

FIRST is the healthcare advisory firm that never stops adding value.

We're passionate about maximizing efficiency for our clients through the integration and fine-tuning of financial, clinical and technology workflows. We help our clients transform and align clinical initiatives, quality measures and satisfaction goals through our collaborative framework and dynamic methodology. FIRST provides the expertise, ideas and solutions to help providers win in the age of value based healthcare.

OVERVIEW

Community health systems is one of the largest operators of acute care facilities in the US.

CHS is one of the largest operators of acute care facilities in the US. A majority of the hospitals in the CHS network are smaller community based or rural facilities, with many in the range of 150-300 beds. Cerner's EHR was selected by CHS to replace multiple systems throughout the organization. FIRST, as a partner with Cerner in their contingent workforce program, was the largest provider third party implementation and optimization resources deployed to CHS hospitals. Each hospital had unique challenges, cultures, and workflows that could not be addressed through a national rollout approach. FIRST was integral in the optimization team effort and many of the individuals that played a crucial role in CHS's success are a part of our

FirstTRAK Dynamic Maximization solutions team. The following is an overview of our approach to deriving value out of the Cerner system and ensuring the individual hospitals were able to maintain alignment of clinical initiatives, quality measures, adoption efforts and satisfaction levels. Moving towards a "transformed state" is a key tenet in FirstTRAK's Dynamic Maximization approach, coupled with an understanding that there are factors beyond the EHR that influence positive outcomes and core measures.

THE PROBLEM

Roll out of Cerner Clinical Suite left hospitals struggling to adopt the systems, efficiently enter data, and Drive Physician adoption.

In order to maximize regulatory payments and improve efficiencies, CHS implemented Cerner clinical suite of products, a new financial system, as well as Citrix single sign-on, throughout several hospitals within a 16-month period. Implementation teams assisted with aggressive timelines before moving to the next hospital site. This left hospitals struggling to adopt to the system, often with informaticists new to their role and no one to assist them. The healthcare team had several knowledge deficit areas and were struggling to enter data in the most efficient way. They also had difficulty extracting data. Physicians, in many instances, chose not to use the system, adding to the confusion with some orders written on paper and some entered into the system. Additionally, the hospitals lacked understanding of evaluating data to drive best practices, and in many instances were not aware of existing reports that would assist with process improvement efforts. Clinical documentation lacked consistency and resulted in lack of trust in the data entered. Interdisciplinary plans of care were not utilized for the benefit of bringing the healthcare team together



to communicate outcomes and patient progress. The silos that existed prior to the implementations were still present. The quality department was having difficulty finding regulatory required documentation in the EMR. The nursing leadership team lacked understanding of the system and were not performing their audits which led to a lack of coaching and staff development in use of the system. In addition to the documentation issues, key workflows were not maximized for efficiency, particularly in regards to patient flow, (ED to Inpatient admissions, inpatient to surgery and back, direct admits, and discharge).

THE SOLUTION

Evaluation of Current State, identified improvement opportunities, workflow flaws, and training opportunities

Advisors from FIRST led multidisciplinary teams to evaluate current state. These teams found multiple opportunities for improvements and assisted the organization with a solid plan to help them maximize their EMR system. The FirstTRAK team was able to identify both workflow flaws and training opportunities for both physician and non-physician staff throughout the organization. The overall goal was to leave the sites with a renewed confidence for adoption and maximization of their EMR system.

THE PROCESS

FIRST understands each hospital has a unique culture, yet a commonality to practice safe patient care, maintain physician and staff satisfaction, while meeting regulatory requirements. Our methodology supports this understanding as we work with your hospital team to determine your unique goals and objectives.



ASSESS

During the assessment, interviews were conducted with the executive team, physician champion, nursing leadership team, and ancillary departments. The questions asked led to discovery of the challenges faced and opportunities for improvement. This phase was also used to gather baseline metrics for items such as CPOE usage, barcode medication scanning percentages, regulatory requirements, etc. Additionally, key workflows were evaluated with the hospital teams to gain a better understanding of where to focus the FirstTRAK maximization efforts.



PLAN

From the information gathered during phase 1, goals were set and prioritized with the site. A multidisciplinary team was sent to the site to work with the hospital informatics lead as well as the hospital leadership team. Current state workflow diagrams were provided with recommendations for prioritization. The site approved the workflows and other focus areas for the FirstTRAK team engagement. This included all areas of the organization, such as pharmacy, lab, radiology, registration, etc.



ENHANCE

Partnering with the site, the FirstTRAK team identified physician adoption and training opportunities. On the non-physician side, the lack of consistency with data entry into their EMR led to frustration and decreased regulatory compliance. Additionally, due to the lack of effective training, staff were utilizing several work-arounds that either were



not in their scope of practice or were not supported with their current nursing policies and procedures, such as the use of protocol orders and verbal orders.



IMPLEMENT

Following the enhancement phase, a plan was implemented with the site with weekly executive updates as well as written status reports. Trusting the data in the EMR was a common theme throughout the engagement. For physicians, this plan included open physician education labs, one-on-one plans to support physicians, as well as increased communication between physicians and nursing as it relates to documentation opportunities for improvement. On the clinical side, the FirstTRAK team provided coaching, facilitation of interdisciplinary workflow sessions, informaticist training, and education for data collection. Additionally, a large focus area was the interdisciplinary plan of care documentation that effectively told the patient story with individualized goals, and patient status toward meeting the goals. Finally, there was a renewed use of an interdisciplinary super user group model to help keep the site moving forward.



MEASURE

The FirstTRAK methodology left the hospital teams with the confidence to identify and prioritize both workflow and other areas that will need adjusted as time goes on. They had the knowledge and skills to evaluate data and make decisions based on the evidence. They also had a methodology to utilize that led to increased staff satisfaction, more trust in the data entered into the system, and better regulatory compliance.

THE RESULTS

Overall Improvements

- > Plans tailored to address the unique goals and opportunities of the specific hospital.
- > 360° feedback from all departments and stakeholders.
- > Successful implementation of training resulting in higher levels of compliance and adoption of the new system.
- > Greater confidence and trust in the quality of the data.
- > Increased confidence in the hospital's ability to continuously improve.

Performance Improvements

- > Hospital 1 decreased from high of 78 min (door-to-doc) to 40 min, 265 min LOS to 216 min and 9.9% AMA/LWOT% to 3.4%.
- > Hospital 2 has decreased door-to-doc from 46 min to 34 min and AMA/LWOT from 4% to 2% in two months.
- > Hospital 3 has decreased door-to-doc from 108 minutes to 77 minutes and AMA/LWOT % from 11.7% to 7.2% from May, 2014 to July, 2014.
- > Hospital 4 decreased from 69 min door-to-doc at go-live to 33 minutes in July 2014 and AMA/LWOT % of 5.4% to 3.7% for the same time period.
- > Hospital 5 decreased in two months from 68 min door-to-doc to 40 minutes, LOS from 230 minutes to 196 minutes and LWOT % from 6.6% to 4.2%.

WANT TO LEARN MORE?

Contact FIRST for a full demonstration of FirstTRAK, and start to realize the value hidden within your own Healthcare Information System

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