



ALBANY VAMC
Systems Integration Program
VA-23-00036321

Albany VAMC Systems Integration Program (SIP)

Proof of Concept Findings Report

For the VA Office of Information & Technology
Contract Number VA-23-00036321

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for submission

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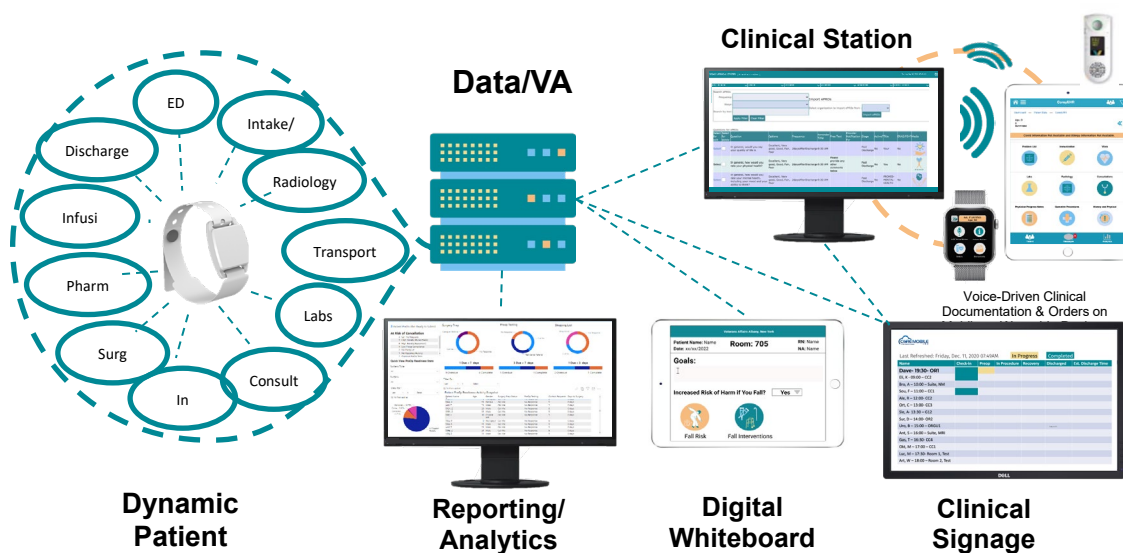
REPORT OVERVIEW

Department of Veterans Affairs (VA), Veteran Health Administration (VHA), Office of Information and Technology (OIT) is assessing and validating an integrated workflow processing concept based on the below objectives:

- Detailed patient and process tracing, using Real-time Location System (RTLS)
- Technical feasibility of such an architecture, especially bi-directional integration of Veterans Health Information Systems and Technology Architecture (VistA), Computerized Patient Record System (CPRS), bedside medical devices from different manufacturers, Personal Identity Verification (PIV), and Single Sign On Internal (SSOi), department and VISN scalability, and future interoperability potential with different EHRs
- Clinical process suitability
- Clinical workflow improvement potential

The implementation of a test bed was accomplished with a combined team of Albany VAMC staff, Four Points Technology, World Wide Technology (WWT), and Core Mobile personnel. A complex set of technologies and workflows were stood up to be able to assess an end-to-end picture.

Enhance Technology Integration Access to Care



Top-level takeaways:

- RTLS technology leveraging existing OIT network and compute infrastructure has high potential to provide analytics for further process improvements.
- Integration of the twelve disparate data systems was successful. Implementation with real-time and near-real-time information and analytics demonstrates the benefit of this capability.
- The singular patient view across systems and workflow features functionally worked. Needs to be streamlining User Experience across the field of practice, to fully implement at each department.
- The platform offered a Common Operation Picture of a Patient Healthcare lifecycle with good potential for clinical workflows. The information created is an informaticists' panorama view of patient and systems, for delving into many high potential areas to improve services.

The team demonstrated the mechanisms and drivers required for such a concept and conducted end-to-end testing. All work was conducted using test data. No actual patients or patient data were used. A test environment was stood up that replicated real workflow and scrambled the patient data from production Vista and was isolated from the production environment.

Success Factors (PWS 5.2)

The contract lists specific tasks/deliverables that were the focus of the team:

Success Factor	Results
Increases access to care for Veterans	Yes. Streamlined registration defines a discrete start to the patient journey.
Improves measurable outcomes	Yes. Patient/process tracing enables accurate, sequenced measures improving precision. CQI real-time measures.
Provides defensible metrics with detailed analytics	Yes. Analysis by patient attributes and workflow steps
Speeds up Veteran services	Yes. By automating work tasks and streamlining workflow.
Improves employee, customer experience	Yes. Creates integrated patient/process view. Could streamline the clinical workflow.
Strategic Analytics for Improvement and Learning (SAIL) metrics Discharged Length of Stay (LOS), admission LOS, ED observation LOS, Door-Triage, Door-Doctor, Door-Disposition, Admission Delay	Yes. The measures produced cover the full patient experience. Including movement between departments.

Out-of-Scope

The following items have been determined to be out of scope relative to this Performance Work Statement (PWS):

- Any work not specifically listed as a task in the PWS.
- As a workflow proof of concept, this is not a production ready system delivery.

SALIENT CHARACTERISTICS (PWS 5.2.1)

The PWS provides a framework to assess functional workflow required capabilities. The team assessed whether each characteristic was demonstrated.

Characteristic	Findings
1. Allow digital patient check-in when patient arrives in Emergency Department (ED).	Delivered.
2. Automatically start eligibility verification and updates screen display and Emergency Department Information System (EDIS).	Delivered. Update of patient insurance added after feedback.
3. Pull patient medical history including health factors from VistA, then update screen display with the VistA and patient check-in information.	Delivered. UI optimizations completed.
4. Pull patient vitals from vital signs, bedside monitors, and other patient/clinical monitoring equipment and adds them to VistA, then updates screen display with patient vitals.	Delivered. Welch Allyn interfaced. Philips under way with target completion before 12/22.
5. Update screen display with patient location, throughout the patient's visit healthcare lifecycle.	Compliant.
6. Notify staff of per time and rule in accordance to patient condition.	Compliant.
7. Notify attending ER doc of staff assignments, so he can see who's available for work.	Compliant.
8. Notify attending ER doc of staff assigned to patient's case.	Compliant.
9. Provide audio and video (e.g., Microsoft Teams) capability for discussions between staff members.	Compliant.
10. Instantly track and makes available the completed Hospitalist Checklist to staff assigned to patient's case.	Compliant.
11. Initiate 1010 action for staff to complete, display "Pending Admission" on screen display in patient ward where in-bound patient will be admitted, and push notification to the staff assigned to patient. Bed assignment (i.e., CPRS bed management system) starts for in-bound	Compliant.

Characteristic	Findings
patient. Updates screen display with pertinent patient or clinical information.	
12. Update screen display with room patient is assigned to.	Compliant.
13. Has screen displays with the following characteristics that shall be installed at the following VAMC locations:	Compliant.
a. D102 ED Waiting Room, at same wall as existing television, mounted next to existing TV, Size of LCD 32"	Delivered. New location identified and larger display identified for ordering.
b. D131a AOD office, left wall from desk, Size of LCD 42"	Delivered.
c. D118 ED Nurse Station, mount behind large column to the right of the main desk (facing inwards), Size of LCD 55"	Delivered.
d. D119 Dr. Office past beds, mount above desk opposite door, Size of LCD 32"	Delivered.
e. D118a Back area at nurse station, mount next to door D118a, Size of LCD 32"	Delivered.
f. A233 Radiology Waiting, mount opposite existing television monitor/other side of artwork, Size of LCD 32"	Delivered. Needs power and connectivity.
g. A203c Radiology Work Room, mount at location of existing large white board/under clock (relocate white board), Size of LCD 55"	Delivered. Needs power and connectivity.
h. 7B Patient Ward Size mount at location of existing large white board/under clock (relocate white board), Size of LCD 55"	Delivered. Needs power and connectivity.
i. 8B Patient Ward Size mount at location of existing large white board/under clock (relocate white board), Size of LCD 55"	Delivered. Needs power and connectivity.
j. ICU Patient Ward Size mount at location of existing large white board/under clock (relocate white board), Size of LCD 55"	Delivered. Needs power and connectivity.

Characteristic	Findings
14. Provide Managers, Supervisors and Senior Executive Level Leadership with data analytics combined with concepts of LEAN principles that can be utilized to adjust operations and tackle the daily operational landscape to address SAIL metrics integrations to produce a higher quality of healthcare for the Veterans and improved the overall Staff and Patient Healthcare delivery experience.	Delivered.
15. Reduce number of times a VAMC clinical staff logs into systems daily. Currently, a VAMC clinical staff member logs onto systems anywhere between one to eight times or more daily (depending on which systems are used). VA would like to see the number of daily logins reduced to two.	Delivered.
16. Provide Single Sign-On authentication across all interfaced systems.	Delivered.
17. Have READ and WRITE capability across all interfaces, to include bedside monitors and other bedside peripherals	Accomplished. Interoperates with Vista, CPRS users. Read capability from Welch Allyn (via Vista) accomplished. Philips targeted for 12/22.
18. Pull and present data to endpoints across architecture, inclusive of workflow customization across the full spectrum of clinical operations.	Delivered. ED accomplished. Hospitalist workflow optimization, cover sheet underway.
19. Operate in all operational environments (wired and wireless).	Compliant.
20. Operate in all telecommunications platforms (mobile and parked) to include a Bring Your Own Device (BYOD) interface for the academic workforce assigned to the Facility which Mobile GFE and VOCERA architectures cannot support.	Delivered. Mobile iPad, laptop and desktop integrated. BYOD is designed and tested on AWS and Azure. VA's VMware VMs are still to be allocated.
21. Present real or near real time patient information across the entire clinical team during a patient's visit.	Compliant.
22. Inform clinical staff of resources whether clinical or physical in real or near real time during healthcare lifecycles.	Compliant.

PROFESSIONAL HEALTHCARE ADVISORY SERVICES (PWS 5.2.2)

Through the project, the combined team made some observations and additional findings, identified additional requirements, and identified some new ideas for potential next phases.

Clinical Personnel Impacts, Workflows

Potential workflow improvement is observed from several user interactions:

- Improvement is possible through the reduction in multiple systems to sign-on, reducing the number of times per day.
- Creating a patient context for the user, a patient profile from across numerous data sources, systems, results in better registration, triage, clinical decision-making, and fewer switches between systems.
- Automated work could be accomplished – Voice to text, Vital Signs charting automatically added to CPRS/VistA when scanning patient's wrist band, addition of clinical guidance, reminders, and rules explanation/enforcement.
- Individual notification is important, interwoven into RN and physician existing work practice. In the actual/real time patient care setting no one is sitting watching for a system signal. Device independence will be important.
- Having a measured platform will give department leaders and RN managers an important tool in implementing change programs, with immediate feedback. They know their work; they know where opportunities for improvement exist. By creating a continuous quality improvement (CQI) loop, new thinking and unanticipated improvements can be unlocked.

RTLS Tracing

- Handling signal lag, adjusting reader placement, considering the location pattern including reader overlap will all be necessary to tune the system.
- Logic to clean the tracing data can be helpful to analytics (examples: duplicate reads, min/max timings per location, inferring reads if a trace gets missed between locations).
- More work is needed with multi-patient testing, to identify limits and approaches to handling peak patient flow.
- Tracer durability and signal strength will be very important in wider use.

Integration

- Bi-directional, multi-system integration can be accomplished. Technology can be layered, so that new features can be incorporated into the legacy platforms.
- A flexible, hybrid development pathway has been demonstrated, which can accommodate gradual change in VistA, Cerner, etc.
- This project demonstrated that new technology can interoperate with existing users and processes, multi-user, multi-threaded, so implementation transition can be gradual.
- As the HL7 FHIR standard evolves, efforts to stay updated must be planned periodically.
- Middleware server resources have a significant impact for speed and throughput, and the middleware has to be amply resourced otherwise this can become an integration constraint.

DELIVERABLES (PWS 5.0)

All contract deliverables have been installed, tested and turned over. The contract PWS identifies six major deliverables to be accomplished:

Item	Completion
PWS 5.1.1 Contractor Program Management Plan (CPMP)	Completed. All requirements met. Reference also project plan, progress reports and RAID risk log.
PWS 5.1.2 Bi-weekly Progress Report	Completed. Delivered weekly.
PWS 5.2A Integrated Architecture Solution (inc. hardware, software, glue-ware, ancillary)	Completed. A test bed environment has been created, with test data.
PWS 5.2B Findings Report	Completed. This document.
PWS 5.2.3A Training Plan	Completed. Delivered to Education Department on 4 Dec.
PWS 5.2.3B Training Materials	Completed. Multi-media, multi-mode orientations, training and materials delivered. Detailed below in Training Deliverables.

Three more requirements were added:

Contract Modification Deliverables	Completion
Bring Your Own Device (BYOD)	Successfully tested AWS and Azure platform installs.
Hospitalist	Completed.
Philips Monitor interface	Testing underway, to be completed 22 December

Training Deliverables

- Communication and education posters throughout facility



- Training videos
- TMS Website Training – 5 step by step videos
- Questionnaires to evaluate understanding of content.
- Link

<https://rise.articulate.com/share/9Lg24OQFrlwTO5KSJMbZNH-0GfX0UGsg#/>

- Presentation to staff
- Presented at Emergency Department education day
- Clinical user manual created- 67 pages
- Core Mobile Training Documents
- Located in the Teams file at Albany VA User Guide V1.pdf and delivered the Albany VA Education Department
- Workflows
- Multiple clinical workflows step by step instructions
- Located in Teams

FINDINGS

The goal is to improve the veteran's services through the comprehensive use of technologies.

Enabling Veterans coming into the facility to:

- Increase access to care for Veterans by speeding the registration and check-in process.
- Improve measurable outcome, SAIL metrics
- Speed up Veteran services through better collaboration of services.
- Improve employee and customer experience by providing speed to care through the integration of healthcare systems.

This proof of concept tested a variety of areas, different functionality, delivering clear performance potential. The testing that was performed demonstrated the system's ability to meet all of the desired capabilities and has the potential to reduce Length of Stay and Door to Admittance by the prescribed 5% thus improving the overall Veteran and Employee experience.

APPENDIX A - TEST CASE DETAILS

**Test Patient
Data Only**

To perform end-to-end testing, tracing a patient door to admit, involving multiple people/clinical roles, a series of test scenarios were laid out, which could be executed by different team members. All tests were conducted using test patient data only, in an isolated test bed environment involving no real patient information or real patients.

Test Patient 12/4/2023 Large ear pimple. Tag ALN_611. AAA, CT (0858)

Attendees: Tanya Eschberger, Mark Tanen, Clark Wetzel, Dianna Langdon, Julie Montalbano, Jason Wilson, Megan Pelish, Rachel Knaust - Dental Resident

A 38-year-old female with no past medical history presented with left ear pain and swelling, that started 4 days prior as a small pimple and progressed over the course of 4 days to the point that patient is unable to lay on her left side due to pain and swelling. She states that she has no history of trauma to that area. The patient denied any systemic symptoms, hearing loss, tinnitus, and ear drainage. The patient has never experienced symptoms like this before. She does not take any medications and is not allergic to any medications. Review of system is negative except left ear pain and swelling. On physical exam, patient appears uncomfortable due to pain. There is an obvious left auricular swelling, sparing the lobe, which is tender to palpation.

No mastoid tenderness. External canal, middle ear, and right ear exams are all within normal limits. No lymphadenopathy is noted. The rest of the exam was unremarkable.

The findings include an auricular hematoma that resulted from a minor trauma such as rubbing a cartilaginous auricle, in this case an initial pimple that was itching. The resulting shearing forces caused a separation of underlying perichondrium from the cartilage itself, thus forming an auricular hematoma.

A needle aspiration of the swelling was performed, and 10 milliliters of serosanguinous fluid was drained. A compressive dressing was applied. The patient was instructed to follow up with Ear, Nose, and Throat (ENT) the following day.

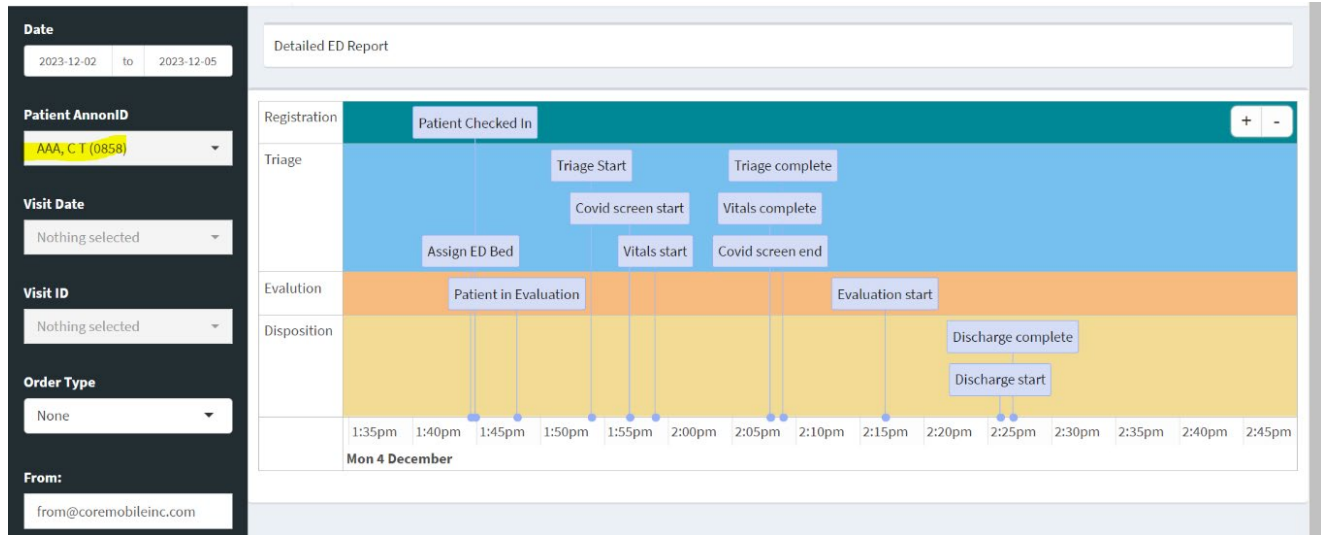
Medical and surgical history: none

Allergies: None

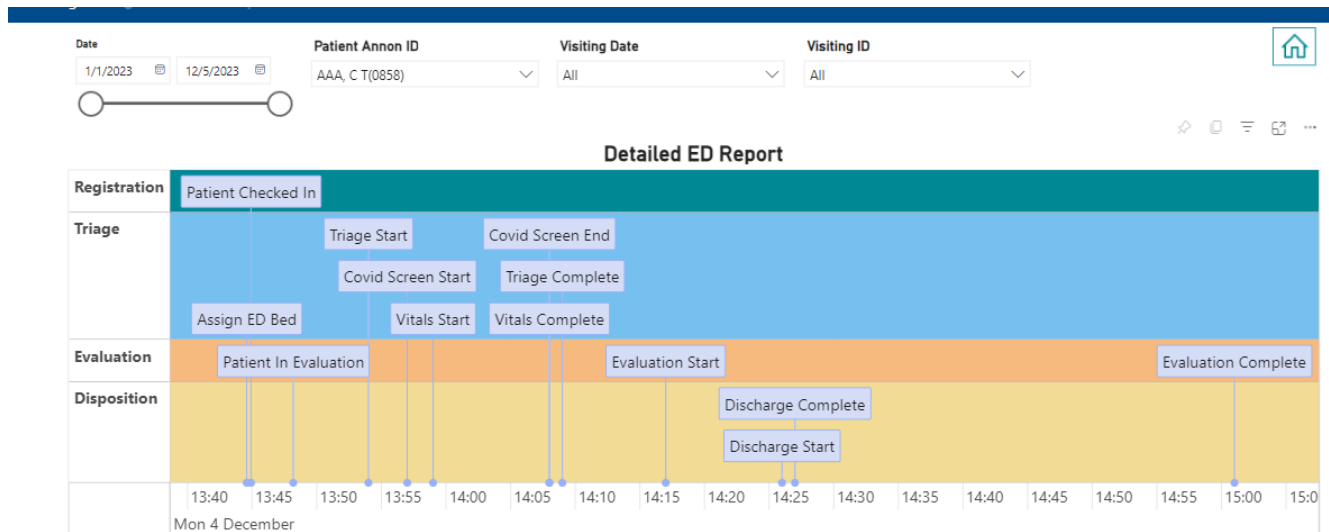
Medications: Lidocaine topical 5%

Discharge: Home with a compression dressing

**Test Patient
Data Only**



Real time report of patient tracing throughout the Emergency Department (ED) workflow.



Picture: PowerBI report of the time stamps tracing the clinical workflow following the patient's journey throughout the Emergency Department.

Notes/Observations

- Patient Checked in at 1340
- Staff were able to make it through the whole patient visit without stoppage.
- RTLS was able to track through the whole visit.
- Staff made positive remarks and stated that once comfortable with the app it will be helpful.

***Test Patient
Data Only***

- There was one issue with assigning the staff such as RN and MD. This was corrected, as these were new providers using the app and they would need permission assigned to them. This was complete and will be confirmed tomorrow during testing.

Patient Tracing notes – Tracing worked well. The threshold at the registration desk may need adjustment if possible. Can bounce between registration and triage trackers. Updates to location happened fast, less than 30 seconds on server dashboards and less than a minute on mounted monitor dashboards. Vast improvement over last testing session. Tracing seems to change quickly and smoothly over most occurrences.

Overall evolution took around an hour from registration to discharge for testing evolution. Julie on check-in, Megan on Nurse, Jason as doctor.

Personnel seemed to work through the app with very little problems for the first time using the app in practice. Megan did mention that app was user-friendly as she went through triage/evaluation.

Problem did occur on “staff assignment” page. “Save” button was not working or did not appear to work.

During triage/nurse evaluation – iPad app widgets had a constant “loading” under registration, triage, and evaluation widgets.

Test Patient 12/5/2023 Ankle Scenario Patient: ZMS, J X (1172) Bed 119-053**Test Patient
Data Only**

Attendees: Tanya Eschberger, Mark Tanen, Clark Wetzel, Julie Montalbano, Jason Wilson, Megan Pelish, Rachel Knaust- Dental Resident

A male patient arrives to Emergency Department (ED) with chief complaint of a right ankle injury two days ago. He missed a step down a curb and twisted his right ankle. He denies any other injury. His right ankle is swollen and bruised over the lateral malleolus with a pain level of two out of ten. His range of motion is limited by pain but he can flex and extend slightly on his right foot. The patient is partial weight bearing due to pain. He has been using over the counter Tylenol and Motrin for pain relief. The last dose of Motrin, per patient, is 600mg. one hour ago. Positive dorsalis pedis/posterior tibial pulses and no reported numbness or tingling in right foot or toes. Patient has no allergies and no past medical/surgical history.

The patient is registered and sent to triage, vital sign start, scratch pad, triage note, covid screen negative, and the patient given a bed assignment. An evaluation is performed by the provider and a right ankle x-ray 2 views ordered. The ankle x-ray results negative for fracture or tissue sprain. Disposition home with instructions to RICE (rest, ice, compress, elevate) as much as possible for the next two days. Ace wrap applied prior to discharge. Sent home with an ice pack.

Flow: (Only need one order for this scenario- radiology ankle x-ray)

- Registration
- Patient tracing
- Scratch pad to triage note
- Bed assignment
- Evaluation starts and Physician/MD/APRN note
- Radiology order for ankle 2 views
- Disposition to home.

Chief Complaint: right ankle pain

Pain level: 3/10

Fever: 101

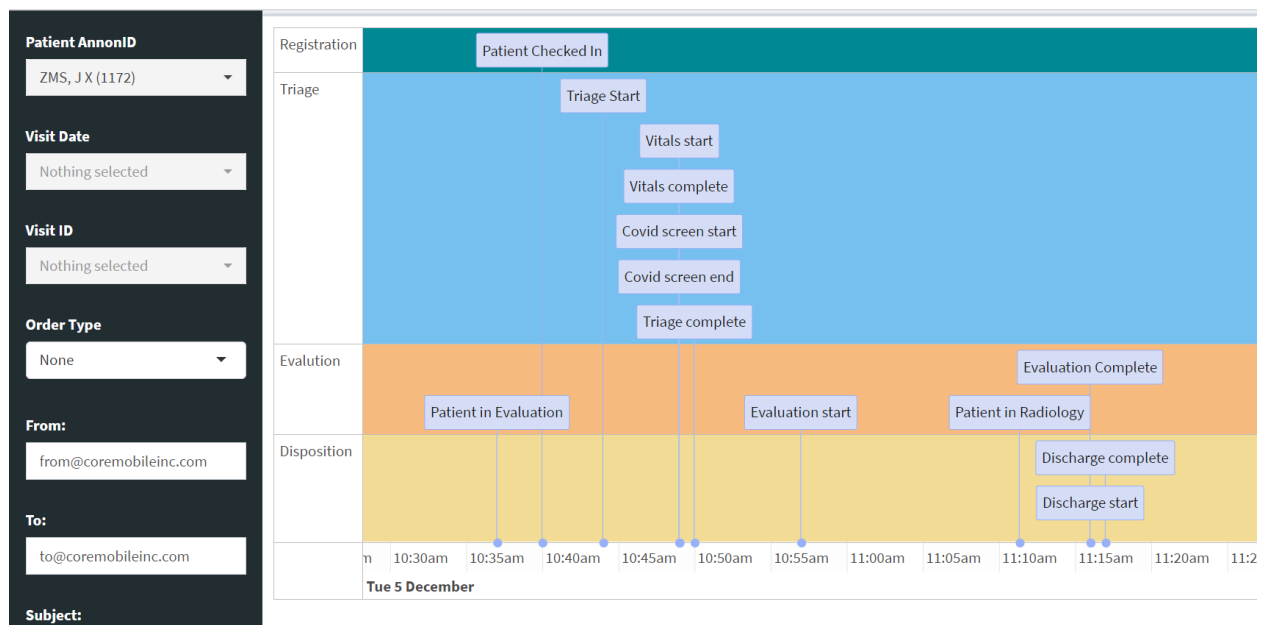
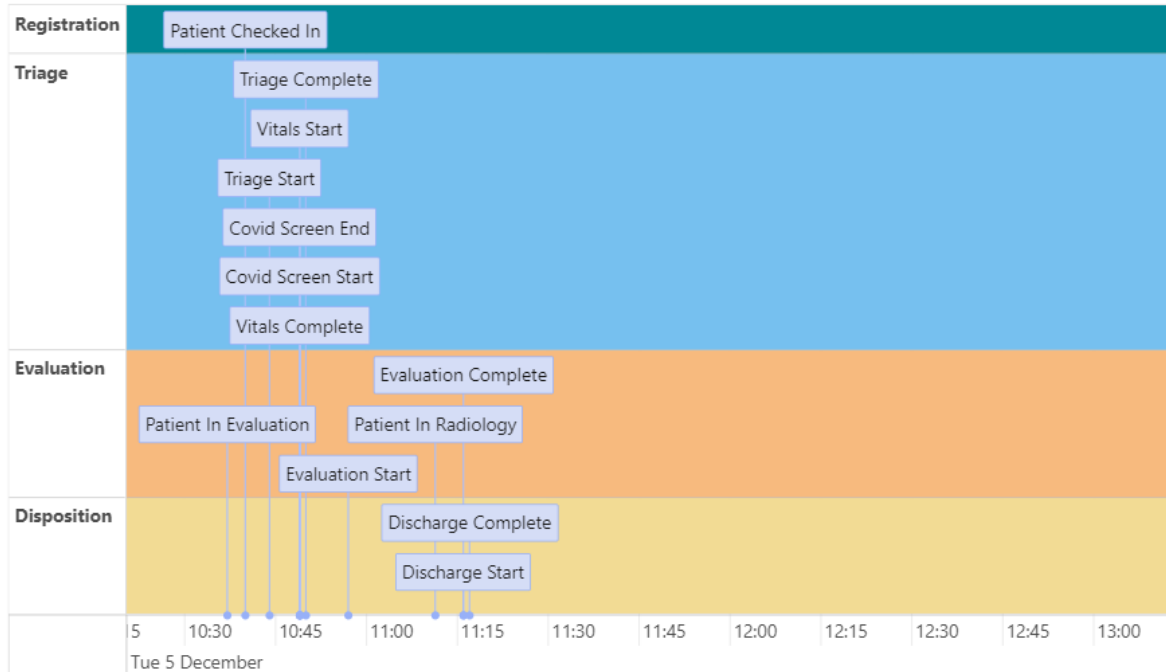
Bp: 100/78

RR:27

**Test Patient
Data Only**

Date: 1/1/2023 12/6/2023 Patient Annon ID: ZMS, J X(1172) Visiting Date: All Visiting ID: All Order Type: All

Detailed ED Report



**Test Patient
Data Only**

Registration was completed without issue. Staff followed the workflow and stated that check-in was easy.

RTLS picked up the patient in an exam room rather than in Registration.

Triage was completed. The nurse used scratch pad and information flowed to triage note. When working on the triage note, links to coversheet worked to get vitals and allergies. Nurses noted that they would like to a "Select all" for allergies and health history. Also, there is a second page after selecting the information, confirming the user wishes to continue to transfer data and it is requested to not have this page.

Staff were able to assign themselves and others to the patient. However, when returned to dashboard, not all the names were in the dropdown for care team communication.

Patient was tracked on RTLS to the correct exam room.

Evaluation has started.

The provider was able to place orders for radiology.

Patient was tracked in radiology.

Patient was returned to ED and disposition was started and completed.

Thoughts from staff-

- In triage note, the hand off should not be mandatory. May not know what staff will be assigned to patient at triage note time.
- Select all for allergies, health history, and problem list. Remove the confirmation continuing sheet when transferring data from coversheet to notes.

Notes:

- Save issue from prior testing was fixed. The issue was caused by permission settings.
- All dashboard flags between SIP EDIS boards and website dashboards flagged correctly during evolution.
- Tracing from registration to bed to Radiology and back to ED were correct. Less than a minute for dashboards to update location, only exception was location change to Radiology. It took approximately 2 minutes for the dashboard to update from time at position next to radiology iPad.

**Test Patient 12/5 PM – Shortness of Breath/Covid Scenario ZMS, JX
(0171)****Test Patient
Data Only**

A 45-year-old male came in complaining of shortness of breath for the past 2 days. He states that he was just attending his family Thanksgiving dinner 5 days prior, 3 days ago one of his relatives reported to the family that they tested positive for COVID-19 after the Thanksgiving dinner. He denies any prior history of shortness of breath (SOB) and states he has had a low-grade fever for the past few days with generalized body aches and flu like symptoms, and a persistent dry cough. He denies any pain, N/V, diarrhea, chest pain, and wheezing.

He has a prior medical history of: Coronary Artery Disease, Diabetes Type 2, Hypertension
No surgical history.

No History of smoking or drugs.

Allergies: Penicillin when he was 5 years old which caused a rash, he has not been retested for the penicillin allergy since then.

Vitals:

Blood Pressure: 145/78

Heart Rate: 83

Respiratory Rate: 25

O2%: 89% on Room air

Temp: 99.5 F

Nursing Orders:

3Liters oxygen

Nurse Intravenous line (IV) placement

Lab Order:

COVID-19 (NYS) (AL/BH/CN)

Parainfluenza 1 AB * (V2)

CBC w/diff (V2)

Radiology:

Chest 2 Views PA & LAT

Admit Order

1010M

Specialty: Admit to demo medicine service

Observation: yes

Telemetry: yes

Isolation: yes

Ordering location: AL-ER 8am-4pm

DISPO

8 B with medicine team

**Test Patient
Data Only**



- We tried Bluetooth program. Program was apparently installed on that PC (Ticket was closed and will investigate to double check). The program did not see the tag we were trying to use but saw other tags that were in the vicinity that we knew about. Will have to investigate further.
- Moved on to iPad registration.
- 1349 – 1420 Registration to Admit Complete.
- Issue with Vital Sign – Now button.

***Test Patient
Data Only***

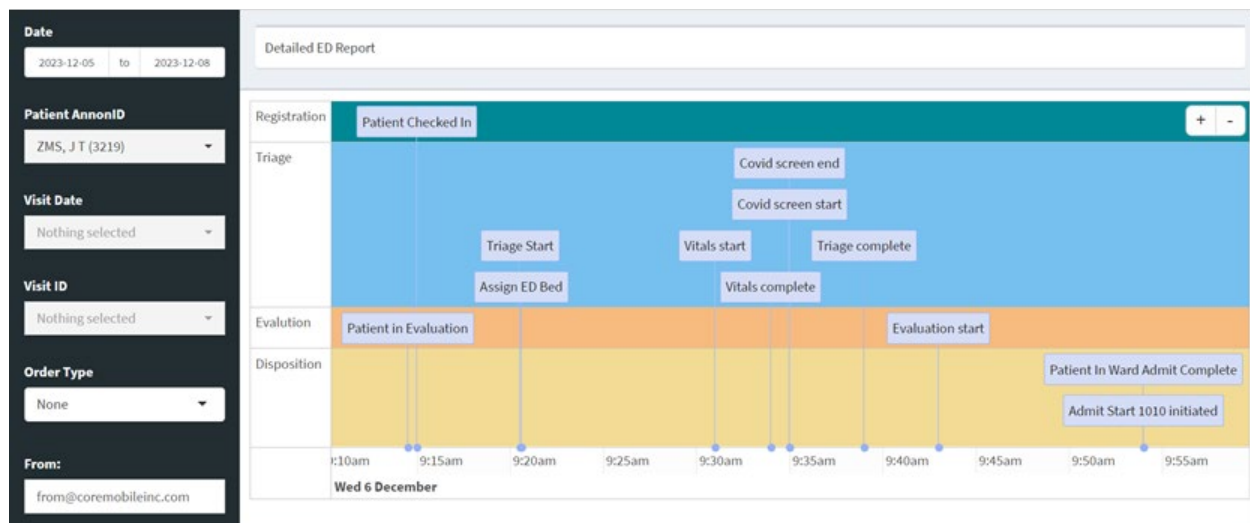
- Jason Wilson mentioned that the app was intuitive and easy to learn.
- During Triage/Covid Questionnaire – “No Known Exposure” should be changed to “Known Exposure” for ease.
- Dashboard flags and location tracing were correct throughout. Test patient admitted to Med/Surg – cleared off the dashboard very quickly. It was noted that cath lab team switched roles throughout the two tests today. Did not seem to have trouble working their way through the pages. The team worked through with little help from Tanya.
- Slight conversation about symbols on the dashboard. Main complaint seems to be centered around the “birthday cake” registration symbol. Clinical staff seem to intuitively understand the rest of the symbols for the most part. Cath Lab personnel seemed to navigate iPad app and windows app with ease.
- Scratch pads were mainly type-text on laptops. Personnel did manage to get a bit lost but found their way back a few times using “breadcrumbs” up at top. Cath lab personnel did ask for more information about the app and were very interested to know if other departments were getting this soon.

Test Patient 12/6: ZMS, J T (3219)

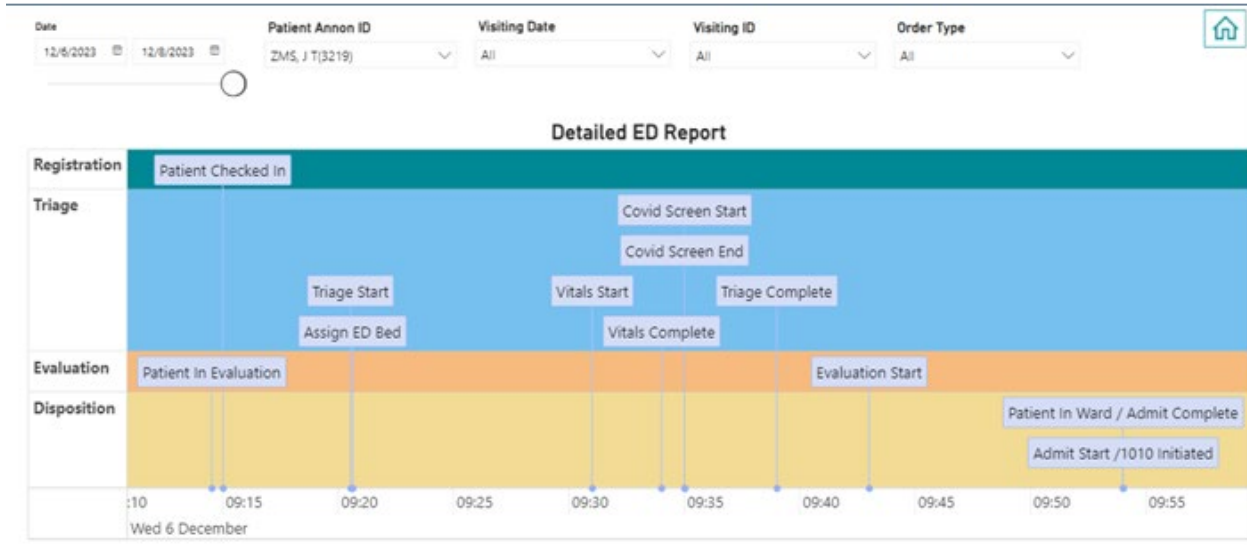
**Test Patient
Data Only**

A male patient presents to Emergency Department (ED) with a chief complaint of right lower abdominal pain (level 3 on a scale of 1 to 10) and a fever of (101F) with headache for last 5 days, accompanied by nausea and vomiting. The patient is registered and assigned to the Emergency Department (ED). He is then triaged, given a bed assignment, and placed on a monitor in his room. The patient data pulled from VistA is seen within the systems integration application. The MD/APRN Note 2 is completed in the SIP application and written to CPRS. Orders placed for IV placement, CMP, CBC and abdominal ultrasound. An additional order is placed for Tylenol 1000mg. After the physician examines the patient, a surgery consultation is ordered for a possible appendicitis diagnosis. He is then dispositioned to the ward to await surgery.

The following patient flow was followed: registration, 1010EZ, patient tracing, triage scratch pad and note, covid screen, positive precaution, allergies in banner, bed assignment, patient tracing to bed, eval start, MD/APRN Note 2, nursing order, lab orders, radiology order, 1010M admit order, surgery consult order, disposition as admit, and patient tracing to ward 7B. The detailed Emergency Department reports in real time and Power BI are displayed below.

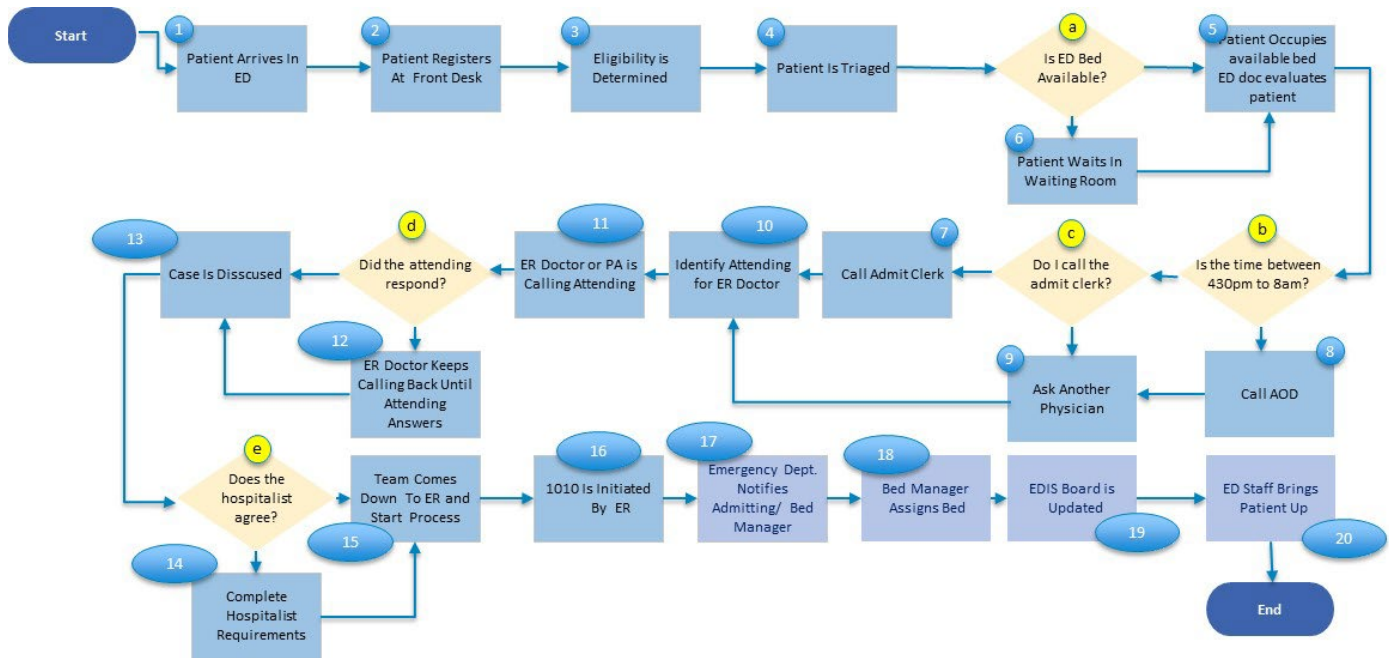


**Test Patient
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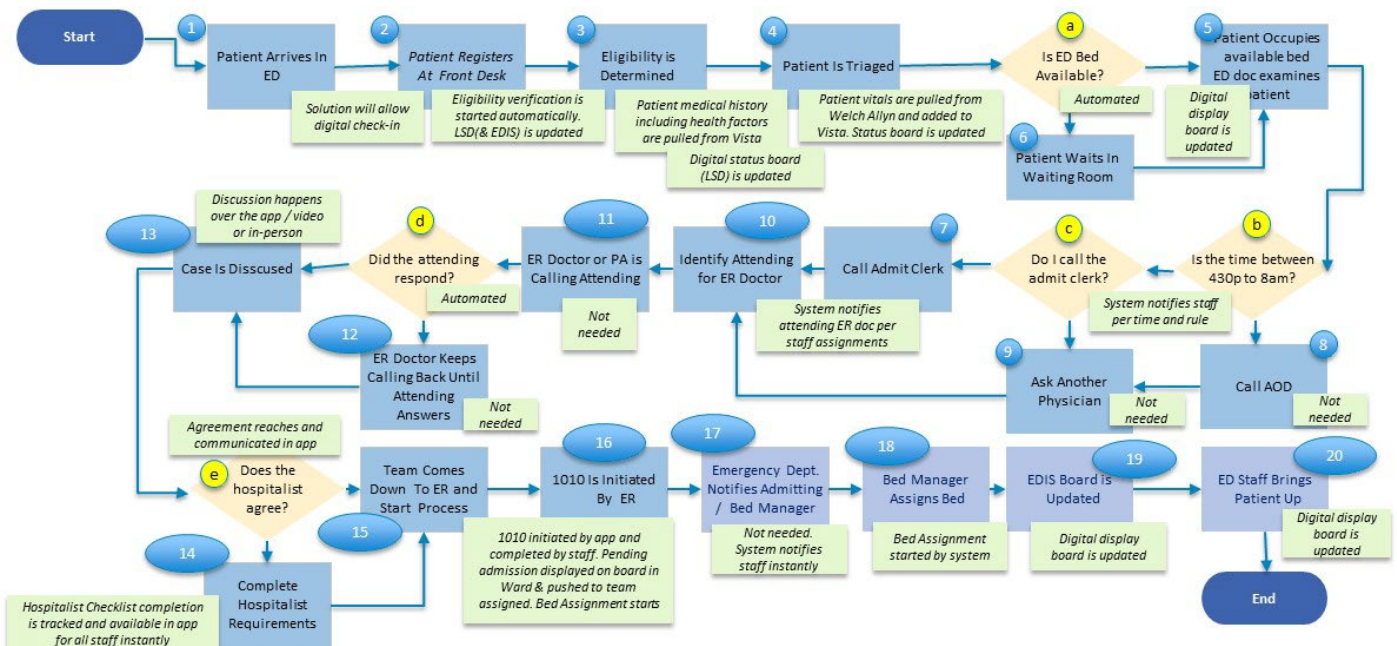


APPENDIX B – CLINICAL WORKFLOW AREAS OF IMPROVEMENT IDENTIFIED

The current patient flow for ED patients getting admitted is shown in figure below.



The improvements in patient flow using PCSIP are shown in figure below.



DOCUMENT CONTROL

Version	Date	Author/Contributor	Summary of Changes
0.1	12/7/2023	Chandra Shekhar Tekwani, Mark Tanen, Jeremy Stewart	Document outline, sections from VA SIP, Salient Features, Deliverables, Success Factors tables
0.2	12/12/2023	Mark	Cleaned out, re-organized, cross-check contract
0.3	12/13/2023	Tanya Eschberger, Erin Hannah, Angelique Crook	Incorp their materials
0.5	12/14/2023 pm	Team drafting, Susan McHugh comments	For internal review
0.8	12/15/2023 am	Team, several rounds of comment and editing	Review version
0.9	12/15/2023 pm	Team, Angelique materials	More work needed
V5	12/16/2023	Susan, Tanya, Jeremy comments on call. Chandra findings incorporated.	For leadership review
V6	12/19/2023	Susan, leadership comments, Chandra, Tanya	Revised, ready for submission, final check
V7	12/19/2023	Susan with Chino	Adjustments to Findings section, minor edits