

# Selecting an EMR

## *To Support Person Center Care*

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# Learning Objectives

- Understand the methods and available resources to evaluate your readiness for an electronic health record (EHR).
- Understand the process of selecting your Person Centered Care EHR
- Understand the process for implementing a successful EHR application within your program.

# **New York State's Nursing Home HIT Demonstration Project: A brief over-view**

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Pioneer Network National Conference  
Chicago, IL  
August 4, 2014

# Parties to the NY project

- **1199 SEIU United Healthcare Workers East**
  - 300,000 workers in NY, MA and MD
  - Affiliated with Service Employees International Union
- **The 1199 SEIU Training & Employment Fund**
- **140 nursing home operators** in the NY Metro region who are contributing employers to the 1199 Greater NY Benefit Fund and the 1199 Greater NY Worker Participation Fund
- **The Quality Care Oversight Committee (QCOC)**

# Background

## How did the demonstration come about?

2002 bargaining agreement between union and NH industry

- Established a 3 member Quality Care Oversight Committee (QCOC): a neutral chair, an employer rep and a labor rep
- Purpose:
  - Study/review nursing care practices, including staffing, job assignments, duties
  - Consider professional and technical practice issues.

# And then, in 2006 an Interest Arbitration Award

- The goal:
  - Test the feasibility of implementing HIT in NHs
  - Assess its impact on: residents, workers, labor relations, organizational culture and finances.
- The study
  - a prospective, quasi-experimental design
  - derived info from multiple sources including qualitative data on the process by which the technological innovation was established
- The question to be answered:
  - Will HIT, when properly implemented, in a supportive workplace, improve performance in all of these areas?

# Funding for the project

- NYS Legislature: approved \$9,000,000 in 2006 for:
  - First 17 months of a 60 month contract between the vendor and the participating NHs
  - Evaluation of impact on labor and residents
- Commonwealth Fund for additional evaluation
  - Business case
  - Culture change/person-centered care
- Project started January 2007
- Completed Spring 2009

# Preliminary work

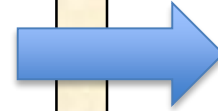
## • Vendor Chosen

- Consultant Hired
- RFP to prospective vendors
- Top 3 recommended to QCOC
- Vendors Conference
- **eHealth Solutions Inc. selected**



## ■ NHs Chosen

- 140 NHs eligible were sent letters
- 83 Letters of Interest returned
- Self-questionnaire sent to **the 83** homes
- 54 Returned
- Vendor graded and recommendations made to QCOC
- Participants conference
- **Final 20 chosen**



## ■ Rest of Team

- **1199 Training & Employment Fund-** To assist with leadership development and creation of labor/management committees to support collaborative decision making
- **Researchers separate teams for each component of the study**



# Research Teams

- Scheinman Institute on Conflict Resolution - Cornell (Co-PI's: David Lipsky and Ariel Avgar)
  - Employment
  - Labor relations
- Cornell Institute on Translation Research on Aging (CITRA)
  - Effects of the EMR on residents (PI: Karl Pillemer)
  - Assessing the degree of “culture change” taking place because of the EMR installation (PI: Rhoda Meador)
- Wharton School of Business – U Penn (PI: Lorin Hitt)
  - The “business case” - financial component surrounding EMRs in long-term care

# *SigmaCare* by eHealth Solutions

## What it consisted of

- Wireless mobile EMR system **designed specifically for nursing home staff** based on their workflow

## Functionality

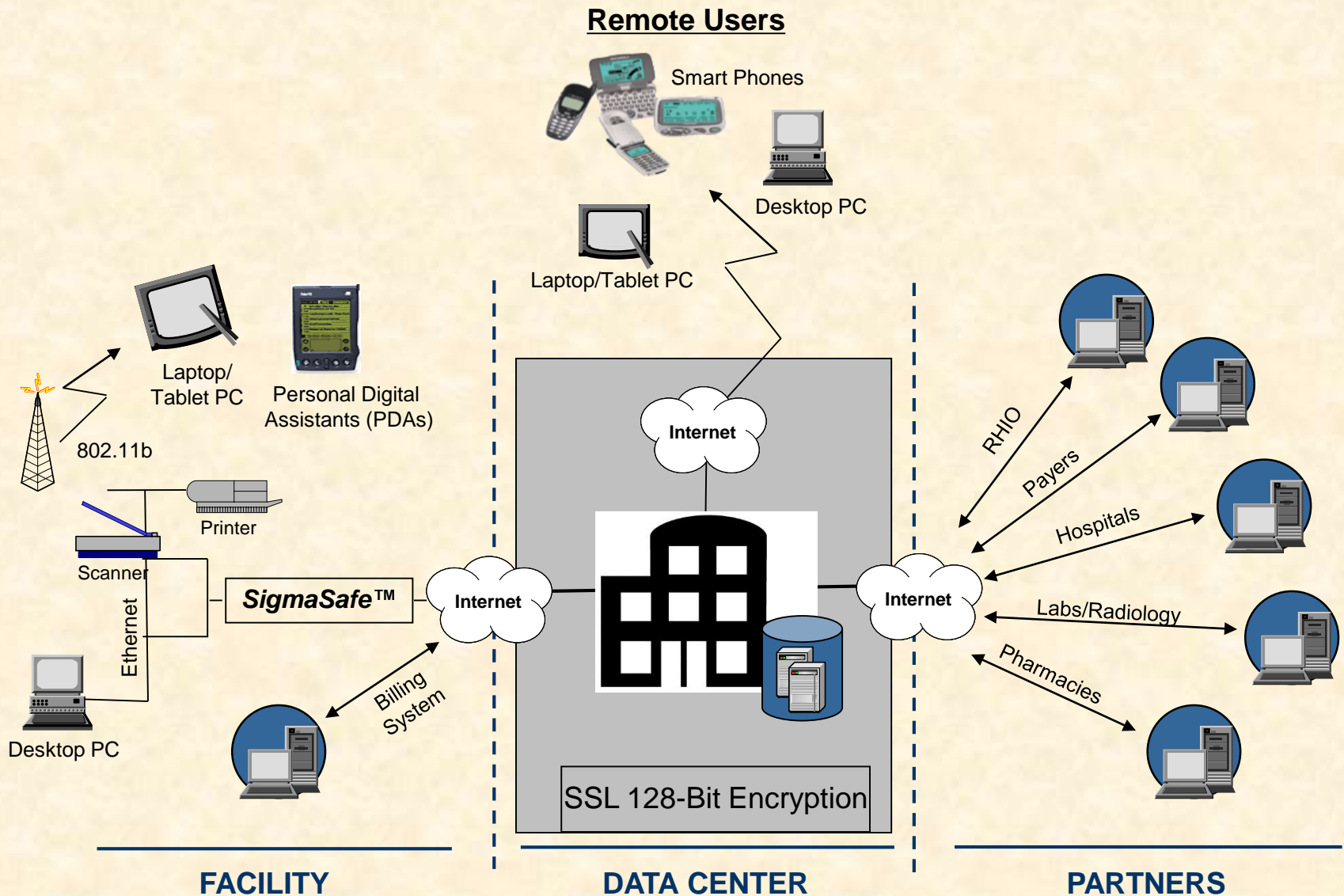
- Gives all staff access to resident's record concurrently and at the point-of-care
- Automates Physician Orders, Medication Administration Records (MARs), Treatment Administration Records (TARs), Care Plans, Progress Notes, Nursing Instructions & CNA Assignments
- Physicians can access resident's records remotely
- Allows the clinicians to monitor real-time quality measures and reports on clinical exceptions

## Interoperability

- Fundamental component for any RHIO: enabling collection and transfer of data among relevant parties
- Technology that enables interoperability between long-term care continuum and acute care



# ASP Architecture & Interoperability



# Implementation Process: Its not just the hardware!

**Support from Leadership**

**1**

**Pre-Implementation  
and Project  
Planning**

**2**

**Labor/Management  
and Change  
Management  
Program**

**3**

**Hardware &  
Network  
Infrastructure**

**4**

**System  
Configuration and  
Integrations**

**5**

**Onsite Training  
Program**

**6**

**Pre Go-Live Week**

**7**

**Go-Live Support**

**8**

**Ongoing Support  
and Monitoring**

**Optimum User Adoption  
& Customer ROI**

# Challenges Experienced

- Fear of change – from both workers and management
- Adult learning difficulties
- Fear of layoffs
- Fear of technology
- Fear of discipline
- Government access to areas of information they were not normally entitled to
- Fear of working collectively – both Labor and Management

# Findings – impact on residents

- No statistically significant effect was found on any outcomes - clinical, functional, or QOC;
- One exception: a significant negative effect on behavioral symptoms – not clear why
- Residents' subjective assessment of the HIT intervention were generally positive.
  - 60% said they noticed no change in their care
  - 30% said they felt care had improved
  - 7% said it had declined

# Workforce: 3 Case Studies - Mediating Factors

	Home A	Home B	Home C
Application of EHR	Surveillance and discipline	Monitoring and learning	Learning and skill development
Anticipated managerial benefits	Control	Efficiency	Empowerment

# Workforce: 3 Case Studies - Explanatory Factors

	Home A	Home B	Home C
Managerial Style	Authoritarian	Progressive	Participatory
“Culture change”?	No	Partial	Yes
Employment Relations	Adversarial	Traditional	High Performance
Labor Relations	Adversarial	Cooperative	Cooperative



# Employment related outcomes

“Whether EMR has beneficial effects on the costs and quality of healthcare depends very much on the purposes and objectives nursing home managers and administrators intend to achieve through its use. That is, management strategy and style, we believe, strongly influences healthcare outcomes associated with technological innovation.”

# “Business case”

- Overall
  - weakly positive on simple measures of profitability
  - Generally inconclusive on other economic production functions
  - HIT adoption associated with a 2-3% greater efficiency.
- **In homes with progressive work practices a very consistent, significant improvement in economic performance.**

# Impact on “Culture change”

4 areas of change most reported:

- A. change pertaining to the adoption and/or improvement of specific resident-centered practices
- B. change associated with the medical needs of different resident “populations”
- C. changes in overall leadership style and employer approach
- D. change in response to market forces.

# **A. Adoption and/or improvement of specific resident-centered practices**

Examples include

- Culturally-sensitive programming,
- Increased language sensitivity as a function of the populations being served.
- Introduction of computer and internet opportunities for residents.
- Seasonally appropriate activities

## **B. Changes seen associated with residents' clinical needs**

Examples include

- Individualized meal planning,
- Increased dietary sensitivity,
- Introduction of specialized medical units (dialysis treatment, dementia unit, etc.)
- Improvement of environment and living space
- Differentiating approach for younger, short-term rehab clients – i.e. no longer a “one size fits all”

## C. Changes in over-all leadership style or approach

- Staff collaboration
- Communication between different levels of staff
- Teamwork

*“Management formulated a plan for emergency evacuation of vent patients. It simply did not work. The policy was scraped and a new one was written based on suggestions and feedback directly from nurses, respiratory therapists and CNAs. **This was the first time a facility policy was developed in this collaborative manner and the resident-centered outcome was both practical and workable”.***

## D. Changes in response to “market forces”

*“We didn’t sit down and decide that we’re going to start culture change. It’s a gradual process where you realize that in order to keep the beds filled and to involve everyone in the nursing home business and survive in the business you have to change”*

*“People didn’t want to come to nursing homes because it’s where people lie down in hallways and get care; the perception was bad. So, any nursing home now, you have to change the way you do business.”*

**Thank you**



# Selecting an EMR

## *To Support Person Center Care*

*August, 2015*

*Prepared by:*

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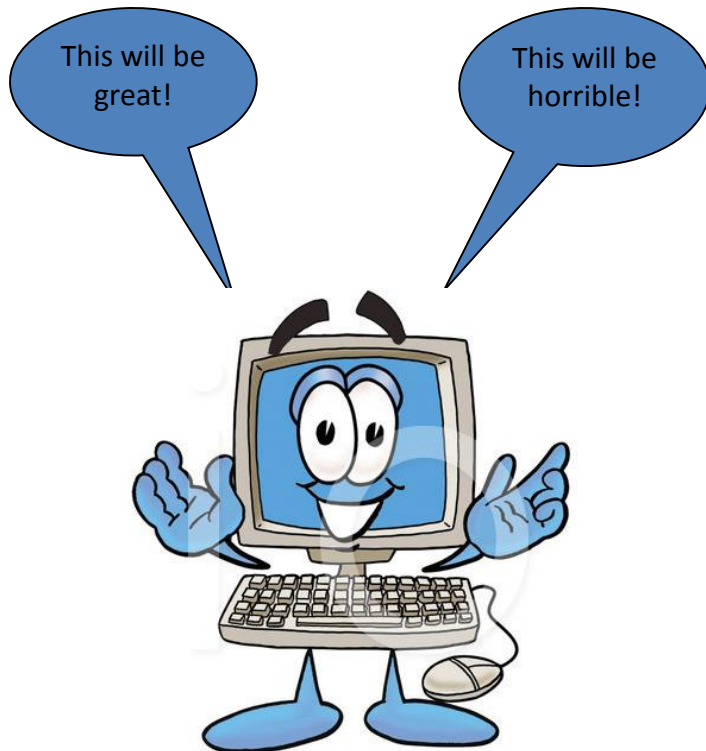
*LSS Center for Clinical Excellence*

# EHR Selection Overview

- Ready
  - Readiness assessment
  - Assemble your team(s)
  - What's up in the neighborhood
- Planning tools
  - Predefined Criteria
    - KLAS Summary
    - Clinical
    - PERSON CENTERED CARE components
  - Information sources
  - Checklists / Questionnaires / Evaluation forms
  - Team(s)
  - Other considerations
- Execution
  - Vendor Review
  - Organizing implementation

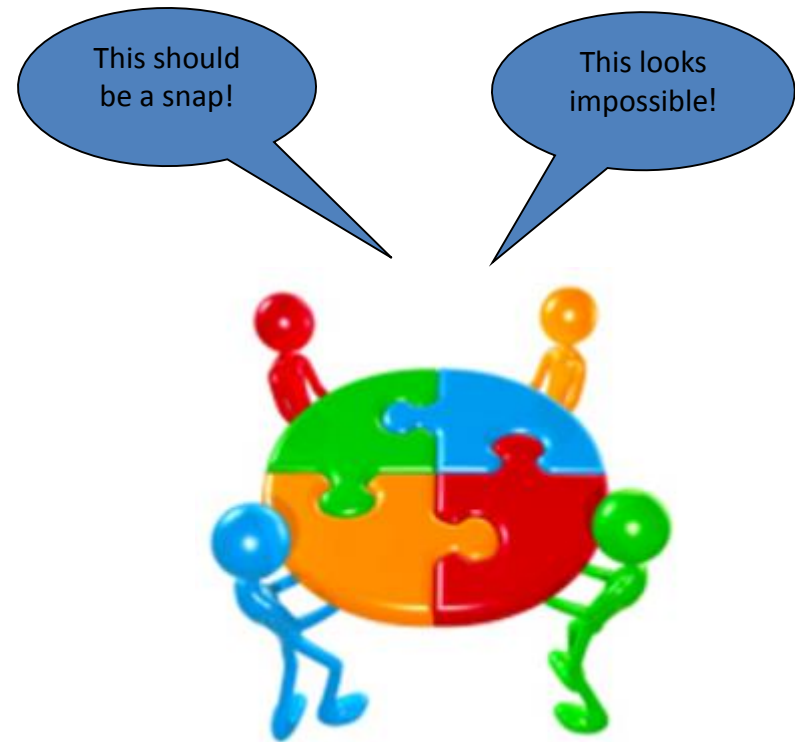
# Readiness Assessment

Everybody on board?



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Realistic expectations?



# Readiness Assessment

- Need to pause at multiple periods to assessment

**1**

Ready to purchase

**2**

Ready to implement

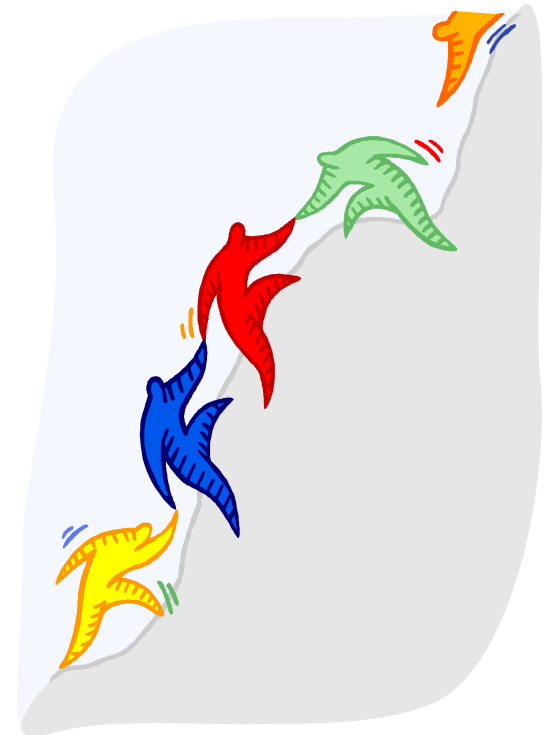
**3**

Ready to utilize

Purchasing the “right” EHR  
will not solve all of your problems!

# Assemble Your Team

- Who to consider
  - Clinical Team, Business Team and PERSON CENTER CARE sponsor
- When to consider
  - Early in the process
- Assignments
  - Identify EHR functional requirements
  - Narrow down the contenders
  - Evaluation and site visits
  - Serve as liaison with the rest of the team
  - Generate a request for proposal to be submitted to vendors



# Exploring the Environment

## What are your partners doing?

- ✓ Hospitals
- ✓ Physician practices
- ✓ Referral sources
- ✓ Outsourced referrals
- ✓ Competitors
- ✓ Networks (ACO's, GPO's)



## Early adopter and innovator of PERSON CENTER CARE

- ✓ Bi-directional information sharing
- ✓ Resident/Guest/Family access
- ✓ Consider levels of care provided

# Review the Landscape

## Location & Vendors

- Reliable Internet and Network connections?
- Vendors
  - Interface (inbound and outbound)
  - Lab, Pharmacy, Radiology, Clinical partnerships
  - Outbound reporting
- Infrastructure Needs
  - Co-locations
  - Server hosting
  - Hardware requirements
  - User devices
  - Collateral software needs
  - Printers/scanners
  - I.T. Support



# Readiness Assessment

Finally you are ready! Now slow down and take your time.

- A good deal of money is involved in an EHR purchase
- **The most costly aspect will be the time and effort spent going from paper to an EHR**
- Make sure you purchase the “right product” to support the organizations key initiatives and guiding principles.
- It pays to invest adequate time and thought in the selection process - don't rush
- Negotiation from the organizations position, not from the vendor position.



# Readiness Assessment

## Readiness Assessment Tools

- CHIT readiness assessment tool
- EHR impact assessment tool
- CHIT Vendor Survey
- HIMMS
- KLAS
- Leading Age
- Other(s)

# Recommended Criteria for EHR Software

EHR software should pass the **ACID** test.

- **A**ffordability
- **C**ompatibility
- **I**nteroperability
- **D**ata Stewardship

# Checklists and Features

- Think about desirable features ahead of time
  - Rank desirable features
    - Features that are absolutely necessary
      - Improve efficiency, quality and/or safety
    - Features that would be nice to have
    - Features that are optional
  - Resources:
    - E-Health Initiative master quotation guide
    - Selecting the right EHR
- Explore the CHiT web site
- Center for Health Information Technology Web site
  - [www.centerforhit.org](http://www.centerforhit.org)
    - General information and tutorials
    - EHR vendor specific information
    - EHR user reviews



# Beyond The Checklists

Can the software perform this function?



Of course!



## Should be followed by these questions...

Is there any third-party software that needs to be purchased to make it functional?

What will your references say about it?



Is there any additional expenses

# Beyond The Checklists

## Person Center Care Scenarios

- Document a complex patient
  - Multiple problems
  - Sample of current documents
- Sample workflow scenarios
  - Lifestyle enrichment
  - Converting paper into digital format
  - Ordering laboratory and radiology studies
  - Workflow requiring interfaces

# Beyond the Checklists

Consider how the particular EHR looks and functions:

- Some look like a paper chart (tabular)
- Some will use checkboxes and pop-up lists, while others will enter blocks of text with text “expanders”
- Ability to reuse information
- Tracking, disease management and reminder functions

# Potential Resources

What -

- Help with evaluating your office
- Help with choosing an EHR
- Help with making a deal

Who-

- National health IT firms
- Local health IT experts and lawyers
- National and local experienced family medicine physicians



# Site Visits

- Since the work and time necessary to transition to electronic format represent the main cost of an EHR implementation, it is **always worthwhile** for a provider and, ideally, key staff to make a site visit to another current user location utilizing the EHR of interest .
- A site visit is a good investment of money and time even if the decision is to not purchase the EHR in question.



# Decision Points

- “More” is not always better
  - Match the EHR capabilities with your needs
  - Avoid excessive complexity
- Concentrate on “core” EHR capabilities that use digital information well:
  - Connections to outside information sources
  - Communication within the office
  - Ability to reuse information that is entered once
  - Ability to facilitate teamwork and collaboration
  - Ability to have the patient enter information in the office or at home

# Beyond the Checklists

- What makes an EHR more expensive?
  - Extensibility
    - Provision for one to hundreds of users
    - Runs on advanced databases
  - Configurability
    - Customizable for different individuals, offices and specialties
    - Look and feel of the program can be adjusted
  - Granularity
    - Program permissions and options can be set at the individual and group level
  - Integrated EHR and practice management system
  - Bells and Whistles
    - Web module, PDA module, etc.

# Considerations before Purchasing an EHR

- How is it licensed
- Training issues and costs
- Implementation costs
  - Functional milestones
- Service Level Agreements
- Development and enhancement responsibilities
- Service provider model
- Database model
- Certification issues
- Security Compliance
- Service-level agreement
  - Hours and methods of support
  - Response times and severity
  - Problem resolution and escalation

# Arranging For Implementation

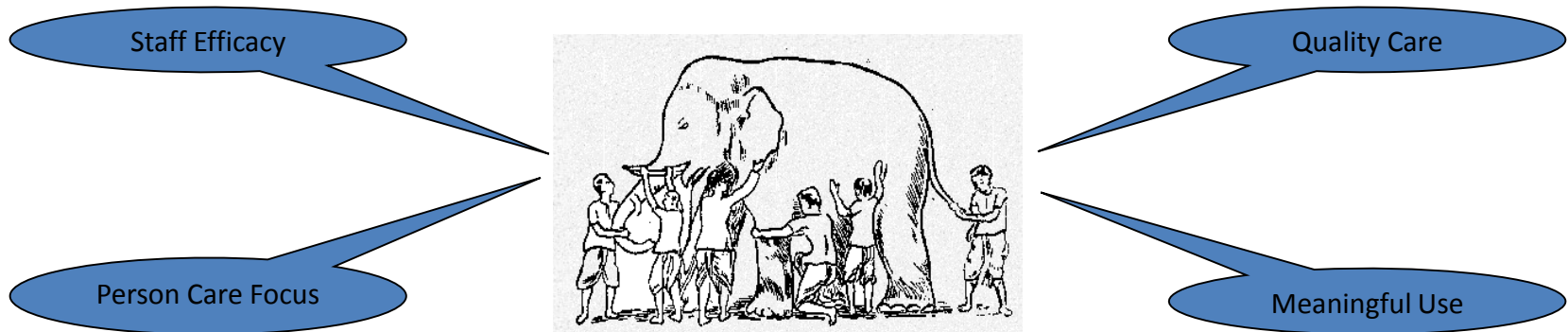
- Hardware requirements
- Communication requirements
- Training requirements
- Look at the implementation module in this series

# Other Considerations

- Financial solvency and creditability
- User groups
- Number of installations
- Frequency of new versions

# Readiness Assessment

What are your goals for the EHR?



## ***“Seven blind men and the elephant”***

The goals of all the providers do not have to line up exactly, however different EHR products have different strengths and weaknesses in these areas.

# Looking for the Person-Centeredness in your EMR

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# Consider basic principle of PCC

- Resident voice
- Decision-Making as close to the resident as possible
- QI as close to the resident as possible
- Self-directed work teams
- The language we use



# Medication Administration

- For the resident
  - Supports ability to choose and even vary times
  - Easy to understand explanations
- For the CarePartner
  - Ease of documentation
  - Reminders & Alerts
  - Portable tools i.e. tablets

# Care Planning

- For the resident
  - Ability to write the plan from their perspective
  - Written so you see strengths, not just my problems
  - A care plan that supports my lifestory
- For the Care Partner
  - A care plan that builds from other assessments
  - A care plan that flows to who it needs to go to

# Dedicated Staffing

## Team Decision-making Closest to the resident

- Easy to define resident groups
  - But...easy access to other team members
- Ability to share information
  - Data that easily flows from one area to another
  - Ability to define your team – who can see
  - Dashboards and charts and trending graphs

# EMR-It Can't Work Without People! The Implementation Experience at Central Baptist Village



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## What we had to overcome:

- The fear of change and the unknown
- Lack of computer skills
- Different levels of computer skills
- Finding time to learn and practice
- Who will be there for support?
- Fear of failure or looking bad to others

*Overcoming these fears takes lots of time and support from management...and a REALLY positive attitude! Once you have made the decision to go to EMR you have to start being a cheerleader.*

# A Few Words About Selecting Software

- Invite vendors to visit (but remember they will promise you the moon)
- Look at only software designed for your setting
- Find other area homes using the software you are considering and see it in use
- Talk to aides, nurses, and others who are actually using the software. How do they feel about it?
- Learn from the experiences of others

# Preparation and Implementation

- Find a consultant who is experienced with implementation of your software, and even better, one who has experience in the type of care you provide.
- Identify “Champions” within the organization and include them in initial training and configuration. (Positive people who can quickly understand your EMR and teach others)
- Get staff used to using a computer (e-mail, web-based learning/training sites)...because believe it or not there are still some people who have never used one!
- Review each of your processes and determine which of them need to change or which ones the EMR can be adapted to fit.
- Decide which pieces are to be implemented, in what order, and with whom
- Begin training staff! (and remember everybody will learn at a different pace and everybody has different skill levels)
- Allow staff practice time and be available for them
- Be prepared to have extra staff available for every “Go-Live”
- Take your time and expect mistakes and set backs
- Take time to celebrate and encourage along the way!

# Outcomes

- Organization of information
- Improved/streamlined processes
- Reminders to make missed work less likely
- Ease of scheduling medications to suit the needs of the resident
- Ease of communication of care needs/preferences
- *And the most important (and somewhat unexpected) outcome was the pride that the staff felt in learning a new skill!*

It isn't all positive and it requires a lot of time and hard work  
but it's definitely worth the effort!





