

Meeting Meaningful Use at SVH

CPSI first installed in 2003

We began with a Financial component/Business Office and then added:

: Medical Records, Lab, Radiology

: Medical Practice Management (Rural Health Clinic and Behavioural Health Clinic)

And eventually,

Clinical components: Pharmacy, Point of Care, Order Entry, CPOE (Physician's Order Entry) on Hospital side, Chartlink (Physician's link to their charts)

Necessitated interfaces with Radiology, since we used SECTRA as our PACS and Tele-radiology, Interface with TRICORE for the Lab, interface with Transcription for Med Records (HIM)

This also necessitated securing faster internet connections – EIA (special circuits 10 Meg. each)- 2 separate lines: 1 for hospital traffic and 1 for Tele-radiology

Challenges faced were:

- Computer illiteracy of the clinical staff
- Mindset that computers *slowed down* patient care
- Lack of buy-in from Physicians/No real Physician Champion came forth to be identified
- Lack of knowing the 'big-picture' by all involved: (Hospital staff/CPSI...from Admin/IT/Med Staff.....) No handbook to show us the way
- No Clinical/IT crossover..... Had to become "All-knowing". Our IT staff needed to become involved in non-IT functions for training clinical applications
- Felt we became "nickled and dimed" ... turned into thousands of dollars
- Total cost so far
- Super-users..... difficult to identify and/or retain
- regular staff turnover
- Informed consent and confidentiality

Positives:

- Administration had been positive
- Built slowly and learned each module before adding another (both a positive and a negative)
- Developed a good/ long-term working relationship with our vendor (CPSI)
- Built a computer lab/offered training using SHIP grant
- Trained a Clinical/IT (part-time) person
- Acute Nursing very positive and engaging. Learned the system well
- Work with HITREC/ esp. Renee Sussman
- Despite the occasional glitches....the system WORKS

Recommendations:

- Strong support and Trust from Administration/Board
- Build a Team, including key IT/Clinical/Financial Personnel
- Develop/hire a specific person for Clinical Applications & coordination
- Budget – Budget – Budget..... grants, loans, plans
- Strategic planning for IT infrastructure – hardware, software, personnel, future.....
- Refresh and continuous training
- Build associations with like hospitals (ours was Nor-Lea) and associates
- Work with Vendor's Network affiliates
- **Be positive in reinforcement..... carrots without the sticks**

- Always realize that this is a work in progress and that it is a global team effort
- New implementation making sure whole staff has skill and education for OPI so later wil understand structure for understanding data for meaningful use and core measure.

Meaningful Use ought to, ultimately, focus on Quality Patient Care. At SVH, the proof of our EHR has begun to show its value.

- Our Behavioural Health Provider, Dr. Thompson and his Nurse have access to the Clinical records of the patients, so that they can check their current medications, and evaluate them properly before prescribing their BH meds.
- Clinical monitoring of all inpatients, and outpatients is in place so that drug-related interactions of current medications shows up when a patient is prescribed a new medication. Related food allergies also are indicated.
- Electronic Prescribing reduces med errors and prescription fraud nation-wide.
- Patients' Lab and Radiology results are available to the electronic record as soon as they are resultd.
- The Hospital and the Clinics are able to view patient records electronically.
- We have the ability to monitor specific patient population groups, i.e. CHF or Diabetes, and to follow progress by a graphic chart, etc.
- A typical Meaningful Use report will show where we stand on Quality Core Measures which we can use for bench-marking, OPI and for incentive.

We have received payment in our first year of attestation for Meaningful use:

Medicaid: \$216,500.00 (1/30/12)

Medicare: \$386,198.70 (6/25/12)

Spent over \$1.4 Million on the system so far, not including licensing, travel and training.

We were privileged to be invited to meet with Mr. Jason McNamara, Health Information Technology Coordinator for CMS and representatives from NMHSC and the State Medicaid office on March 7, 1012, regarding our EHR process.

Again, on June 18, 19, 1012, we participated in an invitation-only Town Hall meeting to the ONC in Washington, DC, where D.Rush was asked to meet with Dr. Farzad Mostashari and share our story of SVH's journey.