

IT Update

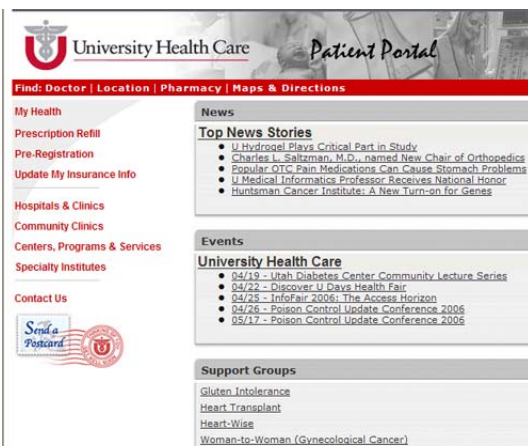
First Phase of Patient Portal Complete

The framework for the patient portal has been created, making the first phase of the patient portal project a success.

With the help of nearly all the teams in ITS, Media Solutions and Health Information, the web team was able to complete the infrastructure early March, allowing portal users to securely connect to the portal.

"We made a big step in learning how to track patients, tying patient identifiers to people who sign up for the portal," said Teri Olsen, Web and Customer Service Director. "That was the first step and now that we have that completed, the other pieces can begin to fall into place."

While the completion of the first phase of the project, doesn't yet distinguish the portal from the online features that are currently available to the public, big plans are underway. The ability for portal users to pay bills, schedule appointments, communicate with their physicians, see test results, track vital aspects of their health, refill prescriptions and pre-register for appointments, are all options being discussed as possible portal functions.



The next phase will involve determining which functions various hospital departments and employees wish to provide to patients and to create a process behind the technology. "Our next step will involve pulling in UUMG, the physicians, the clinics, and broadening our partnerships along the way," said Olsen.

The overall goal of the portal is to create an online environment where users can seamlessly connect to various

the portal, we are able to do a lot more in terms of personalization," said Micky Daurelle, the web team project lead. "Users will be able to access several applications without having to re-enter their personal information again and again," said Daurelle.

Currently, anyone who has a current medical record number with the U is eligible for a patient portal account, although the communication on how to request an account is minimal. Because the project is still in beginning phases, roll-outs to test and preview the portal are taking place among hospital employees, and few patients.

"It's open to the public but we aren't doing a lot of high-profile communication yet because we want our clinic staff to get a feel for it," said Olsen. "When a patient comes into a clinic and asks about it, we want to make sure they understand it and with 5,000-6,000 employees, that's a big endeavor."

Those who are interested in obtaining an account however, are encouraged to make a request at the hospital's Health Information Office, where accounts are currently activated. Long term, the web team envisions that with the help of a tool, an account could be activated at any clinic or provider location.

High-profile communication in the form of a marketing campaign, is planned for late fall. In addition, the nameless patient portal will be given a name and a new design to correlate with the new brand, which will be the main focus of the campaign.

Next year is expected to be a big year for the portal in terms of enhanced features and functionality although Olsen has a hard time putting a completion date on the project. "I hope that it will never be done and that it will continue to grow," she said. "Right now it is like a baby, and next year it will be like a young adult and from that point, it will keep growing."

Transitioning PACS to ITS Support

The Radiology Department has been using PACS, picture archiving communication systems, for several years now, first implementing the technology in 1998. Back then, maintaining the system took thirteen full time staff members and exclusive hardware, including servers and robotic tape libraries, none of which were ITS owned.

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Eight years later and thirteen less vendor employees, ITS is now the primary group responsible for supporting the system that is used to digitally store medical images that are taken with various modalities, including X-ray, CT scan and MRI.

Picture archiving and communications system, more commonly known as PACS, enables images such as X-rays and CT scans to be stored electronically and viewed on video screens, so that doctors and other health professionals can access the information and compare it with previous images at the touch of a button.

While PACS has been utilized for several years now, the transition from PACS being solely vendor operated to ITS supported is relatively new. The process began 3 years ago when the PACS vendor, was bought out. "The new company didn't actually buy the software, they just bought the company," said Karen Jennings, current PACS Manager. "Suddenly, the radiology department was left without a local vendor to support their software."

As a result, Radiology contacted ITS and within a few weeks Jennings, an ITS employee and a registered nurse with a master's degree in medical informatics, was tasked with managing PACS.

When Jennings began her work with PACS, all of the hardware was operationally leased from the vendor who remotely provided any necessary maintenance. In addition, all of the servers and the robotic tape library, which stored all of the medical images, were located within the Radiology Department.

As part of transitioning the support of PACS to ITS, the tape library, which was out of service because of age and a full storage limit, was moved on March 11-12, 2006, from Radiology to the ITS StorageTek tape library and is now part of a shared tape library within ITS. "The whole transition process from proposal, to budgeting, to final implementation took over a year," said Jennings.

While some of the hardware will need to remain under a lease contract for now, Jennings is in the process of transitioning from most of the leased hardware onto ITS hardware.

The PACS clinical systems will be transitioned to ITS hardware while the diagnostic stations, consisting of high resolution, grayscale monitors, will remain with vendor contracts because of high utilization of each of the diagnostic stations. "The Department of Radiology can not afford to have a PACS station go down for even one day," said Jennings.

In addition to the diagnostic station hardware, some servers will remain with a contract with the vendor because of FDA certification that is required with the use of PACS. Most servers, however, are moving into the data center and moving away from the closets in Radiology.

Data Center Power Upgrade

The University Health Care Data Center, located at 585 Komas Drive, has been operating at our maximum redundant power capacity for the past several months, forcing a hold on many projects requiring additional servers. A UPS system upgrade project is currently underway that will provide the necessary power for all upcoming server needs and installations for the foreseeable future.

Upgrading the UPS system in the Data Center includes:

- 1) Removal of the four 160kVA UPS systems.
- 2) Replacement of four UPS systems with two new 300kVA UPS systems, with the ability to expand to four 300kVA systems.
- 3) Installation of a 1200 amp system bypass module allows us to bypass a single UPS or all of the UPS systems.
- 4) Installation of a Kurt-key bypass system will provide the ability to completely bypass the entire UPS systems in case of a fire or other disaster.

Projected completion for the UPS system upgrade is mid May 2006.