

Strategies for EHR Adoption and Meaningful Use Attestation

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Agenda

- About Parmer Medical Center
- In the Beginning-Setting Goals
- Workflow and Other Analysis
- Developing a Baseline
- Validation and Testing
- Lessons Learned
- Provider buy-in
- MU Attestation
- Know Your Strategy
- Questions and Answers

About Parmer Medical Center



- 25-bed CAH in Friona, Texas
- Inpatient
- Outpatient
- Swing bed
- Level IV Trauma Center
- Specialty clinics (Cardiology, Orthopedics, Gastroenterology, Gynecology, Podiatry)
- Physical, speech and aquatic therapy

In the Beginning

Goals

- Standardize documentation, improvement, all nurses charting consistently and appropriately by Parmer standards of care / CMS Conditions of Participation
- Engage all levels of clinical staff and providers for an hospital-wide EHR
- Produce electronic record for patient transfers
- Improve patient safety and eliminate errors

Analyze, analyze, analyze

Workflow analysis

- Identify workflow for:
 - Patient flow
 - Patient turnover
 - Charting time
 - Medication
 - Shift paperwork
- Identify hardware
- Identify “paper”
- Find duplication

What we found

- Identified “cogs in the wheel”
 - Old habits die hard (forms used from years ago but nobody really knew why)
 - Duplication of manual logs tracking (many staff tracking the same data)
 - Missed opportunities for charge capture
 - Missed clinical documentation
 - Missing ownership of responsibilities (roles/duties not tightly defined)

Now what?

Worked closely with vendor to:

- Identify best practices for facility
- Optimize application features to create and customize best practices for workflow
- Select and educate project team and super users
- **Identify a baseline of clinical documentation**

Clinical Documentation Baseline

- Nurse activities (care grid)
- Flow sheets
- Ancillary workflow (therapy, lab, radiology, etc.)
- Order sets
- Pharmacy
- Plans of care
- eKardex

Baby steps to go-live

- Staff training
- 1 key provider as early adopter/champion
- Only certain drugs
- Hold back on IV orders
- ED included

"If you build it, you will validate."

- System build
- Testing, testing, testing
- Test some more
- Regroup project & super user team to determine best roll-out plan house-wide
- Test again!

Lessons learned so far

- Pharmacy validation with NDC numbers – KEY
- Educate nurse & providers on consistency in medication orders
- Strong communication needed between pharmacy & clinical staff
- Leadership gap – identified need for nurse informatics or IT expert to take ownership of training, validation and problem resolution

On to the Next Level

- Success with selected items
- Expand plans of care and use of problem list
- Expand to all medication orders for full eMar & med reconciliation
- Incorporated MU Stage 1 Requirements

Don't forget the providers!

- Evaluate provider workflow
- Educate providers
- Merge clinical workflow with provider workflow
- Educate providers
- Set a staggered provider go-live
- Educate providers again

Meanwhile.....

Meaningful Use

- MU data & reports
- Identify fall-out and problems to internal team
- Continual staff education to meet MU requirements
- Attestation

Did we meet our goals?

- We standardized our documentation
- Consistent charts
- Physician adoption & utilization
- Reduced medication errors
- Improved revenue capture
- Initial MU attestation
- 1-year attestation
- Used in ED and electronic record for transfer

Know your strategy

- Establish a process for decision-making
- Consider a "review team" for new processes and process improvement
- Monitor progress continually
- Ensure QA at every step
- Validate, validate, validate!
- Utilize and provide a "reference guide" for staff
- Your VENDOR is your PARTNER – take advantage of their resources and knowledge.

Questions?

Thank you!
