



## Travis County Commissioners Court Agenda Request

**Meeting Date:** February 11, 2014

**Prepared By/Phone Number:** Scott Wilson, X-41182

**Elected/Appointed Official/Dept. Head:** Cyd Grimes

**Commissioners Court Sponsor:** Judge Biscoe

**Agenda Language:** Approve Modification No. 1 to Contract No. 4400001439, Medicalistics, LLC, for Electronic Medical Records Software and Maintenance.

**Purchasing Recommendation and Comments:** Purchasing concurs with department and recommends approval of requested action. This procurement action meets the compliance requirements as outlined by the statutes. This Agreement provides software, software maintenance and related professional services for the Electronic Medical Records (EMR) System.

In August 2009 the County contracted with Simplicity Healthcare Systems for a turnkey EMR (NextGen Healthcare) System based on a competitive bid process. However, the vendor was not able to complete the project according to their contract terms and the contract was terminated for convenience in October 2010.

On April 30, 2013 Commissioner's Court awarded a contract to Medicalistics, LLC, the only NextGen Healthcare authorized vendor allowed and capable of the service required to bring the EMR System up to date and complete phase I of the project, as well as, provide ongoing maintenance and support. This contract award was exempted from the requirements of the County Purchasing Act because it is an agreement for the purchase of personal or professional services.

At this time, the Sheriff's Office recommends approval of phase II of the EMR Project which includes additional software licenses, software maintenance and additional customized software configurations for the project. The cost of software, interfaces, implementation services and training is \$203,056. The maintenance associated with phase II is \$15,932. Thereafter, there is a 3% cap on the annual maintenance cost.

➤ **Contract Expenditures:** Within the last 12 months \$154,138 has been spent against this contract.

➤ **Contract Modification Information:**

Modification Amount: \$222,078

Modification Type: Additional Software and Services

Modification Period: April 30, 2013 through April 29, 2014

➤ **Funding Information:**

SAP Shopping Cart #:

Funding Account(s):

Comments:

**MODIFICATION OF CONTRACT NUMBER: 4400001439 for Electronic Medical Records Software  
& Maintenance**

ISSUED BY: PURCHASING OFFICE 700 LAVACA STREET STE 800 AUSTIN, TX 78701	PURCHASING AGENT ASST: <b>Scott Wilson</b> TEL. NO: (512) 854-9700 FAX NO: (512) 854-9185	DATE PREPARED: <b>February 3, 2014</b>
ISSUED TO: <b>Medicalistics, LLC.</b> <b>Attn: Bill DeWhitt</b> <b>14677 Midway Road, Suite 130</b> <b>Addison, TX 75001</b>	MODIFICATION NO.:  <b>1</b>	EXECUTED DATE OF ORIGINAL CONTRACT:  <b>April 30, 2013</b>
ORIGINAL CONTRACT TERM DATES: <u>April 30, 2013 through April 29, 2014</u>		CURRENT CONTRACT TERM DATES: <u>April 30, 2013 through April 29, 2014</u>

**FOR TRAVIS COUNTY INTERNAL USE ONLY:**  
Original Contract Amount: \$154,138 Current Modified Amount: \$376,216

**DESCRIPTION OF CHANGES:** Except as provided herein, all terms, conditions, and provisions of the document referenced above as heretofore modified, remain unchanged and in full force and effect.

The above numbered contract is hereby modified as per the attached Statement of Work (SOW), Price List (Exhibit E) and Payment Milestone Schedule. As a result of this Contract Modification, Travis County Sheriff's Office will have access to software modules needed for the implementation of Phase II of this project and the above contract is increased by \$222,078.

**Note to Vendor:**  
[ x ] Complete and execute (sign) your portion of the signature block section below for all copies and return all signed copies to Travis County.  
[ ] DO NOT execute and return to Travis County. Retain for your records.

LEGAL BUSINESS NAME: _____	<input type="checkbox"/> DBA <input type="checkbox"/> CORPORATION <input type="checkbox"/> OTHER
BY: _____ SIGNATURE	
BY: _____ PRINT NAME	DATE: _____
TITLE: _____ ITS DULY AUTHORIZED AGENT	

TRAVIS COUNTY, TEXAS	DATE: _____
BY: _____ CYD V. GRIMES, C.P.M., CPPO, TRAVIS COUNTY PURCHASING AGENT	

TRAVIS COUNTY, TEXAS	DATE: _____
BY: _____ SAMUEL T. BISCOE, TRAVIS COUNTY JUDGE	

# Statement of Work Addendum: Phase II

## Travis County Sheriff's Office: Updates to NextGen System

Updated 01.31.2014

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*Travis County Sheriff's Office ("TCSO") is currently using the NextGen system as its electronic medical records system for documenting medical and mental health care provided to inmates. TCSO has requested a number of updates to the system at this time, and this Statement of Work Addendum: Phase II (this "Phase II SOW") describes these requested changes and the expected level of effort to complete them. All deliverables and costs associated with the Phase II SOW are incorporated into and made part of the PSA.*

*The work described below is an addendum to the original Statement of Work ("SOW") that was attached to and made part of the Professional Services Agreement between the Parties effective April 30, 2013 (the "PSA"). All capitalized terms used but not defined in this Phase II SOW have the meaning ascribed to them in the PSA. The original SOW was divided into two phases. Phase I has been ongoing and will culminate with a go-live of the upgraded 5.7/8.1 NextGen system in the TCSO Production environment. Based on work completed for Phase I, requested enhancements and deletions from the original SOW made by TCSO, and additional clarification of requirements for tasks that were not capable of being well-defined initially, the following work items will be completed in Phase II. Hours estimates have been reworked to reflect new priorities and new information now available.*

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### Summary of Proposed Work – Phase II

Staff at the Travis County Sheriff’s Office has requested a number of changes with respect to that office’s NextGen system and current implementation.

These requests have been prioritized and are arranged in this document according to their priority groupings.

For each item, test acceptance criteria will be developed so completion of each item can be defined and acknowledged through signature by TCSO and Medicalistics team members.

Note that deliverables and cost for the ezMar (electronic medication administration system for use with NextGen) will be covered in a separate document.

### Travis County Sheriff’s Office NextGen Updates

TCSO NextGen Project			TOTAL
<b>Phase II – Work Issues</b>			
Issue	Priority	Description	Hours
4	4	CHM Indicator Becoming Cleared	7
46	4	Booking Number and PPD Date Administered (Phase II)	21
11	3	Diabetic Questionnaire Items Not Appearing in Document	11
14	2	Glucose Monitor Document	8
17	4	Quest Lab Interface – Labor	45
26	1	Adjustments to Medications by Patient Report	34
36	4	Neuro Check Template	80
41	4	Documents Require Allergies	40
49	4	BH Master Document Issues	16
50	2	Pregnancy Report	18
59	4	Cheat Sheet (Urinalysis, DME, Pregnancy) Tasking Workflow	12
66	4	TUHSU – Diagnosis Translation	28
67	2	TUHSU Not Including New Data	37
<b>Phase II – New work Issues Identified in Phase I</b>			
New Issue 26	4	Restraint Monitoring Flowsheet	80
New Issue 44		Master_IM Document Cleanup	8
New Issue 50		Printing Lab Requisition	10
New Issue 58		CIWA Tasking	10
New Issues 63,64,82		Consult Request Document	7
New Issues 76		Nurse Visit Reason for Visit Picklist	1
New Issues 77,78		Left Navigation Comments/Document	12
New Issue 85		Follow-up Referrals Picklist and Tasks	10
New Issue 86		System Troubleshooting	40
New Issue 87		Individualized Training	37

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<i>Phase II – Training</i>			
<i>Issue</i>	<i>Priority</i>	<i>Description</i>	<i>Hours</i>
6	4	Chronic Problem List	13
47	4	Report Generator, EMR JID #	7
48	4	Template Editor Training – specific item	12
44/54	3	Training – Tasking	100
65	2	Customization/Training – Kept Status on Appointments, EMR and EPM	16
62	4	Training – Expungements	22
63	4	Training – Scanning/ICS	8
<i>Phase II – Travel Expenses</i>			
<i>Issue</i>	<i>Priority</i>	<i>Description</i>	<i>Travel</i>
		One trainer for up to three days, 24 hours onsite if needed	\$ 1,545
		One trainer for up to three days, 24 hours onsite if needed	\$ 1,545
<i>Phase II – Project Management</i>			
<i>Phase</i>		<i>Description</i>	<i>Hours</i>
Phase II		Project Management	148
Phase II		Weekly Project Meetings	48
<i>Phase II – Totals</i>			
<i>Phase</i>		<i>Description</i>	<i>Hours/ Travel</i>
Phase II		Work Items, Training Hours, Project Management and Meeting Hours	869
Phase II		Estimated Potential Travel Expenses	\$ 3,090

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### Phase II

#### Work Items

The following work items are included in Phase II. They will be performed after the system is upgraded and initial enhancements are applied as part of Phase I.

#### Issue # 4: CHM Indicator Becoming Cleared

The issue here is that there are one or more screens in NextGen where the CHM indicator field is shared (hidden), but is not read-only. Because of this, when someone right-clicks on the screen and selects clear, it is clearing out the CHM indicator as well, so the system does not function properly. The fix for this item will be to check all screens, updating any templates where the field is not read-only, to make it read-only to prevent this issue. Per Danny Smith, this issue occurs “randomly” and should remain in the work list, but be considered as a lower priority item.

Danny Smith submitted this issue.

#### Issue # 46: Booking Number and PPD Date Administered

Currently, the booking number is not coming across the inmate interface into NextGen. As a result, they are having to enter information about PPD placement and reads in the Tiburon system and report from there. The inmate interface needs to be adjusted to ensure booking number is coming across, and the PPD placement and reporting process examined to see if other adjustments are needed for staff to be able to use NextGen for PPD tracking, without needing to refer to Tiburon directly. Updated information from Mike Summers. TCSO has to submit a report regarding TB testing and currently workflow in NextGen has not been desirable to support entering PPD implants and reads in NextGen, so it is entered in Tiburon. The booking number comes across in the Tiburon feed, but not the book-in date, and this date needs to be on the report. Mike will provide the format of the report. TCSO would like to be able to enter all the PPD information in NextGen and be able to generate the report from NextGen and not from Tiburon. This is considered a relatively low priority issue.

Mike Summers entered this issue.

#### Issue # 11: Diabetic Questionnaire Items Not Appearing in Document

When the intake is completed, questions from the diabetic questionnaire portion of the intake screening do not appear in the generated document. In addition, from Phase I, two enhancements were requested, The first is the add the question, "When did you last eat and what did you eat?" This will need to be added to the document as well. The second is a request for more space in the comment field in the Diabetic Questions popup template.

#### Issue # 14: Glucose Monitor Document

The document generated from the custom glucose monitor template prints the results significantly out of date order. Some entries seem to have inappropriately formatted dates as well, which may be contributing to this problem. If “refused” or “no show” are selected, no date/time populate and the entry populates at the bottom of the template. Also, when a Glucose is entered on the Intake document the nurses name/date populate the CHM Glucose Monitor but the date/time is mixed up and this data also populates at the bottom of the template. The actual sugar reading does not come across.

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Laura Kennedy contributed this item.

### Issue # 17: Quest Lab Interface

The lab interface with Quest has not yet been established. This may not involve Medicalistics at this time, but be worked directly between TCSO and NextGen.

\*Time estimate here is based on helping to determine status and move this forward if needed. If desired to create a Quest lab interface, an additional statement of work will be prepared.

### Issue # 26: Adjustments to Medications by Patient Report

The pop-up for medications by patient self-report has some requested adjustments, including increasing the text size of some of the fields, and adding more fields to the pop-up for requested needs. See attachment A to this document. In addition, comments from TCSO during phase I were that there was a need to have a field for the amount of medication remaining, the combining of Save and Clear for Add buttons to eliminate mouse clicks. The following request was also made: "In the Medications by Patient Report the "Date Last Filled", "Quantity Filled" (newly added for Phase II) and Delete "Pharmacy Phone Number" and "Number of Doctor or Clinic." Quantity Remaining is not shown and needs to be present. The fields for Verified by, Reviewed by Physician, Officer Information, and Disposition do not populate the document, all of which are essential documentation, all remaining fields are missing/not displaying. Several fields from the grid are not populating the document in the new document builder. New summary macros will need to be created to resolve this issue.

Laura Kennedy knows the most detail about what is required for this item.

### Issue # 36: Neuro Check Template

A neuro check template is needed for nursing staff to complete standard neuro checks for patients. A form has been provided outlining current TCSO documentation requirements for assistance with the development of this item. TCSO would like this to work like glucose or vital monitoring with a demographic template design. At least one design call will also be needed with appropriate personnel from TCSO in order to define final requirements for this template.

### Issue # 41: Documents Require Allergies

There are some documents in the system that should include documentation of patient allergies, but currently do not do so. The Consult Note document needs to include allergies and currently does not. The following documents are also requested to include allergies:

1. Classifications
2. Chm\_nurse\_protocol
3. Shs\_glucose\_monitor
4. Chm\_vital\_signs\_monitor
5. Chm\_vital\_signs\_monitor
6. Chm\_wound\_monitor
7. Chm\_detox\_monitor
8. Bh\_seg\_rounds
9. Demographics (left navigation bar-needs TCSO seal vs NextGen Seal)

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### Issue # 49: BH Master Document Issues

The BH master document is generating including some blank pages in the middle, and too many medications are appearing. Extra blank pages or page break references need to be removed, as well as adjusting the medications summary macros to present only the most recent medication information. In addition, in the date field in the grid is having the last digit of the year cut off. Inactive meds need to be removed from the document. There is also a request to create a duplicate of BH Master and rename it to be used by the Psychiatrist, in order to distinguish the discipline the note was generated by. The document will be launched depending on which template is used (Psychopharm and psych eval), not with logic based on security role.

### Issue # 50: Pregnancy Report

TCSO requires a report listing all pregnant inmates. This report is required by jail standards. Additional details are as follows: Report should include the Number of pregnant inmates booked per month by month. For example: Inmate was booked in Sept 15 and is still in jail on October 15 then she would ONLY display in the Sept. report.

Elizabeth Minks submitted this issue.

### Issue # 59: Cheat Sheet (Urinalysis, DME, Pregnancy)

Initially this item was described as follows: A cheat sheet was requested to stop auto-tasking for certain types of orders, including urinalysis, DME, and pregnancy. However, clarification of the item is now: The TASK button should not display for these particular items (Urinalysis, DME, Pregnancy) as these are items that are addressed initially and will never be tasked. No cheat sheet required, just remove the button option. This is a request to disable tasking for these items in the Office Services template. Additionally, in the Classifications template if Cane/crutches/walker or wheel chair options are selected then these should not be auto tasked.

### Issue # 66: TUHSU – Diagnosis Translation

TUHSU needs diagnosis translation for the codes.

Clarification from Mike Summers: The diagnosis tends to change over time or there may be multiple diagnoses on the mentally ill; the TUHSU that prints captures the first diagnosis made and doesn't release it.

For example, P # 238672: The diagnosis reported on the TUHSU is 296.80 Bipolar Disorder, Unspecified. His current diagnoses are:

- Attention deficit disorder of childhood with hyper (314.01)
- Alcohol Abuse Unspec (305.00)
- Cannabis Abuse (305.20)
- Antisocial Personality Disorder (301.7)

NOTE: A big part of this may be that the original diagnosis was not marked as resolved by the provider; as a result, this might be a training issue.

Also, other physical medical diagnoses are not populating under the area of TUHSU, Paragraph C, Other healthcare problems. For example, P # 280241.

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Listed Diagnoses: Under Part B (no codes listed, except for the depression)

- Drug abuse
- Alcoholism
- Hypertension
- Major Depression

Under Part C – he has pancreatic cancer, which is not populated in this section, as well as the diagnostic codes for hypertension, drug abuse, and alcoholism. The TUHSU form in the EMR was intended to be an accurate summary populated from the record; the current TUHSU still requires a lot of editing and checking to ensure accurate data is forwarded to the receiving jurisdiction.

### **Issue # 67: TUHSU Not Including New Data**

The system is getting old data from the previous TUHSU, not the new one. Updates are needed to resolve the issues.

The TUHSU Data template is populated through the actions of a stored procedure; adjustments to this stored procedure may be necessary to ensure the correct information is being incorporated.

Then a Crystal Report is generated to display the results in the TUHSU format. It may be that adjustments are needed here as well.

Items 66 and 67 are related. There will need to be at least one design call to discuss how the TUHSU needs to be functioning to ensure that the fixes here will resolve the identified problems with the template and, if needed, the Crystal report.

Mike Summers entered this issue.

### **New Issues Identified During Phase I (numbers from Phase I issues log)**

#### **New Issue 26A: Restraint Monitoring Flow sheet**

TCSO would like to create a custom template to allow staff to document their repeated observation of patients who have been placed in restraints. Medicalistics will work with TCSO staff to identify the requirements needed for this template and will then design a template that allows staff to have the date and time of the observation, the staff member, vital signs, and other pertinent observations that are required. This will be stored in a grid or flow sheet format. This will also involve customizing Office Services to allow for ordering of restraint monitoring, but not for an order of multiple aspects of initiating or discontinuing restraints.

This issue was identified by Nadine McElroy

#### **New Issue 44A: Master IM Document Cleanup**

There is a concern that a long list of historical diagnoses appear on the Master\_IM document and only active diagnoses are requested to appear. This will involve ensuring that TCSO staff resolve diagnoses that are no longer active in the diagnosis module. This issue will be examined and any changes to document macros will be made. In addition, a one hour Webex training will be provided regarding the workflow to resolve a diagnosis in the diagnosis module.

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This issue was identified by Michael Riley

### New Issue 50A: Printing Lab Requisition

In KBM 8.1, the button used to generate the lab requisition document is no longer there. CHM Lab Master is now a popup. Medicalistics will customize the popup to allow the document to be generated.

This issue was identified during a group conference call

### New Issue 58A: CIWA Tasking

When the total score is 0 on the CIWA, staff cannot generate a task for the next interval. Medicalistics will troubleshoot and fix this issue so tasks can be generated if the total score is 0.

This issue was identified by Laura Kennedy

### New Issue 61A: Intake Document enhancements

The assessment plan section of the document needs to have some items reorganized as per a screenshot provided by TCSO. Medicalistics will reorganize macros on the document to match the layout preferred by TCSO.

This issue was identified by Laura Kennedy

### New Issues 63A, 64A, 82A: Consult Request Document

Three enhancements are requested to the CHM\_Consultation document for the 8.1 version. The TCSO logo needs to be added to the document, remove NextGen logo. The line at the bottom of the document that states "Copy the form and paste in an email and send form to a designated reviewer" needs to be removed. There is also a request to add current allergies and active medications to the document. The relevant information will be added and removed from the document respectively.

This issue was identified by Laura Kennedy and Kathryn Geiger

### New Issue 76A: Nursing Visit Reason for Visit Picklist

There is a request to add a blank line to the top of the Reason for Visit pick list that launches from the Nurse Visit template. Medicalistics will add this line.

This issue was identified by Kathryn Geiger.

### New Issues 77A, 78A: Left Navigation Comments/Document

The comment field accessed from the Left Navigation is not generating to the document from the Preview button on the Left Navigation bar. In addition, Review of Systems data from prior encounters is generating to the document in error. Medicalistics will adjust the macros to the document to reflect these requests. This will involve significant troubleshooting for the ROS items and might also involve opening a ticket with NextGen as this may be a KBM defect.

This issue was identified by Kathryn Geiger

### New issue 85A: Follow-up Referrals Picklist and Tasks

On ORD\_CHM\_Plan, some pick list changes were made and others are requested. In addition, with the changes to the pick list, tasks are not being generated correctly. TCSO will provide Medicalistics with a list of the pick list items they

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would like to see, as well as the task category and tab they would like each to go to. Medicalistics will then change the pick list and ensure the tasks are routed appropriately.

This issue was identified by Kathryn Geiger

### New issue 86: System Troubleshooting

There is a need for system troubleshooting from time to time due to unexpected issues that occur and cannot be planned. This task will allow for timely troubleshooting and resolution of such issues up to the number of defined hours (40 hours).

### New Issue 87: Individualized Training

There is a need for individualized training support for staff members who have unique training needs, beyond that which is appropriate to address in the other group training categories in this work scope. This task will allow for such training to be completed up to the number of defined hours (37 hours).

## Training

It needs to be noted that many training items include the need for Medicalistics to do work prior to the actual training of staff. Some of this work includes meetings with TCSO to best understand the training needs, current and desired workflows involved, set-up of systems and training scenarios, documentation of training materials, and template customizations and adjustments to support the end result to be trained. Thus, the hours listed for training items are not merely actual training hours. Actual training hours for in-person and Webex training will be noted where possible and mutually determined in project meetings where not currently specified.

### Issue # 6: Chronic Problem List

There are issues and questions about how items get on the chronic condition list, and how items can be removed. They find them on the adult chart summary, home pages, general assessment, and diagnoses included in the meds module. Medicalistics will review the 8.1 templates used by TCSO, prepare training documentation, and conduct a one hour Webex training on recommended workflow for adding and removing items from the Chronic Problem list.

### Issue # 47: Report Generator, EMR JID #

There was an issue entered about the report generator and the EMR JID number. We expect this item to result in a training session to demonstrate how different fields can be added to the report generator, with a focus on this ID field in particular. Clarification of this item by TCSO is as follows: “Per Danny, this is just one question about the “Other Number Field”. Where is this field?” Medicalistics has researched this and determined that the Other ID field cannot be accessed through the ad hoc report writer. It can be accessed through Crystal Reports, but this requires predefined and prebuilt reports, not allowing ad hoc report creation. Medicalistics will create a template that will pull the Other ID field onto it. This template will not need to be accessed by users, but will allow the ability to pull the data field into the ad hoc report writer. This will need to be tested once it is created to make sure the report writer will use the data in a consistently proper manner. Malfunction in the report writer could cause this solution to have some limitations, but this will not be able to be determined until it is tested.

Danny Smith entered this issue.

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### Issue # 48: Template Editor Training

For this issue, training in Template Editor was requested to discuss how to create a table in a template. General template editor training could address this and other questions that may have arisen while working with NextGen and Template Editor. Medicalistics will prepare a training outline and some basic training materials to go along with this training. In addition, there will need to be discussion of the specific training topics desired by TCSO. The actual training time for this will be 8 hours by Webex.

Danny Smith entered this issue.

### Issues # 44, 54 (Combined): Training - Tasking

There are tasks appearing on the task list reports that are not present in the inbox. This is usually caused by a staff member accepting responsibility for the task, but not completing it. We would expect to spend significant time, both in meetings with TCSO staff, and without TCSO staff, examining the current situation with respect to tasking, and determining the best approach for the adjustments needed. Medicalistics will create a Crystal report of tasks accepted but not completed to assist in the process of managing tasks and work reports. In addition, TCSO is concerned that staff may accept a task and not complete it, and then the staff person might leave or be unavailable. Training on how to capture a task that falls into this scenario, but has not been completed, will be part of this work/training item. In addition, in KBM 8.1 many instances of auto-tasking were discontinued by NextGen, but TCSO desires that this functionality be restored where possible. This will be completed as part of this work. It is expected that a four hour training, whether in-person or by Webex, will ultimately result from the fixes to tasking and report(s) created here, and address situations in which staff leave without completing tasks. This will need to be re-evaluated after go-live and is considered a low priority item.

### Issue # 62: Combined Work/Training – Expungements

We would propose doing an “unmerge” of selected encounters defined by a date range into a dummy patient record in these cases. Then the dummy patient holding the records needing to be expunged will be deleted from the database. This will work from a system/practice template whereby the user can control who the patient is and the range of records to be expunged. In addition, scanned documents, which are held in a file director, not the SQL database, will also be examined for their ability to be deleted through a second step in this process, if possible. There may need to be some adjustments to some documents that generate with older information from previous encounters, such as inactive medications, so that going forward there is not inadvertent reference to prior expunged encounters. Medicalistics will train TCSO staff on the use of this new utility, but will not perform the expungements directly.

Mike Summers contributed this item.

\*Time estimates for this item may require adjustment based on emerging technical issues while the code is written, and the amount of document work needed. Any additional hours needed will be submitted and processed in the form of a change request order in accordance with the PSA.

### Issue # 63: Training – Scanning/ICS

TCSO has requested a quicker and smoother way to administer the scanning process. Batch processing is particularly slow. This will be four hours of actual onsite training. Additional hours are needed, prior to the actual training, to meet with TCSO staff who currently use ICS to understand the current workflow, the problems with it, and determined

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recommended workflow going forward. This additional time would best be completed while onsite prior to the actual training time.

### Issue # 65: Training – Kept Status on Appointments, EMR and EPM

This item was initially described as: “How does the “kept” status of an appointment get from EMR to EPM? What are the steps required in EMR to accomplish this? What is the best workflow to keep the appointment status up to date in both EPM and EMR? The current workflow and possible workflow adjustments will be examined and trained.”

Further clarification from TCSO is as follows: “This link was actually broken as a business decision initially but we would like to discuss turning this back on and how we would be impacted. There was a duplicate sign on issue but if this has been resolved then the link should be turned on. Intermittent issue. Would like to hold (low priority) and test after Go Live.

### Travel Expenses

To support the training described above, the following provisions are reserved for onsite training needs, should they be deemed necessary and requested by TCSO in writing:

<i><b>Training</b></i>	<i><b>Est. Airfare</b></i>	<i><b>Est. Hotel</b></i>	<i><b>Est. Car</b></i>	<i><b>Est. Per Diem</b></i>	<i><b>Est. Total</b></i>
One trainer for projects as deemed necessary for on-site assistance, if needed.	\$ 400	\$ 520 (4 nights)	\$ 325	\$ 300	<b>\$ 1,545</b>
One trainer for projects as deemed necessary for on-site assistance, if needed.	\$ 400	\$ 520 (4 nights)	\$ 325	\$ 300	<b>\$ 1,545</b>
<b>TOTALS</b>	<b>\$ 800</b>	<b>\$ 1,040</b>	<b>\$ 650</b>	<b>\$ 600</b>	<b>\$ 3,090</b>

### Project Management

Project management services will enable Medicalistics to appropriately coordinate services and training provided to TCSO, and manage the project on an ongoing basis.

# Exhibit "C"



## ATTACHMENT A

### MED VERIFICATION/INTAKE

Allergies \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name \_\_\_\_\_

DOB: \_\_\_\_\_

Date/ Init.	Pharmacy/ Phone #	Med name/ Dosage	Date Filled	Directions /Last Dose	Number Filled	# of Pills in bottle	# of RFs	Rxing MD

# EXHIBIT "E"

<b>Medicalistics L.L.C.</b>				
<b>Prepared for: Travis County Sheriff's Office</b>		<b>Proposal Date:</b>		<b>12/18/2012</b>
<b>Item</b>	<b>Description</b>	<b>QTY</b>	<b>Unit Price</b>	<b>Extended Price</b>
<b>New Software</b>				
	NextGen EPM Provider License(s)	2	\$ 10,000	\$ 20,000
	NextGen EMR Provider License(s)	2	\$ 10,000	\$ 20,000
	Combined NextGen EMR & EPM Provider License Discount	2	\$ (5,000)	\$ (10,000)
	NextGen EPM Mid-Level Provider License(s)	2	\$ 7,000	\$ 14,000
	NextGen EMR Mid-Level Provider License(s)	2	\$ 7,000	\$ 14,000
	Combined NextGen EMR & EPM Mid-Level Provider License Discount	2	\$ (3,500)	\$ (7,000)
	NextGen ICS Provider License(s) - included with EMR/EPM/BSP/Express Lic.	-	incl.	\$ -
	NextGen ICS Remote Scanning Sites - Per Remote Site	-	\$ 1,000	\$ -
	NextGen Patient Synchronization - Per Provider	-	\$ 1,500	\$ -
	NextGen EMR Dental Provider Med Module ONLY	-	incl.	\$ -
	NextGen EMR RTF Monitor - Per Provider License - included with EMR/Express Lic.	-	incl.	\$ -
	NextGen RTS (Real-Time Transaction) - Per Provider - included with EPM/BSP Lic.	-	incl.	\$ -
	Practice License Fee for EMR	-	\$ 20,000	\$ -
	Practice License Fee for EPM	-	\$ 20,000	\$ -
	Combined Practice License Discount for EMR & EPM	-	\$ (10,000)	\$ -
	<b>Software Subtotal:</b>			<b>\$ 68,000</b>
<b>Interfaces</b>				
<b>Third Party Software</b>				
<b>Software</b>				

	<b>Libraries - yearly subscription fee /updated per year / per provider</b>			
	Bundled ICD9 and CPT4 Codes Loaded (First User License Per Year)		\$ 279	\$ -
	Bundled ICD9 and CPT4 Codes Loaded (Add'l User Licenses Per Year)	4	\$ 35	\$ 140
	NextGen Edits: includes CCI Edits, ICD9/CPT4 Edits, CPT OCE and other Edits (requires ICD9/CPT4 codes) - Annual per User	-	\$ 20	\$ -
	First Data Drug Database with Integrated Interaction Module (EMR only) - Annual per Provider	4	\$ 139	\$ 556
	SureScripts ePrescribing (EMR only) - Annual per Provider	4	incl.	
	<b>Third Party Software Sub-Sub-Total</b>			<b>\$ 696</b>
	<b>NextGen eLearning</b>			
	Mandatory EMR/EPM eLearning Lic. to be Purchased (Annual Fee for each Lic.)		\$ 199	\$ -
	<i>eLearning Licenses purchased herein include a one year subscription to the NextGen education via the Internet at your convenience. After the first year, the eLearning License will be renewed at the then prevailing rate, unless expressly communicated to NextGen that you are no longer interested in using the eLearning License. Any Practice or Enterprise Registration Fees are 1-time fees and not subject to annual renewals.</i>			
	<b>Third Party Software Subtotal:</b>			<b>\$ 696</b>
	<b>Services</b>			
	<b>Medicalistics Hours for EMR and/or EPM Implementation Services</b>			
	<i>EMR/EPM Implementation Services may include some or all of the following: Project Management or Coordination; Project Implementation Meeting; System Check, Definition Workshop (DWS) Training/Review; Database Review; Database Review; Core Group Training (CGT); Tuning/Testing; Go-Live, Advanced Training, Physician Resource Assistance, and Post Go-Live Audit, as described in Attachment A.</i>	946	\$ 160	\$ 151,360
	<i>Travel expenses relating to training</i>			\$ 3,090

	<p>* Implementation hours based upon Customer using existing NextGen and/or purchased templates with minimum or no modifications made by company. Modifications to existing templates and/or Custom Design may be contracted through Medicalistics, LLC at Medicalistics current hourly rate of \$225.00 /hour. Also, the jail can optionally build their own screens.</p>			
	<b>Summary</b>			
	<i>Software</i>			\$ 68,000
	<i>Interfaces</i>			\$ -
	<i>Hardware</i>			\$ -
	<i>Third Party Software</i>			\$ 696
	<i>Services</i>			\$ -
	<b>Total System Price:</b>			<b>\$ 68,696</b>
	<b>Total Discounts for this Proposal are:</b>			<b>\$ 17,000</b>
	<b>Total Discount Percent for this Proposal is:</b>			<b>24.7%</b>
	<b>Total Revised System Price</b>			<b>\$ 51,696</b>
	<i>new yearly maintenance</i>			\$ 15,932
	<b>Total Annual Software Maintenance Price:</b>			<b>\$ 15,932</b>
	<i>Total Services Price</i>			\$ 154,450.0
	<b>TOTAL SYSTEMS PRICE</b>			<b>\$ 222,078.0</b>

## PAYMENT MILESTONE SCHEDULE - Phase II

### SCHEDULE "B"

<b>Product and Maintenance</b>		
Milestone 1	Medicalistics Maintenance	\$15,932.00
Milestone 2	Software (with discount)	\$51,696.00
	<b>Subtotal</b>	
<b>Services</b>		
Milestone 3	<b>Issue 4: CHM Indicator Becoming Cleared</b>	\$2,240.00
Milestone 4	<b>Issue 46: Booking Number and PPD Date Administered (Phase II)</b>	\$4,480.00
Milestone 5	<b>Issue 11: Diabetic Questionnaire Items Not Appearing in Document</b>	\$2,880.00
Milestone 6	<b>Issue 14: Glucose Monitor Document</b>	\$2,440.00
Milestone 7	<b>Issue 17: Quest Lab Interface – Labor</b>	\$8,320.00
Milestone 8	<b>Issue 26: Adjustments to Medications by Patient Report</b>	\$6,530.00
Milestone 9	<b>Issue 36: Neuro Check Template</b>	\$13,920.00
Milestone 10	<b>Issue 41: Documents Require Allergies</b>	\$7,520.00
Milestone 11	<b>Issue 49: BH Master Document Issues</b>	\$3,680.00
Milestone 12	<b>Issue 50: Pregnancy Report</b>	\$4,000.00
Milestone 13	<b>Issue 59: Cheat Sheet (Urinalysis, DME, Pregnancy) Tasking Workflow</b>	\$3,040.00
Milestone 14	<b>Issue 66: TUHSU – Diagnosis Translation</b>	\$5,600.00
Milestone 15	<b>Issue 67: TUHSU Not Including New Data</b>	\$7,040.00
Milestone 16	<b>New Issue 26A: Restraint Monitoring Flowsheet</b>	\$13,920.00
Milestone 17	<b>New Issue 44A: Master_IM Document Cleanup</b>	\$2,400.00
Milestone 18	<b>New Issue 50A: Printing Lab Requisition</b>	\$2,720.00
Milestone 19	<b>New Issue 58A: CIWA Tasking</b>	\$2,720.00
Milestone 20	<b>New Issues 63A, 64A, 82A: Consult Request Document</b>	\$2,240.00
Milestone 21	<b>New Issue 76A: Nurse Visit Reason for Visit Picklist</b>	\$1,280.00
Milestone 22	<b>New Issues 77A, 78A: Left Navigation Comments/Document</b>	\$3,040.00
Milestone 23	<b>New Issue 85A: Follow-up Referrals Picklist and Tasks</b>	\$2,720.00
Milestone 24	<b>Issue 6: Chronic Problem List</b>	\$3,200.00
Milestone 25	<b>Issue 47: Report Generator, EMR JID #</b>	\$2,240.00
Milestone 26	<b>Issue 48: Template Editor Training – specific item</b>	\$3,040.00
Milestone 27	<b>Issues 44,54: Training – Tasking</b>	\$17,120.00
Milestone 28	<b>Issue 65: Customization/Training – Kept Status on Appointments, EMR and EPM</b>	\$3,680.00
Milestone 29	<b>Issue 62: Work/Training – Expungements</b>	\$4,640.00
Milestone 30	<b>Issue 63: Training – Scanning/ICS</b>	\$2,400.00
Milestone 31	<b>New Issue 86: System Troubleshooting</b>	\$6,400.00
Milestone 32	<b>New Issue 87: Individualized Training</b>	\$5,910.00
	<b>Travel</b>	<b>\$3,090.00</b>
<b>TOTAL MILESTONE</b>		<b>\$ 222,078</b>

- \*Travel billed on reimbursement and not to exceed contract amount
- \* Milestones not necessarily consecutive
- \* TCSO is required to test and return test and acceptance documents on any service item within 45 days of delivery. If TCSO has not returned the test and acceptance document for a services milestone item within 45 days of delivery, Medicalistics will be allowed to invoice that milestone and be paid for it. This does not mean that TCSO gives up the right to receive needed corrective services for items failing testing, warranty service or maintenance for the item, if issues exist, regardless if payment has already been disbursed to Medicalistics.



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Major - Corrections

PHYLLIS CLAIR  
Major - Law Enforcement

MARK SAWA  
Major - Administration & Support

**Date:** 01/30/2014

**MEMORANDUM**

**To:** Purchasing

**From:** Tiffany Curnutt, Business Analyst I

**Subject:** Electronic Health Record System (EHR)

Please accept this memo as request to purchase support, maintenance and custom configurations for the Sheriff's Office NextGen Electronic Medical Health Record System (EHR) on the next available Commissioners' Court Agenda. Medicalistics is the TCSO third party software vendor who provides services and deals directly with the software provided by NextGen Healthcare, a software system that has been in use for 4+ years.

TCSO initially contracted with Medicalistics in April 2013 for an upgrade, annual maintenance and training for NextGen software (Contract No 4400001439) after the original vendor, Simplicity was not able to complete the project according to their project terms (CM11076SW). The Simplicity contract was terminated for convenience on October 26, 2010. TCSO operated without support or maintenance for almost 3 years.

Additional EHR funding was requested and approved in the FY14 budget cycle for Phase II to include additional licenses, maintenance and custom configuration for the software. The approved General Fund packet included a line item to increase the on-going cost of \$68,000 for the additional licenses and maintenance, as well as, a one-time cost of \$137,042 for training and configuration. The difference of \$15,400 is encumbered under a TCSO discretionary fund and this will take care of the additional configuration requests to total \$220,442 for Phase II completion expected to be fully deployed by FY15.

Medicalistics is the only NextGen Healthcare approved and authorized vendor allowed and capable of the service required to bring the EHR software up to date and complete the project as well as provide ongoing support and maintenance. Medicalistics has been working with TCSO since April 2013 to implement custom templates, configuration changes, training and system upgrades.

**Cc:** Mark Sawa, Major Support Admin.  
Robin Osborn, Lieutenant  
Heather Farrell, Business Consultant II  
Scott Wilson, Purchasing Agent  
Paul Matthews, TCSO Finance Director  
File