Mitzi Cardenas

Sr. VP/Strategy, Business Development and Technology
Truman Medical Centers

HIMSS Stage 7:
What it Means

**Heart of America HIMSS and
the Missouri Health Information Management Association**

Current Trends and Topics in Healthcare IT

September 14, 2016

Agenda

- TMC Overview

- Why did we do it?

- How did we get there?

- Why did it matter? How have we benefitted?

- The Future

Our vision "Leading the way to a healthy community"

TMC Hospital Hill

- 2 hospitals / 600 Beds (acute, LTC, psych)
- 51 clinics (primary care and specialty)
- Academic medical center supporting UMKC School of Nursing, Medicine, Dentistry and Pharmacy
- Level one trauma center
- 577 medical staff / 235 residents
- 4,000 employees

TMC Lakewood

- 19,908 acute care admissions
- 2,722 behavioral health admissions
- 3,708 births
- 338,190 outpatient visits
- 278,913 behavioral health outpatient visits
- 97,729 ED visits

Fiscal Year June 2015

Mission and recognition

Mission

TMC is an academic health center providing accessible, state-of-the-art quality health care to our community regardless of the ability to pay.

Recognition

2011-2016
by Hospitals and Health Networks Magazine

AHIMA 2013 Grace Award

Dual HIMSS Stage 7
accreditation for both inpatient and outpatient settings across both TMC facilities

CHIME-AHA Transformational Leadership Award

2014 HIMSS Enterprise Davies Award Recipient

Level III Patient-Centered Medical Home
National Committee for Quality Assurance (NCQA)

WHY WE DID IT & HOW WE GOT THERE

Value to the Organization:
The EMRAM Promise

Value Steps

Health IT creates five kinds of value of benefit to patients, healthcare providers and communities.

- S — SATISFACTION
- T — TREATMENT/CLINICAL
- E — ELECTRONIC SECURE DATA
- P — PATIENT ENGAGEMENT AND POPULATION MANAGEMENT
- S — SAVINGS

Stage 7 creates a benchmark for ensuring measurement of the Value of technology to the organization

SAVINGS

- Operational Savings
- Financial/Business
- Efficiency Savings
  - Improved use of space
  - Overall increased operational savings
  - More efficient use of staff resources
  - Other operations savings
  - Improved business recovery planning (e.g. disaster preparedness)
    - Device Integration Savings
    - Device Integration Savings
    - Remote Storage Savings
    - EHR Saves Charting Costs
    - Measurable Savings in Many Areas
    - Reduced Operational and Supply Costs
    - 90% Decrease in Printing Costs

Click arrows to see more categories

EHR before 2008

Not Planned/Under Consideration

Planned/In Process

Partially Implemented/Adopted

Implemented
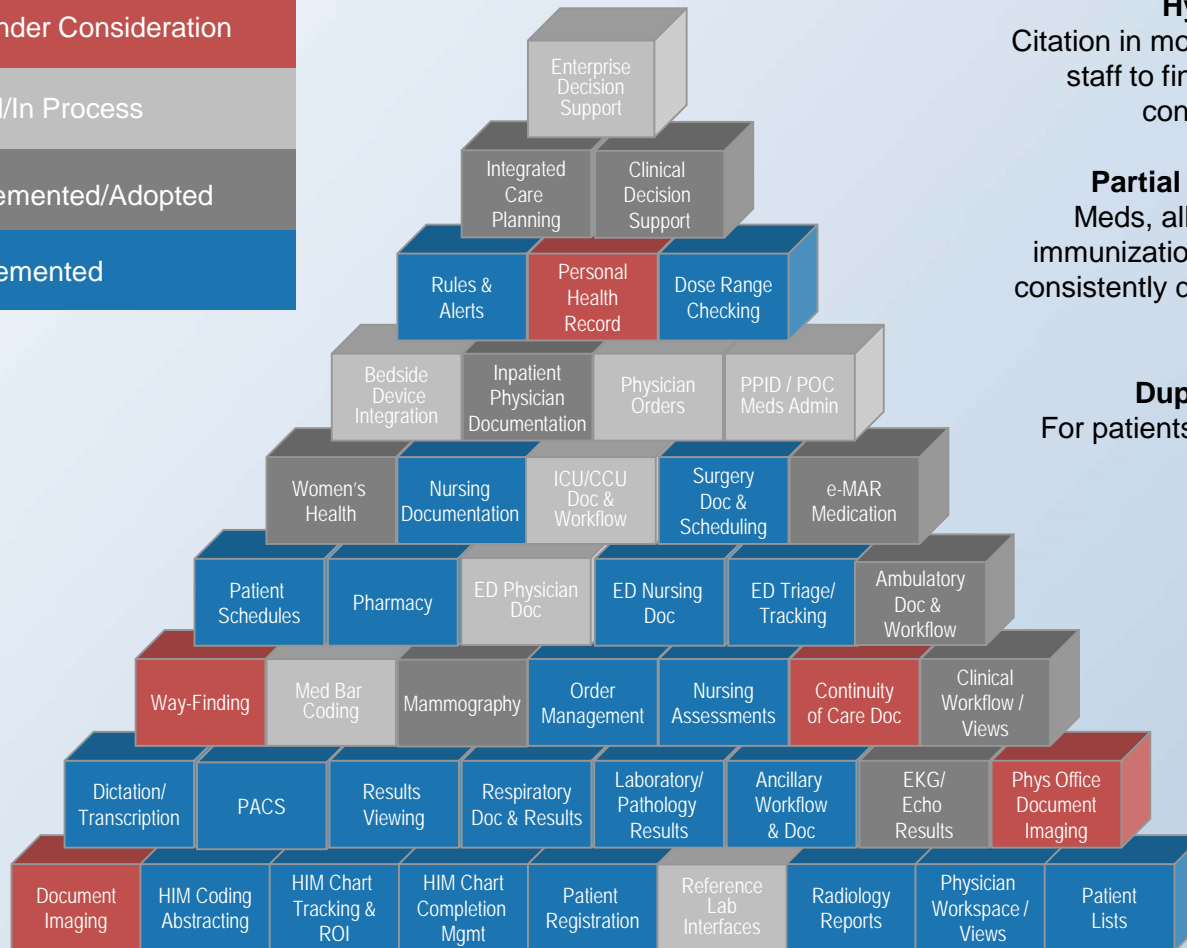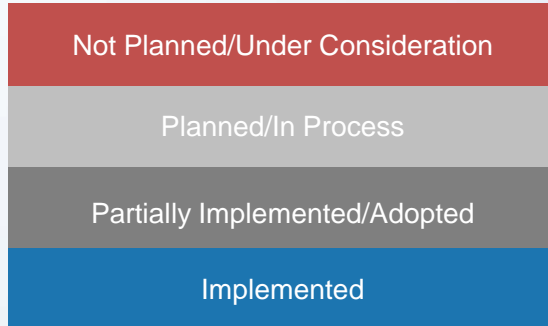
Hybrid record
Citation in mock survey for inability for staff to find documentation on continuum of care

Partial electronic record
Meds, allergies, procedures, immunizations and problem list not consistently documented in one place

Duplicate records
For patients seen at two hospitals

Enterprise Decision Support

Integrated Care Planning | Clinical Decision Support

Rules & Alerts | Personal Health Record | Dose Range Checking

Bedside Device Integration | Inpatient Physician Documentation | Physician Orders | PPID / POC Meds Admin
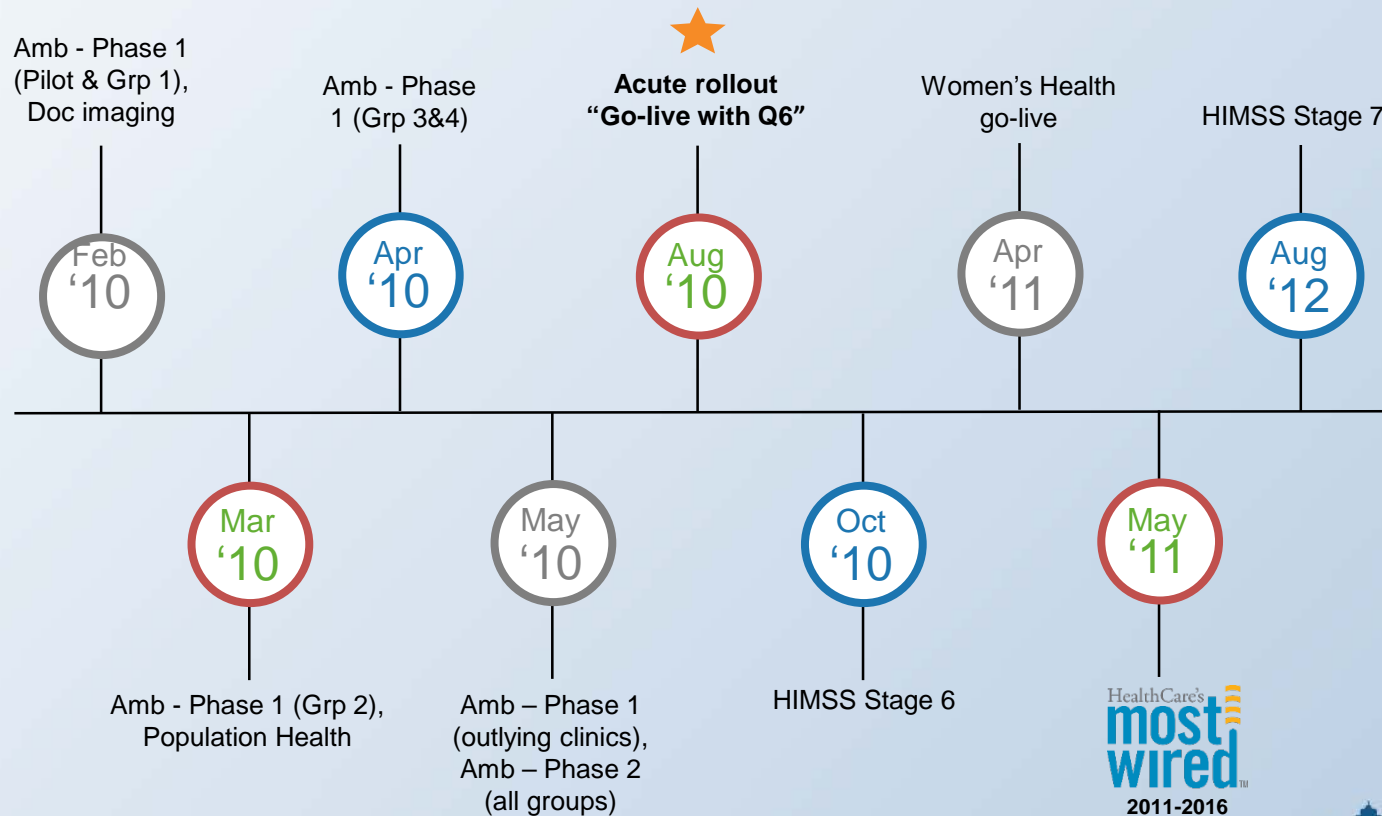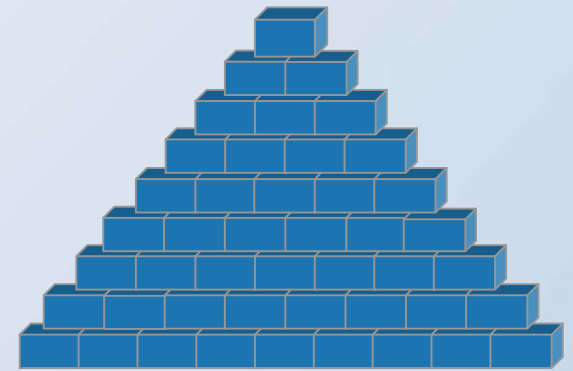
Women's Health | Nursing Documentation | ICU/CCU Doc & Workflow | Surgery Doc & Scheduling | e-MAR Medication

Patient Schedules | Pharmacy | ED Physician Doc | ED Nursing Doc | ED Triage/ Tracking | Ambulatory Doc & Workflow

Way-Finding | Med Bar Coding | Mammography | Order Management | Nursing Assessments | Continuity of Care Doc | Clinical Workflow / Views

Dictation/ Transcription | PACS | Results Viewing | Respiratory Doc & Results | Laboratory/ Pathology Results | Ancillary Workflow & Doc | EKG/ Echo Results | Phys Office Document Imaging

Document Imaging | HIM Coding Abstracting | HIM Chart Tracking & ROI | HIM Chart Completion Mgmt | Patient Registration | Reference Lab Interfaces | Radiology Reports | Physician Workspace / Views | Patient Lists

Goals identified & achieved

- Single electronic patient record across the Organization

- Identify, monitor and report defined benefits

- Meaningful Use Stage 1

- HIMSS Stage 6

- Quality reporting

- CPOE and e-prescribing

- Bar-coded medication administration/closed-loop meds process

- Structured documentation

- Medical device connectivity

- Document imaging

EHR Journey

Amb - Phase 1 (Pilot & Grp 1), Doc imaging
Feb '10

Amb - Phase 1 (Grp 3&4)
Apr '10

Acute rollout "Go-live with Q6"
Aug '10

Women's Health go-live
Apr '11

HIMSS Stage 7
Aug '12

Mar '10
Amb - Phase 1 (Grp 2), Population Health

May '10
Amb – Phase 1 (outlying clinics), Amb – Phase 2 (all groups)

Oct '10
HIMSS Stage 6

May '11
HealthCare's **most wired**
2011-2016

HiMSS
Dual HIMSS Stage 7
HIMSS Enterprise Davies Award

CHiME
CHIME-AHA Transformational Leadership Award

AHIMA
American Health Information Management Association®
2013 Grace Award

10

Adding Value by Avoiding cost with improved outcomes

75% reduction in VTE per 1000 patient days

HIM and document imaging

Baseline of Sept. 2009 – Feb. 2010; performance period of Mar. 2010 – Aug. 2013
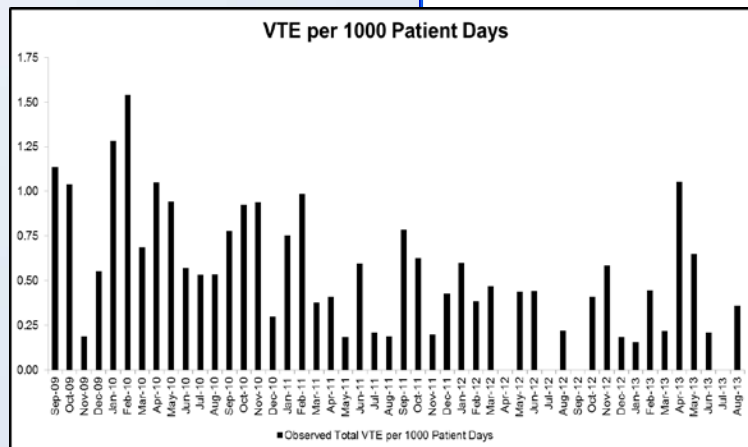
Discern: (1 of 1)

VTE Advisor Alert

Cerner

Patient DEMO, CDSS has not been assessed for VTE Risk during the current admission. Please place VTE Advisor order selected below.

Add Order for:

☑ VTE Advisor

OK

$89,141 decrease

Aug 2015—July 2016 supply cost

$400,000

Real estate made available for more productive use
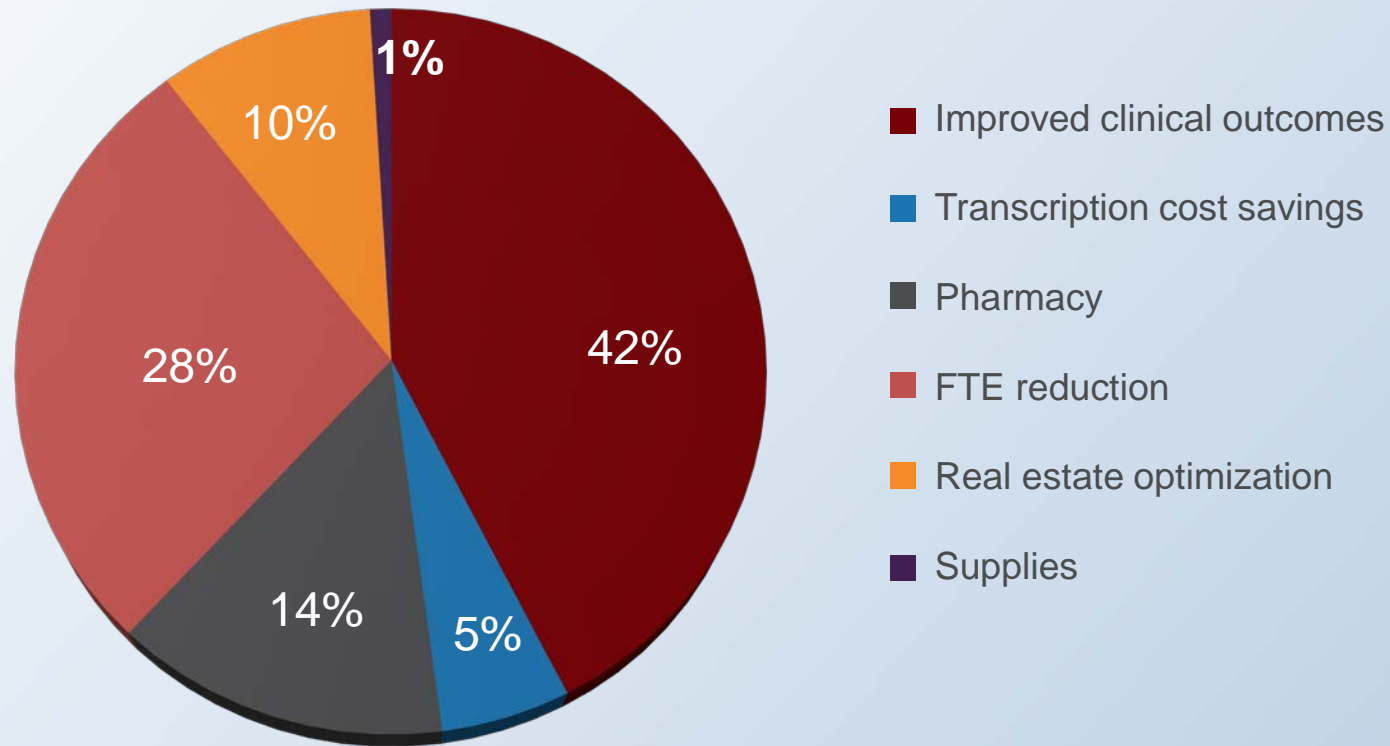
9% increase

Coder productivity improving billing TAT and enhancing revenue remote coding – 26 coders working from home

VTE per 1000 Patient Days

■ Observed Total VTE per 1000 Patient Days

Accumulated value to date

Pie chart:
- Improved clinical outcomes: 42%
- Transcription cost savings: 5%
- Pharmacy: 14%
- FTE reduction: 28%
- Real estate optimization: 10%
- Supplies: 1%

$32.9M impact
Dec 2009 – July 2016

THE PROCESS FOR STAGE 7 VISIT

Preparation for Visit

- Assigned a Project Manager & created a Workgroup

- Used HIMSS Checklist as guideline

- Did our homework

- Engaged the Executive team

- Identified Champions

- Conducted audits and rounding

- Staged like a regulatory survey

Review Process

Key Resource Org Overview

- System Overview and Pervasiveness of Use

- Governance

- Clinical and Business Intelligence

- Health Information Exchange

- Disaster Recovery & Business Continuity

- Downtime processes

Review Process

Units/ Department Visits

- Med/ Surg Chart Review
  - Clinical Documentation
  - CPOE
  - Bar Code Enablement
  - Physician Documentation
- ICU
  - Alerts
- Emergency Department
- Blood Bank
- Medical Imaging
- Pharmacy
- HIM

Agenda for Acute Care Visit

8:00 – 9:15 a.m.	**Intro/ Overview**
Welcome and Introductions	CIO
TMC Overview	CEO
IT Governance/ EMR Overview	CIO
Clinical Usage and Benefits	CMIO/ Dir. Nursing Informatics
Clinical and Business Intelligence	Admin. BI/ MD Quality
Health Information Exchange	CIO/ CTO
Technology Infrastructure/ Disaster Recovery/ Business Continuance	CTO
9:20 – 2:05 p.m.	**Unit/ Department Visits**
	Med/ Surg, Rad, Pharmacy, CCU, ED, HIM
2:15 – 2:55 p.m.	**Evaluation Team Meeting**
3:00 – 3:20 p.m.	**Decision Presentation**
3:30 p.m.	**Depart**

Agenda Ambulatory Visit

9:30 – 11:00am	**Intro/ Overview**
Welcome and Introductions	CIO
TMC Overview	CEO
IT Governance	CIO
System Overview/Pervasiveness of Use	CMIO/ Dir. Nursing Infor./ Clinic Director
Clinical and Business Intelligence	Admin. BI/ MD Quality
Health Information Exchange	CTO
Disaster Recovery/ Business Continuity	CTO
11:00am – 12:00pm	**Clinic Visits** (Family/Internal Med, Women's Health, Surgery, Psych)
12:00pm – 1:00pm	**Team Lunch**
1:00pm – 2:00pm	**Clinic Visits** (Derm, Rheum, ID, Psych)
2:00 – 2:30pm	**Evaluation Team Meeting**
2:30 – 2:50pm	**Decision Presentation**
3:00pm	**Depart**

Usage Metrics
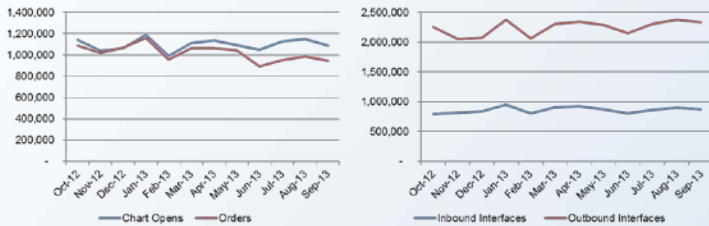
12 Month Averages

- 1.1M Chart opens
- 1.0M Orders
- 0.9M Inbound interface messages
- 2.2M Outbound interface messages

Clinical Decision Support

Medication Alerts – Cost Savings

CPOE (All orders)
12 Month Average = 97%

Physician Documentation
October 2012-September 2013

	HH Behavioral Health	HH Medicine Specialties	HH Multispecialty	HH Primary Care	HH Surgery Specialties	HH Women's Health	LW Behavioral Health	LW Multispecialty	LW Primary Care	LW Specialties	Overall
iView/PowerForm/PowerNote	70%	42%	61%	85%	37%	92%	74%	28%	81%	81%	70%
Freetext Clinical Note	27%	28%	35%	14%	15%	7%	26%	20%	17%	9%	17%
Interfaced Template	0%	4%	0%	0%	0%	0%	0%	0%	0%	1%	1%
Back-end Dictation	3%	26%	4%	1%	48%	1%	0%	52%	2%	9%	13%

Weekly Bar-coding Success
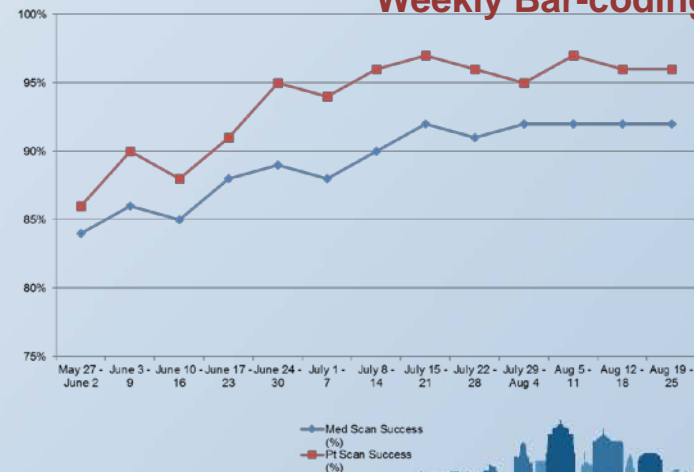
Lessons Learned

- Champions are key

- Be prepared for the unexpected

- Harness the power of creativity

- Educate and prepare

- Ensure coders are prepped for demonstration
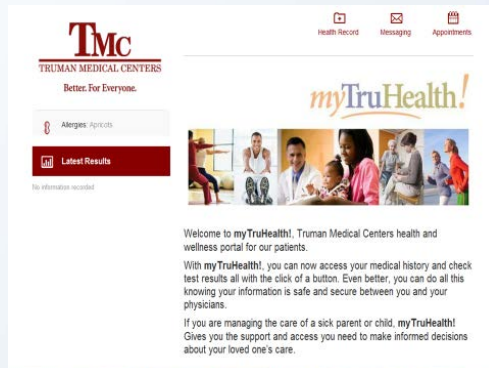
- Don't forget about downtime processes

GOING FORWARD

Continued optimization

Patient Portal
myTruHealth

Addressing
Chronic
Conditions
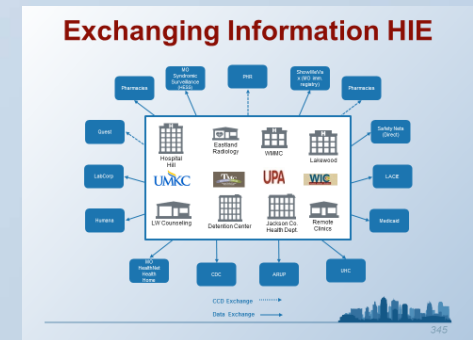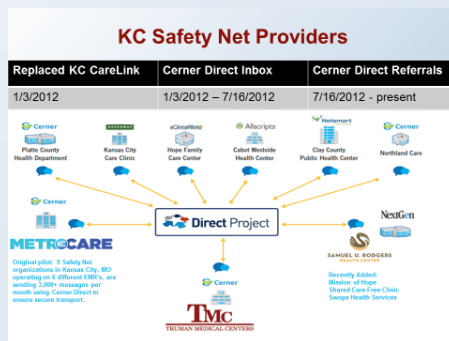
Aug '12

Aug '13

Jan '12

July '13

Oct '13

Cerner Direct
Connect

Addressing
Language
Disparities

Exchanging
Information
with
HIE

WHY DOES IT MATTER

Panel

- Julie Hull, Vice President of Operations, KC one Health Innovation Alliance

- Amy Peters, Chief Nursing Officer

- Rob Jones, Chief Technology Officer, Sr. Director, Enterprise Applications

- Seth Katz, Assistant administrator, Information Management & Program Execution

- Lacey Alvarez, Practice Management