



Glacial Ridge Health System now at the forefront of Electronic Health Record

SUCCESS STORY

Glacial Ridge Health System is a non-profit 501(c)(3) organization based in Glenwood, Minnesota. The health system consists of Glacial Ridge Hospital, a 19-bed critical access trauma hospital, in Glenwood; and one other area medical center operating under the Glacial Ridge umbrella. Services include medical, surgical and acute care; 24-hour emergency care; outpatient care; specialty services; health education; and support group, home, and hospice care. The organization serves a population of approximately 12,000 residents, employs 200, including nine physicians and three nurse practitioners, and is governed by a district board of directors.

The mission of GRHS is to provide high quality services to enhance quality of life and promote healthy lifestyles for patients, clients, employees, organization and communities. It seeks to lead by example through compassionate, caring and comprehensive health care services.

Background

GRHS was one of Healthland's first customers and began using its core financial applications in 1981, including financials/revenue cycle management, physician practice management, and appointment scheduler. However, because the then-CEO was technology averse, GRHS did only enough to get by and little else.

All that changed in June of 2005 when Kirk Stensrud, an ardent proponent of technology and an early adopter, was named CEO. Stensrud formed a strategic planning committee to assess the use of technology and what GRHS should implement, and to determine and monitor a migration path. That committee included physicians who were strong advocates of technology, among them the hospital's chief of staff.

Around the same time, a federal mandate was issued that hospitals nationwide need to be using EHR by 2015, giving Stensrud and the strategic planning committee even more incentive to act quickly. The committee recommended beginning the transition to EHR immediately and implementing both financial and clinical solutions.

Long-term goals included:

- Having a fully integrated EHR system that is totally redundant.
- The ability to share information with facilities outside of GRHS.
- Better and more accurate clinical information to improve patient outcomes.
- Electronic billing, improved revenue cycle management and more accurate financial information and reporting.

Process

A health information technology (HIT) squad was created and held its first meeting in December 2005. This squad was and continues to be made up of staff members from each of GRHS's departments and clinics to ensure accurate representation. The squad reviewed the technology that GRHS currently had in place as well as the equipment and solutions that were needed and wanted to implement EHR. A number of vendor systems were considered but it was ultimately determined that Healthland provided the best value.

Because GRHS already had Healthland financial systems in place, the transition to EHR has involved learning to use those applications as well as purchasing and implementing various clinical applications. Since May of 2006, when Healthland's transcription application was implemented, the vast majority of processes at GRHS have become electronic. This includes patient intake, clinical documentation, patient care guidelines, medication management, lab result review, medical messaging, patient care instructions, and data retrieval.

The final step on the initial EHR migration path began in May 2008, when GRHS went live with the first phase of implementing physician practice documentation (PPD), software that enables physicians to take notes electronically during a patient exam instead of after it. In 2010, computerized physician order entry (CPOE) was implemented. This will allow physicians to place orders electronically instead of writing them by hand and having a nurse then transcribe them into the system. This will save time and enhance security and accuracy.

Scanning

One of the things that distinguishes GRHS from other facilities is its implementation of EHR is scanning. The majority of facilities hire third-party vendors to take at least a significant portion of charts offsite and scan them, a sizable task in and of itself. After careful consideration, GRHS decided against outsourcing and undertook the entire process internally. They thought doing scanning themselves would give them better control of the final product and be less expensive than sending documents off-site.

Scanning has been done in phases. In the fall of 2006, reference lab, pathology and signed x-ray reports were scanned. In January of 2007, EKGs and advance directives were scanned; in July 2007, ER charts and consults and procedure notes were scanned.

Batch scanning of patient charts began in the summer of 2007, starting with historical patient charts. Current clinic charts are now being scanned; this remains an ongoing project. The process entails scanning documents, verifying back-up, then shredding the original documents. At the outset of the batch-scanning process, a total of 450 linear feet of medical records required scanning; approximately 220 feet have been scanned thus far. Various issues have arisen throughout the scanning project. Some were solved internally, others required assistance from Healthland. These include:

- Documents the staff hadn't created a type for.
- Determining which documents needed to be scanned in color.
- Documents that wouldn't scan clearly unless they were scanned in color.

GRHS initially had three employees working full-time on scanning. GRHS had anticipated needing two full-time employees on this project: one for prepping and another for scanning. However, GRHS was advised by Healthland and another facility that the ratio of prepping to scanning staff should be 2:1, and added the second prepping person. Now that the scanning project is nearly complete, all but one of these employees have been reallocated to other departments.

GRHS has learned that neither the prepping nor the scanning staff needs a medical education or medical experience. Rather, the prepping person, who takes the lead role in the project, needs to be highly detail oriented even while working at a repetitive task for long periods of time. The scanning staff needs to be detail oriented and computer savvy. This information could be useful to other facilities seeking to undertake scanning internally.

“We decided to go paperless because we needed clinical automation as well as centralized electronic access to clinical information. We chose Healthland because it provided the best value. The solutions are integrated and designed specifically for small rural hospitals like ours.”

- Kirk Stensrud, CEO



Training

From the outset of the EHR implementation, training has been an ongoing priority.

In May of 2006, when the implementation of various clinical solutions began in earnest, GRHS hired an IT manager. Not only did GRHS not have anyone to oversee the EHR project, they didn't have an IT department and realized it was time to create one. The first obstacle the IT manager had to overcome was getting staff accustomed to using a computer, no small task in that only one quarter of employees were computer literate.

At the IT manager's recommendation, brief computer classes were held. As incentive to attend, training was not necessarily work-related, for example, employees were taught to create flyers in Microsoft Word. The goal of these classes was simply to get staff comfortable with using a mouse and keyboard. GRHS conducted training in this manner for approximately six months, during which time half of the nursing staff learned Healthland's Order Entry application.

Physicians were taught one-on-one with excellent results. GRHS had heard from other facilities that physician training is best done this way. Classes were held occasionally at first; later, numerous classes were available. A physician champion created charts that highlighted how processes were done on paper and how they would be done using EHR. One-on-one classes and refresher courses continue to be held for physicians.

In addition, all users receive formal training on specific applications by Healthland. These sessions are held at GRHS and last one week. Healthland recommended segmenting users by ability: those with solid computer skills and those who are newcomers. Healthland also encouraged dedicating a room to training, which GRHS did. Prior to the implementation of every application, Healthland sent a training timeline to GRHS where it was reviewed, possibly modified, and sent back to Healthland. In a typical scenario, the Healthland representative arrives at GRHS on Mondays and conducts training daily, including an exit meeting on Fridays. Following onsite training, Healthland representatives are available by phone and e-mail to address questions and concerns.

A GRHS clinical systems coordinator is also available to assist staff with questions. Moreover, super users have been trained and are assigned to assist employees by application or department.

Training opportunities include:

- Online keyboarding classes are available to anyone who wants or needs practice.
- Users have 24/7 access to a training room where they can practice with "test patients."
- Sample worksheets and quizzes test knowledge after training.
- Process maps have been created for how workflow is done by department pre- and post-EHR.
- An EHR project binder is available in each department and houses information on updates and changes to the system. All staff members are required to read and sign-off on this material.
- A semi-monthly EHR e-newsletter highlights accomplishments, current projects, and what's coming in the future. Hard copies of the newsletter are also placed in the hospital's various departments.
- Weekly EHR clinical meetings are held. EHR teams come together to discuss current concerns and issues. If problems are due to a lack in training, classes are set up.

Obstacles

One of the main obstacles involved getting staff on board with using technology. At the outset of the EHR initiative, reactions to using technology were mixed. Half of the physicians and nurses were excited about using technology, half were not. But regardless of where people fell on the technology continuum, everyone had to realign their thought processes and learn to do their jobs in a new way. At this point, there is no longer any doubt in anyone's mind at GRHS that EHR is invaluable in creating efficiencies and improving patient outcomes.

Staffing was also an issue at the outset of the EHR implementation. GRHS simply didn't have enough IT staff to take care of the system nor did they have anyone dedicated to training. Healthland provided assistance on an as-needed basis. As IT people have been put into place and training becomes less of an issue, GRHS becomes increasingly self-sufficient.

Technology

GRHS's hardware investment includes the purchase of two servers, approximately 100 desktop computers, two computers on wheels (COWs), and six laptops. The laptops and COWs are scattered throughout these areas and are used as the staff sees fit.

No financial software was purchased but all of the clinical software was purchased. The IT manager ordered all of the PCs and installed all of the software.

The clinic exam rooms, clinic procedure rooms, hospital patient rooms, ER, OR, outreach areas, laboratory, radiology, dietary, clinic nurses' stations, hospital nurses stations, health information management, pharmacy, and provider offices are all hard-wired with desktop computers. A wireless network is also available, giving providers the option of taking laptops with them into the exam room. When bar coding is implemented, the scanning of bar codes will be done using hand-held devices. Both the medication and the patient's ID bracelet will be scanned prior to the administration of medications.

Benefits

There is complete technological transparency between the hospital and the clinics, and all facilities are realizing a number of benefits as a result of EHR.

Reduction in medication errors

Because medication orders are typed instead of handwritten, they're legible, which greatly reduces medication error. In addition, now that medication administration records are online, all providers have immediate access to a patient's medication history. As a result, no time is misspent looking for charts. Also, the ordering of medications that are redundant or contradicting has been vastly reduced.

Physician satisfaction

Physician satisfaction with EHR increases as the implementation continues: each application makes more information available, including lab and radiology reports. Once the integration of PPD allows physicians to see yet another way how EHR saves time and facilitates their work.

Improved patient care

EHR provides a number of efficiencies that directly affect patient care, including:

- No time spent looking for chart, saving anywhere from a few minutes to a few hours per chart.
- More secure patient information.
- Easier to share information between GRHS's various departments and clinics.
- Clinicians have ready access to the latest patient information.

Improved patient experience

Because of EHR, all patient information is available electronically—allergies, medical history, and so on. This frees patients from filling out health or insurance information forms multiple times. Also, because physician orders and lab requests are handled electronically, patients no longer have to carry reports or orders with them when going from clinic to lab to hospital and so on.

“The time we're saving because of not having to search for patient charts is considerable. Our providers have immediate access to current patient information from any workstation. That in and of itself makes the transition to EHR invaluable.”

- Lynn Flesner, Director of Nursing

General efficiencies

- Not having to copy or file documents at multiple locations.
- No need to search for patients' charts. Providers have immediate access to current patient information from any workstation.
- Reduction in hard copy medical record pulls/requests. This has been reduced to near zero. Prior to implementing EHR, charts would have to be found and pulled for every patient.
- The health information management department uses document routing to auto-print transcribed documents to various locations, which is more efficient than having someone make and deliver copies.
- Billing is streamlined and far more accurate. Charges are transmitted immediately from any given department to accounting, vastly minimizing lost charges.

Cost / ROI

GRHS has made a significant investment in hardware, software, and staff time. The facility has applied for little in terms of state or federal funds, grants, and loans.

By the close of 2008, a reduction in lost charges was already estimated to be approximately \$10,000 a month in the clinic. This will also eliminate the need to have a full-time employee dedicated to handling charges.

Metrics to measure the success of solutions include:

- Financial – days in A/R and days to bill
- Provider approval of transcribed documents
- Compliance

“Healthland has provided assistance during our transition to EHR every step of the way, including overseeing implementation, conducting training onsite, and helping us determine best practices for undertaking scanning internally.”

- Heidi Engle, IT Manager

Evaluation

GRHS made remarkable progress in a short amount of time. In less than three years, they made the transition from not doing real-time admissions to being at the forefront of EHR.

Today, GRHS is one of the most advanced Healthland clients in terms of EHR adoption. This is due in no small part to the facility's aggressive schedule for implementing EHR and to providing dedicated internal resources to ensure success. The HIT squad continues to coordinate the involvement of all departments and deals with issues and process-flow changes on a day-to-day basis. Moreover, this team is continually learning about electronic information management and puts policies and procedures in place as issues develop.

GRHS is also exceptional for its decision to handle scanning internally and for its attitude. They are completely behind the transition to EHR and believe in the philosophy of a one-vendor solution. In other words, their sense of ownership of EHR is high and because of that, they make every effort to make it work.



If they can do it, you can too. To learn more about our products and services and how Healthland can help your hospital become paperless, contact us at www.healthland.com/grhscontactus or 800.323.6987.