We Live In The Same House, But Do We Talk?

Presented by Jill Mason
Chief Nursing Officer
July 22, 2011

Blessing Hospital
ANCC Magnet Recognition

About Blessing

BLESSING HOSPITAL

367 Bed Community Health System

2,000 Employees

240+ Physicians

Affiliates include:

- Illini Community Hospital (critical access hospital)
- Community Outreach Clinic
- Denman Medical Equipment
- Denman Biomedical
- Quincy Health Care Management
- Blessing Physician Services

Schools of Nursing, Radiology and Laboratory

MAGNET RECOGNITION
AMERICAN NURSES CREDENTIALING CENTER

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IT Clinical Systems

Allscripts

- Sunrise Clinical Manager
- Sunrise Emergency Care
- Sunrise Medication Manager
- Sunrise Clinical Analytics
- Sunrise Disease Manager
- Enterprise Person Identifier
- Knowledge-Based Transcription
- KBC & Clinical Documentation
- CPOE housewide
- eLink
- Allscripts Ambulatory
- Sunrise XA 5.5
- Rothman Index

In Process (not all inclusive):

Allscripts

- Order Reconciliation & KBMA
- Sunrise Patient Access, Scheduling Financial Manager & Record Manager

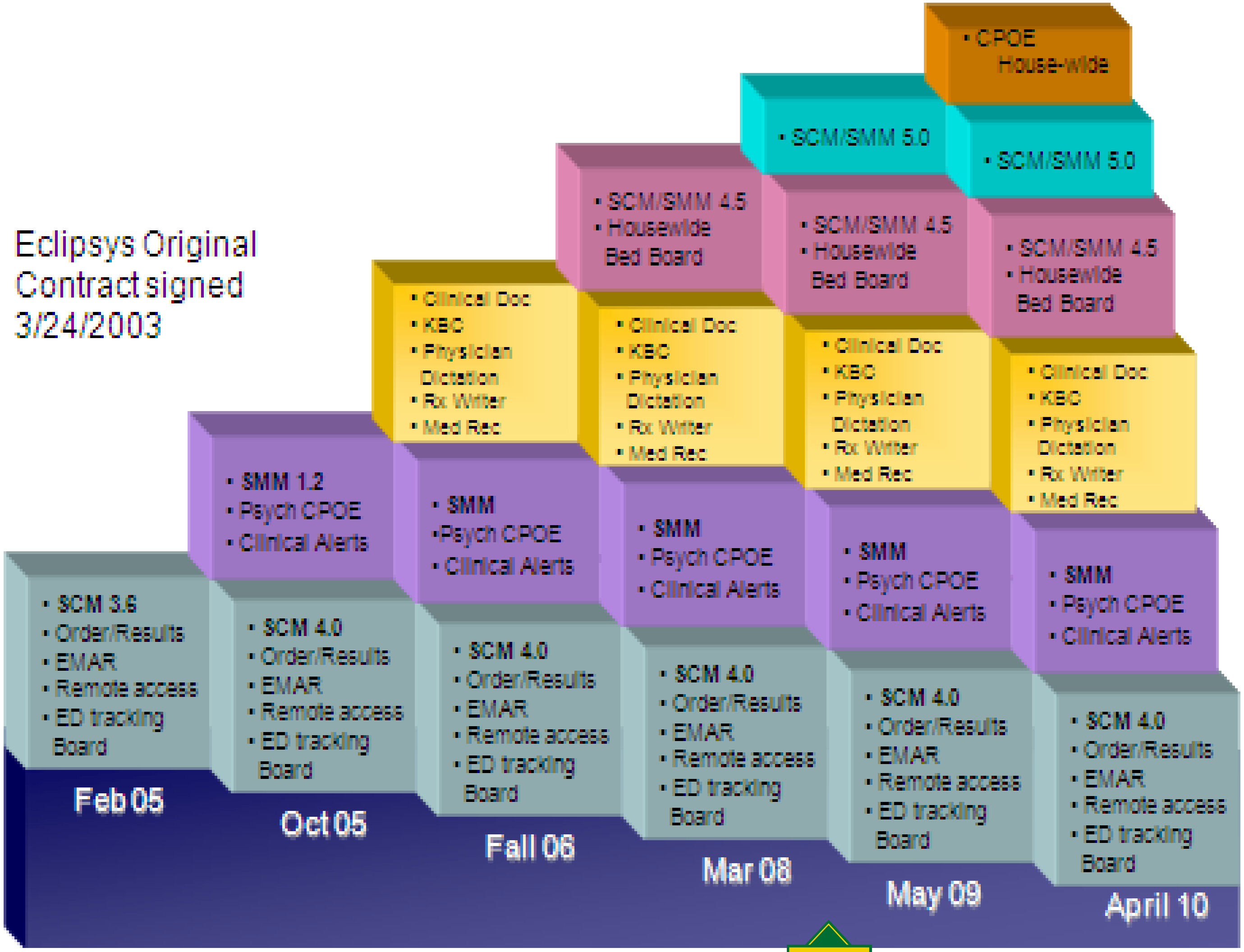
***McKesson**

- Healthquest Patient Management
- Patient Accounting
- Medical Records
- Pharmacy Robot & AcuDose Cabinets
- Patient Scheduling & Compliance
- Horizon Surgery Manager
- Pathways HomeCare & Hospice

Other Vendors

- PACS/ScImage Image Distribution
- Sunquest & CoPath Lab
- Peritronics OB documentation system
- Phillips EKG system
- Apollo Cardiology Systems
- Cloverleaf Interface Manager
- Remote Access via Citrix
- ACTION O-I (Solucient)
- AtStaff Acuity/Staff Scheduling
- IMPAC Radiation Oncology
- Telemetry

Eclipsys Original Contract signed 3/24/2003



Feb 05

- SCM 3.6
- Order/Results
- EMAR
- Remote access
- ED tracking Board

Oct 05

- SCM 4.0
- Order/Results
- EMAR
- Remote access
- ED tracking Board

- SMM 1.2
- Psych CPOE
- Clinical Alerts

Fall 06

- SCM 4.0
- Order/Results
- EMAR
- Remote access
- ED tracking Board

- SMM
- Psych CPOE
- Clinical Alerts

- Clinical Doc
- KBC
- Physician Dictation
- Rx Writer
- Med Rec

Mar 08

- SCM 4.0
- Order/Results
- EMAR
- Remote access
- ED tracking Board

- SMM
- Psych CPOE
- Clinical Alerts

- Clinical Doc
- KBC
- Physician Dictation
- Rx Writer
- Med Rec

- SCM/SMM 4.5
- Housewide Bed Board

May 09

- SCM 4.0
- Order/Results
- EMAR
- Remote access
- ED tracking Board

- SMM
- Psych CPOE
- Clinical Alerts

- Clinical Doc
- KBC
- Physician Dictation
- Rx Writer
- Med Rec

- SCM/SMM 4.5
- Housewide Bed Board

- SCM/SMM 5.0

April 10

- SCM 4.0
- Order/Results
- EMAR
- Remote access
- ED tracking Board

- SMM
- Psych CPOE
- Clinical Alerts

- Clinical Doc
- KBC
- Physician Dictation
- Rx Writer
- Med Rec

- SCM/SMM 4.5
- Housewide Bed Board

- SCM/SMM 5.0

- CPOE House-wide

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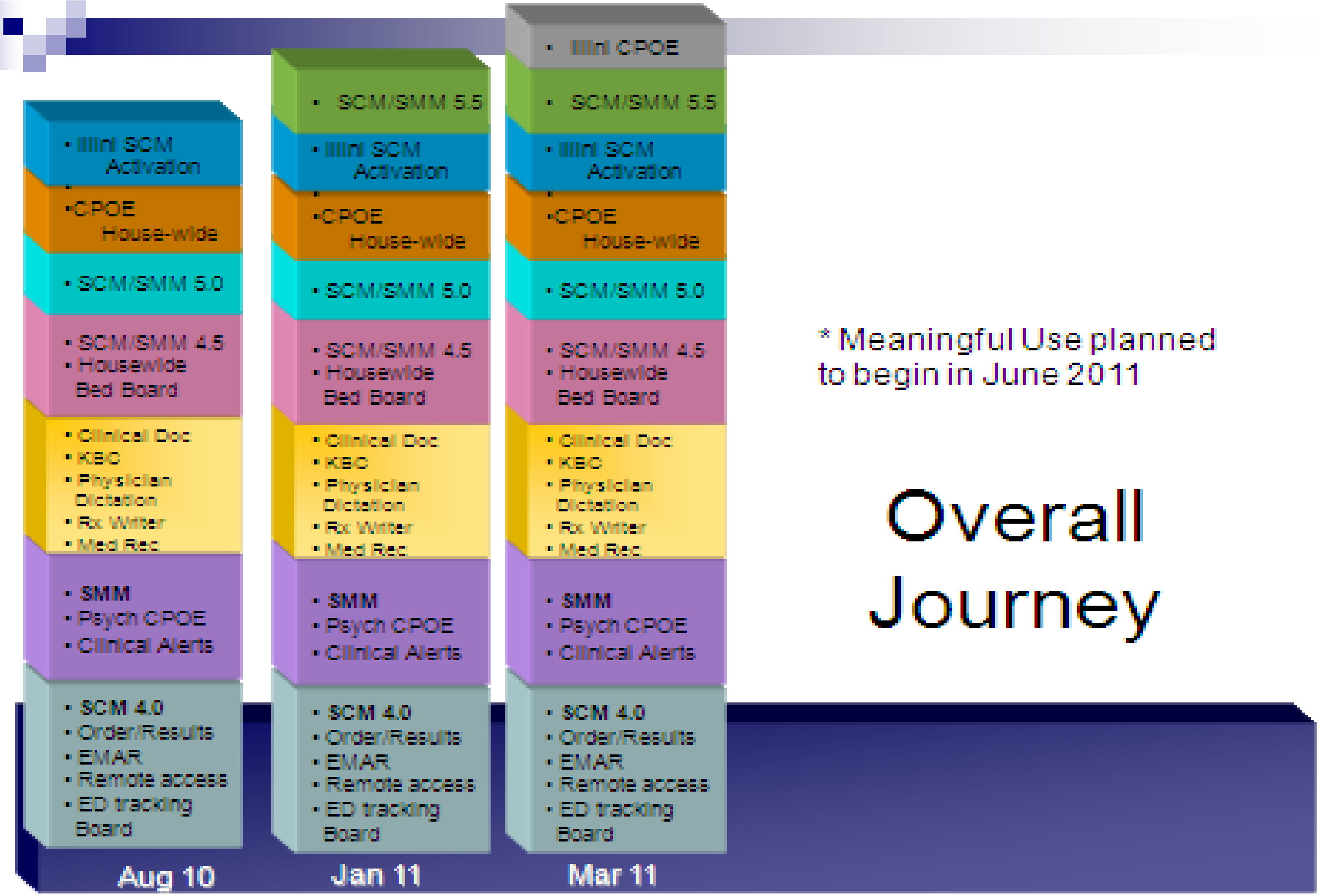
Overall Journey



- Illini SCM Activation
- CPOE House-wide
- SCM/SMM 5.0
- SCM/SMM 4.5
- Housewide Bed Board
- Clinical Doc
- KBC
- Physician Dictation
- Rx Writer
- Med Rec
- **SMM**
- Psych CPOE
- Clinical Alerts
- **SCM 4.0**
- Order/Results
- EMAR
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- ED tracking Board

Aug 10

- SCM/SMM 5.5
- Illini SCM Activation
- CPOE House-wide
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- Clinical Doc
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- Psych CPOE
- Clinical Alerts
- **SCM 4.0**
- Order/Results
- EMAR
- Remote access
- ED tracking Board

Jan 11

- Illini CPOE
- SCM/SMM 5.5
- Illini SCM Activation
- CPOE House-wide
- SCM/SMM 5.0
- SCM/SMM 4.5
- Housewide Bed Board
- Clinical Doc
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- Physician Dictation
- Rx Writer
- Med Rec
- **SMM**
- Psych CPOE
- Clinical Alerts
- **SCM 4.0**
- Order/Results
- EMAR
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- ED tracking Board

Mar 11

* Meaningful Use planned to begin in June 2011

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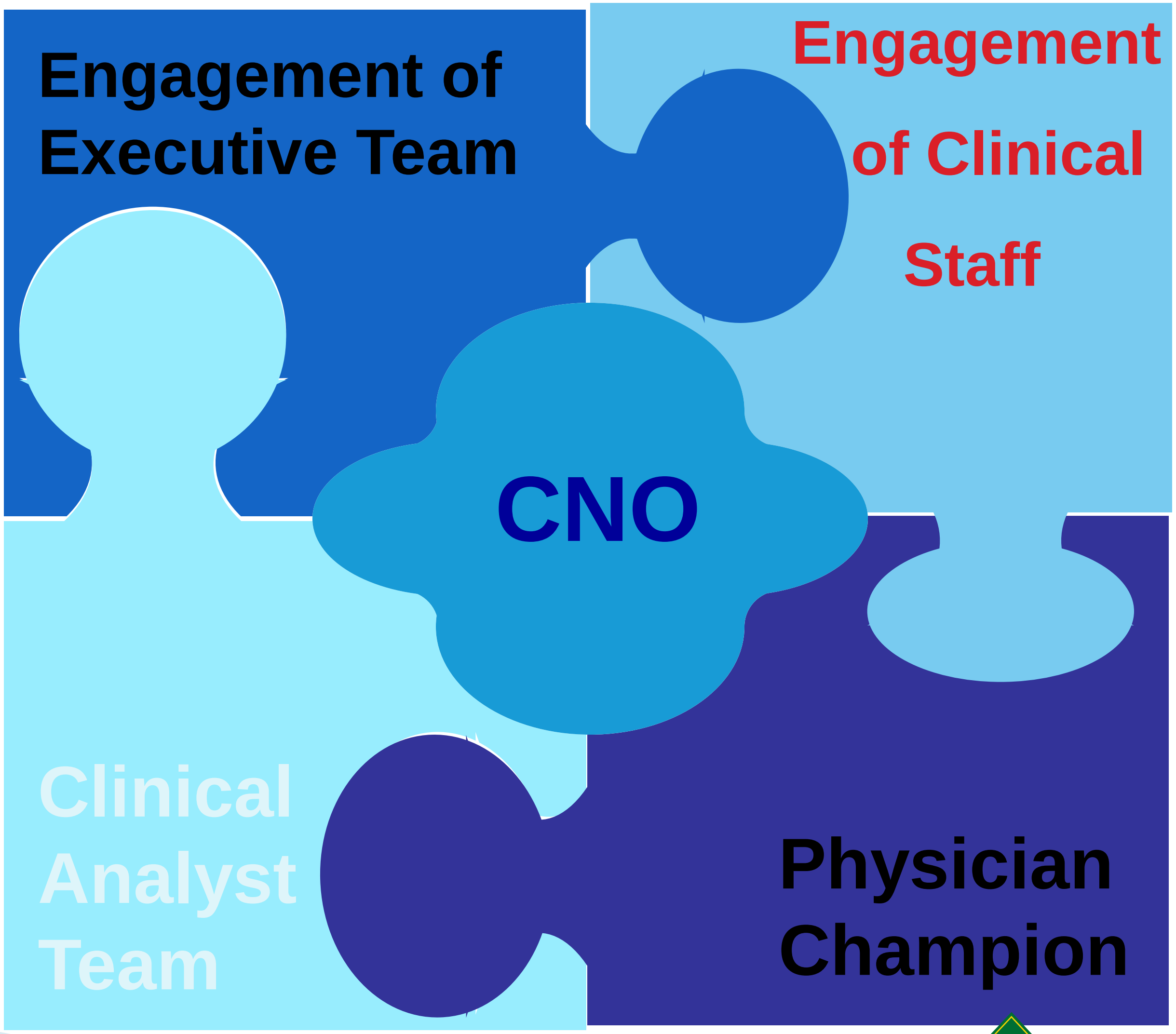
Vision Aligned With Our Projects

- Provider of Choice
  - Improved quality focus with evidence based practice
- Employer of Choice
  - Improved customer service
- Partner of Choice
  - Reduction in clinical practice variation
  - Increased Physician satisfaction

Leadership Philosophy

- Mission, Vision and values aligned with project
- Three primary goals
  - Improved quality with focus on
    - Patient Safety
    - Evidenced-Based practice
    - Outcome Management
  - Improved financial performance
    - Reduction in clinical practice variation
    - Reduction in clinical resource utilization
    - Improve data capture *(revenue cycle)*
  - Improved customer service *(value added physician service)*
    - Patient
    - Staff
    - Physician

Five Keys to Success



Engagement of Executive Team

Engagement of Clinical Staff

CNO

Clinical Analyst Team

Physician Champion

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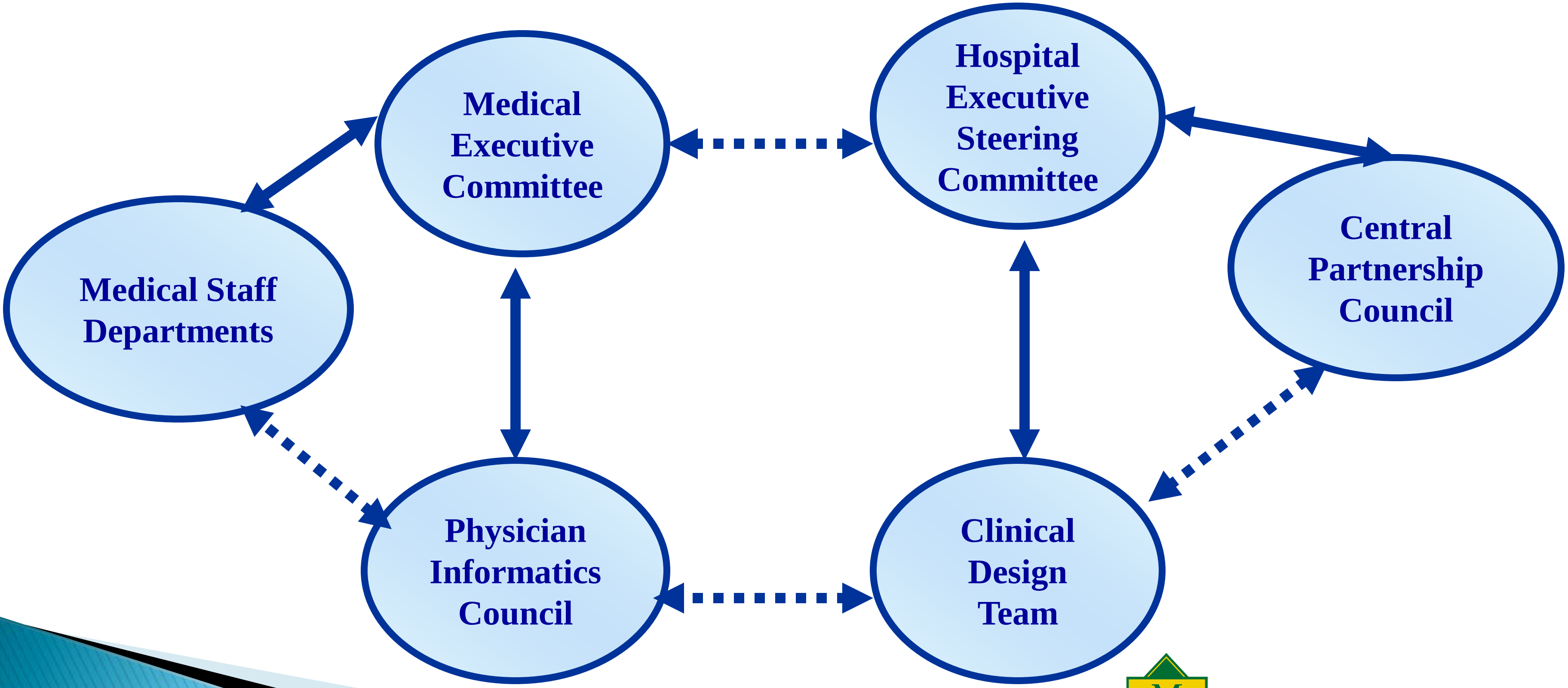
Integrating Workflow

Content and Adoption Council Structure



Medical Executive Committee

Hospital Executive Steering Committee

Central Partnership Council

Medical Staff Departments

Physician Informatics Council

Clinical Design Team

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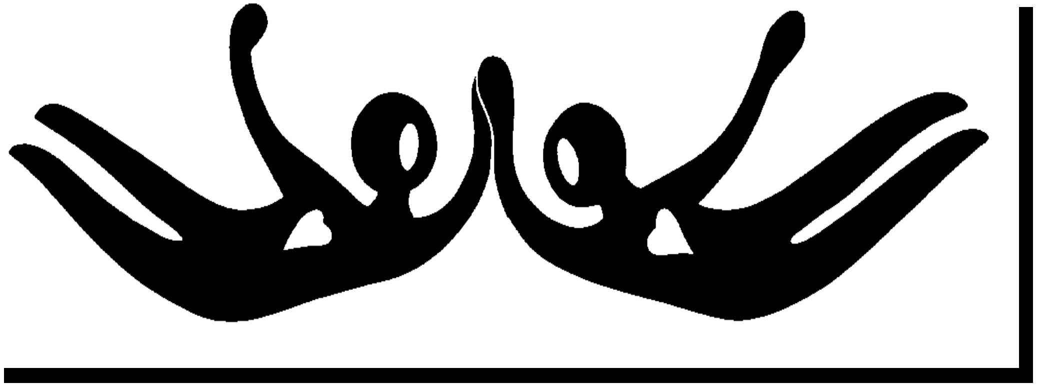
Principles of Partnership



Intention
Mission
Equal Accountability
Potential
Balance
Trust

Documenting the Process of Interdisciplinary Integration

Planning Patient Care

Plan of Care

Learning the Patient's Story

Patient Profile

Providing Care:

Assessments & Interventions

Patient Care Summary

Evidenced Based Content

CPGs

Educating Patients

Education/Outcome Records

Evaluating Patient Progress

Goal/Outcome Eval.

Exchanging Accountability

Professional Exchange Report

Scope of Practice

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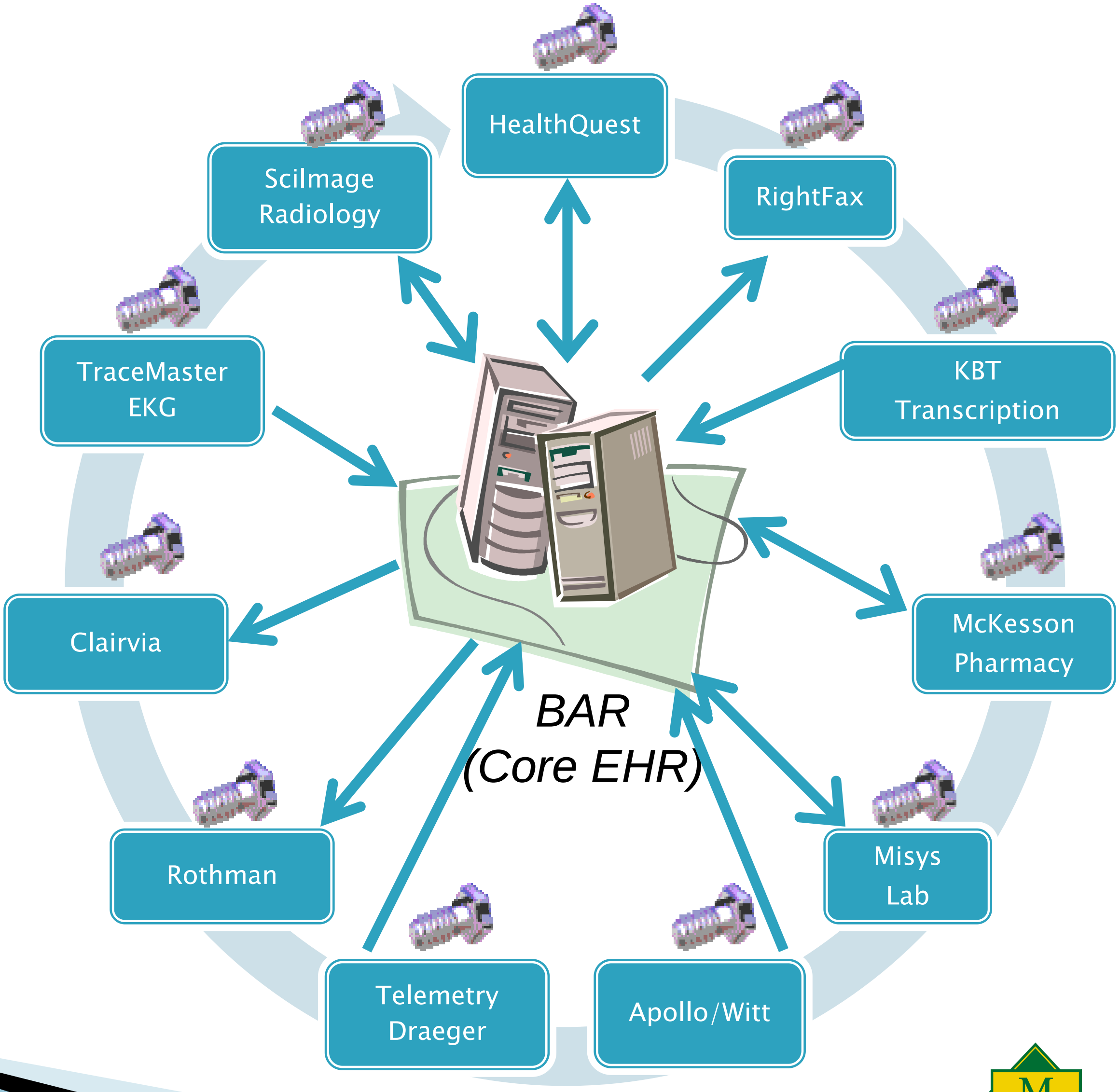
SCM 4.5 Production Environment



HealthQuest

SciImage Radiology

RightFax

TraceMaster EKG

KBT Transcription

Clairvia

McKesson Pharmacy

BAR
(Core EHR)

Rothman

Misys Lab

Telemetry Draeger

Apollo/Witt

Clairvia

BAR
(Core EHR)

Staffing and Acuity

Supply of Nurses

- Staff Manager: Live May 2006, interfaced to HR and Time and Attendance

Demand of Patients

- Demand Manager measures need for nursing care hourly uses patient data from Registration and Sunrise Clinical Manager

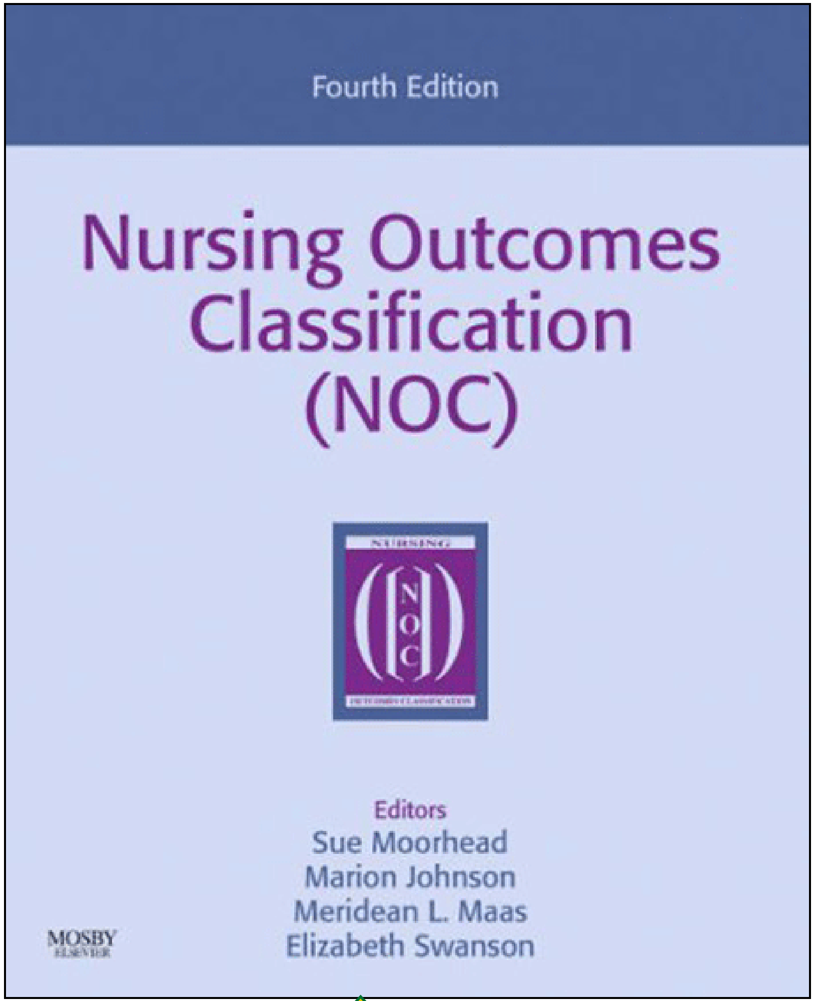
- **Outcomes Driven Acuity**
  - 7 Adult Med/Surg units live since July 2009
  - Psychiatry, Pediatrics, and Behavioral Health

Standardized Outcomes

Outcomes: Patient outcomes sensitive to nursing interventions.

Nursing Outcome: An individual, family, or community state, behavior, or perception that is measured along a continuum in response to nursing intervention(s).

> 20 years of clinical and scientific testing at The University of Iowa


Fourth Edition

Nursing Outcomes Classification (NOC)

Editors
Sue Moorhead
Marion Johnson
Meridean L. Maas
Elizabeth Swanson

MOSBY
ELSEVIER

Nursing Outcomes Classification

- Data catalog file for adults contained over 175,000 line items

- Original mapped catalog items – 8,620

- Current mapped catalog items – 11,047

Nursing Outcomes Classification

Outcome Rating Scale

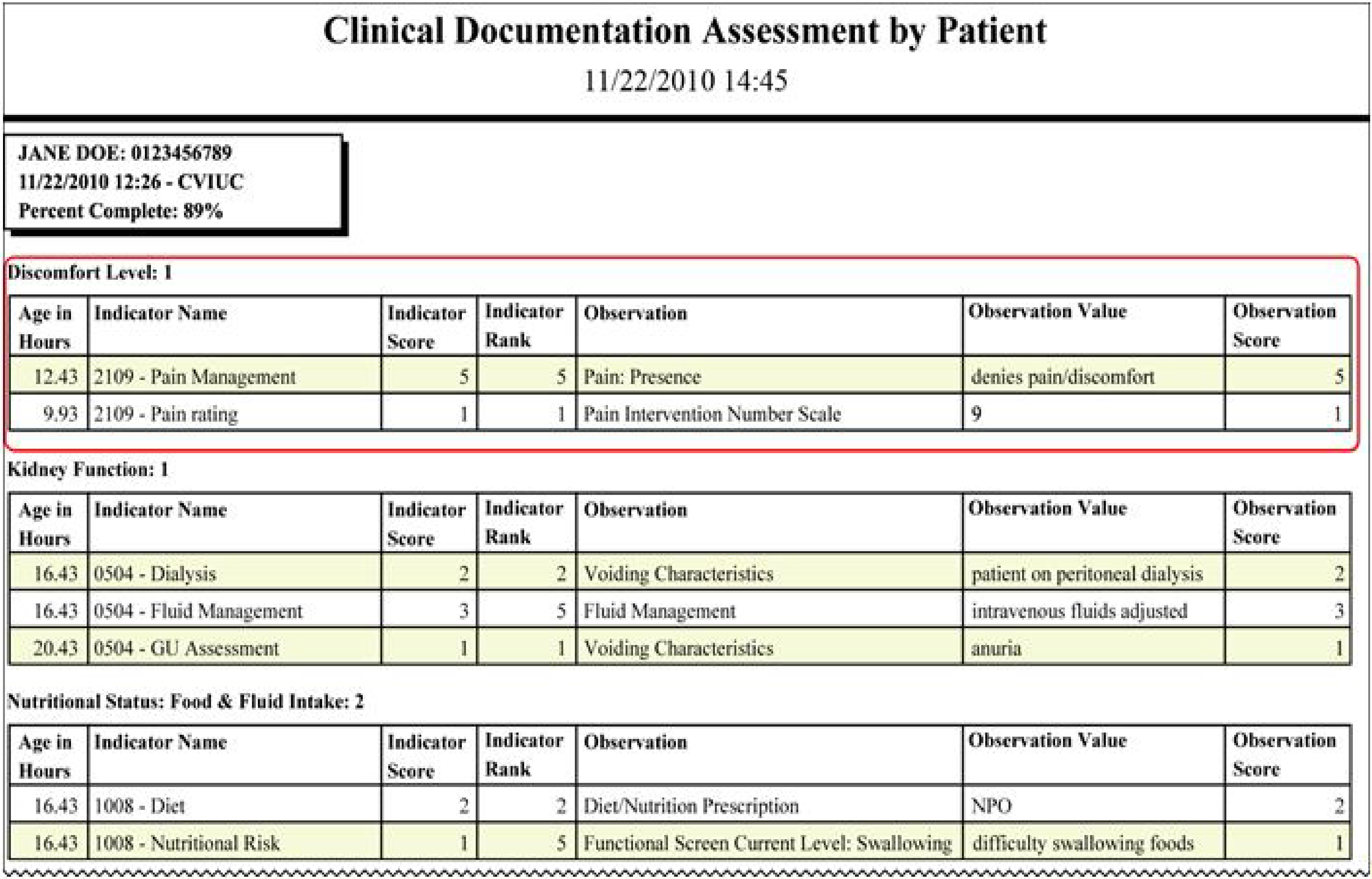
Likert Scale

1	2	3	4	5
Severe deviation	Substantial deviation	Moderate deviation	Mild deviation	No deviation

Least Desirable

Most Desirable

This report is used to validate the mapping of clinical documentation values to Likert scores at the outcome level. Nurses use it to evaluate the relationship between the outcome rating and the clinical documentation values received by patient. In the example below, the outcome "Discomfort Level" received a Likert rating of 1 based on receiving data on two indicators from clinical documentation—pain management and pain rating.



Clinical Documentation Assessment by Patient

11/22/2010 14:45

JANE DOE: 0123456789
11/22/2010 12:26 - CVIUC
Percent Complete: 89%

Discomfort Level: 1

Age in Hours	Indicator Name	Indicator Score	Indicator Rank	Observation	Observation Value	Observation Score
12.43	2109 - Pain Management	5	5	Pain: Presence	denies pain/discomfort	5
9.93	2109 - Pain rating	1	1	Pain Intervention Number Scale	9	1

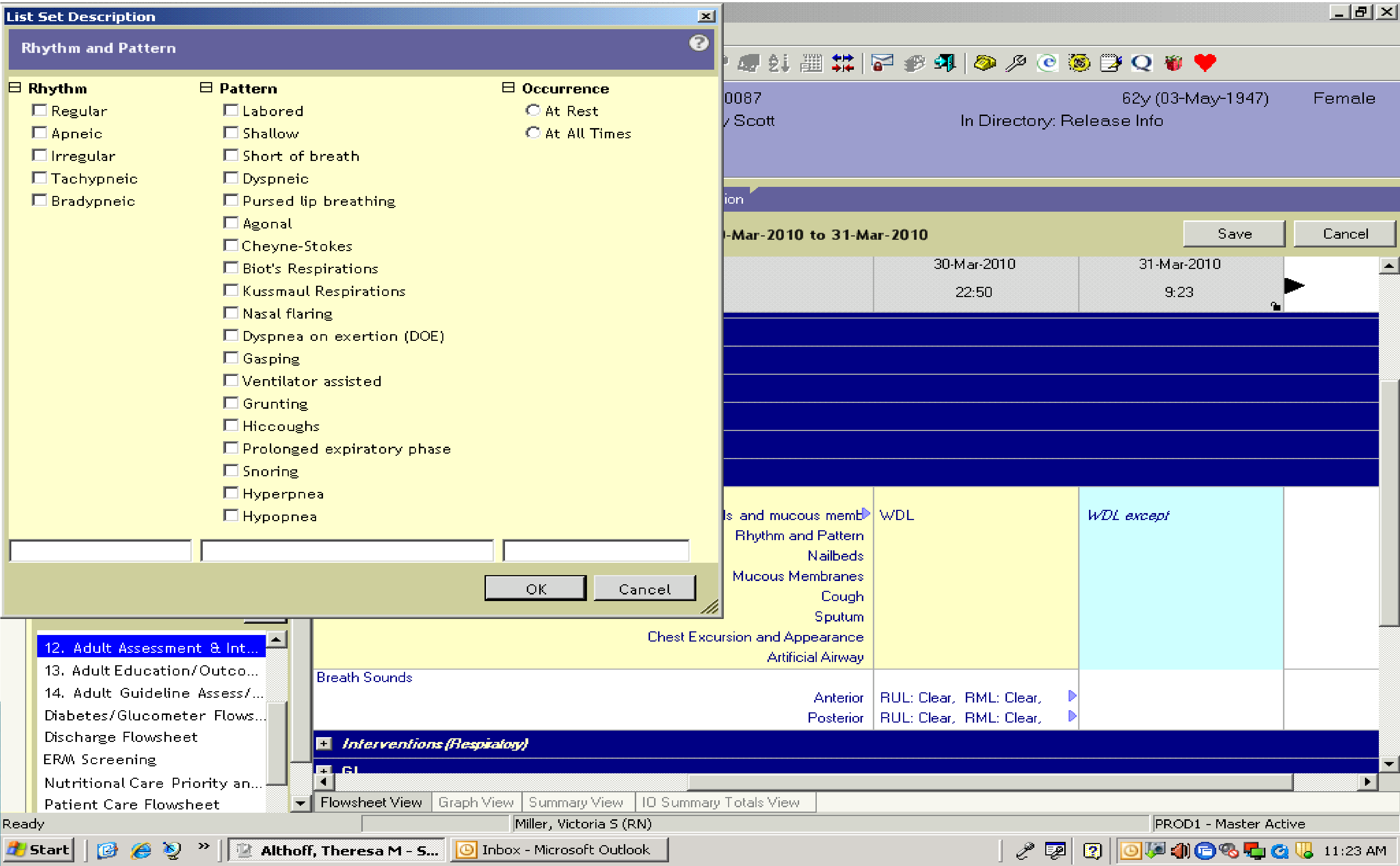
Kidney Function: 1

Age in Hours	Indicator Name	Indicator Score	Indicator Rank	Observation	Observation Value	Observation Score
16.43	0504 - Dialysis	2	2	Voiding Characteristics	patient on peritoneal dialysis	2
16.43	0504 - Fluid Management	3	5	Fluid Management	intravenous fluids adjusted	3
20.43	0504 - GU Assessment	1	1	Voiding Characteristics	anuria	1

Nutritional Status: Food & Fluid Intake: 2

Age in Hours	Indicator Name	Indicator Score	Indicator Rank	Observation	Observation Value	Observation Score
16.43	1008 - Diet	2	2	Diet/Nutrition Prescription	NPO	2
16.43	1008 - Nutritional Risk	1	5	Functional Screen Current Level: Swallowing	difficulty swallowing foods	1

Clinical Charting



List Set Description

Rhythm and Pattern

Rhythm
- ☐ Regular
- ☐ Apneic
- ☐ Irregular
- ☐ Tachypneic
- ☐ Bradypneic

Pattern
- ☐ Labored
- ☐ Shallow
- ☐ Short of breath
- ☐ Dyspneic
- ☐ Pursed lip breathing
- ☐ Agonal
- ☐ Cheyne-Stokes
- ☐ Biot's Respirations
- ☐ Kussmaul Respirations
- ☐ Nasal flaring
- ☐ Dyspnea on exertion (DOE)
- ☐ Gasping
- ☐ Ventilator assisted
- ☐ Grunting
- ☐ Hiccoughs
- ☐ Prolonged expiratory phase
- ☐ Snoring
- ☐ Hyperpnea
- ☐ Hypopnea

Occurrence
- ○ At Rest
- ○ At All Times

0087 62y (03-May-1947) Female
Scott In Directory: Release Info

-Mar-2010 to 31-Mar-2010

	30-Mar-2010 22:50	31-Mar-2010 9:23
s and mucous memb Rhythm and Pattern Nailbeds Mucous Membranes Cough Sputum Chest Excursion and Appearance Artificial Airway	WDL	*WDL except*
Breath Sounds		
Anterior	RUL: Clear, RML: Clear,	
Posterior	RUL: Clear, RML: Clear,	

Interventions (Respiratory)

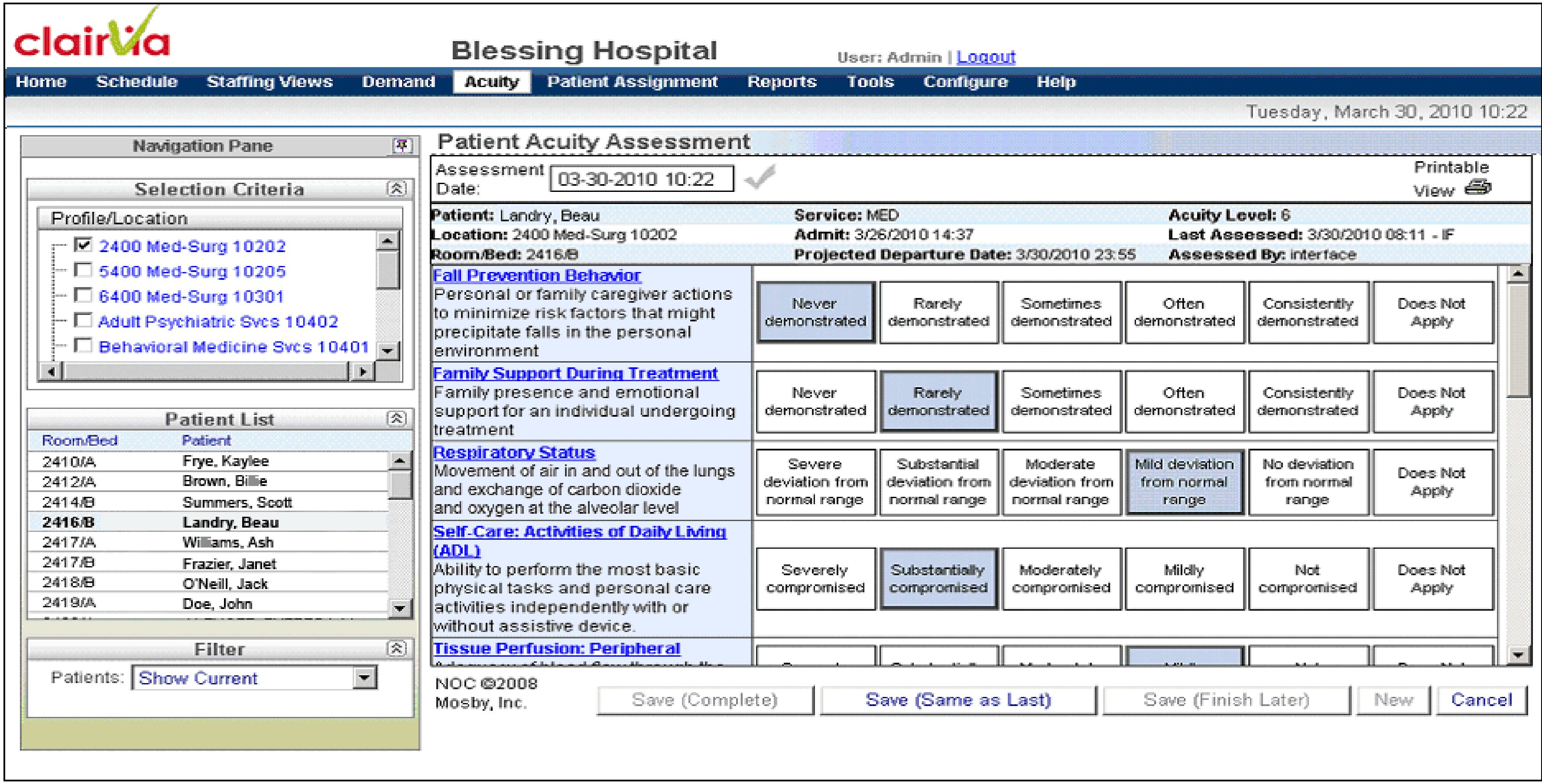
GI

- 12. Adult Assessment & Int...
- 13. Adult Education/Outco...
- 14. Adult Guideline Assess/...
- Diabetes/Glucometer Flows...
- Discharge Flowsheet
- ERM Screening
- Nutritional Care Priority an...
- Patient Care Flowsheet

Ready | Miller, Victoria S (RN) | PROD1 - Master Active

OK
Cancel
Save
Cancel
Flowsheet View
Graph View
Summary View
IO Summary Totals View
Start
Althoff, Theresa M - S...
Inbox - Microsoft Outlook
11:23 AM

Documentation Translated into an Outcomes Assessment



Blessing Hospital

User: Admin | Logout

Tuesday, March 30, 2010 10:22

☑ 2400 Med-Surg 10202
☐ 5400 Med-Surg 10205
☐ 6400 Med-Surg 10301
☐ Adult Psychiatric Svcs 10402
☐ Behavioral Medicine Svcs 10401

Room/Bed	Patient
2410/A	Frye, Kaylee
2412/A	Brown, Billie
2414/B	Summers, Scott
2416/B	**Landry, Beau**
2417/A	Williams, Ash
2417/B	Frazier, Janet
2418/B	O'Neill, Jack
2419/A	Doe, John

Patients: Show Current

Patient Acuity Assessment

Assessment Date: 03-30-2010 10:22

Patient: Landry, Beau
Location: 2400 Med-Surg 10202
Room/Bed: 2416/B
Service: MED
Admit: 3/26/2010 14:37
Projected Departure Date: 3/30/2010 23:55
Acuity Level: 6
Last Assessed: 3/30/2010 08:11 - IF
Assessed By: interface

Fall Prevention Behavior Personal or family caregiver actions to minimize risk factors that might precipitate falls in the personal environment	[✓ Never demonstrated]	Rarely demonstrated	Sometimes demonstrated	Often demonstrated	Consistently demonstrated	Does Not Apply
Family Support During Treatment Family presence and emotional support for an individual undergoing treatment	Never demonstrated	[✓ Rarely demonstrated]	Sometimes demonstrated	Often demonstrated	Consistently demonstrated	Does Not Apply
Respiratory Status Movement of air in and out of the lungs and exchange of carbon dioxide and oxygen at the alveolar level	Severe deviation from normal range	Substantial deviation from normal range	Moderate deviation from normal range	[✓ Mild deviation from normal range]	No deviation from normal range	Does Not Apply
Self-Care: Activities of Daily Living (ADL) Ability to perform the most basic physical tasks and personal care activities independently with or without assistive device.	Severely compromised	[✓ Substantially compromised]	Moderately compromised	Mildly compromised	Not compromised	Does Not Apply
Tissue Perfusion: Peripheral						

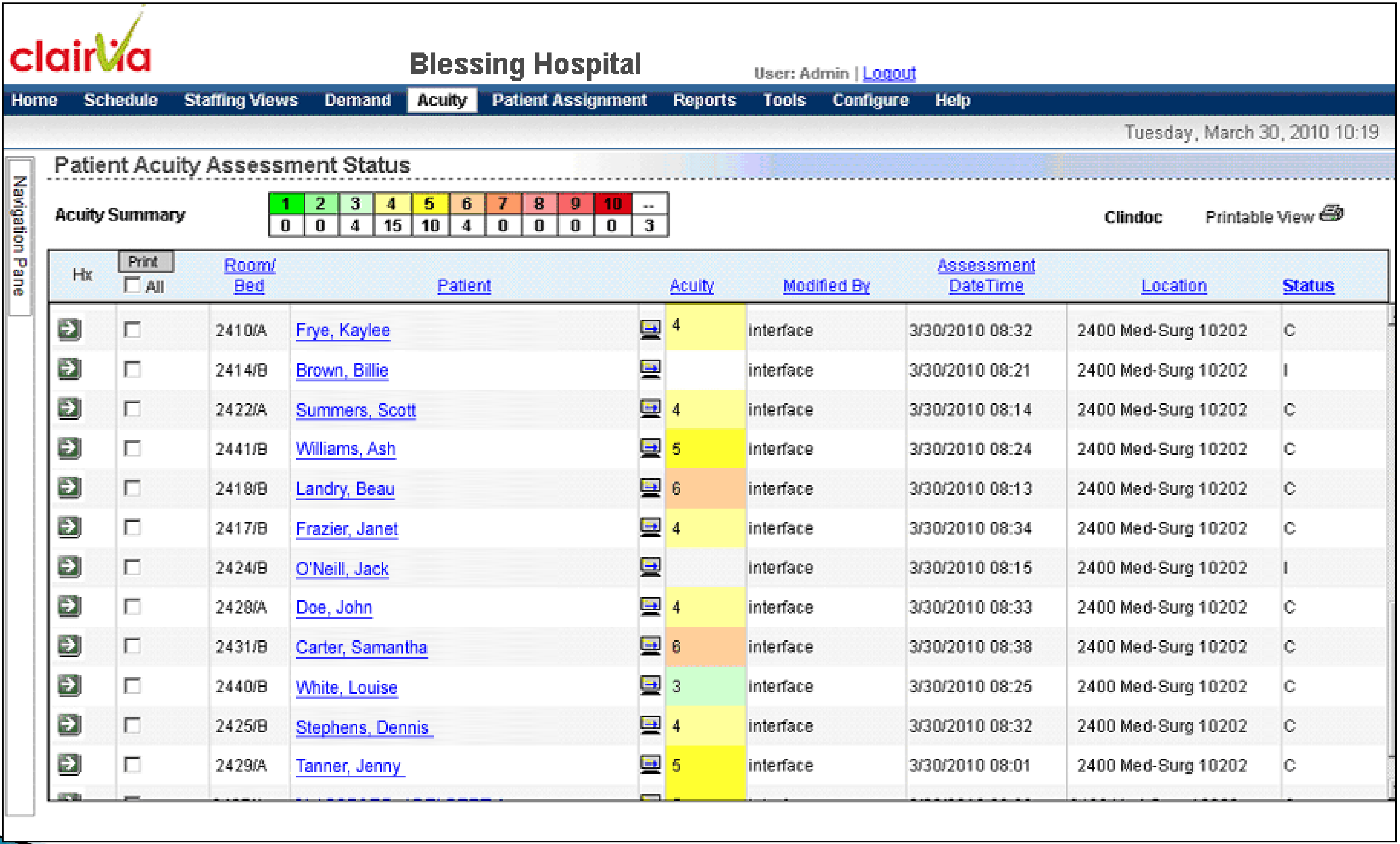
NOC ©2008 Mosby, Inc.

Save (Complete) | Save (Same as Last) | Save (Finish Later) | New | Cancel

Assessment Status

- Clinical Documentation is interfaced every 4 hours.
- Patients are assigned a unit default score at admission.
- Values are pushed forward 28 hours if not replaced by new documentation.
- 75% of Outcomes must be scored to create a completed assessment

Assessment Status


clairvia
Home
Schedule
Staffing Views
Demand
Acuity
Patient Assignment
Reports
Tools
Configure
Help
Navigation Pane
Clindoc
Printable View

Blessing Hospital

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Tuesday, March 30, 2010 10:19

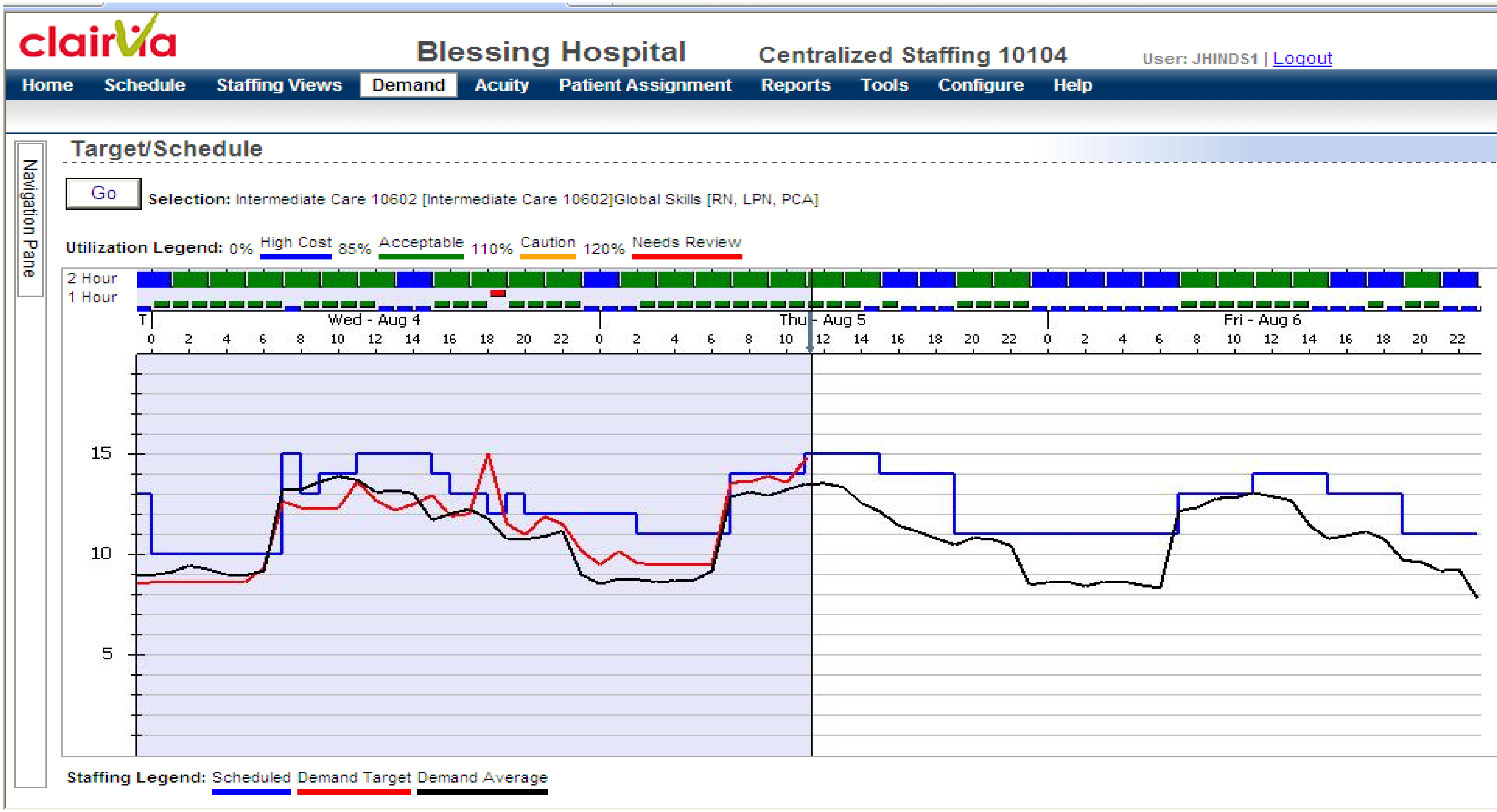
Patient Acuity Assessment Status

Acuity Summary

1	2	3	4	5	6	7	8	9	10	--
0	0	4	15	10	4	0	0	0	0	3

Hx	Print ☐ All	Room/ Bed	Patient		Acuity	Modified By	Assessment DateTime	Location	Status
➔	☐	2410/A	Frye, Kaylee	🖥	4	interface	3/30/2010 08:32	2400 Med-Surg 10202	C
➔	☐	2414/B	Brown, Billie	🖥		interface	3/30/2010 08:21	2400 Med-Surg 10202	I
➔	☐	2422/A	Summers, Scott	🖥	4	interface	3/30/2010 08:14	2400 Med-Surg 10202	C
➔	☐	2441/B	Williams, Ash	🖥	5	interface	3/30/2010 08:24	2400 Med-Surg 10202	C
➔	☐	2418/B	Landry, Beau	🖥	6	interface	3/30/2010 08:13	2400 Med-Surg 10202	C
➔	☐	2417/B	Frazier, Janet	🖥	4	interface	3/30/2010 08:34	2400 Med-Surg 10202	C
➔	☐	2424/B	O'Neill, Jack	🖥		interface	3/30/2010 08:15	2400 Med-Surg 10202	I
➔	☐	2428/A	Doe, John	🖥	4	interface	3/30/2010 08:33	2400 Med-Surg 10202	C
➔	☐	2431/B	Carter, Samantha	🖥	6	interface	3/30/2010 08:38	2400 Med-Surg 10202	C
➔	☐	2440/B	White, Louise	🖥	3	interface	3/30/2010 08:25	2400 Med-Surg 10202	C
➔	☐	2425/B	Stephens, Dennis	🖥	4	interface	3/30/2010 08:32	2400 Med-Surg 10202	C
➔	☐	2429/A	Tanner, Jenny	🖥	5	interface	3/30/2010 08:01	2400 Med-Surg 10202	C

Acuity Driven Staffing

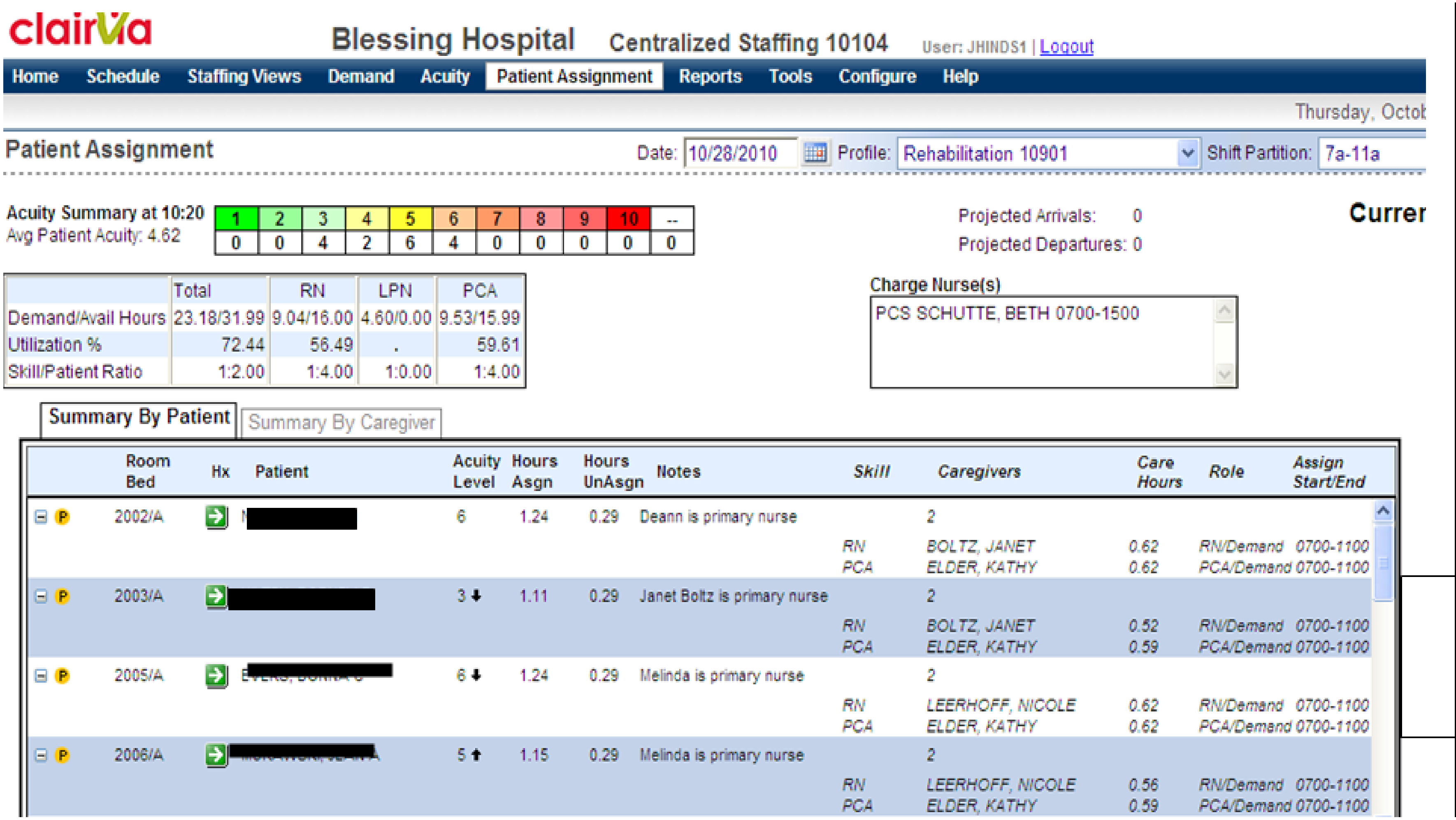


clairvia
Blessing Hospital
Centralized Staffing 10104
User: JHINDS1 | Logout
Home
Schedule
Staffing Views
Demand
Acuity
Patient Assignment
Reports
Tools
Configure
Help
Navigation Pane
Target/Schedule
Go

Selection: Intermediate Care 10602 [Intermediate Care 10602]Global Skills [RN, LPN, PCA]

Utilization Legend: 0% High Cost 85% Acceptable 110% Caution 120% Needs Review
2 Hour
1 Hour
T
Wed - Aug 4
Thu - Aug 5
Fri - Aug 6
0 2 4 6 8 10 12 14 16 18 20 22 0 2 4 6 8 10 12 14 16 18 20 22 0 2 4 6 8 10 12 14 16 18 20 22
15
10
5
Staffing Legend: Scheduled Demand Target Demand Average

Patient Assignment


clairVia
Home
Schedule
Staffing Views
Demand
Acuity
Patient Assignment
Reports
Tools
Configure
Help
Summary By Patient
Summary By Caregiver

Blessing Hospital   Centralized Staffing 10104   User: JHINDS1 | Logout

Thursday, Octob

Patient Assignment

Date: 10/28/2010   Profile: Rehabilitation 10901   Shift Partition: 7a-11a

Acuity Summary at 10:20
Avg Patient Acuity: 4.62

1	2	3	4	5	6	7	8	9	10	--
0	0	4	2	6	4	0	0	0	0	0

Projected Arrivals: 0
Projected Departures: 0

Currer

	Total	RN	LPN	PCA
Demand/Avail Hours	23.18/31.99	9.04/16.00	4.60/0.00	9.53/15.99
Utilization %	72.44	56.49	.	59.61
Skill/Patient Ratio	1:2.00	1:4.00	1:0.00	1:4.00

Charge Nurse(s)
PCS SCHUTTE, BETH 0700-1500

	Room Bed	Hx	Patient	Acuity Level	Hours Asgn	Hours UnAsgn	Notes	Skill	Caregivers	Care Hours	Role	Assign Start/End
⊟ P	2002/A	➔	[redacted]	6	1.24	0.29	Deann is primary nurse		2			
								RN	BOLTZ, JANET	0.62	RN/Demand	0700-1100
								PCA	ELDER, KATHY	0.62	PCA/Demand	0700-1100
⊟ P	2003/A	➔	[redacted]	3 ⬇	1.11	0.29	Janet Boltz is primary nurse		2			
								RN	BOLTZ, JANET	0.52	RN/Demand	0700-1100
								PCA	ELDER, KATHY	0.59	PCA/Demand	0700-1100
⊟ P	2005/A	➔	[redacted]	6 ⬇	1.24	0.29	Melinda is primary nurse		2			
								RN	LEERHOFF, NICOLE	0.62	RN/Demand	0700-1100
								PCA	ELDER, KATHY	0.62	PCA/Demand	0700-1100
⊟ P	2006/A	➔	[redacted]	5 ⬆	1.15	0.29	Melinda is primary nurse		2			
								RN	LEERHOFF, NICOLE	0.56	RN/Demand	0700-1100
								PCA	ELDER, KATHY	0.59	PCA/Demand	0700-1100

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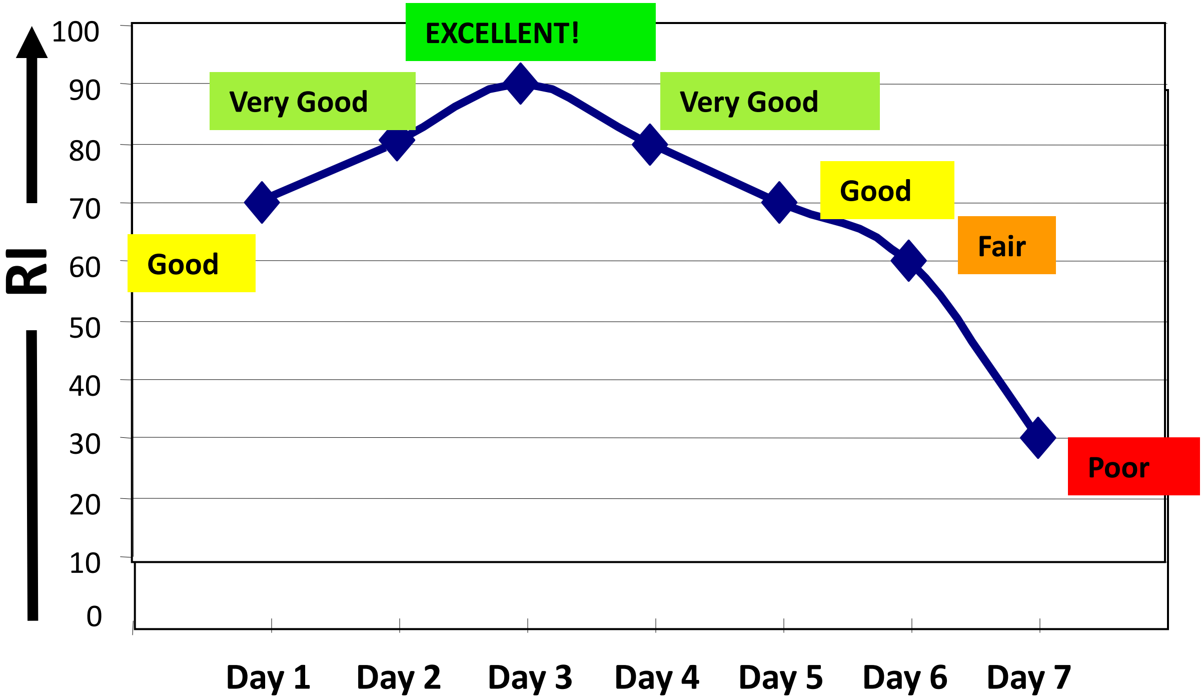
Rothman

BAR
(Core EHR)

Rothman Index

It appeared that the system failed Florence.
We had an idea.



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ANCC Magnet Recognition

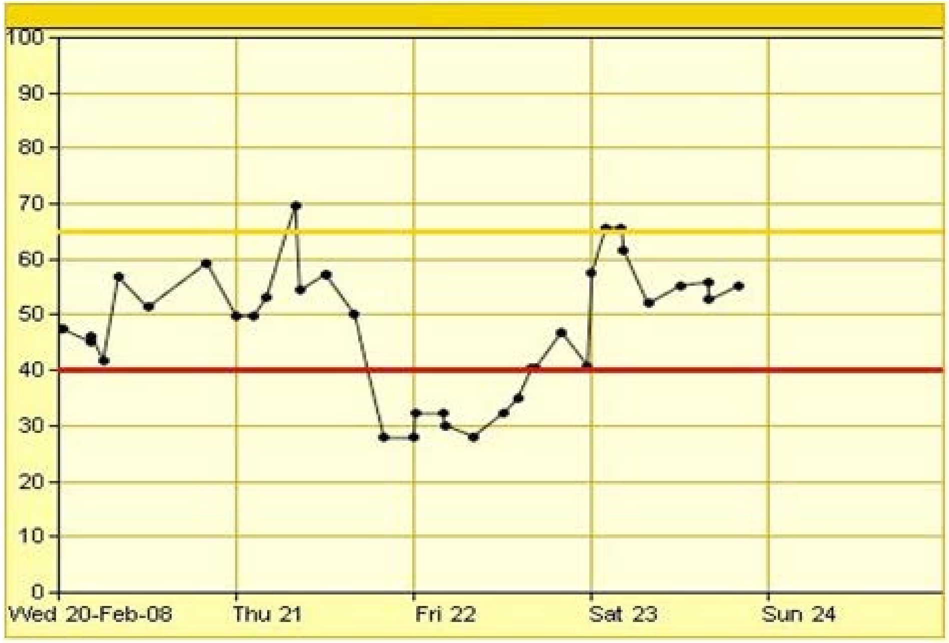
The Patient Condition Tracker

Existing EHR Data

Vital Signs
Complete Blood Count
Chem Panels
+
The Braden Scale
Nursing Assessments

The Rothman Index (RI)

Patient Monitoring Graph



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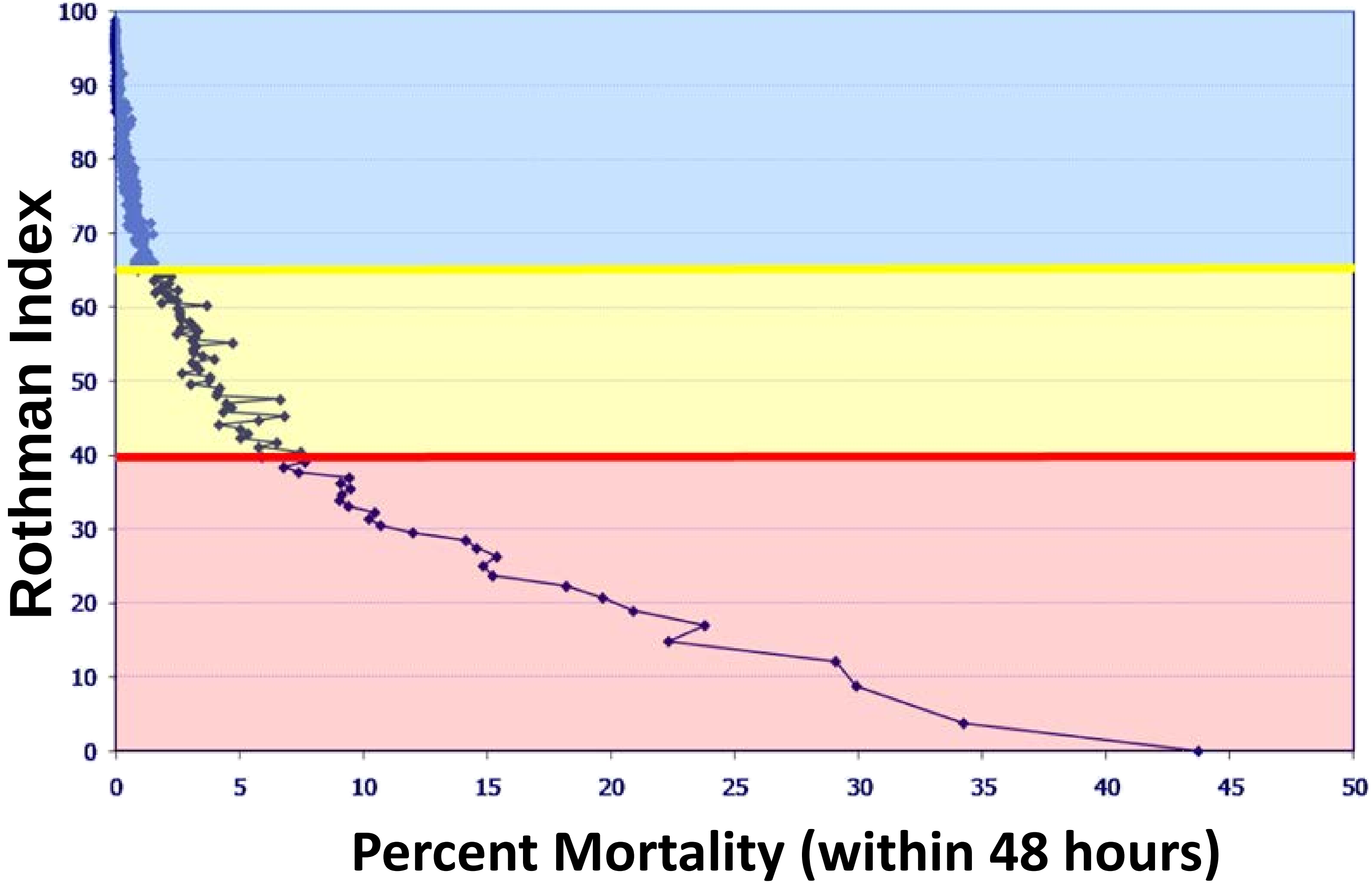
ANCC Magnet Recognition

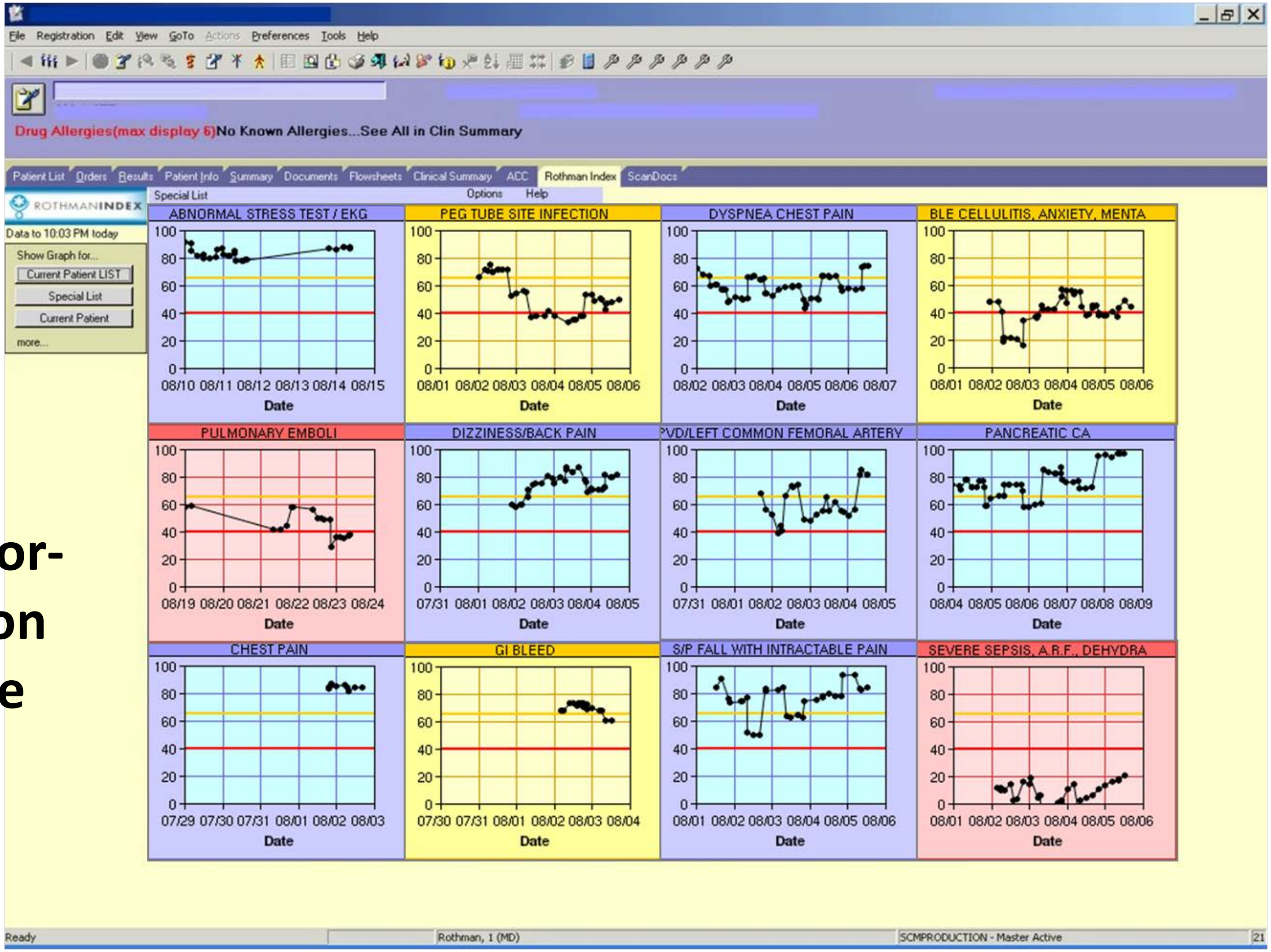
RI score correlates with severity of patient condition



Blessing Hospital

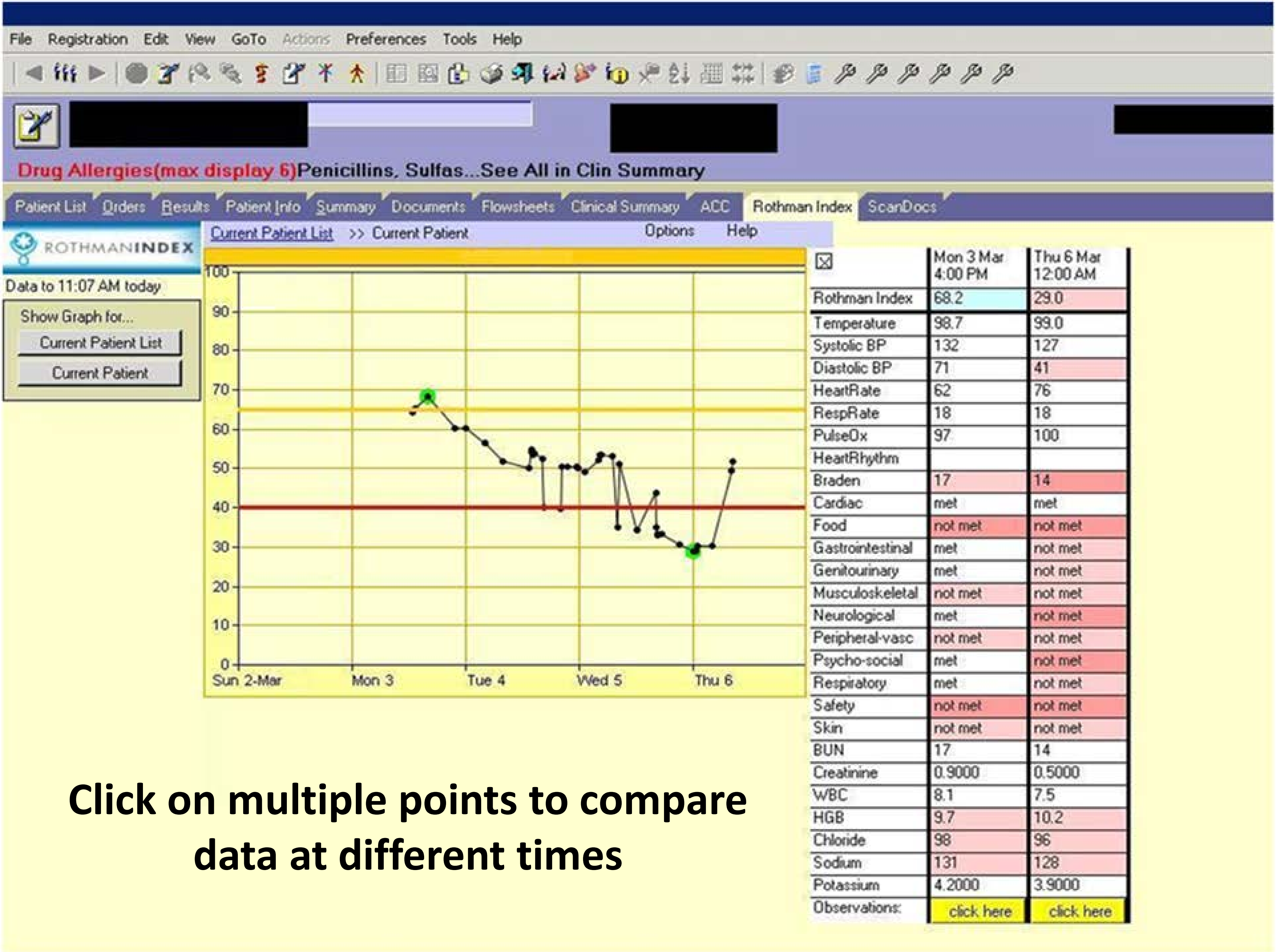
ANCC Magnet Recognition

Assessing Patients using RI Tab in SCM


File Registration Edit View GoTo Actions Preferences Tools Help
Patient List Orders Results Patient Info Summary Documents Flowsheets Clinical Summary ACC Rothman Index ScanDocs
ROTHMANINDEX
Special List
Options Help
Data to 10:03 PM today
Show Graph for...
Current Patient LIST
Special List
Current Patient
more...
ABNORMAL STRESS TEST / EKG
PEG TUBE SITE INFECTION
DYSPNEA CHEST PAIN
BLE CELLULITIS, ANXIETY, MENTA
PULMONARY EMBOLI
DIZZINESS/BACK PAIN
PVD/LEFT COMMON FEMORAL ARTERY
PANCREATIC CA
CHEST PAIN
GI BLEED
S/P FALL WITH INTRACTABLE PAIN
SEVERE SEPSIS, A.R.F., DEHYDRA
100
80
60
40
20
0
Date
08/10 08/11 08/12 08/13 08/14 08/15
08/01 08/02 08/03 08/04 08/05 08/06
08/02 08/03 08/04 08/05 08/06 08/07
08/19 08/20 08/21 08/22 08/23 08/24
07/31 08/01 08/02 08/03 08/04 08/05
08/04 08/05 08/06 08/07 08/08 08/09
07/29 07/30 07/31 08/01 08/02 08/03
07/30 07/31 08/01 08/02 08/03 08/04
Ready
Rothman, 1 (MD)
SCMPRODUCTION - Master Active
21

Drug Allergies(max display 6)No Known Allergies...See All in Clin Summary

Graphs are color-coded based on latest RI score


File
Registration
Edit
View
GoTo
Actions
Preferences
Tools
Help
Patient List
Orders
Results
Patient Info
Summary
Documents
Flowsheets
Clinical Summary
ACC
Rothman Index
ScanDocs
ROTHMANINDEX
Current Patient List
>> Current Patient
Options
Help
Show Graph for...
Current Patient List
Current Patient
100
90
80
70
60
50
40
30
20
10
0
Sun 2-Mar
Mon 3
Tue 4
Wed 5
Thu 6

[redacted] [redacted] [redacted]

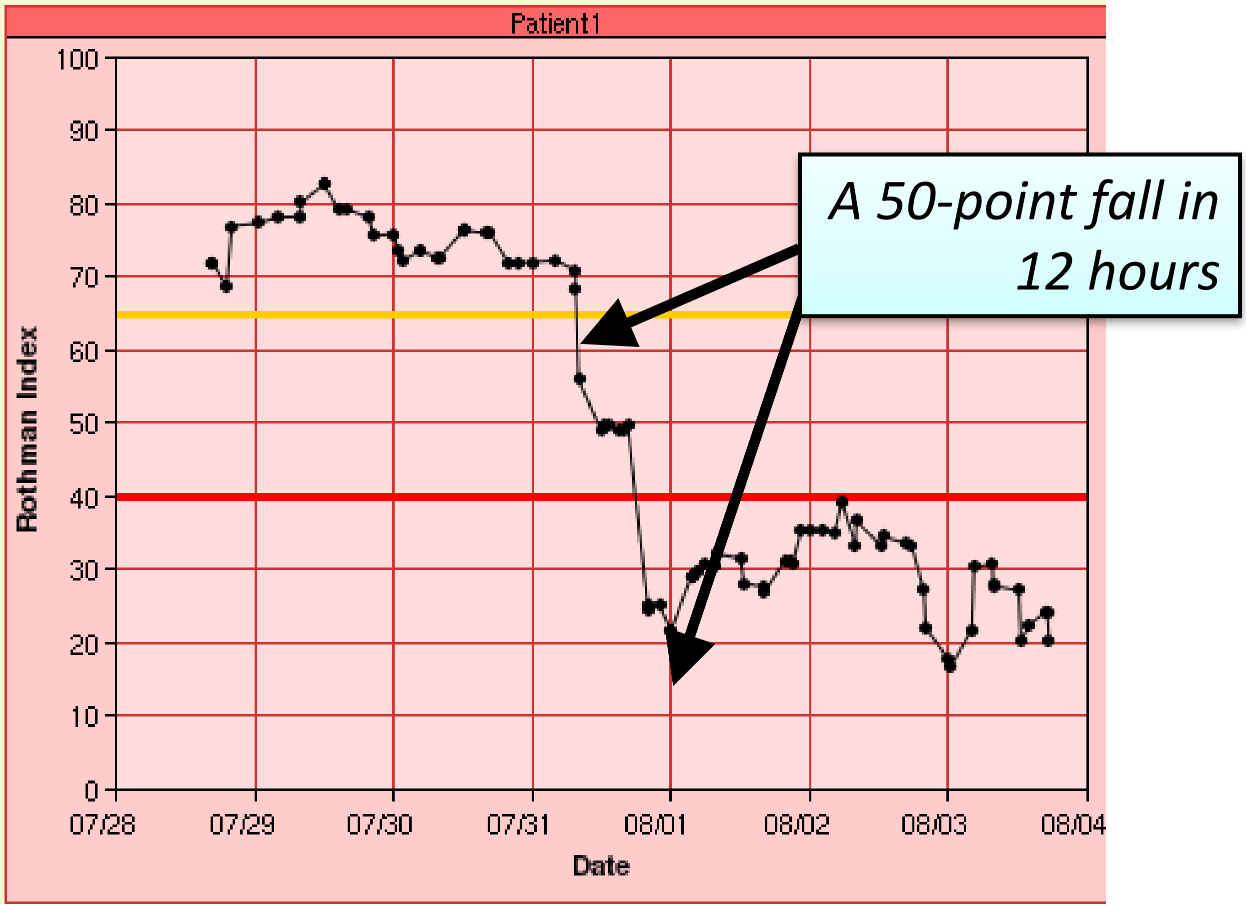
Drug Allergies(max display 6) Penicillins, Sulfas...See All in Clin Summary

Data to 11:07 AM today

☒	Mon 3 Mar 4:00 PM	Thu 6 Mar 12:00 AM
Rothman Index	68.2	29.0
Temperature	98.7	99.0
Systolic BP	132	127
Diastolic BP	71	41
HeartRate	62	76
RespRate	18	18
PulseOx	97	100
HeartRhythm		
Braden	17	14
Cardiac	met	met
Food	not met	not met
Gastrointestinal	met	not met
Genitourinary	met	not met
Musculoskeletal	not met	not met
Neurological	met	not met
Peripheral-vasc	not met	not met
Psycho-social	met	not met
Respiratory	met	not met
Safety	not met	not met
Skin	not met	not met
BUN	17	14
Creatinine	0.9000	0.5000
WBC	8.1	7.5
HGB	9.7	10.2
Chloride	98	96
Sodium	131	128
Potassium	4.2000	3.9000
Observations:	click here	click here

Click on multiple points to compare data at different times

Case Study 1: A CMO asked us to look at the records of a patient who died unexpectedly.



A 50-point fall in 12 hours

Blessing Hospital
ANCC Magnet Recognition

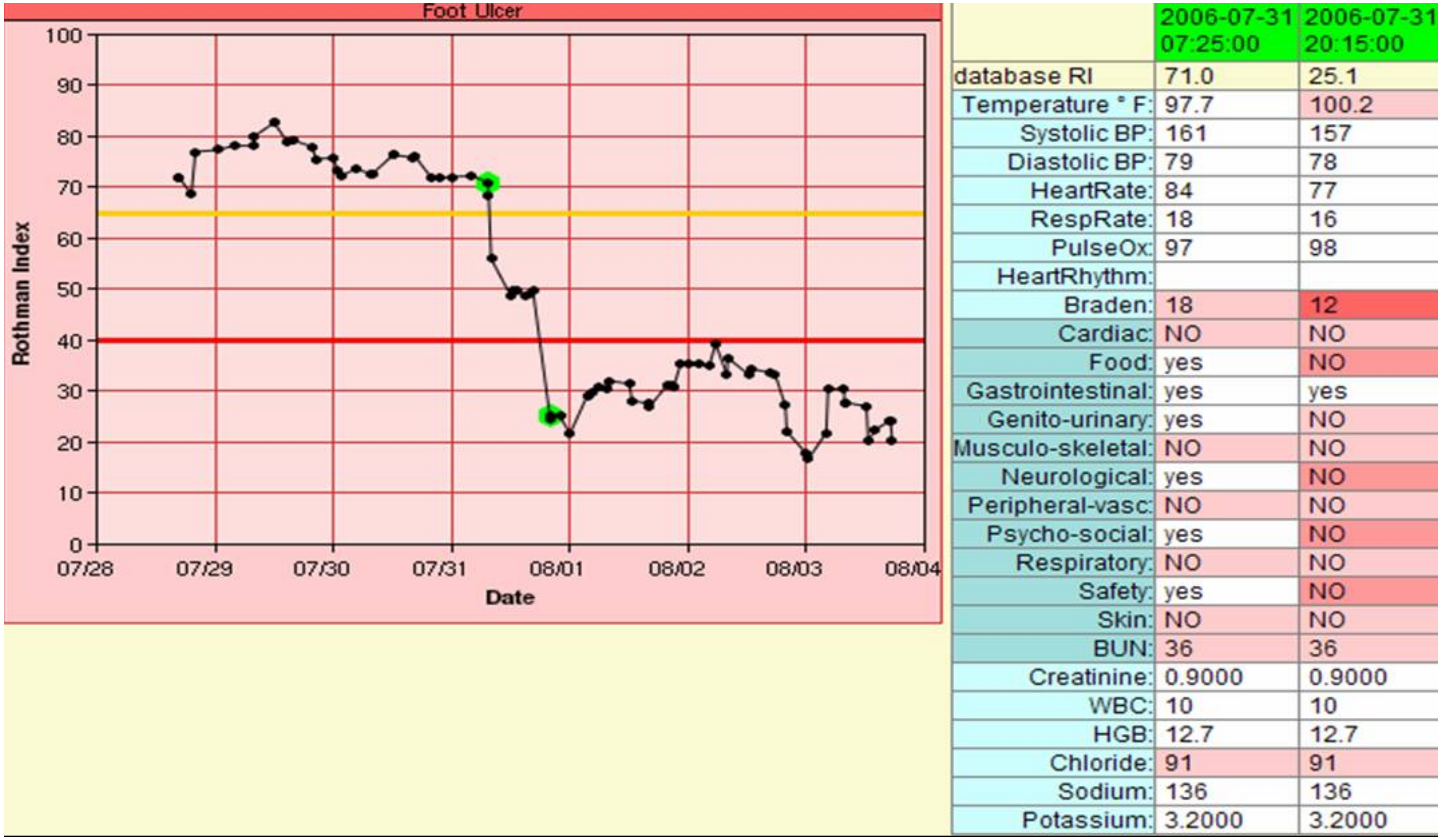
Attending physicians saw stable Vital Signs…

Time	Rothman Index	Temp	Systolic	Diastolic	Resp Rate	Pulse-Ox	Heart Rate
07:25	**71.0**	**97.7**	**161**	**79**	**18**	**97**	**84**
07:30	68.4	99.1	163	85	20	95	82
08:00	56.0	99.1	163	85	20	95	82
11:56	49.0	99.1	163	85	20	95	82
12:30	49.8	99.3	153	77	20	95	73
13:04	49.9	99.3	153	77	20	95	73
14:46	49.0	99.3	175	84	20	95	74
15:50	49.1	99.3	175	84	20	95	74
16:28	50.0	98.1	168	80	20	95	77
20:00	**24.7**	**98.1**	**168**	**80**	**20**	**95**	**77**

…but the nurses knew this patient was in trouble…

Time	Rothman Index	braden	cardiac	food	gastro	genito	musculo	neuro	perivasc	psych	safe	skin
07:25	**71.0**	**18**	**Fail**	**Pass**	**Pass**	**Pass**	**Fail**	**Pass**	**Fail**	**Pass**	**Pass**	**Fail**
07:30	68.4	18	Fail	Pass	Pass	Pass	Fail	Pass	Fail	Pass	Pass	Fail
08:00	56.0	16	Pass	Pass	Pass	Pass	Fail	Fail	Pass	Pass	Fail	Fail
11:56	49.0	16	Pass	Pass	Pass	Pass	Fail	Fail	Pass	Fail	Fail	Fail
12:30	49.8	16	Pass	Pass	Pass	Pass	Fail	Fail	Pass	Fail	Fail	Fail
13:04	49.9	16	Pass	Pass	Pass	Pass	Fail	Fail	Pass	Fail	Fail	Fail
14:46	49.0	16	Pass	Pass	Pass	Pass	Fail	Fail	Pass	Fail	Fail	Fail
15:50	49.1	16	Pass	Pass	Pass	Pass	Fail	Fail	Pass	Fail	Fail	Fail
16:28	50.0	16	Pass	Pass	Pass	Pass	Fail	Fail	Pass	Fail	Fail	Fail
20:00	**24.7**	**12**	**Fail**	**Fail**	**Pass**	**Fail**	**Fail**	**Fail**	**Fail**	**Fail**	**Fail**	**Fail**

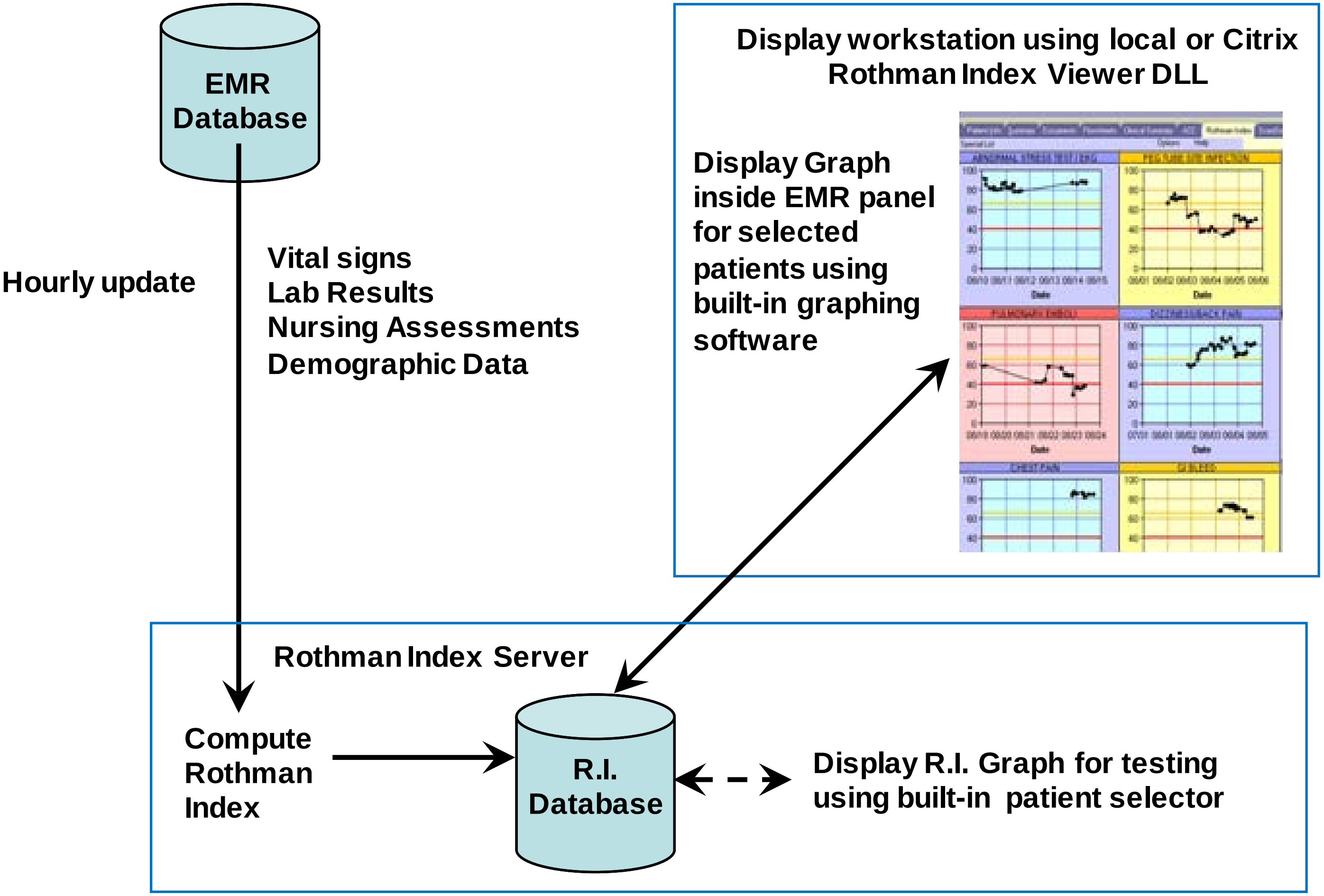
All this data could have been a click away…


Foot Ulcer
Rothman Index
100
90
80
70
60
50
40
30
20
10
0
07/28
07/29
07/30
07/31
08/01
08/02
08/03
08/04
Date

	2006-07-31 07:25:00	2006-07-31 20:15:00
database RI	71.0	25.1
Temperature ° F:	97.7	100.2
Systolic BP:	161	157
Diastolic BP:	79	78
HeartRate:	84	77
RespRate:	18	16
PulseOx:	97	98
HeartRhythm:		
Braden:	18	12
Cardiac:	NO	NO
Food:	yes	NO
Gastrointestinal:	yes	yes
Genito-urinary:	yes	NO
Musculo-skeletal:	NO	NO
Neurological:	yes	NO
Peripheral-vasc:	NO	NO
Psycho-social:	yes	NO
Respiratory:	NO	NO
Safety:	yes	NO
Skin:	NO	NO
BUN:	36	36
Creatinine:	0.9000	0.9000
WBC:	10	10
HGB:	12.7	12.7
Chloride:	91	91
Sodium:	136	136
Potassium:	3.2000	3.2000

…days before the patient expired

System architecture and data flow



EMR Database

Hourly update

Vital signs
Lab Results
Nursing Assessments
Demographic Data

Display workstation using local or Citrix Rothman Index Viewer DLL

Display Graph inside EMR panel for selected patients using built-in graphing software

Rothman Index Server

Compute Rothman Index

R.I. Database

Display R.I. Graph for testing using built-in patient selector

RightFax

Facsimile process that we use to electronically transmit our MR documentation as we coordinate our patient's continuum of care

BAR
(Core EHR)

Single Directional Interfaces

- TraceMaster EKG
  - Strips available within core EHR
- Telemetry Draeger
  - Telemetry available through EHR
- Apollo Witt
  - Cath Lab documentation and film
- KBT Transcription
  - Voice recognition software

Bi-Directional Interfaces

- Scimage Radiology
  - Imaging solution
- HealthQuest
  - Core Registration and billing functions
- McKesson Pharmacy
  - Distribution functions
- Misys Lab

Documentation Improvement

- **Free Texting: Opportunity To Reduce Free Texting**
  - Implementation lead to review of free text fields and identified holes in SCM documented fields
  - New fields added to give complete acuity assessment
- **Discovered Gaps in Documentation**
  - Patient Acuity assessment requires documentation on patient education and family participation
  - Allowed these Joint Commission required gaps to be identified and updated in SCM
- **Complete Documentation**
  - Patient Acuity requires a minimum of 70% complete documented assessment for a new Acuity score

Financial Outcomes

- RN Contract Hours Decreased
- RN Turnover Decreased
- RN Turnover Cost Decreased
- Hours per Patient Day Increased
- Incentive Bonus Pay Decreased

RN Satisfaction

- **Practice Environment Scale Mean Scores**

	2006	2007	2008	2009	2010
Average of All Units in Your Hospital					
Hospital Affairs	n.d.	2.69	2.76	2.92	2.99
Quality Of Care	n.d.	2.95	2.97	3.10	3.19
Nurse Manager	n.d.	2.86	2.85	3.00	3.04
Adequate Resources	n.d.	2.59	2.67	2.76	2.80
RN/MD Relations	n.d.	2.94	2.96	3.00	3.09
Mean PES Score	n.d.	2.81	2.84	2.95	3.02

Blessing Hospital National Hospital Quality Measures FY 2011

	Goals	Target	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	YTD
National Hospital Quality Measures	Heart Failure		98.3%	98.2%	94.9%	95.9%	93.0%	96.8%	95.2%		96.1%
	Pneumonia		98.4%	96.9%	98.6%	98.9%	98.7%	98.1%	98.6%		98.3%
	*AMI		98.6%	98.7%	98.5%	97.6%	97.8%	97.7%	99.0%		98.2%
	SCIP		95.5%	98.2%	96.6%	98.6%	96.1%	97.4%	99.2%		97.4%
	NHQM aggregate	>=97.9% 97.1-97.8% 95.5-97.0% 94.7-95.4% <=94.6%	97.1%	98.0%	97.2%	98.1%	96.8%	97.6%	98.7%		97.7%

Blessing Hospital - Hospital Acquired Conditions FY 2011

Goals	Target Range	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	YTD
Deep Vein Thrombosis Pulmonary Emboli (per month)	<=1 2-3 4-7 8-9 ≥ 10	1	0	4	3	8	2	7		4
Falls (per month)	≤ 6 7 - 10 11 - 18 19 - 22 ≥ 23	13	9	18	14	16	22	16		15

FY 2011 Hospital Acquired Infections

Goals	Target	Oct	Nov	Dec	1st Qtr	Jan	Feb	Mar	2nd Qtr	Apr	May		YTD
Catheter associated UTI (acute care)	≤1 2-3 4-7 8-9 ≥10 per quarter	2	0	1	3	0	1	1	2	1	2		8
Catheter associated UTI (non-acute care)	0 1-3 4-5 ≥6 per quarter	0	0	0	0	0	0	0	0	0	0		0
Central line infections	0 1-2 3 ≥4 per month	0	0	0		0	0	1		1	0		2
Ventilator associated pneumonia (critical care)	0 ≥1 per year	0	0	0		2	0	2		0			4

Quality counts

FY 2011 Hospital Acquired Infections

Goals	Target	Oct	Nov	Dec	1st Qtr	Jan	Feb	Mar	2nd Qtr	Apr	May		YTD
Methicillin Resistant Staph	≤2 3-4 5-7 8-9 ≥10 per quarter	1	0	1	2	0	4	3	7	5	2		16
Clostridium difficile infections	0 1 2-4 5-6 ≥7 quarter	1	0	0	1	1	1	0	2	1	0		4
Surgical Site infections **llth Street Campus**	≤1 2-3 4-5 6-7 ≥8 per month	3	3	4		7	3	2		2			24
Surgical Site infections **Surgery Center Quincy**	0 1-2 3 ≥4 per month	1	0	2		0	1	0					4

Quality counts

Clinical Documentation

- Implementation of Nursing & Ancillary clinical documentation using Allscripts Starter Sets.
- Started out with 45 documents, currently we have 250 documents on line for all areas & all specialties.
- Configuration of documents along with the use of Medical Logical Modules have allowed "hardwiring" of core processes to meet core measures.
- Clinical Summaries with ability of a quick glance improves handoff between staff.
- Reference wrenches providing online access to protocols, policies, & procedures, physician protocol information, & additional resource information.
- Images, including Radiology, Cardiac Cath Lab & EKG have been linked to the patient record within SCM for effortless access to images by the clinicians.

Clinical Documentation – Outcomes

- Joint Commission Survey 8 months post go-live with our initial implementation with excellent results. No issues related to clinical documentation were identified.
- Joint Commission Survey 2010.
- By use of the prescription writer & MLM from a structured note, the physician completes a medication structured note on admission that autofaxes to Pharmacy.
- Improvement of Core Measure Scorecard:
    - CHF Discharge Instruction – 100% compliant within 6 months.
- Using the Clinical Summary Tab developed multiple views to be used for professional exchange report between disciplines.

Next Steps

- OB Interfaces for L&D Record to integrate the delivery record with postpartum
- SIS – Surgery Information System to provide intraoperative and anesthesia documentation online
- Bed Board to improve Patient Flow

Questions & Answers

Contact Information

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Assistant Elaine Lochman

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ANCC Magnet Recognition