

# The Long and Winding Road to the Implementation of the Electronic Medical Record

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**Forsyth** REHABILITATION CENTER

The image features a black banner at the top with the text 'Forsyth REHABILITATION CENTER' in white. The 'Forsyth' part is in a serif font with a white arc above it, and 'REHABILITATION CENTER' is in a sans-serif font. The background is a photograph of a large, multi-story building with a stone facade and large windows, partially obscured by greenery and a fence in the foreground.

# **Forsyth** REHABILITATION CENTER

- **Affiliated with Novant Health**
- **Opened in 1971**
- **One of the first regional rehabilitation centers in NC**
- **43 operational IRF beds**

# Forsyth) REHABILITATION CENTER

- **CARF accredited since 1983**
- **CARF accredited stroke specialty program since 2007**
- **TJC accredited stroke specialty program**
- **Magnet Certification since 2004**





# Mission Statement

**Novant Health Exists to Improve the Health of Communities, One Person at a Time....**



## VALUES

- Compassion
- Teamwork
- Diversity
- Personal Excellence

# Programs

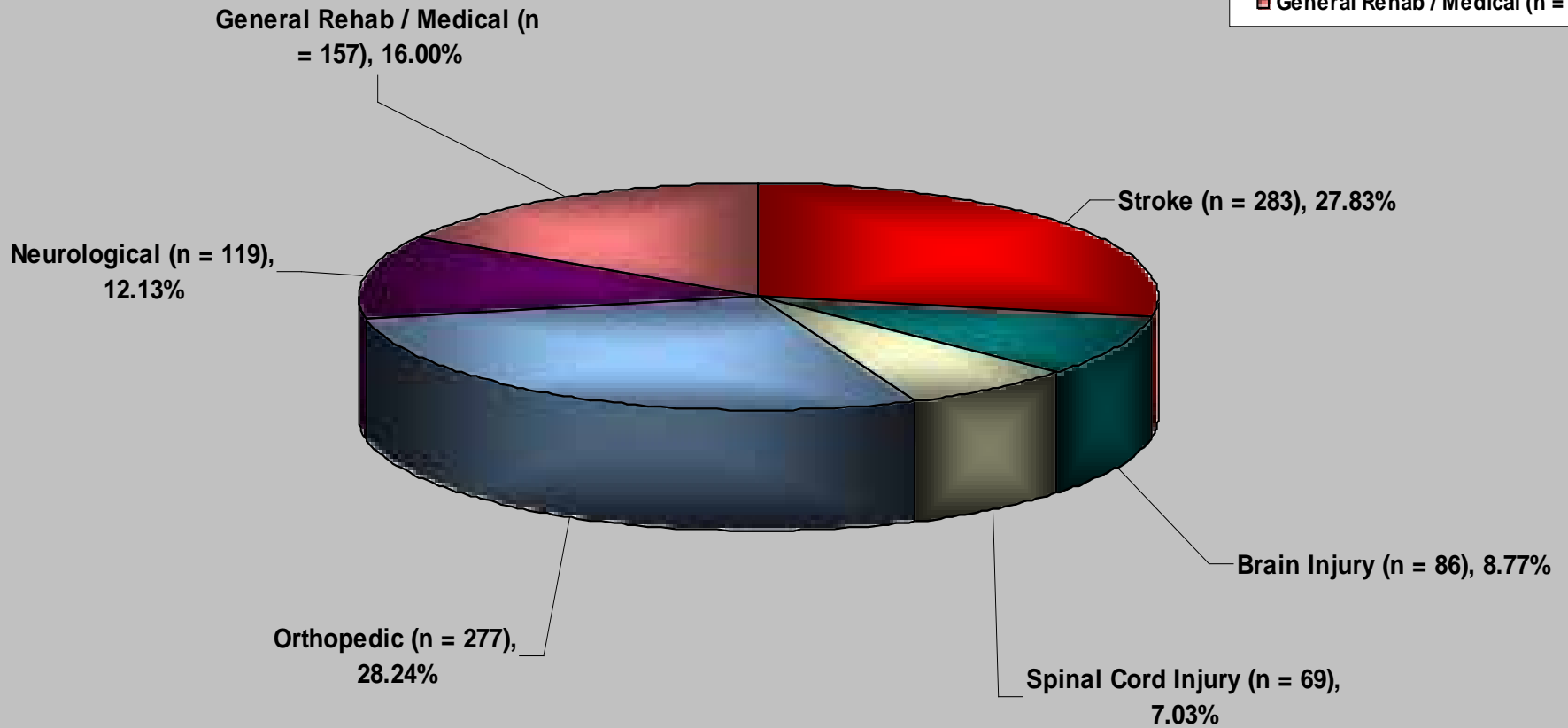
- **Stroke**
- **Orthopedics/ Amputations**
- **Other Neurology**
- **Spinal Cord Injury**
- **Brain Injury**
- **General Rehabilitation/  
Medical**



# Forsyth Rehabilitation Center

## 2010 Diagnosis Breakdown

- Stroke (n = 283)
- Brain Injury (n = 86)
- Spinal Cord Injury (n = 69)
- Orthopedic (n = 277)
- Neurological (n = 119)
- General Rehab / Medical (n = 157)





# Goals of Implementing an Electronic Medical Record

- Provide a validation tool for compliance with CMS regulations and other regulatory standards
- Improve accuracy and efficiency of data capture and drive quality improvements

# Goals of Implementing an Electronic Medical Record

- Improve tiering and revenue capture
- Improve access to interdisciplinary real-time documentation
- Improve ability to manage patient care in real time



# Where to *Begin*?

- Project Coordinator
- Identify/research available products
- Site visits
- Phone interviews
- Internet searches



# Trial

- Steering committee to plan and initiate trial
- Included only FIM documentation
- Onsite training



# Post Trial Analysis

- ∅ Increase of \$1611 in average CMS stroke case payment
- ∅ Consistency in assessment practice
- ∅ Link present practices to outcomes
- ∅ Improved accuracy of patient assessments



# Anticipated Advantages of EMR

- Physician post admission assessment
- Pre-admit assessment within 48 hours prior to the admission
- Being more prepared for Medicare Audits



# Anticipated Advantages of EMR

- Capturing tiering co-morbidities
- Interdisciplinary documentation
- Increase in consistency with FIM scoring

# Implementation

- ∨ Identify System Administrators
  - § Program Director
  - § IT
  - § Nursing
  - § Therapy
- ∨ Selected Super Users for each discipline
- ∨ Administrator Training



# Implementation

- ✓ Content review
- ✓ Assess equipment needs
- ✓ Staff training
- ✓ “Go Live” date set
- ✓ Implementation with new admissions only



# Reports

- ▼ % of complete preadmission assessments
- ▼ Admissions rate within 48 hours of assessment
- ▼ PAA completed within 24 hours of admission
- ▼ IPOC completion rate within 4 days of admission
- ▼ Discharge plan rate of completion within 4 days of admission

# Reports

- ▼ # of days to initial care conference
- ▼ Frequency of care conference
- ▼ Rate of compliance with 3 hour rule
- ▼ Rate of patients attaining IPOC goals
- ▼ Discharge disposition plan

# First 4 Day Report

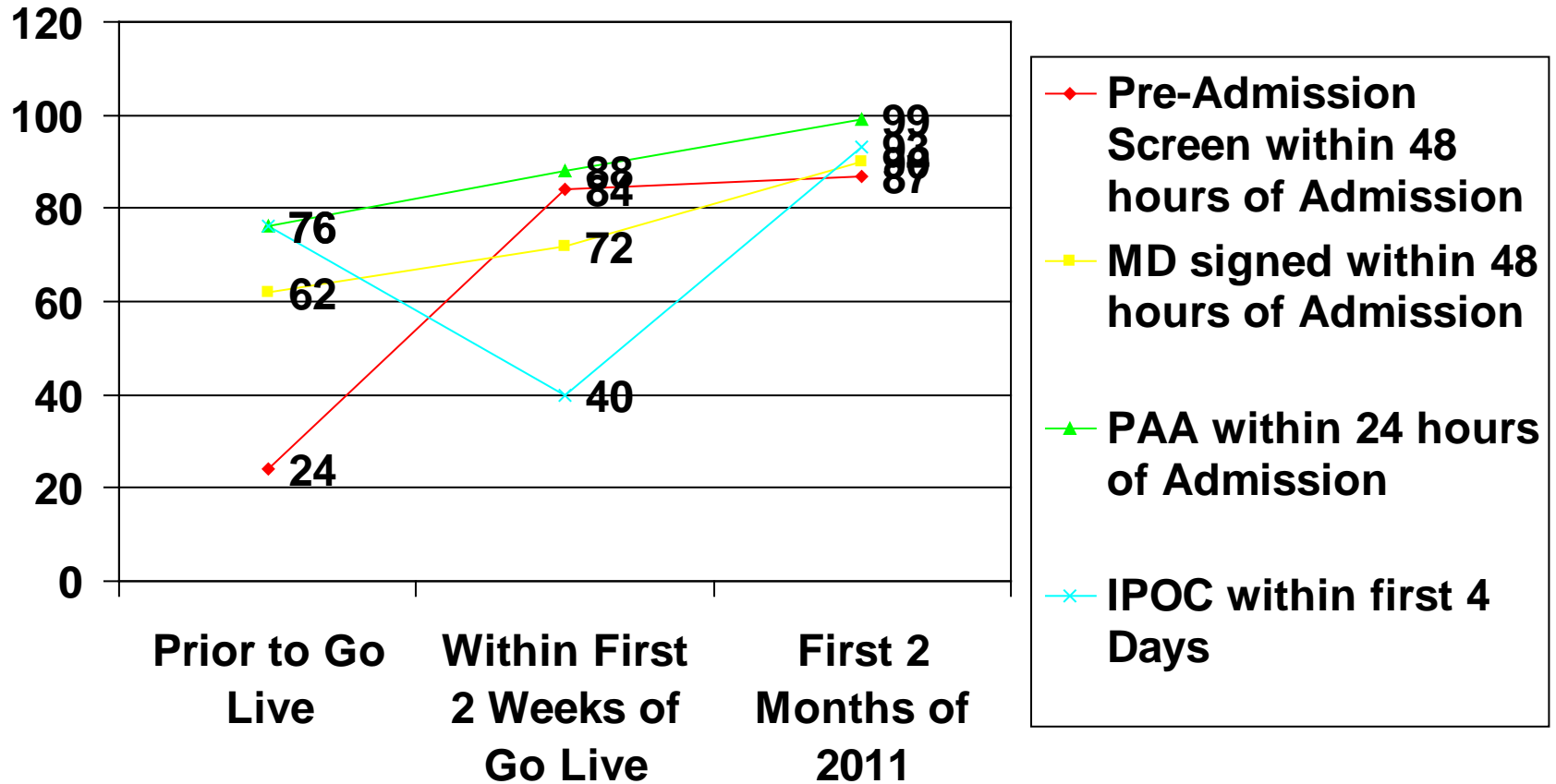
- Pre-admission screen
- Physician signature
- Physician post admission evaluation
- PT/OT/SLP initial evaluations
- IPOC

# First 4 Days Active Patients

**Active Patients:** 02/10/11 12:03

Patient	Admission	48 Hrs Prior to Admission		24 Hrs From Admission	36 Hrs From Midnight of Day of Admission (2 of 3 Required)			4th Day Post Admission
		Clinical Liaison Pre-Admission Screen	Physician Signed	Physician Post Admission Evaluation	Physical Therapy Initial Assessment	Occupational Therapy Initial Assessment	Speech Lang Pathology Initial Assessment	Physician-Interdisciplinary Individualized Plan of Care
	<b>Patients</b>	<b>40</b>	<b>40</b>	<b>38</b>	<b>35</b>	<b>37</b>	<b>12</b>	<b>35</b>
	<b>Compliance %</b>	<b>78%</b>	<b>85%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>94%</b>
	02/09/11 15:23	✓ 2/9/11 9:15	✓ 2/9/11 11:13	✓ 2/10/11 11:45	In Progress	✓ 2/10/11 10:00	SLP N/A	In Progress
	01/28/11 14:09	✓ 1/28/11 10:08	✓ 1/28/11 11:17	✓ 1/29/11 6:50	✓ 1/29/11 14:50	✓ 1/29/11 14:40	SLP N/A	✓ 1/31/11 13:51
	02/02/11 19:05	✓ 2/1/11 12:31	✓ 2/1/11 14:26	✓ 2/2/11 20:46	✓ 2/3/11 15:00	✓ 2/3/11 13:36	✓ 2/3/11 13:50	✓ 2/3/11 14:45
	01/27/11 18:24	✓ 1/27/11 11:41	✓ 1/27/11 12:30	✓ 1/28/11 6:34	✓ 1/28/11 9:45	✓ 1/28/11 14:31	✓ 1/28/11 12:00	✓ 1/29/11 6:48
	01/28/11 18:59	✓ 1/27/11 12:40	✓ 1/27/11 14:35	✓ 1/28/11 23:31	✓ 1/29/11 16:00	✓ 1/29/11 13:50	✓ 1/29/11 10:30	✓ 1/31/11 13:53

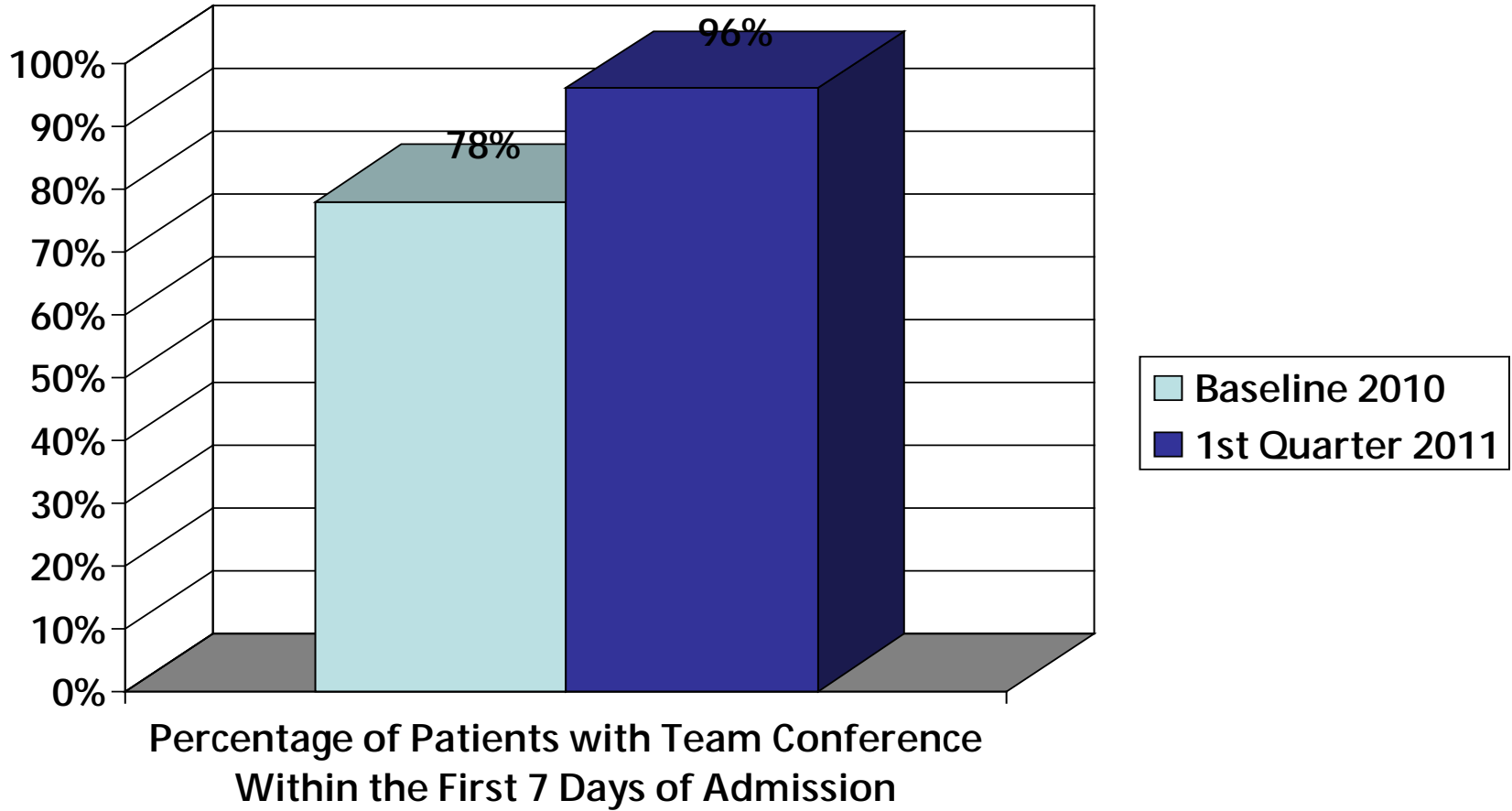
# Percentage Compliance



# Care Coordination Measures Report

- Identifies initial team conference within first seven days of admission
- Can be run for active or discharged cases
- Includes IGC, frequency and duration of conference

# Team Conference in 1<sup>st</sup> 7 Days



# Care Coordination

## Care Coordination Measures Discharged 04/01/11 thru 04/17/11

% of Team Conferences within 7 Day of Admission: 95%

Patient	Account ID	Admit Discharge	IGC	Team Conference	Within 7 Days	Duration (Minutes)	Days from Admit/Previous
		02/28/11 18:56	1.2	03/02/11 10:36	Yes		2
		04/01/11 13:46		03/10/11 10:02	No		8
				03/16/11 10:08	Yes		6
				03/23/11 09:14	Yes		7
				03/30/11 09:48	Yes		7
		03/25/11 18:05	16	03/30/11 09:38	Yes		5
		04/08/11 12:15		04/06/11 09:17	Yes		7
		03/18/11 19:21	1.2	03/23/11 09:16	Yes		5
		04/07/11 17:50		03/30/11 09:52	Yes		7
				04/06/11 09:26	Yes		7
		03/21/11 18:44	1.2	03/23/11 09:06	Yes		2
		04/14/11 21:40		03/30/11 09:29	Yes		7
				04/06/11 09:12	Yes		7
				04/13/11 09:51	Yes		7
		03/22/11 15:20	8.51	03/29/11 10:09	Yes		7

# 3 Hour Rule Report

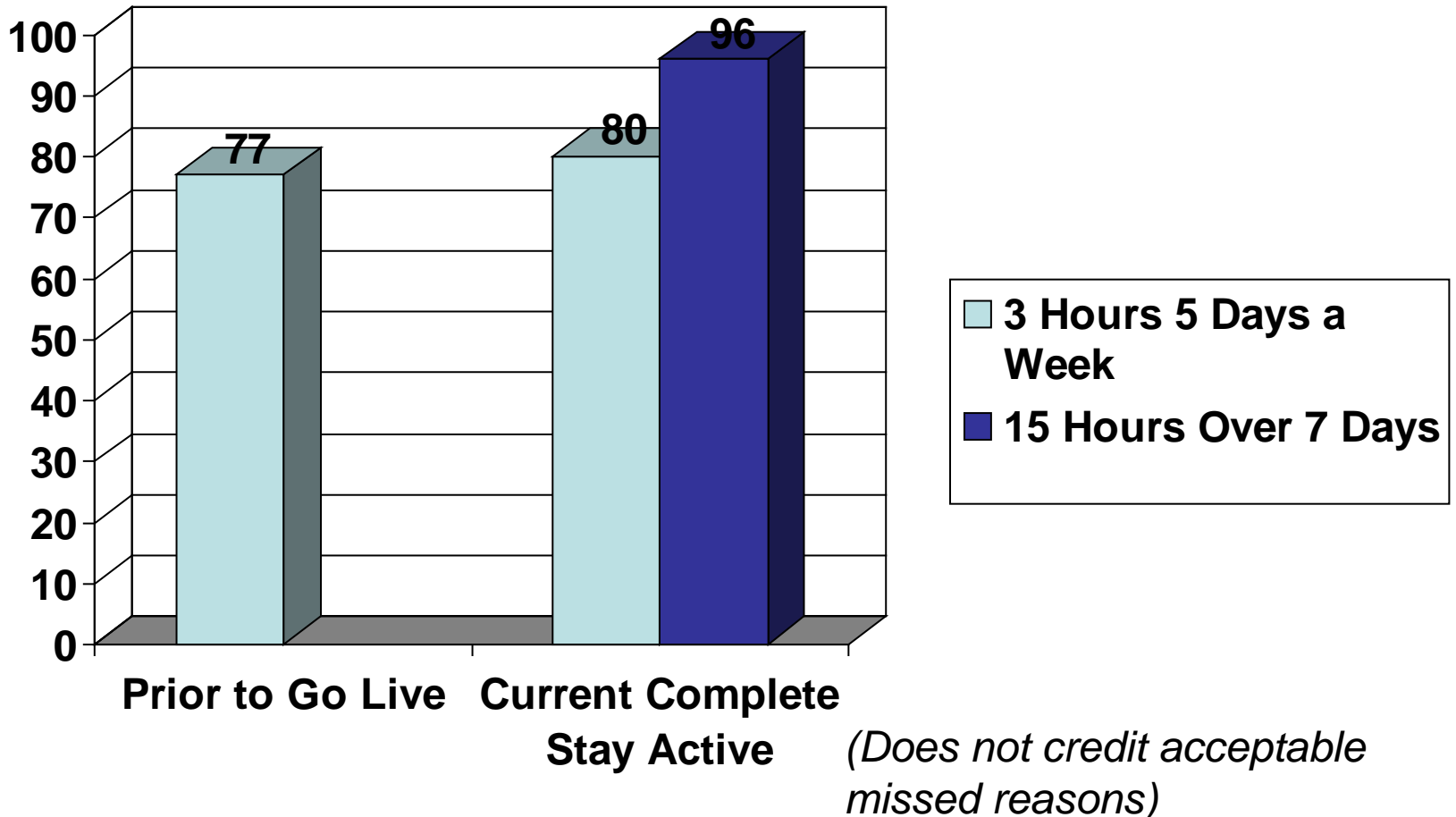
- Care Plan frequency/duration
- Current 7 day period
- Compliance with 3 hr/5 days or 15 hour/7 days by week and over entire stay
- Exception reasons
- Uses actual contact time rather than charges to calculate

# Intensity and Duration

## 3 Hour Rule Active Patients Complete Stay 3 Hour Rule Compliance

Patient - AccountID Admit Date	Care Plan	7 Day Period	Hours								Compliant	
			Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7	Total	3/5	15/7
04/14/11 22:16	3 Hrs/5 Days	04/14/11 thru 04/20/11	0.00	3.50	1.50	3.08	3.75	3.58	4.00	19.42	Yes	Yes
		04/21/11 thru 04/27/11	3.92	3.42	0.00	0.00	3.50	0.00	0.00	10.83	No	No
		04/22/11 10:00 patient had nursing needs										
Complete 7 Day Periods: 1			3 Hrs/5 Days Compliant: 1								100%	100%
04/12/11 15:26	3 Hrs/5 Days	04/12/11 thru 04/18/11	0.00	3.08	3.17	3.50	1.50	3.00	3.00	17.25	Yes	Yes
		04/19/11 thru 04/25/11	0.83	3.17	3.00	3.00	0.00	0.00	3.17	13.17	No	No
		04/19/11 11:23 On Hold 04/19/11 15:02 on Hold pending X-ray										
Complete 7 Day Periods: 1			3 Hrs/5 Days Compliant: 1								100%	100%
04/20/11 19:18	3 Hrs/5 Days	04/20/11 thru 04/26/11	0.00	3.00	3.00	3.00	0.00	2.83	0.00	11.83	No	No
		04/25/11 10:00 Gone for Testing 04/25/11 11:00 Gone for Testing										
Complete 7 Day Periods: 0			3 Hrs/5 Days Compliant: 0								0%	0%
04/08/11 15:37	3 Hrs/5 Days	04/08/11 thru 04/14/11	0.00	3.33	3.00	3.67	3.58	3.67	3.50	20.75	Yes	Yes
		04/09/11 08:55 Not tolerated -Fatigue										
		04/15/11 thru 04/21/11	3.17	0.00	0.00	3.67	3.00	3.00	3.67	16.50	Yes	Yes
04/22/11 thru 04/28/11	3.25	0.00	0.00	3.00	0.33	0.00	0.00	6.58	No	No		
Complete 7 Day Periods: 2			3 Hrs/5 Days Compliant: 2								100%	100%
04/25/11 12:00	3 Hrs/5 Days	thru									No	
Complete 7 Day Periods: 0			3 Hrs/5 Days Compliant: 0								0%	0%

# Percentage Compliance



# Goal Attainment

- Gives % Team Goals Met, number Active and number Not Met by patient and totals at the end
- States Problem, Goal, Status of Goal and Text of Goal

# Goals

## Barrier To Discharge Problem Goals Discharged Patients 04/01/11 - 04/25/11

Account ID:

Admit: 02/28/11 18:56 Discharge: 04/01/11 13:46

### Impaired Bladder Management

Goal A: Active Patient/family will demonstrate ability to manage bladder at discharge

### Impaired Endocrine/Metabolic Function

Goal A: Active Patient/wife will demonstrate ability to manage diabetes at discharge

### Impaired Communication

Goal A: Met pt will communicate basic ideas with min. A to use multimodal communication.

### Impaired Self-care Mgmt/ADL/IADL

Goal A: Not Met Complete ADLs with min A to decrease burden of care upon discharge.

Met: 1 (25%)

Active: 2

Not Met: 1

Account ID:

Admit: 04/05/11 14:13 Discharge: 04/19/11 11:08

### Impaired Self-care Mgmt/ADL/IADL

Goal A: Met Pt to require no more than supervision/setup with self-care to decrease burden of care at home

### Impaired Mobility

Goal A: Met pt will be S assist with transfers and ambulating household distances with LRD to decrease burden of care at home

Goal B: Met pt will initiate stair training

# Disposition Plan Report

- Monitor effectiveness with discharge planning
  - Captures any change of discharge plan from community to facility or from facility to community
  - Includes IGC, work area, patient info, date of the change and how many days into their LOS the disposition plan changed
  - Can be run for active or discharged patients

# Discharge Plan

## Discharge Disposition Plan

Discharged 04/01/11 thru 04/17/11

Patient	Account ID	Work Area	IGC	Admit Discharge	Disposition	Disposition Date	Days	
							Change	Prepare
			1.2	03/18/11 19:21 04/07/11 17:50	Community Facility	03/18/11 10:14 04/06/11 09:26	19	1
			1.9	03/28/11 17:45 04/12/11 14:22	Facility Community	03/28/11 13:50 04/06/11 09:19	9	6
			4.130	03/25/11 14:00 04/07/11 12:00	Facility Community	03/23/11 15:20 03/25/11 12:44	2	13
			3.1	03/17/11 13:58 04/14/11 18:10	Community Facility	03/16/11 14:44 04/11/11 08:10	26	3

Patients: 45

Patients UnChanged: 91.11%

Patients Changed: 8.89%

Community: 91.11%

Community To Facility: 4.44%

Facility: 0%

Facility To Community: 4.44%

# Additional Reports

- Staff Productivity
- CMI Cost Burden Reduction Report
- Education Report



# Report Utilization

- Assigned leader responsibilities for each report analysis and follow up
- Determine frequency for reports
- Identify where the information is to be presented
- Continue to practice with a questioning attitude



# Challenges

- Communicating results
- Compliance changes
- Utilizing information to make real time changes
- Implementing process improvements based on reports



# Questions?

