EHR IMPLEMENTION -- CASE STUDY #3

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Introduction

Ask any medical transcriptionist what he/she thinks of when they hear the acronym "EHR" and you are likely to get a doom and gloom answer. For many years, medical transcriptionists have been hearing about how the electronic health record will replace them, as physicians happily type their own notes directly in the electronic medical record. Reality offers a different scenario, however. Here is just one story.

Background

Fletcher Allen Health Care is a 562-bed, non-profit, academic medical center in Burlington, Vermont. Fletcher Allen was founded in 1995, through the integration of Fanny Allen Hospital, Medical Center Hospital of Vermont, and University Health Center. The organization provides care at more than 35 patient care sites and 100 outreach clinics in Vermont and upstate New York.

In 2007 Fletcher Allen made a commitment to implement an electronic health record. Electronic health record usage has been shown to improve the quality, safety and efficacy of patient care. It does this by providing timely access to medical information about the patient, providing system alerts regarding allergies and other warnings, and built-in best practice standards and other clinical decision-making support.

Fletcher Allen engaged a consulting firm to guide us through the vendor selection process. Transcription management was fortunate enough to be included on one of the many committees formed to evaluate and recommend a vendor. We looked at five or six different EHR systems before collaboratively choosing the one we thought would be the best fit for our institution - Epic Systems of Wisconsin, one of the nation's premier electronic health record software vendors. Early in the planning process we held an employee naming contest for our EHR. The name PRISM was chosen, which stands for Patient Record and Information Systems Management.

Project Scope and Goals

A phased approach was chosen for implementation, with Phase I including the inpatient care sites, the pharmacy, the emergency department, the Walk-In Care center, and our hospital outpatient departments. Computerized Provider Order Entry was also implemented in Phase I. Phases II and III will include the remaining physician documentation, our oncology department, MyChart (a secure web-based portal for patients to view portions of their record) and the roll out of our EHR to all our ambulatory care sites.

The overarching goal for this implementation is to have a single health record for each patient containing useful and meaningful data available to all the providers on his or her care team, from anywhere within the institution. We also expect that the EHR will provide greater efficiency in our current processes, allowing us to continue to provide high quality care in a more cost effective way.

Guiding Principles

Patient Care

- PRISM will be our official electronic health record and all clinicians will access and utilize the system according to their designated role
- PRISM will be patient-centric and patients will have appropriate electronic access to their clinical information and resources.
- PRISM will support ubiquitous patient information availability with appropriate access granted to all clinicians caring for patients (Fletcher Allen Health Care or community-based).
- PRISM will support processes for patients to receive the appropriate level of care regardless of their physical location within the organization
- All medications will be ordered electronically and documented in the eMAR to ensure patient safety
- Clinical documentation will occur at the point of care
- Regulatory requirements, professional practice standards and best practices will be incorporated into PRISM
- Biomedical Devices will be integrated to the fullest extent possible with PRISM
- Duplicate documentation will be eliminated

Processes

- PRISM will support closed loop medication administration and lab specimen drawing
- Decisions will be made with representation across Fletcher Allen Health Care disciplines and departments
- Poor processes will be redesigned
- PRISM will support a paper-"less" system

Administrative

- Everyone will be trained and demonstrate competency before receiving access to PRISM
- PRISM will support the strategic map and mission of Fletcher Allen Health Care
- PRISM will maximize use of discreet data and minimize dictation
- Quality, service and financial benefits will be established and tracked
- All clinical information system technology acquisition for Fletcher Allen Health Care will be guided by the following principles: If EPIC offers the solution we choose it; if not we choose EPIC's partner; if EPIC can't provide the solution we choose a vendor that has many clients using EPIC. In all cases EHR integration and total cost of ownership are the key drivers.

Challenges, Outcomes and Impact

Once the decision was made to implement an EHR, Fletcher Allen put together a large team to work on the planning, design and implementation of PRISM. Most of the members of the team were recruited from various areas within the hospital. These were the people who knew the current state processes, in addition to the challenges and issues that came along with them. They committed to working full-time for the PRISM project. In addition, each area of the hospital had a team of subject matter experts who worked closely with the PRISM project members to guide the design process. These same people were used to test the system extensively. Fortunately, at Fletcher Allen Health Care, transcription representation was actively involved in most aspects of the design and testing phase.

On June 6, 2009, we launched the Phase I. We are now about three months into the implementation and to date we have not seen any impact on dictation volumes. However, not all of the possible physician documentation templates have been built, so time will tell. Currently only discharge summaries are being routinely entered directly into PRISM by the physicians. Phase II may have a greater impact on dictation volumes as more templates are designed.

The largest impact the implementation has had on the transcription department is on the need to monitor the interface between our current transcription system and PRISM. This is a new role/job responsibility for us, and the burden has fallen to the leadership in the transcription department, including the QA leads. We have to monitor the interface daily and resolve any errors, to ensure that all the reports we are sending to PRISM are actually available there. With an average of 100-150 new errors a day, this can be a challenge. These errors occur when the document's interface message has, say a DOB of 01/01/2001 and the EHR system has a DOB for that patient of 01/02/2001. Because it doesn't match, it fails, and I have to fix the problem and send the note over again. Other common errors occur when the system cannot find the right visit to attach the document to, or if the MT attached it to the wrong visit type (i.e., an acute care document type is attached to an ambulatory visit). The EHR system will reject these and manual intervention is required to correct them and re-send them so they end up filed properly. These are just a couple of error scenarios.

The PRISM implementation also made it necessary for us to assume more responsibilities that had currently belonged to the MTs. For example, MTs can no longer add addendums to notes, because the notes are not authenticated in the same system they are transcribing in. Therefore, we had to design a new workflow for addenda, and that task has also fallen to my QA leads.

Another area that was a big challenge for us was the printing of carbon copies for providers. In the new EHR, copies are sent in a manner similar to an email, and land in an in-basket for the provider. If the provider wants a printed copy, he/she can choose to print it from there. This has been a difficult adjustment for some of our community physicians. In addition, building a robust and accurate database in the new system to manage the distribution of carbon copies was a daunting task and is still a work in progress.

Next Steps

As mentioned above, we still have two phases to roll out, and we will be busy planning and designing these phases well into 2010. We hope to have the entire system rolled out by the end of 2010. Transcription leadership is currently engaged in planning the ambulatory roll out.

Summary

To date the implementation of the EHR has not significantly changed the front-line medical transcriptionist's role. It has dramatically impacted transcription managements' job responsibilities and has added a new role – that of monitoring the interface error messages and resolving them. In the past, this was a responsibility taken care of by the information systems staff, who would alert us when there was an error so we could take the necessary steps to resolve it. This is just one example of how our roles in the transcription industry are likely to change as hospitals and other institutions begin to adopt EHR technology. It highlights the need for us to understand the systems we are working with, and to actively seek out education around EHR implementation. We are experts in our field, and fully understand the processes, challenges, and issues that exist around accurate and meaningful medical record documentation. Who better to be at the table when having EHR discussions?