On the Road to the EHR
The Northwest Community Hospital Experience, Part 2

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August 29, 2011

During case study visits to Northwest Community Hospital (NCH) in Arlington Heights, IL, Care Communication Inc's research team sought information on how the electronic health record (EHR) changed departmental practices throughout the facility with a special focus on critical HIM functions. Those functions include:

Indexing and Scanning

Working 7 days a week on two shifts, HIM scans 800,000 images per month. Through the development of the EHR, the scanning turnaround has been 24 hours from the time the record is received in HIM to get everything into the system, Mike Dibra, manager of HIM operations, explained. "We make ED a priority. You can be seen in ED, and by the time you are discharged 2 to 3 hours later, your health information will already be in the computer system. We monitor productivity every hour to make sure the flow is working, and we change it a lot during the day because we want to keep things moving."

Clinical Documentation Review

Six full-time equivalents (FTEs), nurses and coders, identify opportunities to improve documentation. Physicians are queried for additional information, and records are not coded for final billing pending the answers. To facilitate a higher query rate, Debbie Sarantopoulos, HIM director and privacy officer, has implemented the 3M clinical documentation improvement (CDIS) system. As a result, the documentation and CMI have dramatically improved.

Coding

Smita Rola, coding supervisor, considers herself fortunate to work with an EHR and "cannot imagine" going back to paper. Information is available quickly; multiple users can access the record; and Rola finds it is easier to click onto the desired section instead of looking through numerous pages.

As a result of the EHR, all coders except for Rola and three onsite coders work remotely. Rola reviews records, addresses billing questions or denials and answers coders' questions. Rola considers coder training an important part of her job. She estimates it takes 3 to 9 months before coders are ready to work on their own, preceded by "a 100 percent review for accuracy and productivity standards."

Implementation of the EHR did not reduce the number of coding employees, which remains at 12.4 FTEs. Coder productivity varies with the type of record handled -- an average of 5 per hour for inpatients, mothers, babies and observation; 28 per hour for emergency and treatment centers.

Deficiency Analysis

Deficiency analysis is performed by Tech II analysts, noting missing signatures, dictation and notes.

Deficiencies are sent to the doctors' queue for completion, and physicians have 30 days in which to address the deficiency. Operative reports and queries recently were changed to age after 7 days to assist with coding and records completion. Physicians may be suspended or fined for failure to complete records. Penalties have been approved by the Medical Staff Executive Committee and the Board of Directors.

Master Patient Index (MPI)

HIM monitors weekly audit reports to capture duplicate records and assure the accuracy of the MPI. Issues are reported to Patient Access Services (Registration). HIM Tech II's correct duplicate records using the merge process daily. The hospital's duplicate error rate is between 2 and 3 percent, which is better than best practice.

Release of Information (ROI)

The advent of the EHR reduced the department's former 3- to 5-day ROI response time. Physician faxes now require only ½ hour to complete, and patient care, even less, no matter where they are in the hospital care system. Everything else is turned around in 1.5 days on average.

Patients can request their records electronically at this time. The ROI process is handled internally because the hospital does not use a copy service. The module used was updated in May 2011 to meet meaningful use criteria. HIM is now able to provide records in PDF format if requested.

Records requested for continuing care are free; other requests are charged according to state law.

Security

Access levels are set up through IT and the privacy officer. There is an audit trail, and Sarantopoulos and Dibra do random checks to monitor for inappropriate access to information.

Transcription

Transcription is outsourced, and Sarantopoulos is pleased with the accuracy and turnaround time. H&Ps are transcribed within 4 hours and clinical reports within 2 to 6 hours.

Physicians are pleased with the dictation process that allows them to view, edit and sign off on reports. Once signed, the reports are auto faxed to the designated office of their choice. In annual surveys, NCH physicians consistently give transcription a 90 percent approval rating.

Integrity Coordinator

This new position was added to HIM in February 2011 to support the RAC and audit initiatives. Hospital's across the country are receiving large numbers of RAC request, Sarantopoulos noted, and this position manages and monitors all deadlines, appeals, recoupments, repayments, etc.

Hospital-Wide EHR Impact

Implementation alters routines for physicians, nurses

To assist physician's with the transition from paper to computer, 10 stations initially were set up in the HIM office for physicians seeking assistance with navigating and using the EHR. Today, only two help stations remain -- all that are needed.

"Some physicians were not happy when we took away the paper lab reports, and they had to look for the labs in the computer," recalled Dr. Panayota Kleinman, NCH's medical director. "But it was less work, and nobody asked for it (paper) after a while. Laboratory, radiology, electronic signatures all were pluses for doctors."

"Doctors now have the ability to look at laboratory reports and radiology results even at home as well as in the office," Dr. Leighton Smith, executive vice president for medical affairs, noted. "They have the ability to

do their medical records wherever they might be, and the number of delinquent medical records has gone down."

Transitioning to computerized physician order entry (CPOE) proved more difficult, Dr. Kleinman said, "because now physicians had to interact with the computer." One-on-one training was instituted and completed by nearly all NCH physicians. The most challenging issue in implementing CPOE was translating more than 250 printed order sets into computer orders. Addressing physicians' reluctance to give up their own individual orders was an additional hurdle. It was decided that if there were two ways of doing something and the literature was not clear, two order sets could be authorized based on physician presentation of supporting data.

Offering physicians an on-line complaint button rather than a help desk telephone number to call was key to CPOE implementation success. This enabled physicians to write questions on the CPOE page and e-mail them to Dr. Kleinman. "Not only would all complaints be addressed," Dr. Smith noted, "but the communication would be sent to a physician, not just IT."

For the nursing department, a major challenge was to find a way to move electronic documentation from the nurses' station to the bedside. "NCH decided to provide a work station at every bedside, said Beatty. "By putting the work station on wheels, the nurse did not have her back to the patient." The effort paid off in increased patient satisfaction, he noted, adding that hospital surveys show patient satisfaction at 99 percent.

Facing the Next Set of Challenges
What's Ahead at NCH
When NCH leaders were asked about what is ahead, they had the following to say:

"Portals are part of the future," Dr. Smith said, "and the future is now." With patient satisfaction as its goal, NCH is planning a patient portal that will enable patients to book appointments online.

Sarantopoulos said a portal also would offer a "more patient-centered record." Currently, patients who want to obtain their records need HIM staff to access the records for them.

"The most difficult implementation -- physician documentation -- is still to be done," Smith said. "After CPOE is up and running for 1 year, we will tackle it, and that will close the loop."

Dr. Kleinman hopes voice recognition and templates can ease the way to progress notes. As to copy and paste, he noted the practice has positives and negatives. "You want to copy and paste certain things like a blood pressure rather than trying to remember it, but you have to be careful not to copy and paste 'junk.'"

Achieving connectivity with the wide variety of electronic programs and devices that doctors use in different locations poses additional challenges. The search for an interface with NCH's McKesson technologies has gained impetus following a recent merger with a group of 40 primary care physicians.

Sarantopoulos said explorations for a computer assisted coding (CAC) product are expected begin by the end of the year. Sarantopoulos and Rola are hopeful the hospital can implement CAC before ICD-10-CM/PCS is implemented. It is anticipated that coders' knowledge base and physicians' documentation levels will need to increase to meet the level of specificity required for accurate ICD-10-CM/PCS coding.

Transitioning from the hybrid paper record to a fully electronic record is a challenge, Dale Beatty, executive vice president, hospital operations and COO, indicates, "but people are seeing how inefficient a hybrid (record) can be. We knew we could not get 100 percent paperless, but we are getting close."

Sarantopoulos anticipated a "totally paperless record" will mean more HIM staff working from home. "It seems to work very well for our coding area," she said. "I think it is something we would like to look at."

Lessons Learned -- And Shared
HIM managers offer suggestions

When NCH leaders were asked what they would do differently if they could start all over today with EHR implementation, they freely shared what they had learned.

"With 20-20 hindsight, I would have waited until the products were more mature," Morris said.

Dibra wishes HIM had been more involved from the beginning in one-on-one education of physicians. However, Sarantopoulos said, over time HIM has come to be viewed as a resource and consultative presence.

For those who are beginning the EHR journey, NCH Community leaders had this advice:

"Partner with some somebody who has done it before in an organization similar to yours.and treat the system like an employee. It has a job description; it has things it is accountable for doing; and there are handoffs." -- Morris

"Tell people what you are going to do; have good communication, not just from administration but through physicians talking to and training physicians." - Dr. Smith

"HIM can't be an afterthought. If decisions are made without HIM, it becomes difficult. You must bring yourself to the table." -- Sarantopoulos

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