

Winter Haven Hospital Selects Specialty ED EMR System to Help Drive Patient Satisfaction Levels



Founded in 1926, Winter Haven Hospital, located in Winter Haven, FL, is a 527-bed not-for-profit hospital with seven outpatient family health centers and a 33-bed emergency department (ED) that includes a 10-bed Extended Care Area and a four-bed transitional care area. Serving the central Florida region, Winter Haven Hospital employs a staff of 2500 and 300 physicians. With close ties to the University of Florida, all ED physicians are members of the University of Florida College of Medicine staff. The ED has 60,000 patient visits per year, 25% of which result in hospital admissions.

In early 2006 the Winter Haven Hospital ED used a paper-based emergency department system, and manual data collection was inadequate to effectively handle the growing number of patient visits and patient dispositions coming through the department. This resulted in unacceptable patient wait times as well as a lack of information provided by ED employees to patients and their families. The left-without-being-seen (LWBS) rate had increased

Quick Profile

Winter Haven Hospital

Institution profile:

527 bed licensed acute care facility and seven outpatient family health centers with 60,000 emergency department patient visits per year.

Key business / clinical drivers:

- Reverse significant decline in patient satisfaction, reduce LOS and LWBS rates
- Replace manual ED system with emergency department electronic medical record system (ED EMR)
- Improve communications and processes between the ED and other departments, remove process bottlenecks, support efficient operations and create accurate documentation
- Track performance of providers, nurses and departments

Picis solution: Picis ED PulseCheck™

Interoperability:

Picis ED PulseCheck interoperates with McKesson HIS, Meditech and McKesson PACS

Results:

- Increased ED patient satisfaction from 67% to 82%
- Achieved Magnet designation in October, 2008
- Reduced LWBS from 17% to 3%
- Reduced average patient turnaround times from 4-7 hours to 3½-4 hours
- Increased charge capture from 81% to 99%
- Improved door-to-balloon (open artery) from 30% of patients in <90 mins. to 87%



- ▶ dramatically, reflecting a downward spiral in patient satisfaction. At its lowest point patient satisfaction was in the bottom 25th percentile for hospitals nationwide, and according to a National Research Corporation preference survey the reputation of the hospital had reached a level where only 27% of people living in Winter Haven's primary care area preferred to go to Winter Haven Hospital, while 22% said they chose to drive longer distances to other facilities for their emergency care.

Simplifying the order entry process

The severity of the situation permeated throughout the organization, and it became clear that an evaluation together with process change was needed hospital-wide. As the "front door" of the hospital, the ED received the greatest scrutiny and was the initial focus for Winter Haven's recovery efforts.

"In order to change a process we had to collect data manually, which meant trying to find the charts in the ED to evaluate and then extract the data ourselves," states Jennifer Blank, Executive Director of Patient Services. "As a group we agreed we needed an automated system that would enable everyone to look at a chart at one time, and then use the data gathered from the automated system to evaluate current processes and create new, improved processes."

A cross-functional search team was formed to help select the automated ED EMR system best suited for Winter Haven's needs. The selection team, made up of nursing staff, physicians, IT personnel and administrators, narrowed the choice down to three systems with comparable capabilities. The ideal system needed to have not only the capabilities the hospital required for the near term, but also be able to deliver greater functionality in the future. Most important, the system of choice needed to provide easy order entry, comprehensive physician and nursing documentation tailored to the needs and workflow of the ED and integrated charge capture documentation.

Picis ED PulseCheck™, the system Winter Haven selected, went live in October, 2006.

Collaborative teamwork for increased patient satisfaction

The breadth and depth of information that began to flow out of the ED PulseCheck system provided invaluable feedback to the Winter Haven ED's physicians and physician extenders. How long did it take to see a patient? How long were the patients being held? Where did the delays reside? Where were the bottlenecks?

As this data was collected, a collaborative customer service team composed of direct care nurses, ED management, interdepartmental team members and two board members met every two weeks. Jean Watson's Caring Theory, which directs the hospital's Professional Practice Model,

guided the team in the caritas approach to patient satisfaction. The team reported and analyzed the data and the trends that were emerging. By performing small experiments of change, the team began to make significant improvements in patient satisfaction.

Some of the experiments that led to success were:

- Board member/senior leadership rounding in the ED
- Care maps – information for patients that explain ED Visits
- Lobby improvements
 - White boards for patient communication in all rooms
 - Guest Service Representative rounding initiatives
 - Modified rounding – RNs on the hour, Techs on the half hour

Spin-off teams such as the Door-to-Balloon Team, a Triage Team and an ED Nursing Shared Governance Team were formed and given specific assignments that focused on helping to improve patient care and increasing patient satisfaction. Findings and recommendations were reported back to the Customer Service Team.

"We got a lot of bang for our buck by working with the ED team to do the things our ED PulseCheck data was telling us we must do," Blank continues.

Internal ED problems were addressed, processes revised and improved patient throughput gradually followed.

Managing increased patients without adding staff or space

To manage the steady increase in patient volume without adding staff or increasing space, a careful analysis found that approximately 10 percent of ED patients had special needs that utilized a higher number of ED resources per visit. As a result, a Transitional Care Area was created that saves an average of 6,000 ED hours and frees up 1,700 ED beds per year.

Working collaboratively with the ambulatory surgical area, a second initiative made even more beds available to handle the increased ED patient load. Using ED PulseCheck data, a small pilot study resulted in the creation of an Extended Care

Area (ECA) that utilized beds within the ambulatory surgical area during times when they were not in use.

These results have positively impacted numerous ED metrics and continue to support patient, staff and physician satisfaction. "The mined data obtained from PulseCheck was instrumental in helping us drive every decision in this endeavor," Blank notes. "It also assisted us in deciding when, how and what to attempt. PulseCheck was once again foundational to every success along the way."

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► Reducing interdepartmental bottlenecks

These successes in turn drove the analysis of ongoing issues and commitment to excellence between the ED and other departments within the hospital, the goal being to further improve ED patient throughput. Another hospital-wide task team began looking at the length of time to obtain appointments for patients, length of time physicians were taking to complete their rounds, issues causing delays in obtaining laboratory and radiology results, and bed turnaround time issues that were contributing to delays in patient admissions.

ED PulseCheck played a significant part in the improvements seen at Winter Haven Hospital. With interoperability between ED PulseCheck and the Meditech lab system and McKesson PACS radiology system, orders from the ED were now electronically placed and tracked. Working constructively with representatives from each of the external departments, the joint teams tackled and solved a wide variety of issues that had contributed to the delays and, as a result, patient dissatisfaction.

“Our turnaround times to discharge for ED patients have been drastically reduced from between 4 – 7 hours to 3½ – 4 hours,” says Merle Libby, Executive Director for Quality Improvement. “And one of the areas where we made the greatest advances was in working with Patient Assignment Coordinators. We worked to get patients out of the ED more quickly and into other patient care areas within the hospital like medical surgical and critical care, freeing up beds in the ED for new arrivals.”

Patient information whenever and wherever needed

Another key advantage of ED PulseCheck was that all patient charts were now online and available at any point to anyone with a need to know the status of an individual patient or the status of the ED as a whole. There were no more paper charts to track down to determine what medications had been administered to a patient, when the next medications were due, whether a patient had been taken to another department for tests or if a bed had become available on the floor for admission.

“As a non-user of ED PulseCheck, I can come down to the ED and instantly know what is going on,” explains Mary Jo Schreiber, Chief Nursing Officer. “I ask a question and staff members say, ‘Oh yeah, this is what is happening at this time.’ I love that.”

Questions from family and friends on the status of a loved one could also be answered almost immediately, not after an extended period of time. Patient satisfaction scores quickly increased as LWBS levels decreased from 17% before ED PulseCheck to an average of between 1% to 3% after system implementation.

In October, 2008 Winter Haven Hospital received Magnet designation.

All of these improvements had a considerable effect on ED staff morale. The once-troubled department gained new respect from other in-hospital departments, hospital administrators and board members. The efforts of ED personnel to identify problems and collaborate with their peers in other departments became a model process for improvements throughout the hospital. Inevitably in an organization of 2,500 employees, word of mouth began to change the perceptions of Winter Haven Hospital throughout the communities it served. Satisfied patients also spread the word, and in four short years a new National Research Corporation preference survey showed that the number of prospective patients who now preferred the Winter Haven ED over any other ED in Polk County Florida had doubled.

In October, 2008 Winter Haven Hospital received Magnet designation. Developed by the American Nurses Credentialing Center (ANCC). The Magnet Recognition Program recognizes healthcare organizations for quality patient care, nursing excellence and innovations in professional nursing practice. Consumers rely on Magnet designation as the ultimate credential for high quality nursing, with less than 5% of U.S. hospitals earning this recognition.

ED EMR benefits: a physician's perspective

The ED physicians are a key group at Winter Haven Hospital where ED PulseCheck has made a significant difference. While they were accustomed to filling out a paper chart to document patient care, and initially felt that moving to an electronic charting system could slow the process down, the benefits of the electronic chart soon became apparent.

“I have the lab results available to me. I don't have to keep going back to a printer, or keep looking at a printer to know when the lab results are coming back,” Ronald Berman, M.D, ED Medical Director reflects. “I know my orders are in because I put them in myself, and if something hasn't come back I can quickly look on the system and verify that the order was sent. These things make it so much easier for me. In terms of charting it takes a bit longer, but in terms of the whole patient encounter, ED PulseCheck evens the score. And when you account for the fact that I can review the data and know early on that there is a problem instead of waiting weeks or months to learn that I have an issue –

well that is what really puts us over the edge and makes ED PulseCheck such a useful product for us.”

PulseCheck also gives the physicians and nurses a clear idea of how they are performing. Data regarding number of “patients per hour” and particularly “48-hour returns” is readily available, and it has become a pride factor that the clinicians want to continue to improve.

“On average I spend an hour or two a day reviewing all the charts, and I would not be able to review the number



- ▶ of charts that I do without the ED PulseCheck product. For me as an administrator, it is very easy to go over charts and get the reports that I need,” Dr. Berman continues. “48-hour returns are important to us. That’s one of the big indicators of quality of care. When confronted with a 48-hour return and admission I can go back and review the chart in minutes instead of spending hours just trying to find a paper chart.”

Optimizing reimbursement

On average, 80%-83% of ED charges were captured before ED PulseCheck was installed. Some months charge capture hovered around 77%. With the automated system, charge capture has been as high as 99% and the hospital has seen an increase in annualized revenue of almost \$300,000.

On the professional side, it made a difference too.

ED PulseCheck also helps improve charging by automatically capturing CPT and ICD-9 codes based on physician documentation. Errors caused by manual entry are reduced, helping to eliminate incomplete documentation, accelerating the time from charge capture to bill drop and avoiding significant loss of revenue due to patient services going undocumented and unbilled.

“If you fill in all the different categories on the chart, you know you are billing at the highest level you are allowed to bill,” Dr. Berman comments. “If ED PulseCheck tells me that my chart is a level 5 before I go through the coders hands – that is very useful for me. That is how I know I have completed the chart. And if it is less than a level 5 it’s either because the patient doesn’t meet level 5 criteria, or I have to go back and complete the chart.”

About Picis

Picis, a part of OptumInsight, is a global provider of innovative information solutions that enable rapid and sustained delivery of clinical documentation, financial and operational results in the emergency departments, surgical suites and intensive care units of the hospital. Picis offers the most advanced suite of integrated products focused on these life-critical areas of the hospital where the patients are the most vulnerable, the care process is the most complex and an increasing majority of hospital costs and potential revenue are concentrated. Headquartered in Wakefield, Massachusetts, Picis has licensed systems for use at more than 2000 hospitals in 19 countries.

For more information, visit www.picis.com or call 781 557 3000.

Meeting “meaningful use” requirements

In 2009 the Health Information Technology for Economic and Clinical Health Act (HITECH) authorized incentive payments through Medicare and Medicaid to clinicians and hospitals that use Computerized Physician Order Entry (CPOE) privately and securely to achieve specified improvements in care delivery. In the July, 2010 final rule for “meaningful use” criteria, medication orders written electronically in the ED qualify toward the requirements for CPOE.

“The hospital is currently on target to receive all eligible ‘meaningful use’ funds, and probably ahead of most hospitals that are independent not-for-profits like Winter Haven,” Blank affirms. “Since virtually all ED orders are already automated in ED PulseCheck, and PulseCheck is able to exchange this clinical data with other systems throughout the hospital, we are encouraged to think that we will be fully compliant with ‘meaningful use’ guidelines in 2012.”

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Looking to the future

In late 2011 Winter Haven is planning to go live with LYNX E/Point®, an outpatient charge capture product fully integrated with ED PulseCheck. This system enhancement will capture facility procedure charges, capture and calculate injection and infusion charges and calculate the facility evaluation and management (E/M) visit level charges for each patient encounter.

Jenny Blank concludes, “We are not just sitting back having automated the department. We are constantly looking at how to get more information out of the system. We continue to drive process change. This is not a static exercise. You don’t just put the system in and it stays as it is. It will evolve and grow with the changing needs within the ED.” ■