

## Are You Maximizing Use of your EMR For Your Quality Initiatives?

*by Trish Gallagher, RN, Cerner Practice Director*



Billions of dollars are spent each year installing electronic systems as a method of making care safer for our patients. But how many sites are able to quantify that? How many sites know that what they are installing is making care safer? And, have they looked at how closely this needs to be aligned with the organization's quality programs?

For example, if your organization voluntarily joined the Institute for Healthcare Improvement (IHI) 5 million lives campaign – then you made a commitment to focus your attention on some key indicators which put our patients at risk. There are an estimated 40-50 injuries per 100 admissions each year due to unintended harm (IHI, 2007). Many of the IHI initiatives also overlap with the CMS Core Measures which are also endorsed by JCAHO. Evidence based guidelines for specific DRG's such as pneumonia and myocardial infarction will improve outcomes and save lives. Have you used the EMR to support the care givers at the bedside in achieving these goals?

### **Evidence Based Guidelines**

Experts across the country have spent years analyzing the research to determine which treatments or practices produce the best outcomes for patients. From that research, treatment care guidelines were developed which are often referred to as the CMS Core Measure project. There has been much discussion over the years about rewarding those in the top percentile with additional reimbursement as a reward for providing that evidence based care. Clinical decision support to ensure compliance with the guidelines or appropriate documentation as to why they were not followed may help your institution improve compliance. Of course, process redesign may be needed to support a concurrent way of tracking the data.

### **Rapid Response**

Evidence has shown that most patients experiencing cardiac arrest will exhibit a decline in their condition before that event occurs. Specific changes in vital signs and oxygenation levels may indicate this decline. Patients who have intervention early in that decline have a higher possibility of surviving than those who do not receive intervention until the arrest occurs. Therefore the IHI has recommended the use of a Rapid Response Team to intervene early in the patient's decline. This team consists of emergency medical personnel within the hospital who are called to assess the patient as needed. A Rapid Response Event can typically be called by anyone involved with the patient's care, including his/her family. Is your EMR helping to identify possible candidates early? Changes in their assessment and vitals noted in the EMR may be indicative of the need for a Rapid Response team. Staffing is often short handed in today's hospitals or the use of temporary staff often results in bedside clinicians missing the subtle signs. Alerts built into the EMR can help them provide the best care to that patient and intervene before the arrest occurs, which saves staff time and ultimately lives.

### **Infectious Diseases**

MRSA and VRE are rapidly becoming a focus of the CDC as well as IHI. Patients admitted who are diagnosed with either of these, can be tracked and appropriate alerts triggered upon readmission so appropriate isolation precautions can occur immediately.



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### Skin/Falls

Patients who develop decubitus ulcers during their hospital stay become more prone to infection and thus an increased length of stay. Prevention is the most important component. Nursing assessments such as the Braden have been in use for years but we continue to see a high number of incidents with often poor outcomes. The use of alerts to care providers should not only help comply with high risk protocols but should also engage other providers as needed to follow the patients progress (consult generation). A specific process to identify the patients and ensure high risk protocol care is delivered will reduce the organization's nosocomial skin breakdown rate.

In addition, inpatient falls can result in additional injury to patients. There are numerous evidence based assessments available to identify the patient at risk for falls. The key is to ensure the system has built in reminders to monitor those patients and put the necessary precautions in place. In addition, documentation of those preventative risk factors is the key to any risk management program.

### Conclusion

Although this paper touches on only a few of the current quality initiatives that many institutions are struggling to improve upon, it provides a very basic overview for how the EMR can help. If you do not currently have specific processes in place where the EMR supports the clinician to provide the appropriate care, then you have not utilized your EMR to its fullest capacity. It is important, after the initial application install, that you are constantly reassessing existing build to ensure you are achieving the outcomes you desire and that you measure the changes or improvements you achieve.

The basic principles of quality improvement – Plan, Do, Check, Act - should be utilized during the EMR implementation process. Of course all of this requires process reengineering and ongoing clinical education.

For more information on how to maximize use of your Cerner system, please contact Trish Gallagher at Innovative Consulting Group. Trish has over 10 years experience in clinical systems implementation and has served as Director, Clinical Informatics during several Cerner installs. She is also a Certified Professional in Healthcare Quality (CPHQ) through the National Association of Healthcare Quality.

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