

SNF REAPS REWARDS OF EMR ADOPTION

PAULA MOTTSHAW AND
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Although technology is all around us, nursing facilities continue to lag behind other health care providers in adopting or even recognizing its value. Saint Elizabeth Home in East Greenwich, R.I., recently did its share to reverse this trend by adopting an electronic medical record (EMR) system for the first time.

The primary factor in deciding to take on this initiative was the facility's desire to raise the level of quality for its residents. The 120-bed skilled nursing facility anticipated that EMRs would accomplish this by allowing staff to spend less time on documentation and paperwork, retrieving information more quickly in order to make timely decisions, and completing assessments thoroughly by reducing duplication and risk of errors.

The staff at Saint Elizabeth also knew that an EMR would eliminate the need to dig through charts to locate specific information and reduce time spent on the telephone, thus allowing clinicians and caregivers to spend more quality time with residents and family members.

The Plan

Saint Elizabeth's board of directors approved the facility's plan in October 2006 and allocated resources to the project, which officially began in January 2007.

The facility's new technology team was excited about the EMR journey and ready to lead the facility forward. Participating in the 12-member team were registered nurses, licensed practical nurses, the director of nursing (DON), the administrator, quality improvement staff, and certified nurse assistants (CNAs).

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More time with residents and improved documentation are a few of the many benefits a Rhode Island nursing facility receives with its adoption of an EMR system.



After an initial meeting, the team agreed that the new EMR should accomplish the following:

- Re-engineer the entire workflow process surrounding how a medical record is developed—not one that simply turned current paper forms into electronic ones;
- Be easy for non-technical staff to use; and
- Allow information, once entered into the computer, to

ALL DISCIPLINES ARE NOW ABLE TO COMPLETE DOCUMENTATION ON A DAILY BASIS, THANKS TO THE NEW ELECTRONIC SYSTEM.

automatically flow throughout the EMR, where needed.

The next step in the process was the vendor search. Making this job easier was the team's ability to view potential vendors' Web presentations online, free of charge, and without having to leave the facility.

The chosen vendor had everything on the team's wish list, and more, including a platform that made information retrieval quick and easy. And its mouse-driven capability meant that the new system did not require a lot of typing.

Staff Training

Motivated by a contest—called the Mouse Olympics—that promised an extra vacation day, staff members took computer-based tutorials in order to become familiar with the system.

The vendor also used a train-the-trainer approach that focused on preparing the administrator, the DON, the inservice director, the medical records manager, and others who would take on system administrator roles. Taking on this role meant training other staff using modules that focused on a single topic.

Following each training session, staff were able to utilize the facility's new computer lab to get some hands-on practice. Ongoing updates about the project's progress were communicated to staff through employee newsletters.

Going Live

Prior to the go-live date, the vendor team arrived at Saint Elizabeth to conduct a general staff training with nurses and CNAs. All CNAs used personal digital assistants (PDAs) that displayed picture icons as well as text, so that CNAs who did not have a mastery of the English language could better understand the system.

Since the system's launch, staff continue to learn about it

through small group discussions within the units. When questions arise about documentation, staff discuss them and describe what works for them and what options they would choose.

"You have to talk through questions as they come up," says Andrea Smith, Saint Elizabeth's DON. "Sometimes you talk with the vendor, and then you come up with a policy and procedure to meet your organization's needs."

Saint Elizabeth now utilizes its EMRs for numerous processes, including admission assessments, resident demographics, initial clinical assessments, at-risk assessments, minimum data set (MDS) completion, and care plans.

Improved Documentation

All disciplines within the facility are now able to complete documentation on a daily basis thanks to the new system. CNAs carry PDA devices that allow them to document at the point of care. Nursing assessments and daily progress notes are made easier and quicker with a point and click feature.

The EMR provides assurances that documentation is more thorough than a paper-based approach. Writing progress notes the "old way"—via paper and pencil—relies on a nurse's recollection of what should be addressed in the notes, whereas the EMR walks the nurse through all aspects that should be considered when developing a particular type of progress note.

One of most valuable EMR reports is the CNA documen-

tation report, which can be generated an hour prior to the end of a work shift.

Within 20 seconds, the charge nurse receives a resident report, including notes regarding any documentation omissions.

CNAs are able to review the report prior to shift changes and complete any needed documentation.

More thorough documentation has led to enhanced communication among and between all shifts.

Time Saved

The EMR has also proven to be a tremendous time saver. When a nurse calls a physician about a particular resident, the nurse is able to respond immediately to the physician's question with just a click of the mouse.

In addition, the consultant dietitian is able to spend more time with residents. She uses the EMR to retrieve a

variety of data, such as resident meal intake and weight for a particular period of time. Thirty seconds after entering the computer system, she has the needed information and can spend her remaining time in the building with residents.

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Since the system's language parallels with MDS language, all assessments and progress notes are used to answer the MDS questions. This process has cut MDS completion time by more

than half—from a five- to six-hour process to less than two hours.

Useful Tools

"I use the system each time I visit," says Jason Boudjouk, MD. "It has centralized, very important resident information and is extremely user-friendly. I especially appreciate the ability to trend a resident's vital signs, such as blood pressure, to make sure treatments are working."

Saint Elizabeth Administrator Matthew Trimble has found the EMR system to be very useful. Through his computer's home page—called the electronic control center—he is able to see all that has happened in the building for past 24 hours, or whatever time period specified, including newly documented pressure ulcers, falls, medication errors, and changes in quality measures and census.

"I am more clinically informed within the first five minutes of work every day than I've ever been," says Trimble. "Any manager can run these reports, which are a helpful tool at the morning report that is held twice a week. As a result, meeting participants are well-informed prior to the meeting and are able to use the meeting to resolve—rather than only report—problems."

The computers have battery backups, while the system's server is also on generator power so that business can continue uninterrupted.

As for Health Insurance Portability and Accountability Act concerns, the system is more secure than a paper chart, according to Trimble. To access the system, an individual needs a username, a system password, and a badge, all of which are assigned by a system administrator.

Thus far, the EMR has helped staff meet their goals of spending less time on documentation and paperwork, getting information more quickly in order to make timely decisions, and completing assessments thoroughly by reducing duplication and error risks. ■

HIT BILL STALLED OVER PRIVACY CONCERNS

LYNN WAGNER

Legislation aimed at advancing the development and adoption of interoperable health information technology (HIT) has stalled in the Senate over privacy concerns, according to the primary sponsors of the legislation, Sen. Ted Kennedy (D-Mass.) and Michael Enzi (R-Wyo.).

The bill, called the Wired for Health Care Quality Act (S 1693), passed the Senate Health, Education, Labor, and Pensions Committee last June, but has failed to advance further. A similar measure was introduced in the House of Representatives last October, but has not gained traction.

“We are basically stalemated with the privacy provisions in the Judiciary Committee,” Kennedy said at an April 3 appearance with Enzi at the Business Roundtable in Washington, D.C. The Roundtable, an association of chief executive officers of the nation’s largest companies, is urging swift passage of the bill.

Health Care Lags

“For nearly all businesses, with the notable exception of health care, electronic communication has already moved into second- and third-generation iterations,” said Ivan Seidenberg, chairman of the Business Roundtable’s Health and Retirement Task Force. Health care is “stuck in time and lacks even the simplest IT foundation,” he said. “We must act now to upgrade American health care and establish an interconnected nationwide health technology system.”

The Kennedy-Enzi bill would permanently establish the Office of the National Coordinator of Health Information Technology, establish a public-private partnership for health care improvement to develop strategies

for achieving a nationwide interoperable HIT infrastructure, provide for the adoption by the federal government of standards for the electronic exchange of health information, establish the American Health Information Community to advise federal agencies on HIT policy, award grants for the purchase of qualified health information technology systems, implement regional or local health information plans, and integrate HIT into health professionals’ education.

Privacy Issues

The legislation would also impose privacy requirements on database operators and give individuals the right to

inspect and obtain a copy of their electronic records. But there are concerns that the bill’s privacy protections don’t go far enough. Senate Judiciary Committee Chairman Sen. Patrick Leahy (D-Vt.) is holding up the measure due to the “privacy provisions,” Kennedy said. “We’ve got to try to figure out how to try to shake that out.”

Kennedy expressed optimism that lawmakers would work through these issues, pointing to the banking industry as an example of a business sector that has dealt with the privacy challenge.

“We can save thousands of lives and conserve billions of dollars for health care with this one stroke—and we can do it this year,” he said. ■