



NYS EDRS Newsletter

SUMMER 2016

From the Director's Chair

With the onboarding of Monroe County, I'm pleased to share that the pilot is moving forward at a steady pace, registering more electronically filed cases each day. Rochester General, Strong Memorial, and Highland hospitals all committed to implementing EDRS in August 2016. Applying EDRS to existing and new workflows in a real setting is the best way to improve system configuration, something we could not simulate internally. We've already had significant learnings and are using this information to prepare for a statewide rollout.

Let me also recognize the many funeral firms, nursing homes, and local registrars who have welcomed EDRS into their workspace. Having this one repository for instant access from an internet-enabled computer is demonstrating a streamlined registration process and improved data quality and timeliness. One funeral firm estimated a 5000 mile savings through the e-filing opportunities!

There are still some bumps in the road ahead, but we are pushing along to develop a detailed rollout strategy. If we all continue to work together with patience and open communications, applying solutions from lessons learned, and striving to use EDRS at every opportunity, everyone will benefit and we can all provide closure to the families left behind.

Robert 'Jake' Locicero
NYS Registrar
Director, New York State Vital Records



Key Dates

September 2016 –

- Version 16.2 arrives at DOH!
- NYS Vital Records and External User Group user acceptance testing anticipated Sept/Oct
- Recurring training for new users or refreshers for existing users
 - Medical roles - 3rd Tuesday of each month
 - Funeral firm roles - 3rd Tuesday of each month
 - Registrars – 3rd Wednesday of each month
- Onondaga joins pilot!

October 2016 –

- 16.2 testing continues
- Anticipated onboarding of Nassau and Suffolk as first non-pilot counties

EDRS Tech Talk

User Profiles

Every EDRS user has a personal user profile, pulling information from his or her Health Commerce System (HCS) account information. Initial access automatically creates an EDRS User Profile.

- **HCS Coordinators**– Notify individuals immediately after assigning roles. The individual should log in to verify he/she can access EDRS. This will automatically create his or her EDRS User Profile.
- **EDRS Users** – Do not wait for a death to access EDRS for the first time. Once notified of EDRS role assignment, log in to the system! **You don't need to do anything more.** This initial log in will verify you can access EDRS and create your user profile.

Your user profile defines what you can and can't do within EDRS. If your business model involves a staff person initiating a case so you can sign or certify after, you must have a user profile for the staff person to assign the case.

Be Proactive – Log in right away!

Fast Facts

5: Counties participating in EDRS Pilot

124: Medical Facilities, Funeral Firms, and Registrar Offices ready to electronically file

Recommended software is in bold text below.

- **4 GB** memory
- **Windows 10** Operating System
- Internet Browsers
 - **Microsoft Internet Explorer (version 11.0 or higher)**
 - Google Chrome (current stable release; Windows platform)
- **Adobe Acrobat Reader** (9.0 or higher - to view/print forms and reports)
- **Printer**
- **High-speed internet connection**

Pilot Participant Reminders

- ✓ "Natural" deaths only
- ✓ **Medical Facility starts the case**
 - No Private Residence deaths
 - No deaths requiring Medical Examiner/ Coroner investigation
- ✓ **DO NOT practice in the live environment!**
- ✓ Use of EDRS continues from the pilot forward for all participants

User Highlight: Rochester General Hospital

Rochester General Hospital (RGH), part of the Rochester Regional Healthcare, was the first hospital to fully embrace implementation of the Electronic Death Registration System as part of the pilot. RGH established a team approach immediately, including all pertinent departments and identifying a physician's liaison, a central point of contact, and a project champion at the executive level.

RGH determined the best approach for the facility was to implement EDRS in a phased rollout by department. As they worked with the DOH EDRS team to provide virtual live trainings, the RGH implementation team reviewed hospital policies and

Thank you, Linda and Kira on behalf of the State for choosing Rochester General to be your pilot Hospital. We as an Organization have thoroughly enjoyed working with you. Thank you to Dr. Shaheed and our Project Manager Neelam Blum, Joni Dubner, Sally Tornatola, Dorothy Milford, Cindy Bileschi and Tara Hillegeer for assisting us with your expertise with making this implementation a success.

I would like to give a special kudos to our Admissions Patient Access Team Anita, Ellen and Elizabeth who have stayed engaged and assisted with all that has been asked of them. We could not have had this success without their commitment to seeing this project successfully completed. Whatever was asked of them they delivered, frequently going above and beyond.

We have thoroughly enjoyed working with all on this team.

- *Holly Jarrell*
Patient Access, RGH
RGH EDRS Implementation Team Point of Contact

procedures and its death registration workflow, RGH hit its stride rolling out EDRS department by department; granting permission to EDRS after completion of training. This strategy continues today, communicating training options and the importance of EDRS through RGH's Intranet. NYS DOH drafted "Hospital Best Practices," as seen on the next page, to work with hospitals as part of the onboarding process.

NYS DOH worked with the RGH implementation team to provide training options through Rochester Regional Healthcare's learning portal, HealthStream Learning. Training is linked directly to the EDRS public website tutorials, eliminating the possibility of outdated training and reducing the burden on its own L&D staff to maintain training materials.

I always had a notion that working with DOH can be challenging as one has to go through the bureaucracy in a state agency. But working with the EDRS team was a totally different experience. They are highly trained subject specialists who understand the needs of different players in registering a death. They were extremely accommodating in providing training, either in person or through webinars, to our education and schedule needs.

RGH is striving to provide the best care and services to communities in Rochester and the surrounding areas. Handling a death registration and release of the dead body to loved ones is a services that we wanted to improve. RGH is part of many state-wide initiatives to continue providing state-of-the-art care to patients. In RGH, we felt having EDRS will continue to support our quality service to our community. I strongly believe that EDRS will help us to make the death registration and release of body more efficient and timely.

- *Dr. Mohammed Shaheed*
Director of Clinical Care Efficiency,
Division of Hospital Medicine RGH,
Clinical Assistant Professor of Medicine
University of Rochester,
Associate Physician Adviser RGH



Hospital Best Practice

EDRS Implementation Planning

Step 1:

Establish Internal Implementation Team



- ⇒ Point of Contact with DOH (HCS Coordinator)
- ⇒ Executive Sponsor /Project Champion
(Executive Committee Member)
- ⇒ Physician's Liaison (Chief Medical Officer)
- ⇒ Administrative Coordinator (Project Manager)
- ⇒ Compliance/Risk Mgmt/Quality Manager
- ⇒ Technology Coordinator (Chief Technology Officer)
- ⇒ Internal Learning & Development/Organization Development Representative

Step 2:

Plan education/ implementation

Identify:

1. Meeting schedule for team.
2. All current stakeholders in Death Certificate processing (administrative staff, nursing staff, medical certifiers, residents/interns, those signing 'on behalf of' medical certifier)

Review and update:

1. Current business process for death certificates (paper flow and people involved)
2. Technology compatibility/System Requirements

Define:

1. New/changing business process
2. Internal rollout strategy
3. Update technology as appropriate
4. Education plan

Implement