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The LeadingAge Center for Aging Services Technologies (CAST) is focused on accelerating the development, evaluation and adoption of emerging technologies that will transform the aging experience. As an international coalition of more than 400 technology companies, aging-services organizations, businesses, research universities and government representatives, CAST works under the auspices of LeadingAge, an association of 6,000 not-for-profit organizations dedicated to expanding the world of possibilities for aging.

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Improving Clinical Efficiencies and Medication Pass Processes through Implementation of an EHR

Category

Clinical Decision Support Systems

Organization Name

Adventist Care Centers

Organization Type

Adventist Care Centers provide a variety of long-term and post-acute care services at 15 Skilled Nursing Facilities and two Assisted Living centers located in Florida, Kansas, Kentucky and Texas. It is part of Adventist Health System, which operates in 10 states, with more than 8,100 licensed beds across 44 acute care facilities.

Organization Description

Adventist Care Centers (ACC) is the long-term care division of Adventist Health System, a 42-year-old non-profit faith-based organization based in Orlando, Fla., which operates 44 hospitals in 10 states. Of Adventist's 74,000 total employees, 2,616 are part of the ACC team that administers care to nearly 6,000 annual patients in 15 skilled nursing (SNF) and assisted living (AL) settings.

In addition to the health system's widespread acute care facilities, Adventist Health System interfaces with an Adventist Home Health component that averages over 500,000 home visits annually and offers rehabilitation services in all of its 15 skilled nursing locations.

Project Description

When planning the implementation of the HealthMEDX Vision® platform for operations across their skilled nursing care division, Adventist focused on the following goals: improve documentation accuracy while concurrently increasing consistency, standardize and automate workflow processes, and create a standards-based information exchange.

Implementation Approach

ACC leaders elected to begin the system-wide roll-out with a comprehensive single-site launch, creating a replicable model for bringing their facilities online sequentially rather than concurrently phasing in limited functionality across all locations. From the beginning, ACC's big-picture goals included accelerated facility adoption and comprehensive usage, making HealthMEDX's combination of extensive functionality and flexible roll-out a perfect fit. In taking the first step, the organization is now poised to move rapidly toward clinical automation, paperless processes and standardized information exchange across its 15 business units.

While implementation planning for ACC's first EMR go-live was centered on the company's 120-bed skilled nursing located in East Orlando, the team maintained focus on the broader goals of EMR adoption. Given the staggered implementation timeline across their facilities, extra attention was paid to creating a plan that could easily be replicated by the team of ACC's Super-user trainers.

Fortunately, their EMR vendor was on the same page. Traditional LTPAC implementations typically begin by launching a scaled-back version of the product at multiple facilities, before gradually adding functionalities. In the long-term care sector, where turnover is consistently high, that approach creates a long-term training challenge that can slow adoption and impede the realization of EMR benefits.

HealthMEDX's enterprise model was designed to help growing LTPAC organizations by supporting sequential or ongoing roll-outs as their business model shifts or facilities are added. In addition to reducing overall training time, for some organizations the approach has been [shown to improve clinical efficiencies and outcomes while charting an accelerated path to ROI](#).

The HealthMEDX enterprise implementation model includes seven phases:

- Administration - strategy, timelines, team roles.
- Analysis – operational assessment, workflow planning, forms design.
- Design – system configuration, review, preliminary testing.
- Build - advanced testing, training preparation.

- Training – Super-User instruction, advanced training.
- Test – on-site pilot, end-user training, fine-tuning.
- Go live/Post Live – Launch, follow-up training, month-end support, optimization.

ACC's facility launch plan begins three months prior to Go-Live with onsite computer skills training, documentation conversion and order reconciliation in preparation for the migration to EMR. Intensive education begins three weeks prior to launch with 12 hours of CEU training in the Vision environment for nursing staff, with ancillary service departments receiving individual instruction to supplement the basic group training. Data backload is initiated two weeks before go-live, with dual data entry on both HealthMEDX and legacy systems from that point forward until go-live to ensure a seamless transition. Each nurse receives 1-on-1 instruction during their first shift live on the Vision platform, with on-site support maintained at the facility for the week following go-live.

To enhance consistency of information exchange between geographically dispersed Adventist facilities, the ACC team leveraged Vision's extensive reporting capabilities. HealthMEDX notes that some of ACC's unique MDS and therapy services applications of Vision have shown broader viability, and are being evaluated for inclusion in a future general release of the software developer's comprehensive platform.

Moving forward, ACC's launch strategy for its next facilities will include a 90-day run-up to go-live. Future implementations will also benefit from the initial training team's even distribution across end-user groups, as well as the establishment of a cross-departmental support structure for all users.

Outcomes

Though ACC hasn't accumulated a statistically significant pool of comparative clinical outcomes data due to their abbreviated roll-out, there have been numerous reported benefits since their November 2014 Go-live date.

ACC physicians using the HealthMEDX® iCare mobile app have reported increased efficiency around orders, while clinical teams are benefiting from the simplified review of documentation and enhanced automation. Users noted greater efficiency in their medication and treatment pass processes, with specific improvements around monthly medication changeover. To date, there have been no

quantifiable impacts to incident averages or medication error rates.

It should also be noted that during the roll-out process there was no staff turnover in either the implementation team or the facility location – a common challenge in the LTPAC sector. Also, although the facility was subject to a survey visit in close proximity to their roll-out, ACC leaders observed no negative survey impact related to the changeover to electronic processes. They did note that – after only minimal instruction – the majority of the survey team was able to locate all needed documentation in the Vision environment without navigation assistance.

Challenges and Pitfalls to Avoid

ACC leaders caution against undervaluing a system's configurability during EMR review and selection. They recommend careful evaluation of organizational processes and review of existing templates within the EMR platform. Leveraging the capability to customize forms within the Vision EMR platform is helping ACC ensure that their unique operational needs are met, while compliance with all regulatory requirements is maintained.

Lessons Learned/Advice to Share with Others

ACC recommends a deep-dive planning approach, particularly as it relates to examining existing internal processes to identify weak areas that can hinder workflow automation and disrupt end-user adoption. Try to make sure that your build process reflects best practices for your unique organization. A reference site visit to peer facilities of similar size, performance, and function may help clarify the operational impact of active EMR at the service level. That expanded perspective will help guide your team during the back-end preparation necessary to ensure your platform and processes are aligned to decrease form count and process steps – two keys to maximizing the impact of any paperless system.