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| **IT Project Benefits Achievement Plan (Version 2)** | | | | | | | | |
| **Section 1.** What are the purposes of the Benefit Achievement Plan (BAP)? | | | | | | | | |
| 1. To achieve a clear understanding and focus on the benefits of a project prior to its beginning 2. To update projected benefits of the project as it moves through stages of project approval, implementation, and post-project closure 3. To establish accountability for identifying and achieving benefits 4. To ensure that benefits are achieved   To complete this document fully, please read all of the colored sections and fill in the white cells. For assistance in completing this form, please contact your PSB analyst. | | | | | | | | |
|  | **King County Department/Agency Name** | | | Department of Public Health – Seattle & King County (PHSKC), Emergency Medical Services (EMS) Division, Medic One (Section) | | | | |
|  | **Project Title** | | | EMIRF (Electronic Medical Incident Report Form) Application Replacement | | | | |
|  | **EBS Project Number** | | | 1121610 (KCIT-DPH EMS EMIRF REPLACEMENT) | | | | |
| **Section 2. Business Owner Accountability** | | | | | | | | |
|  | Business Owners are responsible for achieving project benefits and ensuring this Benefit Achievement Plan (BAP) is regularly updated and completed when benefits are achieved. Business Owners are required to be at the deputy department director or higher. | | | | | | | |
|  | Business Owner Name and Title: David Fleming, Director and Health Officer, Public Health – Seattle & King County | | | | | | | |
| **Section 3. Who is involved in developing the Benefit Achievement Plan?** | | | | | | | | |
|  | The development of the BAP should include significant involvement from the business operations or management staff related to this project and the services it will support. Consider involving staff who will be using the technology to help identify the benefits of the project. KCIT business analysts or technology project staff may assist in benefit identification and documentation. List the staff who contribute to the benefit achievement plan below: | | | | | | | |
|  | **Name** | **Title / Agency** | | | | **Project Role** | | |
| John Herbert | Medical Services Administrator, KCM1 | | | | Project Contact | | |
| Michele Plorde | Deputy Director, EMS Division | | | | Project Sponsor | | |
| Tracie Jacinto | KCIT-PH Business Analyst | | | | IT Business Analyst | | |
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| **Section 4. When should the Benefit Achievement Plan be started, updated and completed?** | | | | | | | | |
|  | The BAP is intended to be an iterative, evolving document that will be updated as the project evolves, as information is refined or scope changes, and when benefits are finally achieved. Department and agencies (the business owners of project benefits) are required to update this document at the following times or actions:   1. To support initial project request during “gate two” phase of conceptual review. 2. For the annual Benefits report that PSB compiles. 3. To support funding release requests. If there are no changes, simply indicate “review only” in the revision table. 4. When a material scope change is identified and reported. 5. Up to one year after project completion and then annually until it is determined by the business owners that anticipated benefits have been achieved or no further benefits are expected.   Once the project is complete and benefits are achieved and reported, no additional reporting is required.  Please update the document online. Do not delete your previous text. Update the text as necessary and date those updates. Make sure that you upload the updated version to Innotas. The intent is for this single document to show the history of benefits over the course of the project. List any changes in the table in section 5. (If there are no changes, type none) | | | | | | | |
| **Section 5. How long will it take to complete the benefit achievement plan?** | | | | | | | | |
|  | *Completion of the BAP depends on the project’s complexity. In general, it should take a few hours to complete this BAP form once there is a shared understanding of the project and what value it will bring to the County. More complex and costly projects may require more extensive analysis. To improve this process in the future, please record the time spent on this in the table below at each stage of revision:* | | | | | | | |
| **Revision History Table** | | | | | | | |
| **Stage** | | **Date** | | **Revised By** | | **Description** | **How long did it take?** |
| *Please use conceptual review, budget process, funding release, annual report, project implementation, or project completion.* | | *Date this document was updated* | | *Who did the document updates?* | | *A brief summary of what changed in the document. If this is an initial draft, please indicate new. If nothing has changed, indicate “review only”.* | *How long did it take to complete or revise the form at this stage?* |
| **Example:** Conceptual review | | 7/1/13 | | Jack Smith | | New, initial draft | 2 hours |
| Checkpoint #2 PRB/KCIT 2014 budget process | | 07/22/13 | | Michele Plorde | | New, initial draft | 2 hours |
| Checkpoint #3 PRB/KCIT 2014 budget submittal | | 08/27/13 | | Michele Plorde | | Revised draft per Council and PSB feedback | 2 hours |
| BAP Revision | | 10/17/13 | | Michele Plorde | | Revised draft per Council and PSB feedback | 2 hours |
| BAP Revision | | 10/22/13 | | Michele Plorde | | Revised draft per Council request | 2 hours |
| BAP Revision | | 10/28/13 | | Michele Plorde | | Revised draft per Council request | 2 hours |
| BAP Submittal | | 03/20/15 | | John Herbert | | First report | 1 hour |
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| **Section 6. Description of Project Benefits** | |
|  | Identify the category(ies) of benefits your project will provide and include narrative descriptions of estimated benefits. The benefits of IT investments generally fit into the following four categories:   1. External service benefits: Improving the quality or quantity of services provided to the public 2. Internal service benefits: Improving internal operations, including the quality or quantity of internal services 3. Maintaining service levels by replacing or upgrading older technology, reducing risk of system failures, or providing regulatory compliance 4. Reduced cost to produce services (internal or external)   Each category is described below. Most projects will have benefits in one or two categories. If the project does not have benefits in a category, there is no need to provide information for that category. |
|  | **What is the primary benefit of your project?** After reviewing the benefit categories below, please identify the primary type of benefit for the project. For most projects, the primary type benefit will be Category #2 improving internal operations or Category #3 replacing or upgrading older technology. |
| **Primary project benefit?** (Check only one)  🗹 Category #1: External service benefits: Improving the quality or quantity of services provided to the public  □ Category #2: Internal service benefits: Improving internal operations, including the quality or quantity of internal services  □ Category #3: Maintaining service levels by replacing or upgrading older technology, reducing risk of system failures, or providing regulatory compliance  □ Category #4: Reduced cost or cost avoidance to produce services |
|  | **Category #1: External service benefits: Improving the quality or quantity of services provided to the public. This category is intended for projects that directly benefit the public. This includes improved quality of service, such as faster response times and better access to services for the public.**  ***Example:*** *If this project to upgrade our licensing software is approved, licenses will be issued in two business days instead of the four days currently required. This is largely due to the ability of the new software to check national and state databases more efficiently. About one-quarter of our customers currently complain about the delay in obtaining a license and this time reduction is expected to eliminate almost all complaints and allow staff resources to be directed to other customer services.*  ***Example:*** *If this project to accept on-line reservations is approved, residents will be able to schedule athletic fields over the Internet and make payments by credit card. This will allow scheduling to occur at any time, rather than the current limited hours available for in-person or phone reservations. In-person and phone reservations will still be available.*  **The above examples are summaries. Please respond to each question listed below rather than provide a summary.** |
| 1. *Describe why you expect the proposed IT investment to produce the benefit(s).*   This project will modernize the way that KCM1’s paramedics capture data in the field electronically using ruggedized tablet personal computer (PC) devices to fill out medical incident report forms. Today, KCM1 paramedics communicate important information critical to a patient’s treatment plan via telephone prior to patient arrival, and then transfer written patient notes to the receiving emergency room staff upon arrival at the emergency department. After this project is implemented, KCM1 paramedics will gain the ability to transmit patient information digitally to the receiving hospital via the ESO data exchange (Systemwide Enhanced Network Design - SEND infrastructure) prior to the patient’s arrival. The data received in advance of a patient’s arrival enables the receiving hospital to obtain the supplies required to treat the patient, as well as the ability to assemble the necessary medical professional staff to provide treatment to the patient immediately upon arrival at the emergency room. This capability may not benefit every patient to the same degree, but having patient information in digital format prior to the patient’s arrival will improve access to data in the emergency department when and where needed.  With these factors in mind, this project will achieve two benefits that will improve quality of service for our King County constituents: Benefit 1 improved patient outcomes. (There are no added benefits related to paramedics completing forms more quickly, or getting back in service more rapidly.) In addition, this project will also achieve a second external benefit, improving the service we provide to hospitals. This project improves our services to hospitals by allowing hospitals to receive patient data ahead of patient arrival so they can prepare for patient arrival. Additionally, having patient information electronically simplifies the hospital’s record keeping tasks.   1. *How will you measure the benefit(s)? (How will you know if the benefit has been achieved?)*   Improved quality of service may not be prudent to use as a measure of these benefits since there are various contributing factors associated with improved patient outcomes. Two proposed benefit measures are outputs due to limited ability to attribute true service quality benefits, while a third benefit measure is designed to approximate the benefit of users.  Percent of Patient Cases Where Pre-Hospital Data is Transmitted En Route to the Receiving Hospital (B1): EMS KCM1 staff will track the number of patient cases where pre-hospital data is transmitted en route to the receiving hospitals. A benefit will be achieved when a pre-hospital record is successfully received by the receiving hospital. The number of patient cases where pre-hospital data is successfully transmitted en route to the receiving hospital will be divided by the total number of KCM1’s patient cases.  Findings: Transmission of the pre-hospital electronic patient care record (ePCR) has now been fully automated. Updates are automatically provided every 15 minutes to the receiving hospital. Once a destination for the patient is determined, the hospital receives 100% of all records.  Use of Pre-Hospital Data Prior to Patient Arrival (B2): EMS program managers will interview participating hospitals to determine to what extent they used the pre-hospital data prior to patient arrival. It is not feasible to ask hospitals to track their use of the data for every patient, so EMS Program managers will simply be asking for the general impression of hospital staff of how often the data is used pre-arrival.  Findings: Hospital ED staff are becoming more comfortable with an electronic record. The dissemination of that information within the hospitals is steadily increasing. Cardiologists and neurologists are very interested in having this information prior to the patient’s arrival so that interventional treatments can be prepared for. The SEND Project will continue to report on these types of interventions on a regional level.  Satisfaction of Participating Hospitals (B2): EMS program managers will conduct a survey of participating hospitals and paramedics regarding their level of satisfaction with access to the newly available patient information. Components of the survey will include: use of information prior to patient arrival, appropriateness, timeliness, and format of the data.  Findings: As with any new system, there has been some resistance to this new technology, however, as they become more familiar with the software, they in a number of types of cases find it easier to complete their required documentation. The Stroke, STEMI and Trauma Care coordinators at each hospital are very excited to have access to all of this data on their patients.   1. *What is the current baseline for this measure?*   Percent of Patient Cases Where Pre-Hospital Data is Transmitted En Route to the Receiving Hospital (B1): Prior to the go-live of ESO’s ePCR solution, 0% of KCM1’s patient cases transmit pre-hospital data en route to the receiving hospital.  Survey of Participating Partners Regarding Level of Satisfaction (B2):  No baseline.   1. *What is the target for this measure? (How much improvement will this project achieve?)*   Percent of Patient Cases Where Pre-Hospital Data is Transmitted En Route to the Receiving Hospital (B1): KCM1’s target goal is to transmit 100% of all pre-hospital data for patient cases where applicable. KCM1 currently transports approximately 7,500 patient cases per year.  Use of Pre-Hospital Data Prior to Patient Arrival (B1): KCM1’s target goal is for the pre-hospital data to be used consistently by hospital staff prior to patient arrival.  Satisfaction of Participating Hospitals and use pre-arrival data (B2): KCM1’s target goal is to be very satisfied with access to available information based on survey results.   1. *When is the benefit likely to be achieved?*   Percent of Patient Cases Where Pre-Hospital Data is Transmitted En Route to the Receiving Hospital (B1): This benefit will be fully achieved by December 2015. For both benefits – B1 and B2 – EMS will begin realizing this benefit immediately after several milestones are achieved. Major milestones include: the acquisition and implementation of ruggedized tablet PCs, the go-live of the ESO ePCR solution, implementation of computer aided dispatch systems (CAD), and the development of required interfaces from hospitals to the ESO data exchange. The benefits of this project will also dramatically increase as more regional partner agencies implement ESO’s ePCR solution.  Satisfaction of Participating Hospitals (B2): This benefit will be fully achieved by December 2015. EMS will begin realizing this benefit after go-live of the fully implemented ESO ePCR solution and hospitals as they opt in to receive pre-hospital data by developing the required interfaces to the ESO data exchange. |
|  | **Category #2: Internal service benefits: Improving internal operations, including the quality or quantity of internal services. Be sure to explain the value of such improvements to your operations.**  ***Example:*** *If this project to acquire hand-held devices and develop custom software is approved, inspectors will be able to check an average of 10 sites per day compared with the average of 6 currently checked. This will allow the agency to handle the 20% increase in workload projected in the next three years without adding more staff.*  ***Example:*** *If this project to implement a systems management tool for the Service Center is implemented we will be able to reduce the duration of technology outages during major incidents by 30 percent. We also will reduce the wait time for customers on hold with the Service Center. These improvements will allow us to redirect an existing position to other priorities.*  ***Example:*** *The Active Directory Consolidation project is part of an overall effort to promote IT standardization. This project will make the current management of user accounts, applications, and devices easier for IT administrators at Public Health because the end user experience will also be improved by having a single sign-on to applications such as Lync, SharePoint, and Outlook. Our success will be measured by having a single set of procedures and security models rather than the multiple ones that now exist.*  **The above examples are summaries. Please respond to each question listed below rather than provide a summary.** |
|  | 1. *Describe why you expect the proposed IT investment to produce the benefit(s).*   This project will implement ESO’s software-as-a-service (SaaS) solution and will automate KCM1’s administrative support staff’s (not paramedic staff) business processes to realize operational efficiencies. Additionally, it reduces KCM1’s reliance on a paper-based medical incident report form. The acquisition of ruggedized tablet PCs enables KCM1 paramedics to serve as a mobile workforce. This also reduces the risk of inaccurate data entry by enabling KCM1’s paramedics to work remotely in the field using ruggedized tablet computer devices to electronically capture information for the Medical Incident Report Form (MIRF). This project leverages the existing ESO data exchange infrastructure implemented from the Systemwide Enhanced Network Design (SEND) project, effectively reducing the reliance on KCIT’s existing resources.  Implementation of this project will improve timeliness of the complete patient care record and allow the EMS Quality Improvement (QI) Program to provide more rapid feedback to paramedics regarding the delivery of patient care.  KCM1 will also have direct access to patient outcome data directly through the ESO data repository. Patient outcome data is used by the EMS QI Program to track patient outcomes related to cardiac cases (e.g., stroke patients, heart attacks). Direct access to patient outcome data is critical to EMS QI staff that develops training materials and medical protocols and procedures based on a review of the patient care record and the outcome. Without this project, EMS QI staff must manually retrieve patient care records by coordinating with the hospitals that receive and treat KCM1’s patients to obtain outcome data. Additionally, access to regional data from our partner advanced life support (ALS) and basic life support (BLS) agencies in the State is virtually non-existent and limited.   1. *How will you measure the benefit(s)? (How will you know if the benefit has been achieved?)*   Reduction in KCM1 Administrative Staff Time (B3): KCM1 administrative staff will immediately see a reduction in the amount of time and effort dedicated to print and scan paper medical incident report forms into the system. This will be measured by periodically surveying KCM1 administrative staff time to obtain quarterly estimates for time and effort spent on other activities due to the increased efficiencies gained as a result of this project. Reduction in staff time will not result in reduced costs by deferring new hires or enabling reduction by attrition. The reduction of 10 hours of administrative staff time spent on scanning paper MIRFs will be re-allocated to supporting other valuable activities that could not have been previously worked on due to time constraints.  Findings: The act of gathering and scanning physical MIRF documents is no longer needed. We are able to shift that staff time to other tasks including an increase in our QA/QI process.  Reduction in KCIT-PH Database Administrator Staff Time (B4): We will periodically ask KCIT-PH management staff to provide time and effort estimates dedicated to the EMIRF project. EMS anticipates that the KCIT-PH staff response will support that very little to no time is spent on EMIRF support since this project involves a SaaS solution, which will be fully supported by the third-party vendor, ESO Solutions. This reduction will not result in reduced costs by deferring new hires of enabling reduction by attrition, but the saved time will be re-allocated to supporting other valuable activities that could not have been previously worked on due to time constraints.  Findings: EMIRF is now used only to retrieve historical data prior to December 22, 2014. This database will need to be minimally maintained to meet records retention requirements. This has shifted staff time to other database priorities.  Reduction in Time to Feedback (B5): Benefits will be achieved when the provision of feedback to paramedics regarding the quality of their patient care for cardiac arrest cases is reduced.  Findings: We are continuing to work a large hospital in South King County to create an automated feedback system. This will require the hospital to make changes to their Epic Records System to provide that feedback.  Percent of Patient Outcomes Obtained Directly from the ESO Data Exchange (B6): EMS quality improvement staff will track the number of patient outcomes obtained directly from the data exchange. Benefits will be achieved when EMS QI staff reports a reduced lag time in receiving patient outcome data and EMS QI staff identify a patient record being closed at the hospital and the data is immediately accessible via the ESO ePCR SaaS application.  Findings: Once we have successfully created the first connection, we will work with the 2 other large hospital systems to add the automated feedback feature to their systems. This will be reported via the SEND project.   1. *What is the current baseline for this measure?*   Reduction in KCM1 Administrative Staff Time (B3): KCM1 administrative staff currently spends approximately 10 hours per week on activities to print and scan paper-based medical incident report forms into the EMIRF application.  Reduction in KCIT-PH Database Administrator Staff Time (B4): KCIT-PH’s database administrator dedicates approximately six hours per month to support the EMIRF custom-developed solution. This time savings will enable this staff member to allocate these six hours per month to other projects.  Reduction in Time to Feedback (B5): Currently, the turnaround time for provision of cardiac arrest case review is approximately 7-8 days.  Percent of Patient Outcomes Obtained Directly from the ESO Data Exchange (B6): Prior to the go-live of ESO’s ePCR solution, 0% of patient outcomes are obtained directly from the ESO data exchange.   1. *What is the target for this measure? (How much improvement will this project achieve?)*   Reduction in KCM1 Administrative Staff Time (B3): We anticipate that approximately 10 hours per week of administrative staff time. This time and effort savings will enable this staff member to re-allocate 10 hours per week to perform other job functions to provide valuable support to KCM1’s business needs. For example, the time saved will be re-directed to valuable activities such as the gathering of patient outcome data from the ESO data exchange or generating reports that would be used to make informed business decisions.  Reduction in KCIT-PH Database Administrator Staff Time (B4): We anticipate that approximately six hours per month of KCIT-PH database administration time will be available to be re-purposed for other projects. KCIT-PH’s database administrator will be able to spend six hours per month in support of other valuable, EMS projects.  Reduction in Time to Feedback (B5): We anticipate a reduction to 3-4 days for cardiac case review.  Percent of Patient Outcomes Obtained Directly from the ESO Data Exchange (B6): KCM1’s target goal is to retrieve patient outcome data electronically for 100% of all transported patient cases (approximately 7,500 cases per year).   1. *When is the benefit likely to be achieved?*   Reduction in KCM1 Administrative Staff Time (B3): This benefit will be achieved by Q4 2015.  Reduction in KCIT-PH Database Administrator Staff Time (B4): This benefit will be achieved by Q4 2015.  Reduction in Time to Feedback (B5): This benefit will be achieved by Q4 2015.  Percent of Patient Outcomes Obtained Directly from the ESO Data Exchange (B5): This benefit will be fully achieved by December 2015. EMS will begin realizing this benefit immediately after go-live of the fully implemented ESO ePCR solution and will dramatically increase as more hospitals opt in to receive pre-hospital data by developing the required interfaces to the ESO data exchange. |
|  | **Category #3: Projects that maintain service at current levels by either replacing or upgrading older technology, reducing the risk of system failures, or providing regulatory compliance. If the project will result in improvements to external or internal services or cost savings, please note those benefits in the appropriate categories.**  ***Example:*** *This project will upgrade PeopleSoft from 9.0 to 9.2. This upgrade is necessary because vendor support for 9.0 will be ending in 2015 and that creates a large risk for the County. Without vendor support the County will not receive tax and regulatory updates and will likely result in errors in complying with tax and regulatory issues.*  ***Example:*** *This project will implement an Advanced Authentication solution which will allow King County to comply with U. S. Department of Justice - Federal Bureau of Investigation, Criminal Justice Information Services (CJIS) Security Policy Version 5.0, Section 5.6.2.2. Effective September 30, 2013, advanced authentication (AA) must be in place in order to access sensitive CJIS information.* |
| 1. *Describe why you are proposing to upgrade or replace existing technology. Please include age of existing technology and the average life cycle replacement for this type of technology.*   In addition to the rationale provided in Category #2, the KCM1 EMIRF replacement project will supplant the current custom, in-house EMIRF application which was first developed by KCIT-PH staff and implemented in 2006. The ESO ePCR software-as-a-service (SaaS) solution is used by numerous other EMS agencies in the County, thereby providing additional standardization of the patient record. Due to the fact that the proposed project will utilize a SaaS solution, the average lifecycle replacement is dependent on the viability of the ESO ePCR SaaS product. As a direct result, the County will receive the latest version of the software application which will be maintained and updated on a quarterly basis by the third-party vendor ESO.   1. *If the primary reason for the project is risk reduction project, please estimate the probability of the risk or describe how likely it is to occur.*   Not applicable. |
|  | **Category #4: Reduced cost to produce service (external or internal) or cost avoidance**  This category is for those projects that will reduce the costs to deliver a county service (external or internal). The information provided here should be consistent with the information in the cost-benefit analysis (CBA) form. Please describe how the cost savings will be used by your organization. This category also includes cost avoidance. Cost avoidance is those costs that the County would need to pay, has the capacity and intent to pay, but will be avoided due to the project.  ***Example:*** *Reduced cost to produce service. If this project to install accounts payable software is approved, we will automate three tasks that are currently done manually by agency and central purchasing employees. Based on experience of other users of the software, this will reduce processing time from the current average of ten days to less than one. This will allow us to take advantage of prompt payment discounts for over $15,000,000 of annual purchases. These discounts average 2%, yielding annual savings of about $300,000. This will result in savings in department expenditures for those items qualifying for prompt payment discounts.*  ***Example:*** *Cost Avoidance. Moving to this new vendor that uses a SaaS product, we will avoid the need to upgrade the system to the newest version which goes end-of-life at the end of next year. We were required to make this upgrade due to regulatory reasons, so this represents a cost avoidance of $100,000.*  **The above examples are summaries. Please respond to each question listed below rather than provide a summary.** |
| 1. *Describe why you expect the proposed IT investment to reduce costs?* 2. *How will you measure the cost reduction or cost avoidance? (How will you know if the benefit has been achieved)* 3. *What is the current baseline?* 4. *What is the target for this measure? (How much savings will this project achieve)* 5. *When is the cost reduction likely to be achieved?* |
| **Section 7. Benefit Achievement Summary** | |
|  | **Benefit Achievement Summary**  ***To be completed when benefits have been achieved or no further benefits are expected.*** *For each of the benefits you identified above, explain whether benefits were achieved at target levels. Please include both quantitative measures and qualitative descriptions of benefits, including any monetary benefits. Use the measures identified above. If not achieved, explain why.*  ***Example:*** *This project, to repair an emergency radio tower, was successfully completed in April 2014. The anticipated benefit was to maintain current service levels at 99.999% up time for an additional five years. This project is currently functioning at 99.999% up-time and will report annually for the next five years on up-time levels.*  *If one of these towers failed physically, the cost to the county would be enormous, generally in the neighborhood of $500K - $1 Million per tower depending on the construction techniques and size. User agencies on the emergency radio system will benefit by having infrastructure systems in place that will be assured of not experiencing catastrophic failures due to lack of maintenance.*  ***Example:*** *This project to automate accounts payable software was implemented and did improve the processing time average. The average time was reduced from 10 days to 2 days, not quite reaching the 1 day target. Additionally, only 20 percent of purchases received a prompt payment discount resulting in less cost swings than anticipated. We did not meet the target because there were fewer purchases that qualified for prompt payment than originally estimated.*  ***Example:***   |  |  |  |  |  | | --- | --- | --- | --- | --- | | **Metric Description** | **Metrics** | **Baseline** | **Target** | **Actual** | | *Reduce cost to deliver service. This project reduced processing time from the current average of ten days to less than one allowing us to take advantage of prompt payment discounts.* | *Processing Time annual savings, and percentage of purchases receiving prompt payment discounts* | * *10 days processing time* * *10 percent of purchases are receiving discount* * *Savings of $100,000* | * *1 day processing time* * *30 percent of purchases are receiving prompt payment discounts* * *$400,000 savings* | *2 day processing time*  *20 percent of purchases are receiving prompt payment discounts*  *$200,000 savings* | |
|  | **Benefit Achievement Summary**  The EMIRF (Electronic Medical Incident Report Form) Application Replacement project was implemented in April 2014 with the complete transition from EMIRF to the web-based ESO Solutions product. Project benefits include the following:   1. Transmission of Pre-hospital electronic Patient Care Record (ePCR): Now fully automated. Updates are automatically provided every 15 minutes to the receiving hospital. As expected, the hospital receives 100% of all records. 2. Use of Pre-Hospital Data Prior to Patient Arrival: Hospital ED staff are becoming more comfortable with an electronic record and the dissemination of that information within the hospitals is steadily increasing. Cardiologists and neurologists are very interested in having this information prior to the patient’s arrival so that interventional treatments can be prepared for. The SEND Project will continue to report on these types of interventions on a regional level. 3. Satisfaction of Participating Hospitals: As with any new system, there has been some resistance to this new technology, however, as they become more familiar with the software, they in a number of types of cases find it easier to complete their required documentation. The Stroke, STEMI and Trauma Care coordinators at each hospital are very excited to have access to all of this data on their patients. 4. Reduction in KCM1 Administrative Staff Time: The act of gathering and scanning physical MIRF documents is no longer needed. Approximately 10 hours per week of administrative staff time was shifted to other tasks including an increase in QA/QI. 5. Reduction in KCIT-PH Database Administrator Staff Time: EMIRF is now used only to retrieve historical data prior to December 22, 2014. This database will need to be minimally maintained to meet records retention requirements. Approximately six hours per month to support the EMIRF custom-developed solution has shifted staff time to other database priorities. 6. Reduction in Time to Feedback: We are continuing to work a large hospital in South King County to create an automated feedback system. This will require the hospital to make changes to their Epic Records System to provide that feedback. This will be reported via the SEND project. 7. Percent of Patient Outcomes Obtained Directly from the ESO Data Exchange: Once we have successfully created the first connection, we will work with the 2 other large hospital systems to add the automated feedback feature to their systems. This will be reported via the SEND project. |