

First Hand Account of German Success

by Edward Bader and Robert Fort

In 1992, the German Heart Institute in Berlin, Germany implemented a lab blood bank application using an M (MUMPS) operating system, VA FileMan, and portions of DHCP lab, obtained under the United States Freedom of Information Act (FOIA). Early in 1995, the Institute made the decision to implement the entire DHCP Clinical Laboratory module. The goal of the Institute's staff was to have blood gas, chemistry and hematology results available to health care providers immediately after the lab tests were verified. Results also needed to be printed/charted in a cumulative daily. They believed DHCP would answer these needs quite well. In addition, the acute care facility specializing in heart transplants required any new system to be installed with minimal disruption to the staff.

Because we had a history of involvement in development and implementation of the DHCP laboratory module, the Institute requested our assistance for a two week period. Regional Counsel approved the invitation with the stipulation that the Institute would cover only basic travel expenses/per diem and that we would use annual leave. All DHCP software was obtained by the Institute under FOIA.

During the visit to the German Heart Institute, we defined lab files in the production environment and provided training to both IRM and lab coordinators on lab software, direct interfacing techniques, and the best methods to implement the VA DHCP laboratory module. Four automated lab instruments were interfaced directly to DHCP, which allowed lab personnel to perform automated analysis and display lab results in DHCP for verification. After verification, the data was immediately available to health care providers and wards. The original conversion was done in English; however, as the days progressed, a portion of the system was converted to German. The task was easier because of the fluent English spoken by the German IRM staff and lab ADP coordinator. It was very

impressive to observe DHCP being used in German.

Once the files were defined and instruments interfaced to the site's specifications, we demonstrated DHCP lab functionality including admitting patients, ordering and performing laboratory tests, using automated instruments, entering blood gas results, and generating desired reports in both printed and electronic format in the production environment. The site was then able to use the system on actual patients, generate labels, and use the interfaced instruments to produce results, which were available to the health care providers immediately after verification.

To bring up a laboratory information system in a 10 day timeframe was exciting, took long hours, and was quite difficult. However, the prior experience and preparation by the site made for a successful implementation. When we left there was still much work to be done but the infrastructure had been built to support a first class hospital information system. We believe our efforts once again demonstrate the versatility and quality of DHCP. When the dust settles, there is little difference in any hospital's requirement for timely, accurate information to provide quality care to patients. The VA should be very proud of DHCP because it has proven to satisfy the needs of VA clinicians as well as those in many other U S. and foreign facilities. **M**

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