



# Putnam General Hospital Starts Journey Toward an EMR

SUCCESS STORY

Putnam General Hospital, a 25-bed, critical-access facility in Eatonton, Georgia, has been providing health care services to residents of Putnam County and surrounding communities since 1968. The hospital employs 138 fulltime employees, including administration. Recent awards for expertise and service include the Georgia Hospital Association Top CARE Hospital in 2006, the 2006 CareScience Select Practice National Quality Leader in the category of pneumonia, and the Hometown Health Hospital of the Year in 2002-2003.

## Background

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Putnam General began using electronic medical records (EMR) for financial management in October of 1999. In 2001, when the hospital began anticipating the use of clinical applications, Director of Nursing Pam Douglas put money in the budget and started doing research. “I can’t set a goal until I know what’s out there,” says Douglas. “I read about facilities that ‘used the computer’ but didn’t really take advantage of the technology they had: they still did many things manually. I wanted 85 percent conversion from paper to electronic as quickly as I could and a Windows-based system that could be accessible remotely or through the Internet. I also wanted to work with a vendor that would keep up with regulatory changes.”

In 2005, after meeting with and considering a select group of vendors, the decision was made to transition to Healthland. Early in 2006, Putnam General started using the financial suite, including the base system, chart locator, admissions, medical records scanning, health information management, and others. Later that year, the implementation of various clinical modules began, including order entry, pharmacy, transcription, diagnostic imaging, clinical documentation, ancillary therapies, rehab, physician access, and patient care instructions. The transition was completed in the fall of 2007.

Today, all financial and clinical modules are fully integrated, streamlining a number of processes and enabling staff to access information and manage a wide range of tasks with ease and efficiency. Moreover, because safety checks are built into all solutions, the number of errors in departments hospital-wide have decreased. For example, when a test is completed, a charge is immediately noted in a patient’s financial record. That charge cannot be inadvertently lost unless a number of changes are made in a patient’s file.

There was little resistance to the transition to EMR, which Douglas and CFO Brenda Jarrett chalk up to sound leadership and management. “Our senior leaders and department heads were behind this,” states Jarrett. “We knew that if the executives, director of nursing, and lab manager weren’t excited, it wouldn’t be successful. We told our staff that management has chosen to make the transition to EMR and pointed out the positive reasons for this.”

## Training

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Healthland led a series of onsite training sessions, which usually lasted one week per module. In a typical scenario, department and nursing supervisors are trained on a Monday, and the rest of the staff is trained Tuesday through Friday in two-hour sessions.

“Training went well,” says Douglas. “It was mandatory and participation was 100 percent. Everyone in the clinical departments was trained—dietary, respiratory, and nursing. What’s more, since I don’t use agency or contract nurses, all our nurses are cross-trained. We had a great time and gave away door prizes every day.”

Physician training was handled separately via Webinar or one-on-one sessions. Moreover, unlike other members of the staff, physicians are trained not on entire modules but only on the aspects of it that pertain to them. “Physician use varies,” notes Douglas. “Some physicians are e-signing, viewing charts remotely, and looking at labs. One has access to surgery management. Others go in and make progress notes. We’re still trying to teach some of the others: one just needs to learn e-mail.”

Staff training is currently complete until additional modules are added. “Now when we teach members of our staff how to do something, we teach it on the computer,” says Douglas. “We’re doing as much as we can on the clinical side. We started with clinician access and finished up with online medical administration records and clinical documentation in less than a year. We had such a fast implementation that I want to make sure my staff was comfortable.”

The staff at Putnam General also takes full advantage of Healthland’s message boards. “We’ve made a lot of friends and interact with people from all over the U.S.,” states Douglas. “It’s another way of solving problems that come up.”

## Hardware & Scanning

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As part of the transition to EMR, Putnam General purchased 25 desktop computers and 10 COWs for use in med/surg, ER, OR, and radiology. Handheld systems were considered and the decision to use them was postponed. The hospital anticipates purchasing handheld devices once bar coding is implemented in 2009.

Putnam has been scanning records internally since before the transition to Healthland. All financial and patient records from 2006 to the present are electronic. The facility is now in the process of scanning historical documents.

## Results

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Putnam General is seeing numerous efficiencies since the transition to EMR, including capturing more charges, a direct result of the integration between financial and clinical solutions. In addition, physicians have remote access to information, ensuring ready access to the latest patient data and lab results. Yet another benefit is standardized pricing of medications. "Prior to implementing the clinical applications, we had no standardized pricing," says Douglas. "Now it's much more organized. If you use the applications appropriately, the efficiencies of processes are phenomenal."

Currently, the hospital is 80 percent electronic. All orders are electronically signed and no labs, x-rays, and progress notes are printed out: all are accessed via computer. After the transition to computerized physician order entry (CPOE) in 2009, the hospital anticipates being 90 percent electronic or higher.

"Everybody but housekeeping and maintenance uses the system," says Douglas. "Each department is seeing different benefits. For example, emergency loves not having to go to medical records for patient information. This system makes it easy for everybody to track information, look through records, audit charts, find complaints and incidence reports, and more."

Other benefits of EMR include patient safety and continuity of patient care because of the number of safety protocols that EMR puts into place. Also, if a patient has recently been at the hospital, there's no need to gather information already in the system.

Currently, nursing, lab, respiratory therapy, pharmacy, and case management are using EMR. The next areas of focus are radiology, an automated medication dispensing system, CPOE, and bar-coding.

"The staff at Putnam General has always communicated well," states Jarrett. "EMR has taken our ability to communicate and work efficiently and effectively to even higher levels."

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