JUVENILE JUSTICE COMMISSION
INSPECTION REPORT
JUVENILE HALL/2014

Health and Hospital System Recommendation no.6

The Health and Hospital System should make it a priority to implement the use of the EPIC electronic record system at Juvenile Hall to insure uniformity across the Health and Hospital system, since many youths seen at Juvenile Hall also receive services ibn other parts of the he Health Hospital system. This will improve efficiency and safety and enhance services to youths at Juvenile Hall.

Response:

The Board of Supervisors approved a contract with Epic to install an electronic health record at Santa Clara Valley Medical Center (SCVMC) on January 10th, 2012. Epic was selected as the vendor for a number of reasons, including that its system could meet the federal requirement of the Patient Protection and Affordable Care Act, in addition to its ability to meet the Meaningful Use mandates as a federally certified electronic medical record. The Epic electronic health record (EHR) was scheduled to be implemented in the hospital/inpatient setting in May 2013, and the SCVMC clinics on or before October 2013, with the expectation that Custody Health, Mental Health and Alcohol and Drug Services would be considered for inclusion in the initial implementation. The Epic implementation at SCVMC has been successful for the phases that have been implemented. It should be noted that the needs of SCVMC and Custody Health are quite different, given the variation in the clinical setting.

Custody Health Services (CHS) staff participated in workflow discussions and system demonstrations with Epic and the

HealthLink project team. However, because Custody workflows were very dissimilar to those of traditional healthcare delivery systems, Epic's product suite, in its then-current form, was determined to not meet CHS's functional requirements. CHS was, therefore, excluded from the initial implementation and Epic was asked to develop a separate proposal for configuring their applications such that they would be able to satisfy most, if not all, of CHS's clinical and operational workflows.

The cost of the proposal, inclusive of internal staff time to help build, validate, test workflows, and train staff was estimated to exceed $5 million. Due to the high cost of the proposed solution, it was decided that CHS would continue using NextGen (a.k.a. ELMR) for clinical documentation, with some linkages into HealthLink, until such time as a better solution could be determined.

In August of 2014, SCVHHS will conduct a new workflow analysis at CHS, to both document the current state and verify CHS's requirements for an electronic health records system. The analysis will cover all CHS facilities, including Main Jail, Elmwood, Juvenile Hall and the James Ranch. The analysis is estimated to take 60-90 days. The outcome of the analysis will provide information and guidance to determine the best course of action to bring CHS to a fully functional EH R.

When the new analysis is complete, it may be found that HealthLink is better suited to meet CHS's needs because the product has been much enhanced over the past 2 years. However, the final recommendation could point toward another solution such as upgrading NextGen, procuring a niche EHR system, or some combination of manual and automated processes. Should a different EHR than HealthLink be required by Custody Health, than an additional analysis of how information could be

transmitted across the systems (from CHS to SCVMC) would be conducted to ensure that patients' EHRs transferrable.

Once this analysis is completed, a report would be provided to the Health and Hospital Committee and the Public Safety and Justice Committee regarding the options and costs for replacing ELMR. It is expected that this could be added to the December workplans.