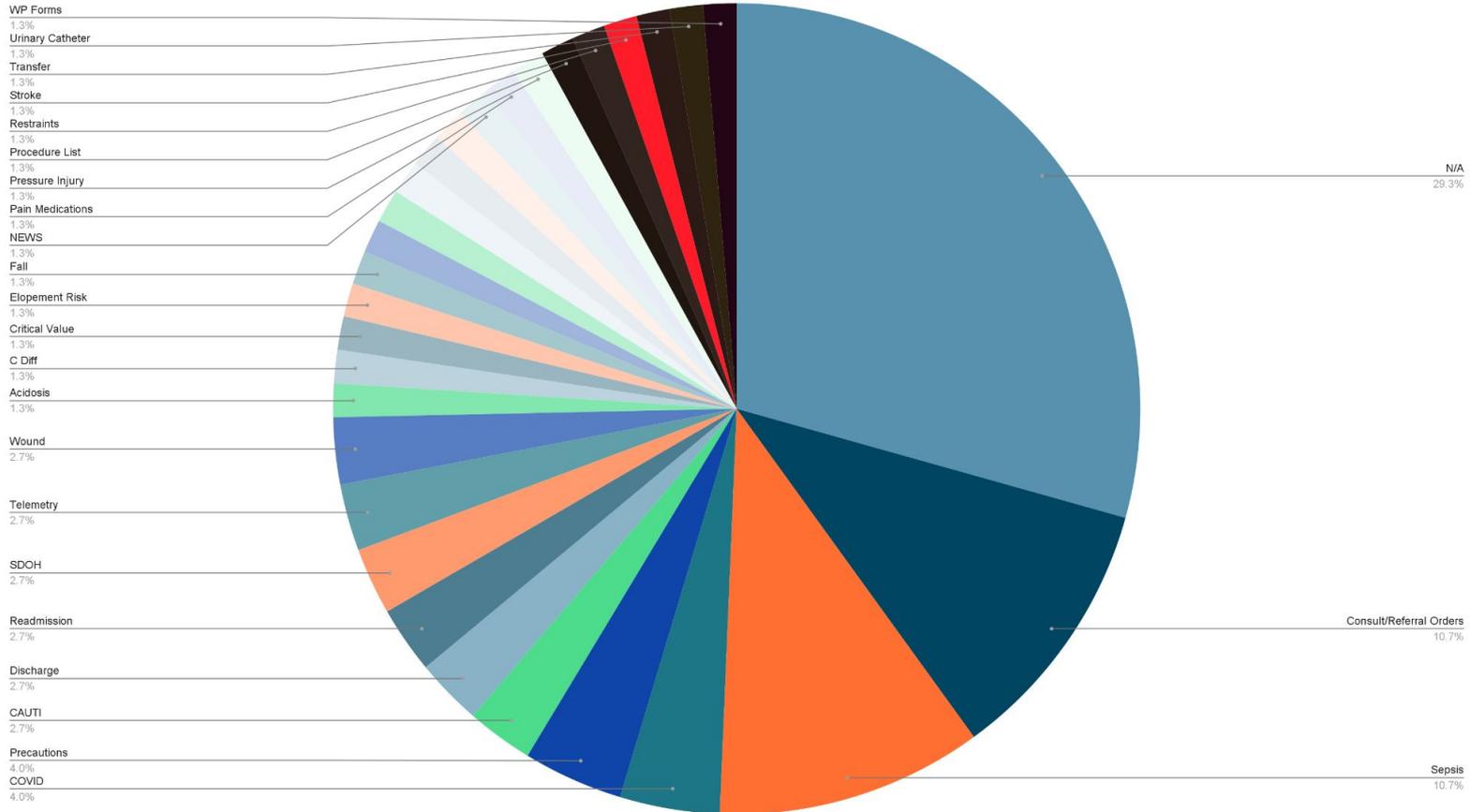
# Profiles Currently with the Most Patients



## Profile with the Most Actions Taken



## Profiles with the most views



# Profiles Driving Success

