

Gordon Moreshead

President, Informatix Laboratories Corporation

Education

Biomedical Researcher, VA Medical Center, Gainesville, Florida

Graduate School, Biomedical Engineering, University of Florida

BS, Electrical Engineering, University of Florida

Summary of Experience

Mr. Moreshead has extensive VistA specific expertise having served as one of the founding developers of the Decentralized Hospital Computer Program (DHCP). He oversaw the leading development center for VistA from its origination in February of 1982 until March of 1996 and was widely recognized throughout the VA development community for his ability to balance design, development and deployment constraints that enabled the end provider to have optimal solutions to manage veteran's healthcare information. Mr. Moreshead left this successful position to create his own company, Informatix Laboratories Corporation in 1997. Building on a desire to increase the functionality of VistA for private sector, Mr. Moreshead created a robust billing, accounts receivable and contracts management solution that can be seamlessly incorporated into VisA. He has successfully deployed this solution to over 50 sites throughout the country. In addition to this successful venture, he has been an active participant in the design, development and marketing of the OpenVista platform, the open source version of VistA.

Applicable Experience

Responsible for overall architectural design of the Health Care Information Systems used in the Dept. of Veterans Affairs (DVA) Medical Centers and the Veterans Integrated Service Networks (VISN's). Specific design goals were to establish a transportable electronic patient record that could be transferred from one DVA facility to another and to reshape the VistA architecture into a Client/Server architecture that would support clinical workstations and access to clinical and management data for both clinician users and administrative managers.

Managed a staff of 50 to 55 employees in the DVA SLC Information Systems Center, one of seven centers in the country. Successfully implemented a management structure and concept supporting empowered teams organized around nationally distributed products that were produced and maintained from within the SLC ISC. As a result, development productivity was increased substantially while customer satisfaction with the products and overall customer service also was excellent, reportedly the best in the nation as judged by customer surveys. Other Achievements in this position include: Development and national implementation (167 VA Hospitals) of several clinical software packages/modules including: Clinical Laboratory, Microbiology, Anatomic Pathology, Bloodbank, Mental Health, Order Entry, Discharge Summary, Problem List, Clinical Lexicon, Progress Notes, Health Summary and a patient data repository (PCE).

Launched product development for a client/server based integrated Electronic Patient Record System (CPRS) to be implemented on a workstation with a graphical user interface (GUI). This system includes Physician Order Entry with real-time, clinical alerts and notifications driven by an inference engine and rules editor that provide clinical decision support. It also supports access to networked resources such as CD-ROM based or internet based references/knowledge sources. It includes progress notes, order sets, patient lists, team lists, consult reports, generic orders, problems lists, discharge summaries, health summaries, lab reports, medication profiles, and other components of the automated patient record.

The Salt Lake ISC provided support services for 18 VA Medical Centers in the Northwestern US, providing both technical systems support and applications support for all VA software applications and operating system environments. During this period, the ISC was responsible for installing and implementing the VA software system and applications in the Fitzsimons Army Medical Center in Denver, Colorado.

Prior to the ISC engagement, Mr. Moreshead was responsible for technology management and consultation for the medical center. This included: Systems design and selection of physiological monitoring and patient data management equipment for the all new SICU/MICU/Recovery/Surgery suites; for automation of the clinical lab; and for establishing a Hospital Information System network incorporating the various hospital computer systems. This work built on a previous engagement where he was responsible for the supervision of the Biomedical Engineering Section of eight employees. This section was responsible for the preventive maintenance and repair of all medical equipment in the facility, most of which was maintained directly by the Biomedical Technician staff. Staff responsibilities included evaluation and recommendation for purchase of medical equipment; consultation on the design of special care areas, such as Intensive Care Units, Operating Rooms/Suites, Cardiac Catheterization Labs, and computer rooms.