Efficient Clinical Workflows Enhance User Acceptance and Other EHR Benefits

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Universal Health Services, Inc.
About Universal Health Services, Inc. (UHS)

Among the largest hospital management companies in the nation
• Founded in 1978
• Fortune 500 company
• Annual revenues exceeding $7.5 billion

Facilities in 36 states with more than 65,000 employees
• 24 acute care hospitals
• 187 behavioral health facilities
• 6 ambulatory surgery centers
In this presentation, we will discuss:

- Benefits of meaningfully using a certified Electronic Health Record (EHR)
- Meaningful Use (MU) stages and CMS standards for eligible hospitals
- Structure, processes, and resources to achieve MU
- EHR workflows
Selection of the EHR Vendor

Five finalists were chosen using industry status and ratings

Initial evaluation to signed contract was 12 months

Selection criteria included:
- Company Long-Term Goals (including MU)
- Vendor Demonstration
- Industry Ratings
- RFQ Responses
- Pricing
EHR Modules

- Emergency Department
- Clinical Documentation/Critical Care Nursing
- Physician Order Entry/Order Management
- Radiology
- Pharmacy/Bar coded Medication Administration
- Laboratory
- Surgery/Operating Room/Anesthesia
- Scheduling
- Medical Records
Benefits of the EHR

• Improved health through the delivery of more effective care

• Smart systems that use decision support and safety checks

• Immediate interdisciplinary access to the patient record from anywhere at anytime

• Secure and easy transfer of patient information both inside and outside the hospital

• Standardized care supporting evidence-based practice and research
Benefits of Meaningful Use

- Enhance patient safety
- Improve clinical effectiveness and efficiencies
- Engage and support physicians
- Advance information exchange
- Imperative to quality
Program Resources

An MU Program Management Office was created to:

- Direct documentation of requirements to meet MU objectives
- Monitor the national program for updates
- Facilitate communication and education required to promote the changes and systems necessary to support MU
- Coordinate with other departments to ensure alignment with other UHS initiatives
  - Corporate and Facility Quality and Nursing
  - Corporate and Facility IT
  - Facility Administration
  - Facility Departmental Leadership
Uniqueness of the Project

• Management engineering department played a non-traditional role in leading a multi-million dollar, highly visible project

• Involvement in the project increased regard for PPI department at both a corporate and facility level

• Management engineers should not hesitate to assume new and prominent roles
MU Program Management

Executive Sponsor

MU Program Director

MU Subject Matter Expert

Technical Owner

Adoption Champion

Process Director

ONE FOR MU

CORPORATE LEVEL

FACILITY LEVEL

ONE PER MEASURE
Program Structure

Templates
- Master EHR/MU Calendar
- Report Package
- Attestation Worksheet

Dashboards
- Threshold Measure Dashboard
- CQM Dashboard
- Hospital Readiness Dashboard

Processes
- Data Monitoring and Collection
- Attestation Process
Program Structure (Cont’d)

**Branding**
- Use of the EHR and MU to promote corporate initiative

**Communication**
- Quarterly Newsletter
- Monthly Corporate Executive Report
- 180-90-60-45-30 Day Email Blasts
- Intranet Site

**Education**
- Subject Matter Experts
- Adoption Champions/Technical Owners
- Facility Executive Team and Process Directors
MU Summary

Reportable Measures for Stage 1
- 14 Core Measures
- 5 out of 10 Menu Set Measures
- 15 Clinical Quality Measures

Current Status
- Nine facilities in Stage I, Year 2
- Five facilities in Stage I, Year 1
- Ten facilities entering into Stage I, Year 1 in 2013
## MU Compliance Structure

### Threshold Measures
- Goals higher than the CMS threshold were established
- Facilities were expected to maintain higher rates in preparation for Stage II

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<th>Objective</th>
<th>CMS Stage I Threshold</th>
<th>UHS Threshold</th>
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MU Compliance Structure

Yes/No Measures

- Exchange measures accomplished by partnering with a fellow hospital management company
- Submission measures were selected by facility or excepted
- Clinical Decision Support rule was standardized across all facilities
- Security audit created through compliance department

Clinical Quality Measures

- Quality leaders at each facility led compliance
EHR/MU Major Milestones

- **Design and Build**: 120 Days
- **Testing**: 210 Days
- **Workflows**: 21 Days
- **Phase I Training**: 60 Days
- **Phase I Go Live**: 14 Days
- **Phase II Training**: 160 Days
- **Phase II Go Live**: 400 Days

- **Stage I Education**: 160 Days
- **Stage I 90-Day Collection**: 210 Days
- **Stage I 90-Day Attestation**: 21 Days
- **Stage I 365-Day Collection**: 400 Days
- **Stage I 365-Day Attestation**: 400 Days
- **Stage II 365-Day Collection**: 400 Days
- **Stage II 365-Day Attestation**: 400 Days
Workflow Development

• Clearly define the steps required to describe a process

• Outline a new process and its benefit to the patient, staff, and facility

• Identify major necessary changes and their organizational impact on roles, policies, and procedures

• Determine educational and training requirements
Workflows Mapped

- Patient Access and Flow
- Communications and Patient Assignment
- Orders Management
- Clinical Documentation
- Integrated Medication Administration
- Discharge
The Intersection

People
- Use of data to improve patient care
- More comprehensive and intelligible patient information

Process
- Streamlined and more accurate patient care
- Standardized data entry

Technology
- Enhanced data capture and immediate availability
- Reporting, sharing, and analysis
Example: Record Vital Signs

Record and chart changes in the following vital signs:

• Height
• Weight
• Blood pressure
• Calculate and display body mass index (BMI)
• Plot and display growth charts for children 2-20 years, including BMI
Technology: Future State Workflow Sessions

Registrar

- Patient registered into INVISON

- Data Collected: Gender, Race, Ethnicity, DOB, Language

- Encounter Data passed to FUSION

Nursing

- BMI Calculated and Growth Progress displayed on Growth Chart

- Care of patient

- Identify Discharge Disposition

- Expired?

- Yes

- No

- Discharge Disposition marked as EXPIRED

- Follow the Depart Process

- Yes

- No

- Home (with or without referral to another provider)

- Patient requests electronic copy of discharge instructions?

- Yes

- No

- End of process

- HIM process initiated (TID)

Physician

- Diagnosis assignment Processes

- Perform Admission Medication reconciliation

- CPOE Ordering Processes

- Physician augments instructions and provides follow up information

- Notification of patient expiration and need to complete the Physician Documentation of Death. POWERFORM appears on Physician Message Center

- Complete POWERFORM providing Date of Death and Preliminary Cause of Death

- Expired date and time entered on the DECEASED INFORMATION PM conversation panel

- Discharge instructions initiated that specifically apply to patient based on active problems and diagnosis

- Discharge information presented to patient

- Patient Transfer Summary sent with patient
Process: Best Practice ED Front End Flow

1. Patient Arrives
   - Quick Reg (ED Tech) and Pivot Nurse (RN)
2. Sicker? (ESI 1 or 2)
   - Yes
   - Patient Remains in ED Bed
   - 13. MSE/Focused Assessment, Orders, Specimen Collection, Procedure, and Documentation (RN, Tech, Physician)
   - Full Registration & Co-Pay Collection (PAS Rep)
   - 14. MSE/Focused Assessment, Orders, Specimen Collection, Procedure, and Documentation (RN, Tech, Physician)
   - 15. Testing
   - 16. Treatment
   - 17. Patient meets Results Waiting Criteria
   - 18. Patient Remains in ED Bed
   - No
3. Patient escorted to Intake Space (RN or Tech)
4. MSE/focused assessment, Orders & Documentation (RN and Physician)
5. ED Bed Required?
   - No
6. Diagnostic Testing Required?
   - Yes
   - 7. Specimen Collection
   - 8. Medical Imaging
   - 9. Procedure/Treatment
   - 19. Patient Discharge
   - 20. Patient Admission
   - 21. Transfer to another facility
   - No
7. A
   - B
8. B

"Less Sick" Patients Intake (ESI 3-5*)

*ESI-Emergency Severity Index
People: Performance Improvement

Projects initiated within each emergency department with focus on the standardization of the ED front end process

- Patient Arrival
- Triage Evaluation
- Provider Assessment

Vital signs incorporated into the standard process:
- Specific person responsible for initial entry
- Specific electronic form utilized for entry
- Specific step in the patient encounter
## Results

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Lessons Learned

• (Being added)
Questions?

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jessica.hensler@uhsinc.com