

SUMMARY OF RESPONSES (to Pyramed Replacement Questionnaire)

1. In your words, what is the problem with Pyramed? Is the hardware unable to support your needs?

- They could not figure out how to transmit FFACT numbers onto my In-House Pharmacy Scripts. For all new FFACT patients, I have to go to another computer, log onto Pyramed, look up the FFACT number, write it down, then go back to a pharmacy Propharm computer...gets tedious...can be anywhere from 5-30 times a day. Customer support is terrible. (Pharmacist)
- I am most familiar with the laboratory module. The format of many result reports are unreadable for the provider. Lines of information are missing as columns cut fields off. Abnormal results are often not highlighted from reference labs because Pyramed does not recognize the report language as abnormal. For some tests, whole fields are dropped from the Quest report into the Pyramed report (loss due to formatting). (Clinical Lab Scientist I)
- Labs done individually, i.e., CBC [complete blood count] and manual differential, do not fall together in lab results window but may be separated by many other tests that were performed that day. (Clinical Lab Scientist I)
- The printed lab report can sometimes be 8 pages long with one test per line followed by a blank line and then another test. A CBC alone, which has 10 different values, takes two pages to print. A routine order of a UA [urinalysis], CBC and hCG [pregnancy test] can cover 3 pages of printed material. Multiple Lab Results should be printed on a single page. (Clinical Lab Scientist I)
- There should be a feature for future standing orders so that a provider can order serial testing on a patient. Pyramed states it has such a feature but, despite multiple requests to tech support, we have never been told how to make this feature work. (Clinical Lab Scientist I)
- Often times a specimen must be rejected and the provider notified, but Pyramed has no way of accepting a rejection message (let alone recreate the lab test order). Communication of this information is required by our federal licensing organization but we cannot find a way to do it in Pyramed and have been told by Pyramed tech support that the software does not support cancellation messages. (Clinical Lab Scientist I)
- These are just a few examples of the software problems that we have to find “work arounds” for. It becomes time consuming and frustrating when so much energy is focused on doing these with less time available to the patient and actual testing. (Clinical Lab Scientist I)
- Because of the awkward result formats, I know that providers are not seeing the entire lab and have great concerns as to the impact on patient care. (Clinical Lab Scientist I)
- Number one issue is, definitely, their technical support...they don’t get back to you with resolutions, or even with an update. You just never hear from them again. (Clinical Lab Scientist II)
- Many times, they say that Pyramed doesn’t have the functions that we need, such as ability to import lab test pricing which causes staff to have to manually enter prices (200-300 for each update) [Director’s Note: this results in department need to pay overtime to staff to accomplish this task.]. They don’t really seem to understand how a medical facility operates or what we need. (Clinical Lab Scientist II)

- There were basic issues in the interface between the laboratory information system, Pyramed and our reference lab that should have worked out of the box. Their standing order function doesn't work and can't work even with their suggested tweaking. Labs can't be added to an existing lab order...a new encounter has to be created as a work around. Reflex testing didn't work until they fix it...very basic to laboratories. When billing is deleted in Pyramed, it removes everything, including results, from the LIS. There are many more. It's very time consuming to deal with each one of these issues. It felt like we were the beta test center for their software. (Clinical Lab Scientist II)
- Our LIS is far and away better software...much more intuitive, flexible and expandable and their technical service is very good. It is software that was built by developers who were experienced in the way that laboratories function and what they need. We've had to do little tweaking. (Clinical Lab Scientist II)
- Training by Pyramed was insufficient to prepare staff for implementation of the software. (Clinical Lab Scientist II)
- Although software price is an important factor in the decision to buy, it should not be the overriding one in choosing something that is so integral to our whole operation. The old saying that you get what you pay for has never been more apparent. With Pyramed, everything added is extra cost and when the basic software doesn't provide the basic needs of the clinic, then you're really paying much more than the original purchase price. (Clinical Lab Scientist II)
- It is clunky and awkward. Clearly the people who designed the program do not use it. It is technology gone amuck! The best analogy I can think of is this: one could design a car in which the driver faced backwards, and where the steering wheel turned the car right when turned left; where a set of mirrors and periscope permitted the driver to face backwards while seeing what was in front of the car. And while this might be a technological marvel, it would require endless training, and the advantage over the present design of automobiles would be nil. (Physician)
- Ordering a consultation is a 5-screen nightmare, which only a trained Pyramed geek could figure out. It is a disgrace, and prima facia evidence of the poor planning that went into this program. (Physician)
- Making a diagnosis is unnecessarily complex. A good program would have a blank space into which one begins typing the diagnosis, and the appropriate one would appear as you type. Moreover, the first diagnosis where there are sub-diagnosis, e.g., anxiety, the first case would be Anxiety, NOS. With Pyramed you start with Alcoholic...While alphabetic order is nice, the first should be NOS. One should NOT have to click on "make diagnosis" then go to yet another screen and slog through it. (Physician)
- Ditto for the prescription plan, which is not only unnecessarily complicated, but inadequate...as I mentioned earlier. (Physician)
- We need on-the-fly spell checking to pick up misspellings. Of course, Pyramed can't do that. (Physician)
- Pyramed will NOT let a clinician sign off a lab after s/he sees it. Nope, you will get a task later on. Double work...that's the Pyramed way. (Physician)
- Pyramed is inconsistent. Sometimes hitting "enter" will confirm an action. Other times one needs to double click, and "enter" won't work. (Physician)

- The problem with Pyramed...ahhh, let me count the ways..... Way too many steps to take to do simple triage and scheduling of a patient or to do any kind of patient care (click here, then there, then here and then there again). Clunky program that slows us down in many ways. (Registered Nurse)
- I saw Pyramed work at CSU San Luis Obispo so I know it works. Here are my comments: It would really be beneficial if there was a way to learn stuff without having to figure everything out. The instructions are sometimes hard to understand, especially for people who don't use a computer a lot or know the "jargon" but do need to do something in Pyramed, or at least try to do something and they don't understand how to set things up. The Welch Allyn set up would have been a lot better if it was networked instead of computer specific. Using it the way we do now it only helps the workload of one person. Most of our error messages are "user error" and I think that has a lot to do with the amount of training we received. There are a lot of clicks which is one of the biggest complaints our providers have with the system. A lot of that has to do with the "layers" it takes to understand the system. The providers don't like having to flip between screens. If the capability was there for it all to show on one screen and they could get around faster, I think they would like it more. (Medical Records)
- Some of the complaints have been about Dragon-compatibility, Welch-Allyn interface, data retraction, searching tools, slowness, inadequate/slow tech support, frequent error messages, etc.
- I don't use the system. When I have observed providers using the system, I have been surprised at how many clicks it takes to proceed and that one has to memorize where one might find the pages one would have to draw in for an individual's record. It would make much more sense if there were tabs that related to subsequent pages. There doesn't seem to be anything intuitive about this system, making it difficult to learn and remember accurately. (Administration)
- The prescription program requires that the provider not only put in the number of pills to be dispensed, but the frequency, and then must fill in the number of days. So, if you prescribe Penicillin V to be taken 3x daily, the computer, which should be able to do the math, insists you put in the number of days, even after you just entered the number of pills you want (e.g., 21 pills for 3x daily use). Mind you, it doesn't care what number you insert – so it's just one more awkward unnecessary step. If it were only here, it would not matter, but everywhere in Pyramed there are roadblocks to easy functioning. (Physician)
- Speaking of the prescription writing aspect, there is another problem. Consider the drug Septra – a brand name for trimethoprim/sulfa. It is also branded as Bactrim – both brand names having been introduced together. Some prescribers use one name, some the other – although at the time of introduction, drug detail men worked frantically to get us to write their name. However, Pyramed doesn't recognize those names. So you enter "trimethoprim." Sorry, no cigar. You must look under Sulfa. A decent program, e.g., Allscripts, lists all the common names for the drug, making it easy. Pyramed, of course, just makes it difficult. (Physician)
- The same thing holds for albuterol inhalers. In this case, it refuses to recognize the generic name (albuterol), or one of the major brand names (Proventil). Nope, you have to enter "Ventolin." (Physician)
- Yet another Pyramed inadequacy: when a provider looks at a lab during a patient visit, he cannot mark it in some way to indicate s/he has seen it. In the ancient days of paper lab results,

the provider would initial the lab result indicating s/he had seen it. No, in Pyramed you may look but not touch. Yet, fear not, for later you will get a task asking you to sign it off. (Physician)

- It is much slower than last year which is a consensus from all involved. I have asked others on the outside who use different systems like Open Door Clinics, who have literally a hundred or more people using the system at the same time or the VA, and they do not have this problem. So it is either Pyramed or our own server that has the problem. (Nurse Practitioner)
- We keep making fixes for things that take more and more provider time to try to figure out. I feel that I am fighting the system a lot during the day. Sometimes it is extremely slow (I can count to 20 and the assessment box still has not come up), I will put something into the system and it all disappears and I have to do the chart over again. We try to claim patients and there is not a consistent way to do it that works every time. (Nurse Practitioner)
- I am not sure that our medical providers and staff can put up with this a whole year. (Nurse Practitioner)
- Main complaints about P5: A. slow; B. clunky; Many things, from text entry, which doesn't always follow usual conventions (for instance, deleting text causes cursor to disappear, can't use "home" or "end" keys to go to front or end of long list); C. no manual to help you figure out how to individualize program; D. Multiple unforeseen glitches ongoing; E. Many peculiarities to be worked around (such as difficulties claiming patients in Acute). (Physician)

2. Identify the benefits to you and your area of switching to a different software program.

- Does not affect pharmacy too much. (Pharmacist)
- Time! Time to do my job seamlessly, to document what the federal regulations require of me and to produce a quality result that the provider can read and use in the appropriate care of our patients. (Clinical Lab Scientist I)
- Mainly, we wouldn't have to deal with Pyramed again. (Clinical Lab Scientist II)
- Staff would have the ability to have input into the decision about which EMR would work in our facility. We now know what a bad software program is like and have good ideas about what will work. Lab input was ignored the last time, even when other CSU campuses that had previously used Pyramed said, "Don't do it!". (Clinical Lab Scientist II)
- We could potentially purchase a program that better meets our needs without constantly stressing over trying to make something work that is so flawed. (Clinical Lab Scientist II)
- Staff morale would be boosted. Pyramed has taken a human toll on the health center. (Clinical Lab Scientist II)
- Primary benefit would be our sanity! 😊 Benefits would hopefully include improved patient flow through Gold clinic; less confusion which would decrease risk of errors. Less stress on hard working clinic staff. (Registered Nurse)
- I've reviewed several systems and they all offer more than Pyramed, but basically some of the same. Most of the systems already come with the linking done between labs, meds, and forms are even built for you which, if I could get them to use it now, would help. They have the touch screens, they are compatible with Welch Allyn, and they also have Dragon which is the dictating program. They have some that are provider-specific. Most all of them have the self check-in which would reduce the workload in the front office. To what amount I don't know. But the

capability is there. The scanning would be reduced somewhat on most of the systems. Students making some of their own appointments would reduce the call volume. (Medical Records)

- Benefits: Hopefully, can find program which has fewer “loose ends” to deal with. Also one which is quicker (could be that server is problem). Slowness interrupts train of thought and increases frustration. (Physician)

3. What is the cost to you of not replacing Pyramed? How would staying with this program affect you and your area?

- I am fine with it... (Pharmacist)
- The cost will be a medical error that seriously impacts a patient’s health care result. By staying with this program, we will continue to spend hours each week checking results, printing and scanning into the medical record tests that are dangerously misrepresented in Pyramed, and maintaining paper records to record what Pyramed cannot accept. (Clinical Lab Scientist I)
- Having to continue to work without functions that are essential to the smooth operation of the laboratory. (Clinical Lab Scientist II)
- Frustration, low morale, lack of technical support. (Clinical Lab Scientist II)
- Not replacing Pyramed would affect our sanity ☺ Morale has gone down significantly since we started with Pyramed. As an RN I feel I am using much more of my energy hassling with Pyramed and less of my energy doing actual nursing work. It could also continue to lead to more frustration from the students because of slowed services and could lead to patient care errors. (Registered Nurse)
- Eventually self check-in will reduce the workload. If we get all the old charts scanned in, it will save a lot of time for people looking for charts. Not replacing Pyramed would “make” the users have to learn the system instead of just limping by because they think it is going away. Cost to me would eventually be a little less “demanding” [Pyramed troubleshooter], so to speak but I thrive on it. (Medical Records)
- Staying with it would mean further ongoing frustration. Hopefully, new one will be more transparent, require fewer clicks and sign-ins, and would allow seeing multiple information screens open at the same time. In P5, you can only work in one screen at a time, a bummer if you have to check a lab value, look at encounter list, etc., since you have to close out of window you’re in (for instance, encounter note) to open these other items, then close out and reopen encounter in order to keep charting. (Physician)

4. What alternatives would you consider for Pyramed? Any recommendations of software that might be purchased in its place?

- I hear “EPIC” software is pretty amazing with really good training. (Pharmacist)
- My only thought is to investigate programs for small, outpatient practices and not limit ourselves to programs that advertise themselves specifically for college health clinics. (Clinical Lab Scientist I)
- I don’t have any specific recommendations at this time, but would like to see demonstrations of candidate software identified by staff and IT input. A new program should be all-inclusive in price. Training should be evaluated for effectiveness and technical service for prompt response. Software should be a **proven** leader in the field of EMRs. (Clinical Lab Scientist II)

- I have heard really positive things about the program used by Open Door Clinic which has ongoing tech support to address problems. I have also heard positive reports about the system that the VA uses. (Registered Nurse)
- There are a couple programs out there, as the provider or user “clicks” the boxes it types the information for them. Also they can dictate within the system and that would make some of the providers happier. The charting looks a lot more professional than the “shorthand” the providers use and you can read it instead of trying to guess. (Medical Records)
- I know of no other programs; no recommendations here. Would hope to find one which is built to integrate with voice recognition software or has own voice recognition. It would be a big time-saver if providers could dictate most of note rather than to be constantly typing. (Physician)

5. In your opinion, what are the obstacles that might prevent us from making a smooth transition into a new software program?

- \$\$\$\$\$ (Pharmacist)
- New interfaces for lab, pharmacy, x-ray, bursar’s office, and references labs; possibly Family PACT billing. (Clinical Lab Scientist I)
- I think the only way is UP and we are better positioned now, as compared to when Pyramed was implemented, to adapt to new software. The BIG transition was from paper to electronic so a new program would go more smoothly. (Clinical Lab Scientist II)
- I have watched health center staff struggle to adapt to Pyramed AND provide critical services to our students, and it has impeded our efficient delivery of services. I would love to see us all focusing our attention primarily on our patients and not on a software program. It should be an aid to patient care, not a deterrent! (Clinical Lab Scientist II)
- If we decide to get another program, it needs to make our work easier, not more difficult. Pyramed totally sucks, but we’ve learned it – more or less. It would be absurd to go through another steep learning curve unless the gain is significant. (Physician)
- Just now I tried to edit a patient’s chart. His medication list read “Wellbutrin XL daily” but did not give the dose. So I clicked on it and chose “edit medication.” But when I tried to add the 300mg to the line with the drug name, it would not let me do it. I ask you, is that not what is meant by “editing”? Now there may be some “simple way” to do it but it certainly is not apparent to me. And it is after hours so I can’t call [Pyramed troubleshooter] but with a properly designed program I would not have to. (Physician)
- Obstacles to getting a good program would probably be cost (you get what you pay for) but in the long run it would pay for itself with increased productivity provided we could get a program that works better. It would also be a bit of a challenge for the staff to get trained on a whole new program but I think it would be well worth it. (Registered Nurse)
- Just making sure that the systems can talk to each other so that our stuff could be downloaded into theirs and the server would accept the number of users we have and maybe even speed up. (Nurse Practitioner)
- Biggest obstacle would be time for adequate training and familiarization before resuming patient care. Also, various technical aspects of transition could be major obstacle. (Physician)