



# CHECKPOINT



NEWS AND NOTES FROM THE FIRST LEG OF THE RACE TO MEANINGFUL USE OF ELECTRONIC HEALTH RECORDS (EHR) AT WATERBURY HOSPITAL

## It's an AMAZING RACE TO A SAFER PLACE

You are part of it! Electronic Health Records (EHR) are here and they are the future. Incorporating EHR into the mainstream of patient care and hospital operations is key. That's why we are embarking on this "race" with the help of the Cerner system and its next level of software with new updates and changes. It's all part of the race to "Meaningful Use" of EHR as outlined by new federal health care legislation. On July 13, the U.S. Department of Health and Human Services announced final rules to "help improve Americans' health, increase safety and reduce health care costs through expanded use of electronic health records." When certain standards of patient safety and efficiencies of care are met using certified EHR technology, eligible health care professionals and hospitals can qualify for Medicare and Medicaid incentive payments. "We've always wanted to make our system better," says **Steve Laskarzewski**, Chief Information Officer, "but now, with financial incentives from the government, it has provided the ground swell to get this going." He, along with **Betsy Corbin, MS, RHIT**, IT Project Manager, and about 30 people on the Waterbury Hospital Cerner team, see the process as a race with a multi-year plan.

### We're on Our Way

An important first step was to move the information technology to remote hosting at the Cerner headquarters in Kansas City, Missouri.

This allows for predictable cost in a protected data center. Along with the move came an upgrade of the operating system and database. This leg of the race began last fall and was completed in July 2010. If employees have not noticed any big difference, Laskarzewski says, it shows that the move was executed seamlessly and flawlessly. The next milestone will be the completed implementation of an application upgrade by the end of October 2010. That will help launch Phase I of new applications focusing on Computerized Provider Order Entry (CPOE), which encompasses patient monitoring, care documentation and reporting. Steps for this phase are already underway, with an anticipated completion date of September 2011. Phase II will include new applications for Point of Care Drug Administration, the steps of which will begin in November 2011 with a plan for completion by August 2012. So get ready for the ride! The race will take some time, but the outcomes will be well worth it. ■



The use of EHR will contribute to better patient outcomes and care, according to **Sandi Iadarola, RN**, Administrative Director of MedSurg and Critical Care Units. Access to timely clinical information and safety checks are two ways the new Cerner system will help accomplish that. Iadarola explains that in the "old" world of patient care, a nurse would take a patient's vitals or do an assessment and write it down on a paper chart, adding notes at the nurse's station. In today's world, a nurse can be at the patient's bedside entering all the information into the patient's electronic record, which can then be immediately accessed remotely by a physician, respiratory therapist or other care provider. Less time will be spent "hunting down" the chart. This streamlined process also allows more time with the patient, leading to higher satisfaction for the nursing staff. "Collaboration and integration is huge with the move to automation," says Iadarola. An EHR pulls the chart together around the patient, incorporating multiple disciplines of care. Information is integrated and provides a clear understanding of how all involved are working toward the good of the patient, sharing assessments and histories and eliminating redundancies. Safety checks built into the system will provide alerts specific to the patient's health history and current condition. For example, if a physician prescribes a medication and it has side effects to the kidney, a warning could be provided if this will further compromise the patient's condition. Of course, there is a learning curve, but Iadarola advises not to get frustrated. It will get easier with time and support systems will be in place. She has seen an interesting dynamic: the younger generation of nurses mentor the more experienced nurses regarding the technology, while the senior nurses set the example for novices regarding overall patient care. ■

## PATIENT CARE AND SAFETY ARE OPTIMIZED

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# Amazing Race Offers New Ways to Manage Patient Care

Using EHR to manage patient care provides an exciting opportunity to achieve "clinical transformation." Colleen Hayes, RN, MBA, Director, Clinical Informatics Information Services, describes clinical transformation as a "technology-enabled journey of change to achieve a higher level of safe, efficient quality of care." It is comprehensive and inter-disciplinary. She explains that on the medical and clinical sides, it means best practice and evidence-based processes that support clinical technologies, like that of the Cerner system.



On the cultural side, it requires health care organizations to work collaboratively, bringing together physicians, nurses, pharmacists, ancillary care providers, and information system personnel to challenge the way things have been done. The results are new care processes and practices, as well as data standards and integrity that better support a patient-centric approach to care. This kind of clinical transformation will ensure patient safety, quality of care, workflow efficiencies, care timeliness and effectiveness, and overall caregiver productivity. One

new application for patient care will provide a better clinical snapshot at first glance, indicating the problems and progress of the patient's condition. Without this, data is buried in the chart and trends in the patient's condition are not as evident. This kind of clinical transformation is just one example of how the Cerner system will contribute to improved care. More about clinical transformation and goals for care delivery will appear in future Checkpoint newsletters. ■

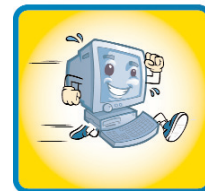
## WHAT IS MEANINGFUL USE?

Putting an exact definition on "Meaningful Use" is difficult. Meaningful Use is more a measure of how EHR are meeting certain standards of patient safety and efficiencies of care. It's the government's mantra for how certified EHR technology is used as the real driver in the daily work of the health care profession. ■



## • OUR LOGO •

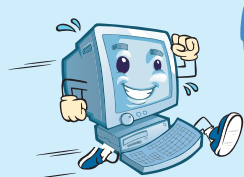
WATERBURY HOSPITAL'S



**AMAZING  
RACE**  
TO A SAFER PLACE

You will see this logo regularly over the next couple of years as we all participate in the race to Meaningful Use of EHR. If you have questions about the process or want more information, please don't hesitate to contact:

**Bonnie Krueger at x7322 or  
Betsy Corbin at x7018**



*Watch For Updates*  
From the  
**Waterbury Hospital Cerner Team**

The Amazing Race to a Safer Place is multi-dimensional and touches just about every aspect of hospital operations and patient care. Therefore, Waterbury Hospital has a team of about 75 people assigned to the task, plus a contingency of hospital employed and community physicians that will be assisting in the work that is in front of us. Thirty-two team members will be making periodic trips to the Cerner Headquarters in Kansas City, Missouri, to help develop customized applications for our needs. Cerner experts in their Accelerated Solutions Center, design the system with input from our Information Systems team and subject matter experts like clinical analysts, nurses, and unit clerks. Watch for updates in the Checkpoint newsletter. ■

## CHECKPOINT

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