Seven Critical Elements for Realizing Your EMR Implementation Expectations

For many critical access hospitals, small community hospitals, and their affiliated clinics, the process of implementing an electronic medical records (EMR) solution is a journey into uncharted territory.

Today, that journey has been further complicated by all the questions surrounding the definition of “meaningful use.” According to the American Recovery and Reinvestment Act (ARRA), all hospitals and affiliated clinics must have a valid EMR that demonstrates meaningful use in place by 2011 in order to qualify for full Medicare and Medicaid incentives. But with less than two years left to comply and no working definition of meaningful use yet in place, we understand if you may be feeling at a crossroads.

So what can you do now to avoid being caught in the crunch to comply at the last minute?

The Time Is Now

It’s important to be as proactive as possible. Knowing what your organization needs ahead of time — and how best to implement it — means your team will be ready to move forward with a smart decision when the time is right.

Begin by assessing your implementation expectations. Use the following guide — and the seven critical elements it details — to help you lay a strong foundation for a successful implementation.
EMR Implementation in Critical Access Hospitals, Small Community Hospitals, and Affiliated Clinics

Seven critical elements for realizing your expectations

Introduction

This article shares ideas about what comprises a successful implementation. It is a guide to help you understand what to reasonably expect from the EMR implementation process and key steps to take to ensure a satisfactory experience for everyone involved.

It also lays out seven “critical elements,” including detailed recommendations, for realizing expectations. Inpatient and ambulatory (or outpatient) EMR implementations are similar in many respects, and this document primarily covers their shared characteristics. However, in a few instances, there are notable differences, which are briefly described. For example, under “Critical Element #1,” part of the discussion is devoted to differences in the inpatient vs. ambulatory EMR leadership teams.

Lastly, keep in mind that this document should not be considered a detailed roadmap. Rather, the goal is to provide talking points for discussions among your EMR decision makers and with your EMR vendor. By addressing these critical elements proactively, you’ll take a substantial step toward achieving a relatively smooth, obstacle-free EMR implementation.

SETTING THE STAGE
What You Can Reasonably Expect from Your EMR Implementation

In general, hospitals and clinics can readily identify the benefits of an EMR solution, including improved patient safety, a more satisfying overall patient experience, increased revenue through strengthened coding accuracy, faster access to patient data, and new efficiencies gained through the integration of clinical and financial systems.

Less is understood about the implementation process itself. Why? No two healthcare organizations are the same, so it stands to reason that the implementation experience will be unique for each one. However, successful implementations tend to exhibit certain characteristics, such as:

:: Clearly defined goals supporting rationale for the implementation
:: Strong leadership teams who help keep things on an even keel, especially when there are high tensions or disputes
:: Voluntary adoption by constituents, including physicians, requiring a minimal level of mandated use
:: Timely, ongoing communications about what users can expect: major functionality, how their jobs will change or improve, and the timing of deployment
:: A smooth transition from paper to electronic records, or from one electronic system to new electronic system, with little or no disruption to operations and patient care
:: On-schedule, on-budget completion of the implementation

How well your organization does on each of these counts depends on the effectiveness and timeliness of your response to the seven critical elements discussed in the next section.
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Seven Critical Elements for Realizing Your Expectations

Human factors, rather than technological issues, underlie most of the challenges that arise with an EMR implementation. Moreover, once these challenges manifest themselves, they can be extraordinarily difficult to fix. The fabled “ounce of prevention” can go a long way toward heading off problems, as you’ll see in the following seven critical elements of a successful EMR implementation.

Critical Element #1: The Right Leadership Team
The EMR leadership team, also known as the steering committee, can literally make or break the implementation process. “Must” attributes of this team include:

:: Able and willing to devote sufficient time (typically at least two hours per week) for team meetings and to gather information for the system build and workflow development
:: A consistently positive point of view toward the solution and implementation process
:: One lead member who has the responsibility and willingness to make final decisions, particularly when departmental or individual conflicts arise; this person may be a physician for ambulatory implementations and the chief nursing officer (CNO) or other C-level executive in a hospital

Depending on the size and type of facility, the leadership team consists of three or more members from a cross section of backgrounds and departments. Following is an example of an interdisciplinary team for an inpatient EMR implementation:

Project coordinator — responsible for organizing team meetings, establishing ground rules, documenting team decisions, ensuring on-time completion of tasks, maintaining the overall schedule, and securing resources for the team

Nurse champion (typically CNO) — a thought leader who fully understands the existing clinical workflows and how they translate to electronic records; often serves as a “super user” for the nursing staff (see “Critical Element #4”)

Information technology lead — responsible for deployment and operation of the software and hardware (e.g., workstations, wireless tablets, printers and scanners)

Representatives from other areas — such as pharmacy and dietary, whose departments are part of EMR workflow; other members may include the business office manager and HIM department director

Physician representative — usually serves in an advisory role

In most cases, the application vendor will supply one or more implementation specialists who work closely with the internal team at the client site and/or remotely from the vendor’s office.

Ambulatory EMR team members
On the outpatient side, team members will have roles that are similar to those of their inpatient counterparts. Notable differences in the makeup of the ambulatory EMR leadership team may include:
The physician champion plays a central role on the team and with fellow physicians; he or she should be a respected thought leader who understands clinical workflows, can inspire staff to embrace change, and drives consensus.

The clinic manager is instrumental in communicating important information to staff, coordinating staff training and the chart back-load/scanning process, and overseeing the go-live scheduling.

Other members of the team may include representatives from scheduling and transcription, in addition to those from the business office and HIM department.

**Leadership team meetings**

The frequency of leadership team meetings will vary depending on the phase of the initiative. For example, the team may meet monthly or quarterly to establish EMR workflows, bimonthly during a change process, and weekly during the implementation. Topics may include:

- EMR releases and version upgrades
- Workflows, particularly those that cross disciplines and departments
- How manual processes will be automated
- Strategic planning
- Mentoring departmental EMR champions
- Budget priorities (e.g., replacing hardware, adding modules)
- Employee training and orientation
- Performance improvement initiatives
- Department communications and teamwork strategies, including conflict resolution

**Critical Element #2: A Solid Organizational Foundation**

A surprising number of hospitals and clinics launch into an EMR implementation without a) well-defined goals related to what they want to accomplish and how they will evaluate their progress; and b) a clear understanding of how automation will alter policies and everyday workflows.

As with any major initiative, an EMR implementation needs the full backing and careful consideration of upper management. This entails, but is not limited to:

**Identifying and measuring expectations** — The answer to “What’s in it for us?” can vary dramatically from one organization to the next. Some view implementing EMR as merely fulfilling a government mandate — and not much more. Others envision a robust set of outcomes, such as streamlining access to patient information, reducing medication errors, decreasing outside transcription costs, capturing correct charges, or simply enhancing the community’s perception of the provider’s capabilities. Hospitals and clinics may also be accountable to outside stakeholders. For example, a group of rural physician practices received a grant to help fund an EMR solution. However, before final monies were released, the grantor required proof that the solution was translating to improved care for diabetic patients. Whatever your organization’s goals for an EMR solution, be sure to communicate them to everyone in the organization. If applicable, determine how you’ll measure your progress in achieving your goals, and make certain you have mechanisms in place to follow through and to communicate the results.

**Making workflow and policy decisions** — Without question, an EMR solution changes the workflows that support patient care. Designing your EMR workflows starts with a clear understanding of current practices, processes, and priorities. Then, with the internal leadership team and vendor representatives working closely together, the EMR solution evolves with modified and possibly even new workflows. The aim, of course, is not to simply mimic how tasks are performed in a paper-based world, but to bring about process improvements. Quite often, these new workflows drive policy changes. Here’s an everyday example: With paper-based medical records, a patient admission assessment form may be accompanied by other documents, such as fall-risk and nutritional evaluation forms. After the EMR solution is deployed, a single electronic document may integrate the admission assessment with the supplementary evaluations. This document consolidation...
necessitates a revision to the hospital’s patient admission policy.

**Critical Element #3: Stakeholder Buy-in**

Remember the earlier discussion about challenges arising from human factors? Nowhere does the human factor come into play more profoundly than with the acceptance of an EMR solution by the user community. In hospitals and clinics where physicians and employees get on board grudgingly, if at all, it should shock no one when the EMR solution doesn’t live up to expectations. By contrast, healthcare organizations that place a high priority on stakeholder buy-in generally realize their objectives, and they do it more quickly.

A major impediment is human nature. People tend to resist change, especially if they’re intimidated by the new technology. Following are a few common-sense guidelines that can help foster a positive viewpoint:

**Be careful about what you say and how you say it.** Whether it’s a formal communication or hallway chatter, leadership team members and others involved with the project should refrain from making negative comments. Even seemingly benign remarks may be misconstrued by listeners who are negative or fearful. Whenever possible, communicate the end-user benefits of the EMR solution, particularly how it will make life easier and enable people to do their jobs more effectively. Don’t sugarcoat the challenges an implementation may bring, but a “we’re all in this together” mindset can go a long way toward overcoming apprehension.

**Demo the solution to end users.** The product demo helps persuade management to buy into an EMR solution. Wouldn’t a similar presentation have the same effect on end users? Yes, seeing is believing — and accepting. Ask your vendor to create an end-user demo for presentation prior to the start of implementation.

**Acclimate users with manageable bites.** As discussed later in this paper, most organizations undertake a phased EMR implementation, for a number of reasons. One advantage of a phased implementation is that it eases end users into the new electronic environment. In other words, the EMR solution doesn’t seem so overwhelming. Here’s an example: A hospital starts with an order entry/order communications module followed by clinical documentation. Staff members become acclimated to the system (navigation, data storage, etc.) in smaller bites rather than having to learn everything at once.

**Critical Element #4: Tailored User Training**

How you conduct user training depends on several factors, including the size of the facility, the number of people to be trained, their departments and roles, and what their expectations are. Let’s look at key factors that go into determining whether to use team or role-based training:

**Team-based training**, which typically involves an entire patient care team, enables users to visualize an entire workflow from start to finish. They also gain a clear understanding of who will perform specific tasks within the workflow. Team training requires more time than role-based training since you’re covering an entire workflow. Be sure everyone is given sufficient time to participate.

**Role-based training**, as the term conveys, focuses on a set of tasks for a particular role. Because you’re addressing only a specific portion of the overall workflow, role-based training usually means shorter training sessions for each participant. However, it also requires more classes and a greater time investment for your trainers to cover all the individual roles.

**Essential final step: simulation**

Regardless of the method used — and often a facility will use both — the final step in the training process is a simulation. Simulating a patient visit or admission reinforces skills learned in training and helps staff more clearly see the progression of steps in the workflow. Ideally, each member of the team will have at least one opportunity to participate in a simulation.
Physician training
For an ambulatory EMR solution, most physicians will prefer to be trained individually on their part of the solution. However, they need to understand the importance of participating in a simulation with other members of their team. The physician representative on your leadership team can play a key role in influencing his or her peers to accept and follow training protocols.

Access to super users
With any major software implementation, questions persist after the training is completed. Each facility will designate at least one super user who can answer questions and assist other users. The number of super users depends on the size of the facility and the number of departments involved. You want to make your go-to people as accessible as possible. This accessibility should extend to overnight and weekend hours. Frequently, super users are nurse and departmental representatives on the leadership team (refer to "Critical Element #1"). This makes sense because of their involvement in developing the solution; they’re often adept at quickly identifying and resolving the core problem.

Critical Element #5: Supporting Technology Decisions
An EMR solution involves not just software, but the right supporting technology. In fact, the supporting technology you choose and how you deploy it play a significant role in dictating your workflows. Therefore, it stands to reason that workflow and hardware decisions must be made hand in hand. Following are some key questions to answer:

- Will clinicians document patient encounters with wired workstations in the exam rooms or with wireless laptops/tablets?
- Will clinicians use a microphone and voice recognition software to generate documentation?
- What is the process for recharging wireless tablets (if used)?
- Where will printers be located?
- Where will scanners be located?
- Will hospital staff use “computers on wheels” with a wireless system or hardwired PCs located at the bedside or doorway?
- Will users present smart cards or biometric identification for logging on to the EMR system?

Your EMR implementation specialist should be able to provide insights and guidance with your supporting technology decisions.

Critical Element #6: A Sensible Go-Live Strategy
For most clinics and hospitals, an EMR implementation occurs in phases. A phased approach offers significant advantages, which may include:

- A more manageable process for those who implement the software and train users
- Easier for users to get accustomed to the new system
- Reduced potential for disruptions to operations and patient care
- Less negative impact on revenues

Inpatient EMR go-live considerations
An inpatient EMR implementation usually works best with a phased approach. A hospital will typically partition the implementation by department and/or software module. For example, go-live may begin with the emergency department or surgery and then progress to other areas. Optionally or additionally, you may want to stage your rollout of individual EMR modules. As discussed under “Critical Element #3,” users often feel less overwhelmed if they’re exposed to the software in this staged manner.
Ambulatory EMR go-live considerations

On the outpatient side, the EMR go-live may start with a single physician or a small group of physicians. You may begin by documenting a minimum of two patients per day for the first week, then adding two patients per day until all patient visits are documented in the EMR system. During the first week, accommodate the staff learning process by allocating more time to electronically documented patient visits. You should begin moving other physicians or clinic locations into the new system as soon as possible — don’t wait for the first group to complete its transition to EMR. This phased approach will minimize any negative impact on operations. If you decide to pursue an all-at-once go-live strategy, you’ll want to reduce patient visits by 40% to 50% during the first two to four weeks.

Back-loading historical data

The decision to back-load, or scan, historical patient data can vary dramatically from one facility to another. In a nutshell, it boils down to weighing the time and storage required against the potential benefit to be derived. In deciding how much, if any, back-loading to perform, ask yourself this question: What’s the likelihood of anyone needing this data electronically? Indiscriminate back-loading probably isn’t worth consuming a lot of staff time or computer hard-disk space. Frequently, the facility will perform selective back-loading. For instance, a clinic may scan only the last three echo cardiograms for patients with cardiac disease and only the last lab report for patients with no history of abnormality. A hospital may choose to back-load data only from the beginning of a patient’s stay. Your EMR implementation specialist can advise you as to the best avenue for your facility.

Parallel phase before full deployment

In certain situations, especially with inpatient implementations, a parallel phase — simultaneous use of both paper and electronic records — can prove to be a valuable step before full EMR deployment. Generally lasting two weeks, the parallel phase enables you to work through issues you didn’t envision during the planning process. It also creates a low-risk environment for users to make (and learn from) their mistakes.

Critical Element #7: Continual Improvement

Although it’s a major milestone, go-live shouldn’t represent the final chapter in an implementation. Instead, look at it as a springboard for continual improvement. Following full deployment, the leadership team should continue to meet on a regular basis to discuss difficult issues, fine tune workflows, determine a process for auditing electronic documentation, and coordinate refresher training for users, as needed. These meetings may continue for several weeks. Along the way, solicit user suggestions for making further improvements.

Your EMR solution vendor should play an active role in this process. Of course, you expect online and telephone support services, as well as software upgrades, new releases, and patches. But the vendor’s contribution should also include follow-up visits to answer your questions, to assist you with further customization, and, in general, to help you derive the maximum possible return from your EMR investment.

Summary

In a perfect world, every hospital and clinic would have a foolproof roadmap to guide them on their journey to a successful EMR implementation. No such “magic map” exists, of course, due to a host of variables at multiple levels. But recognizing certain critical elements and addressing them proactively can make a big difference in helping you achieve your objectives.
This article identified the following seven critical elements:

1. The right leadership team
2. A solid organizational foundation
3. Stakeholder buy-in
4. Tailored user training
5. Supporting technology decisions
6. A sensible go-live strategy
7. Continual improvement

This article was created to provide a catalyst for in-depth discussions in your organization as you consider an EMR system. As for filling in the blanks, don’t hesitate to tap into your EMR solution vendor. An experienced and service-focused EMR solution vendor will, without question, be an incredibly valuable resource in helping you reach your destination with the utmost confidence in your decisions.
editorial corner

Keeping a Confident Eye On Your Future

As the market leader in providing IT solutions for small community hospitals, we’ve long understood the value of measurable results. That’s why we’ve chosen to develop and manage our products in accordance with the latest Certification Commission for Healthcare Information Technology (CCHIT) requirements.

CCHIT is a private, nonprofit organization formed in 2004 to certify electronic health records (EHRs) against a minimum set of requirements for functionality, interoperability, and security. CCHIT performs an important role in defining and promoting EHR standards, and the majority of our customers view this certification as key criteria in their IT selection process.

Although CCHIT recently shortened its recertification cycle to once every two years, certifications gained previously are still valid for three years. This means the current Healthland Ambulatory EHR and Inpatient EHR certification remains active until June 2011.

In the meantime, we’re constantly monitoring each updated set of criteria and adjusting our product roadmap to assure we remain up to date with the current year’s criteria and, ultimately, obtain recertification in June 2011.

Doing Whatever’s Necessary

Today, an exact definition of “meaningful use of a certified EHR” as stated in the American Recovery and Reinvestment Act (ARRA) has yet to be established. It is possible that the Office of the National Coordinator (ONC) will decide that “certified EHR technology” does not recognize CCHIT certification, requiring a different set of certifying criteria or entity.

Rest assured, Healthland will go to every effort to obtain the necessary certification that allows hospitals to implement our solutions, receive stimulus incentive payments, and avoid Medicare penalties.

Through our partnerships with HIMSS Electronic Health Records Association (EHRA), we are closely monitoring activity surrounding the bill as well as actively reviewing and contributing to the evolving standards — a practice that enables us to influence the future of our industry and be more fully prepared for changes ahead. In fact, one of our product managers, Jennifer Lane, is a member of the CCHIT Emergency Department council and plays an active role in making sure our customers’ voices are heard as their certification criteria is being developed. And Odell Tuttle, chief technology officer of Healthland, is a member of the newly formed Health Information Technology Standards Panel (HITSP). This panel serves as a cooperative partnership between the public and private sectors to achieve a widely accepted set of standards that enable and support interoperability among healthcare software applications.

So whatever your current EMR status is, Healthland is ready to help you move up to the next level. We’re committed to providing the latest information and a variety of tools to ensure that your Healthland solution enables the maximum level of reimbursement to your facility.

Check out our Medicare Incentive Calculator and discover what full reimbursement could look like for your organization. Or call your client executive to discuss how moving forward with an EMR now can impact your reimbursements in the future. They’ll be happy to answer any questions and start putting a project plan in place.

Start planning now in order to be poised to take advantage of the Medicare incentive payments. To help you begin, read our feature story, “Seven Critical Elements for Realizing Your EMR Implementation Expectations.”

Streamlining Our Service Updates

In the second half of 2008, Healthland adopted a software industry standard for the timing of function and maintenance releases. The new procedure will:

• Make new software capabilities and workflows more manageable for your organization by limiting functional releases to a maximum of two per year

• Get maintenance releases — especially hot fixes — into your hands right away, so you can address critical issues as quickly as possible

The new model segregates functional and maintenance releases as follows:

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<th>Functional Releases</th>
<th>Major: (e.g. “9 series”)</th>
<th>Every 2+ years</th>
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<td>Minor: (e.g. “9.1”)</td>
<td>Twice per year</td>
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<th>Maintenance Releases</th>
<th>Service pack (e.g. “9.1.1”)</th>
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<td></td>
<td>Hot fix (e.g. “9.1.1.1”)</td>
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So whether we’re serving you today or tomorrow, undertaking a new endeavor or updating an existing one, you can be assured that Healthland is always looking out for your best interests — now and in the future.
What Does the Economic Stimulus Bill Mean for Healthcare Providers?
Healthland has launched a new webpage — www.healthland.com/stimulus — to help you better understand the incentives and penalties that are part of the American Recovery and Reinvestment Act of 2009.

This new bill will have a great impact on hospitals around the country, aiding in the adoption of Electronic Medical Record (EMR) solutions. However, the information surrounding it is extensive, and the course of action to achieve the highest incentives is currently under development by the newly formed Office of the National Coordinator.

Get the answers you need at www.healthland.com/stimulus. Bookmark it now, and check back often for regular updates.

Connect ’09 Session Schedule Now Available
September 21-24 at the Sheraton Hotel in Dallas, Texas
Register today for Connect ’09, and take advantage of more than 120 educational sessions designed to increase your efficiency with Healthland solutions.

At Connect ’09 you’ll find:
- In-depth, hands-on pre-conference courses
- 20 sessions that qualify for CEU credits
- Group and private product demonstrations
- Individual time with a Healthland expert in the Expert Room
- Networking with Healthland employees and other facilities

Check out the complete list of sessions and view the daily session schedule.

Don’t miss out on this must-attend event. Register today! For more information, visit www.healthland.com/connect.

The Healthland Ambulatory EMR (Physician Practice Documentation) Has Been Enhanced
As you contemplate your next move into the realm of Electronic Medical Records (EMRs), there’s never been a better time to consider the Healthland Ambulatory EMR (Physician Practice Documentation). This is especially true in light of the numerous enhancements we’ve recently made to the software.

The Healthland Ambulatory EMR excels at electronically documenting physician/patient visits with easy-to-use, customizabole templates and workflows. And we’ve added an ePrescribing component to streamline prescription communications management and help ensure patient safety. (Don’t forget about the Medicare incentive payments for ePrescribing users starting this year!)

To see how the newest features can bring substantial added value to your overall EMR environment, visit www.healthland.com/ppd for a product demonstration. Or contact your client executive for additional details.

Exclusive Webinar: Healthland Partners with CareMedic to Offer Audit Management Solution
Recovery Audit Contractors (RAC) are here — and Healthland wants you to be prepared. Your RAC audit will require a significant amount of tracking, reporting activity monitoring, and information gathering. Plus, you’ll need to monitor claim submissions even more closely to avoid creating additional potential take-backs.

Presenter Marina McDonough offers an informative hour on how CareMedic’s Audit Management can help you manage the audit process. Sign up for this exclusive webinar today!

Exclusive Webinar: eSignature
Every hospital strives to admit incoming patients as efficiently as possible. But paper-based admitting can delay the process, increasing wait times for patients and their caregivers. Other drawbacks include the potential for misplaced documents and a higher risk of compromising sensitive patient data.

Healthland Electronic Signature Capture is designed to decrease the time required to produce signed consent forms, while driving steps, costs, and paper out of the patient admission process. Learn more in this informative webinar.

The Online Support Center Has the Resources You Need
Whether you’re looking for how-to help or the latest product information, turn to the Healthland Online Support Center.

You’ll find software and setup guides, webinar recordings, and tutorials under the “Documentation” menu. Look for release notes and training presentations under the “Update Info” menu.

You can also use the “Search” function to locate product-specific information. Simply enter the application name and click the “Search” button to get a list. Or enter the phrase “Webinar Recordings” to receive a list of all available recordings in both the Financial and Clinical categories.

Sign on to find the information you’re looking for.
Healthland Inpatient EMR 9.1 Enhances Patient Safety, User Adoption, and Operational Efficiency

The latest version of our Inpatient EMR 9.1 includes several enhancements and additions that work together to further advance patient safety, user adoption, and operational efficiencies.

As always, these updates were driven by valuable client feedback and extensive market research as well as new regulatory requirements and evolving best practices.

Patient Safety

Hospitals like yours are always looking for ways to improve patient safety outcomes, including implementing industry guidelines such as Medication Reconciliation and Result Linking.

- **Medication Reconciliation** Medication Reconciliation is a Joint Commission National Patient Safety Goal. According to JCAHO, studies have shown that patient admission, transfer of care, and discharge are times when medication errors can occur for reasons including omissions, duplications, dosing errors, etc. Implementing the Healthland reconciliation solution fully supports all of the JCAHO and Certification Commission for Healthcare Information Technology (CCHIT) requirements while helping to reduce the chance of adverse drug events.

- **Medication/Result Linking** Viewing relevant clinical data at the time of medication order entry and administration provides both efficiency and safety results for the clinician and patient. In addition, this capability is classified as a clinical decision support tool. In the Healthland solution, an icon will display at the time of order entry and medication administration to prompt the user to view any relevant lab results, vitals, or intake/output measures that are available. This type of proactive prompting underscores the benefits of using electronic systems versus manual processes.

User Adoption

In order to improve patient care and reduce costs, the implementation of EMRs by 2014 has been mandated. Not all employees feel ready to embrace this technology. But usability enhancements can advance user adoption of EMRs, helping clinicians to fully realize the value of moving away from paper systems.

- **New Cumulative Laboratory Tab in Patient Chart** Many physicians have requested the ability to view results in the patient chart in a cumulative format, similar to paper reports. A new tab has been added that displays results in a linear format, with the ability to drill down to specific departments and tests. This view is in addition to the current Laboratory Results tab. Each facility can choose which of these two views will default in the Laboratory section of the chart.

- **Laboratory QC** Based upon feedback from laboratory user groups, several changes were made to the Laboratory QC module, so users can:
  - Inactivate expired lot numbers in the QC control selection, streamlining the lists
  - Select multiple control levels per instrument when reviewing results
  - Type-search the screen for tests, further enhancing the efficiency of the review process
  - Change mean values when necessary
  - Review QC results (with additional reviews for the laboratory manager and pathologies), enabling a paperless review process

Operational Efficiency

We understand that you have tight operating margins and are always looking for ways to do more with fewer resources.

- **Transfer Orders** This new feature streamlines the transfer process by providing a list of ongoing orders and tasks that can be duplicated when patients transition to a new level of care (for example, from Observation to Inpatient, or from Inpatient to Swing Bed status). It was specifically designed to address two common challenges: the first, to ensure that no incomplete or reoccurring orders are lost or forgotten; and the second, to eliminate the time it takes to re-enter those same orders to a new visit number.

- **Nurse Itineraries** This new report displays all of a patient’s medication, ancillary, and nursing intervention orders in a single report view. And it can be run by assignment, so each nurse has a list of their specific patients.

To see the Healthland Inpatient EMR in action, visit www.healthland.com/emr
SUCCESS STORY
Pembina County Memorial Hospital Sees Improvement in Patient Safety and Care with the Heathland Inpatient and Ambulatory EMRs

Today's Healthcare IT Environment
The American Recovery and Reinvestment Act (ARRA) of 2009 – which will allocate billions of dollars to fund health information technology projects, including $17.2 billion in Medicare and Medicaid incentive payments for “meaningful use” of electronic health records (EHR) systems – has created unprecedented opportunity and confusion for many small community and rural hospitals. A recent Healthland survey reports:

- 44 percent of participants still need to figure out how to get IT funding under the ARRA
- 37 percent believe funding is coming, but they will never see it
- 28 percent say they have no idea how to qualify for ARRA funding

According to a 2009 survey published in the New England Journal of Medicine, cost is listed as the number one factor for 74 percent of hospitals without an electronic records solution. Although it would appear that the ARRA financial incentives will be key to EHR conversion in the United States, many providers are continuing to look for clarification surrounding the ARRA reimbursements and new certification requirements as well as definitions around “meaningful use” of EHR systems. In addition, many healthcare facilities – particularly those in the rural community and critical access environment – are failing to see the positive impact EHR technology can have on their bottom line.

The Certification Commission for Healthcare Information Technology (CCHIT) Chair Mark Leavitt, MD, PhD agrees that more information, communication, and encouragement around the ARRA’s EHR initiative is needed to help risk-averse newcomers to health IT. In a June 2009 column in iHealthBeat, Leavitt says, “We need more clinician champions who can motivate their colleagues by example, spreading the news of how they successfully harnessed EHR technology to practice higher quality, safer, lower cost care.”

Robert Heidt, Information Systems Service Officer at Pembina County Memorial Hospital, takes Leavitt’s thoughts one step further, saying that ARRA funds should really be tied to a mentor program. “It would be very helpful if you could work with a facility that’s done this before – for questions, suggestions, and insight,” Heidt says. “We didn’t have any sort of electronic system at Pembina County Memorial, so we didn’t even know what type of questions to ask in the beginning of our EHR installation.”

Though Pembina County Memorial Hospital implemented an EHR system before the ARRA legislation was passed, the healthcare provider did take advantage of a federal grant to implement its EHR solution – one with exceedingly stringent timelines. “We knew we would have to implement an EHR solution eventually, and we wanted to be proactive and be ahead of the curve, but frankly we couldn’t comprehend the value EHR would bring us,” said Heidt. “What we’ve found has been substantial gains in employee satisfaction, improved patient safety and care, and increased efficiencies that are not only saving us money, but also bringing it in.”
Background
Based in Cavalier, North Dakota, Pembina County Memorial Hospital Association includes three facilities: a 25-bed, critical access hospital, a long-term care facility, and a rural health clinic. In 2005, officials at the hospital, which serves a community of 1,600 in North Dakota’s Northeast region, created a clinician group to begin research on EHR solutions. The group, comprised of physicians, medical records professionals, nurses, and IT staff, was tasked with identifying potential EHR vendors and researching the various solution options: a one-vendor integrated solution, best-of-breed, or a piecemeal system of various components.

“We knew an EHR mandate was coming, so we started the process early,” Heidt said. “Once we received the grant, we decided to move forward.” In October 2007, Pembina County Memorial Hospital Association was one of three facilities in North Dakota to be awarded the $1.6 million federal grant for a pilot EHR project. Under the stipulations of the grant, Pembina County Memorial had just 12 months to complete installation.

“We took the process very seriously and looked hard at it,” Heidt said. “We had many options to consider and looked at several IT providers. We decided a vendor focused on small community facilities with interactive and integrated capabilities made the most sense for us. In the end, we selected Healthland.”

Solution Implementation
A Healthland financial client since 2002, Pembina selected several of the Healthland EHR software applications, including Order Communications for Pharmacy, Radiology, Therapies, Transcription, Ancillary, and Clinical Documentation. The fact that Healthland uses a centralized approach to patient data was vital to Pembina County Memorial Hospital when considering software providers during its four-year EHR planning and selection process. Healthland solutions provide a single patient chart for the entire community, including data from a hospital visit, clinic appointment, long-term care stay, or home health call. The information is stored electronically and available to all attending clinicians, functionality crucial to a healthcare provider operating three different types of facilities.

Pembina County Memorial also selected the healthcare IT provider’s Ambulatory EHR (Physician Practice Documentation) solution. The Healthland Ambulatory EHR is used to electronically document patient visits made within the clinic environment. Tasks associated with charting patient exams and assessments are automated, designed to follow the workflow of a typical visit, and ultimately create a single document summarizing care received. Healthland Ambulatory EHR enables physicians to easily review notes made during prior clinic visits and again, provides access to their patients’ medical records from visits to other environments such as inpatient, outpatient, long-term care, and the emergency department. All diagnostic results are presented in a format that’s sortable, filterable, and easy to use.

“Our determining factors for selecting Healthland included cost, integration, and availability of applications such as long-term care,” said Heidt. “Not many providers have the long-term care application; the integration with all of our facilities is a necessity to provide quality care.”

After a 12-month implementation process, Pembina County Memorial Hospital Association was live with the Healthland Inpatient and Ambulatory EHR solution in November 2008. The facility reached the milestone within both the project’s designated timeline and budget. “Healthland really did pull through in 12 months,” Heidt said. “Of course we had struggles moving so quickly, and keeping up with the timeframe was certainly a challenge. But we pulled it off, and I’d say it was a successful project.”
Challenges
Pembina County Memorial cites the aggressive timeline as the top challenge during its EHR implementation project, particularly coming from a paper-dependant organization. Pembina approached this project from a completely paper-based system. The only electronic solution the healthcare provider used was its PAC system.

“I would’ve really liked a three-year process for the EHR implementation, allowing us to work gradually through each application,” Heidt said. “Yet, on the other side, the tight deadline didn’t give us a lot of time for resistance. We also didn’t change our application’s functionality as sometimes occurs when you add additional modules. We all learned how to use all of our applications the ‘right way’ from the very beginning.”

In addition to the tight implementation schedule, Pembina faced obstacles in the lack of planning for the project as well as the overall process for installation – another reason Heidt recommends a mentor when moving to EHR.

Employee resistance was also an issue at the beginning of the project. But hospital officials reveal that much of the staff were extremely supportive of the project. “Our staff is now recognizing the benefits of the system,” said Heidt. “It was a long road and we experienced quite a lot of resistance, but the more the team uses the technology, the more they like it. We initially expected some turnover due to the changes and challenges new technology can bring to an organization, but we didn’t experience any of that.”

Benefits
Pembina County Memorial has only been live with the Healthland EHR solution since November 2008, but the facility has already recognized benefits, including the elimination of large volumes of paper records, increased accuracy of patient information, and increased record access. The result is a measurable improvement in patient safety and care. The hospital’s medical records, which now exist on a small database that can be backed up off site, are more accurate and medical errors have been reduced because handwriting interpretation is no longer necessary. In addition, the hospital now has immediate availability of records – including lab results – which facilitates department transfers and improves the continuity of patient care.

Today, the site is 95 percent electronic in the clinic and – with the Healthland EHR solution – Pembina County Memorial has the ability to share patient data with facilities in the Park River and Northwood areas of North Dakota, creating operational efficiencies, improving patient care, and eliminating duplicated lab results and patient information.

The facility’s physicians are also providing positive feedback on the Healthland Ambulatory EHR solution, finding the level of access to patient information extremely beneficial. Although the healthcare facility can’t point to ROI figures at this point in time – they expect to have documented figures in the next year – officials do cite many benefits that you can’t put in terms of numbers. Unexpectedly, the facility has also found a new revenue stream with the new order entry system. The facility is now charging for services that they missed prior to the EHR implementation.

“Right now, it’s tough to point to a figure in cost savings. We are experiencing gains but we still have a long way to go. We’re still living in a paper and electronic world. We have a way to go in being efficient. I think we’ll really experience the full benefits in the next year.”
Future Projects

“Right now we’re just trying to get our head to stop spinning,” said Heidt. “Our next big step is to be able to exchange data with all other hospitals in the area. Right now we’re making plans, gathering ideas, and prepping, but everyone’s waiting to see how the money will be dispensed with ARRA funding. We hope to utilize funds for data exchange.”

Again, Pembina seems to be ahead of the curve. Many experts – including those cited in the May 2009 edition of the industry publication, For the Record – say that interoperability with EHR implementation will be crucial. The article goes on to state that EHR adoption alone will not be enough for healthcare reform, but having all systems interconnected will be the definition of success with the ARRA legislation.

Officials at Pembina confirm the difficulty navigating through the new ARRA legislation, particularly because all of the guidelines are not yet in place, including “meaningful use” and required certifications. Heidt commends Healthland for taking a leadership role in helping small community hospitals understand the provisions and enabling them to take advantage of new funding. “I’ve utilized the Healthland web events and have found them to be very helpful,” he said. “Our goal is to go completely paperless,” Heidt added. “We have been a long-time partner of Healthland and they really understand the specific needs of rural hospitals, particularly in the critical access arena. We have proactively developed new work flow processes that will facilitate EHR in all areas and fully expect Healthland to be part of our move to be a completely paperless organization.”