



# **Bridging the Gap – Building HIT Links in Rural Washington State**

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# Goals of Presentation

- Define CAH HIT Network in Washington State
- Understand the three separate, but integral phases
- Identify the quality components of this project



# FLEX CAH HIT Network Grant Requirements

- Creation of an CAH HIT Network
- Building a sustainable business model for deploying HIT in FLEX CAH
- Definition of HIT includes more than EMR
- Full continuum of care
- Common larger referral hospital: common patient referral patterns to build on existing patterns of care to support the process of sharing information
- Inclusion of local partners
- Identifying partners
- Making certain that clinical information is accessible to providers as patients migrate through the continuum of care and in a disaster
- Concentration of funding within a smaller service area to increase likelihood that project will be sustainable
- Using HIT as a tool to support safety, quality, efficiency and effectiveness of health care delivery system
- Projects with an active quality/performance improvement program
- Requirement for inclusion of diabetic and cardiac outcome measures
- MOA



## Ahead of the Game

- Long history of collaborating
- Had identified the three sites in the grant application
- Attached an MOA to the grant with signatures from all parties involved



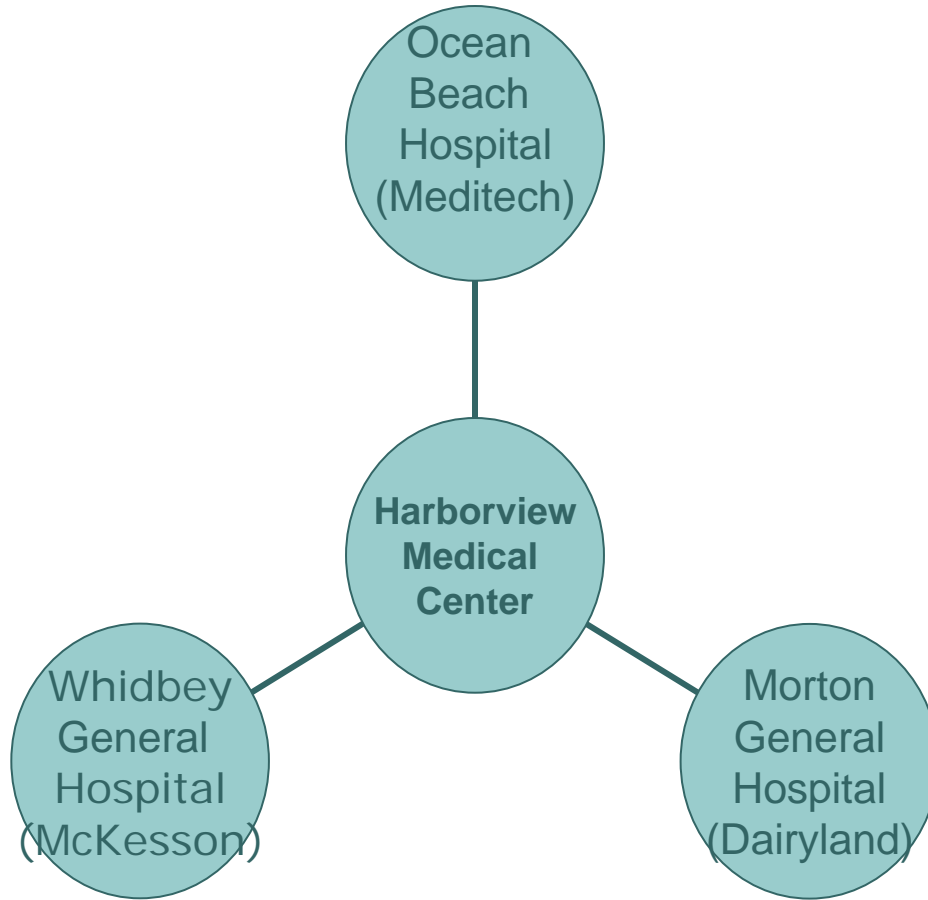
# How We Will Meet Those Objectives

- Building an HIT Network:
- Connecting three CAHs with their local providers
- OBH-two RHCs
- MGH-one RHC
- WGH-one RHC



## Next Step

- Connecting all three CAHS
- Each with different HIS
- Exchange information
- Telepharmacy





# The Illusive Interface

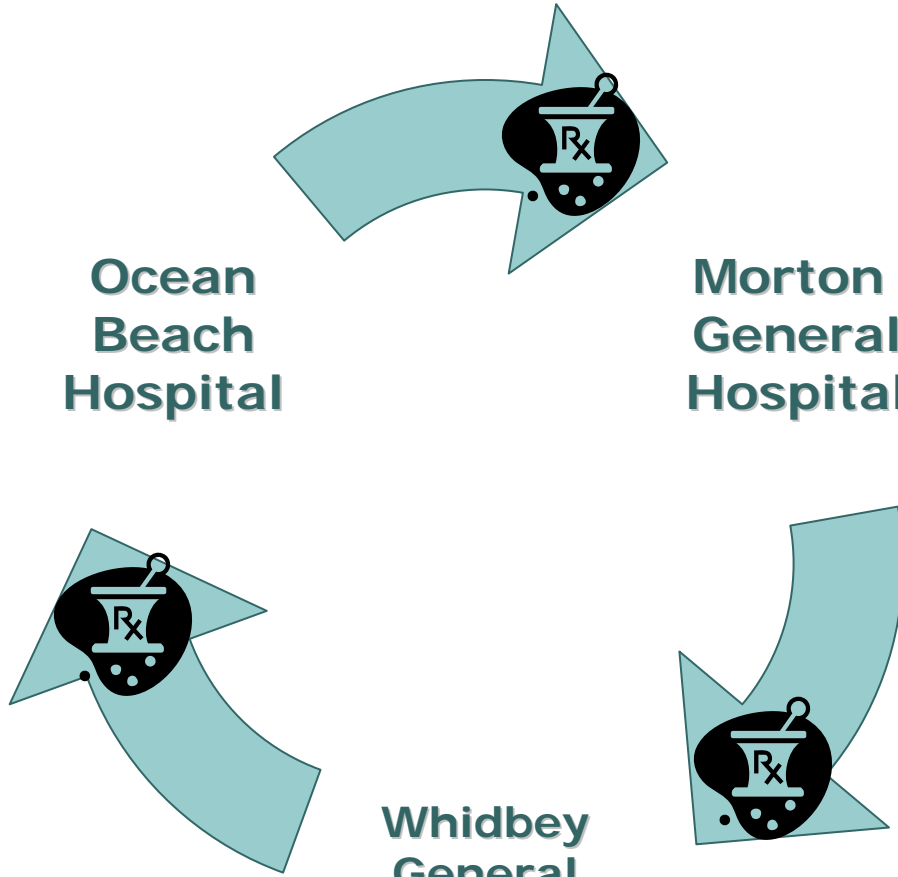
- Does it exist?
- What are the requirements:
- Must be bidirectional
- Can be web based or not
- Vendor presentations end of January or early February



**Ocean  
Beach  
Hospital**

**Morton  
General  
Hospital**

**Whidbey  
General  
Hospital**





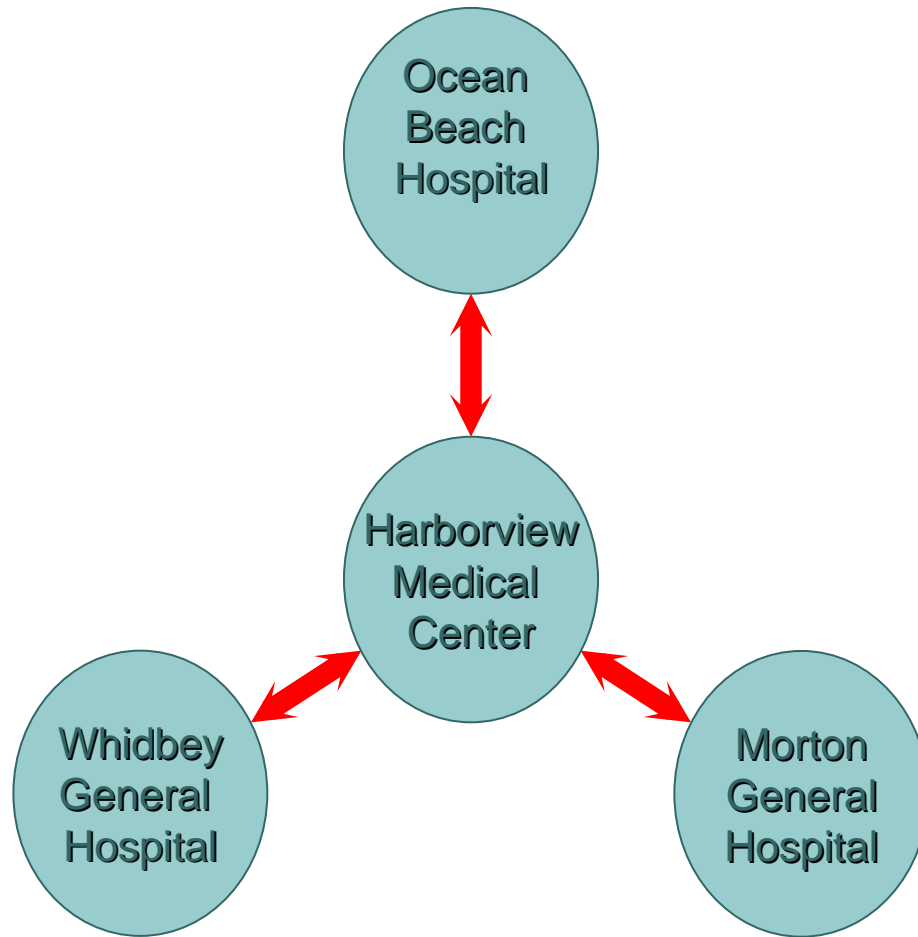
# Clinicians

- We will be involving clinicians from all sites to assist with this project
- Determine best instrument for RHC
- Define what information needed
- User priorities



# Final Connection

- All three CAHs
- Harborview as the common referral center
- Exchange of information for emergency/trauma care





# Quality and Patient Safety

- Grant required quality data in two separate areas:
  - CV
  - Diabetic
- How we will integrate this into our project



# Can We Do IT?

- 1.4 million seems like a lot of money...
- For CAHs we have strong IT support and had done a lot of preliminary work with IT surveys and telepharmacy planning



# Almost Done

- Information available on [wwrhcc.org](http://wwrhcc.org)
- Questions?