

## Patient Safety Reporting Successfully Completes Worldwide Deployment Throughout the Military Health System

*Worldwide deployment of the Web-based Patient Safety Reporting system was successfully completed on June 30. "Post-deployment assessment user surveys from the 171 Army, Navy, and Air Force military treatment facilities where PSR is deployed, report an impressive 98 percent positive response rate," said U.S. Army Lt. Col. Donald W. Robinson, Director of the Department of Defense Patient Safety Reporting System.*

The outstanding work of the PSR deployment team was celebrated during a ceremony in DHSS on July 14. Featured speakers included Robinson, TRICARE Management Activity Chief Medical Officer Warren Lockette, M.D., Deputy Assistant Secretary of Defense for Clinical and Program Policy; Director of Clinical and Program Policy Integration Jack W. Smith, M.D.; and DHSS Program Executive Officer Dr. Dan Magee. Each praised the PSR deployment team for their focus and commitment to the project's success.



*TMA Chief Medical Officer Dr. Warren Lockette, standing, begins the PSR deployment ceremony in DHSS on July 14.*

"This is truly an enterprise solution," Lockette said. "The Army, Navy, and Air Force agreed upon a single process and a single system for

patient safety reporting. This is a great step forward for our patients and for the Military Health System." Smith agreed saying, "This was a great effort by every member of the PSR team who worked so hard and so well in designing and deploying this important system for the MHS."



*Dr. Lockette, left, recognizes the Service representatives who helped lead the PSR deployment throughout the MHS. They are (from left) U.S. Air Force Lt. Col. Beverly Thornberg, U.S. Army Lt. Col. Jorge Canilo, and Ms. Carmen Birk of the U.S. Navy.*

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## TRICARE Online Blue Button Featured in 21st Annual Summer Institute in Nursing Informatics: Real Meaningful Use Panel Discussion

BALTIMORE, Md.—On July 23, DHSS Clinical Support Division Deputy Program Manager described TRICARE Online's Blue button capability during the University of Maryland School of Nursing's 21st Annual Summer Institute in Nursing Informatics Conference.

The Blue Button Project Distinguished Panel included Ms. Noble (below), Kim M. Nazi of the Veterans Health Administration and Jill Burrington-Brown of the American Health Information Management Association. The panel was moderated by Linda Fischetti, VHA's Chief Health Informatics Officer.

Ms. Noble's presentation, "Department of Defense Implementation of Meaningful Use through a Patient Portal," featured TOL's Blue Button which gives authorized users real-time access to their personal health data including lab results, problem lists, medication, and allergy profiles.



An innovative federal first in information technology meaningful use, the DOD launched the TOL Blue Button on June 9, 2010. Since then, more than 345,000 TOL users have accessed their personal health data using the Blue Button.

For more information about the Blue Button or other TOL capabilities, please visit [www.tricareonline.com](http://www.tricareonline.com).



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After the ceremony, Deborah Myers, Deputy Director of the TMA Patient Safety Analysis Center, said she believes the deployment of PSR will result in improved patient safety throughout the enterprise. "The use of PSR's automated capabilities is a positive step in improved information gathering and data mining," she said. "The process improvements within PSR can be used to develop and implement better patient safety processes throughout the entire enterprise."



PSR standardizes patient safety reporting by replacing service-specific paper-based incident reporting with a single web-based application. Used to capture and report patient safety events, PSR can track and trend medical adverse events and pinpoint areas for correction and prevention. The reporting tools in PSR support local, service-specific, and enterprise patient safety improvement strategies. "The result will be a reduction in the frequency and severity of patient safety events," says Jenna Noble, Deputy Program Manager for the DHSS Clinical Support Division.

For more information about PSR and its capabilities, please click onto <http://www.health.mil/dhss>.

# Decommissioning Activities

## For CDM, MCFAS and MHS Insight

### CLINICAL DATA MART

User access to the Clinical Data Mart ended on July 1. For additional information about this decision, please contact your CDM Service Representative. They are:

#### Army:

Diana F. Carroll, MBA, PMP  
diana.carroll@us.army.mil  
210-295-9113

#### Navy:

Robert D. Willis  
Robert.Willis@med.navy.mil  
202-762-3542

#### Air Force:

Please contact the M2 data manager at your MTF. If your M2 data manager cannot assist you, please have your M2 data manager contact:  
Maj Dave Brown.11@us.af.mil  
210-395-9870 (DSN 969-9870)

If you are located at Headquarters Air Force, Surgeon General, Air Force Medical Support Agency or Air Force Medical Operations Agency, please contact:  
Maj Claudine Ward  
claudine.ward@us.af.mil  
703-681-611

Future clinical reporting capabilities are scheduled to be provided by the Air Force Health Services Data Warehouse. For information about the HSDW, please contact the Air Force Representative:

Archie Bockhorst  
Archie.bockhorst.1.ctr@us.af.mil  
888-549-6119

A proposed interim solution for clinical reporting is being developed and will provide continued access to only a minimum, essential subset of data from the Clinical Data Repository. For information about this proposed solution, please contact:

Steve Toney  
steven.toney@tma.osd.mil  
703-681-2896

Col Thomas Greig  
Thomas.greig@ha.osd.mil  
703-681-1707

Wendy Funk  
wfunk@kennellinc.com  
703-269-6157

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# Decommissioning Activities

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## **MANAGED CARE FORECASTING AND ANALYSIS TOOL**

Due to decommissioning activities, user access to MCFAS will end on Aug. 1. For additional information about this decision, please contact your MCFAS Service Representative. They are:

### **Army:**

Richard Meyer  
Richard.s.meyer@amedd.army.mil  
210-295-2880

### **Navy:**

Robert Willis  
Robert.Willis@med.navy.mil  
202-762-3542

### **Air Force:**

Lt Col Craig Green  
Craig.green@pentagon.af.mil  
703-588-2656

The Defense Health Cost Analysis Program Evaluation division for the TMA Chief Financial Officer will provide analytics for MCFAS population projections. Historical projection cohort data from MCFAS will be added to the MHS Management Analysis and Reporting Tool at a future date.

For more information, please contact:

Steve Toney  
steven.toney@tma.osd.mil  
703-681-2896

## **MHS INSIGHT**

Due to decommissioning activities, user access to MHS Insight will end on Aug. 1. For additional information about this decision, please contact your MHS Insight Service Representative. They are:

### **Army:**

Joseph Kozakiewicz  
Joseph.Kozakiewicz@amedd.army.mil  
210-221-8825

### **Navy:**

James Perkins  
james.perkins@med.navy.mil  
202-762-3157

### **Air Force:**

Fauzia Jones  
Fauzia.jones.ctr@tma.osd.mil  
703-575-6590

The Business Proponency Management Board has not identified any MHS Insight data to be made accessible in existing or future applications. The Board has also not identified requirements for any of this data to be transferred to existing or future applications.

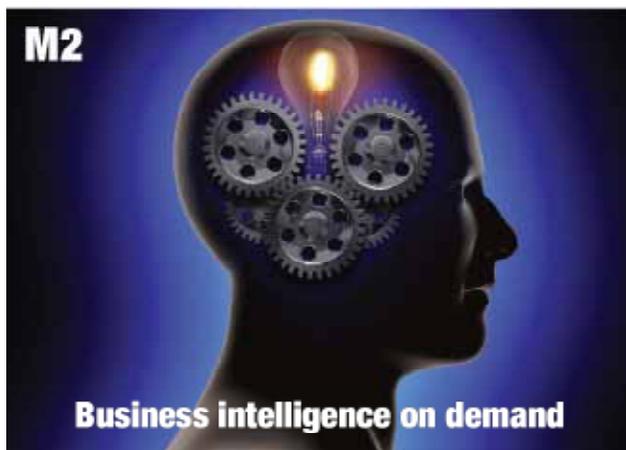
# eXpresso

## M2 Users Reminded to Begin Transitioning Individual Reports Objects

*All M2 users are reminded to begin transitioning individual reports that use objects in the Professional Encounter class from the Standard Ambulatory Data Record sub class of Direct Care to objects in the Comprehensive Ambulatory/Professional Encounter Record. After Sept. 30, the only direct care ambulatory data available in M2 will be the CAPER.*

The Defense Health Cost Analysis Program Evaluation division for the TMA Chief Financial Officer has confirmed CAPER is the most extensive and robust capture of direct care ambulatory encounters. For example, CAPER offers 10 diagnosis and procedure codes for each encounter, compared to four offered in SADR. In addition, CAPER data includes multiple providers and additional appointment information.

After Sept. 30, M2 users will no longer have the ability to refresh M2 reports built with version 5.1.7 objects. Users are encouraged to begin building new M2 reports in the M2 Business Objects XI application instead of version 5.1.7.



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