




A MIGRATION TO MEET MEANINGFUL USE CRITERIA

Introduction



Hancock Regional Hospital (HRH) currently has a partially electronic health record. Our current system was designed by a few individuals and often without thought of integration and flow of information. HRH now seeks to implement a paperless electronic health record (EHR) that promotes patient safety, improves the flow of information between systems, and aids in the coordination of patient care. This system will be innovative, easy to use and highly adaptable to future needs. By migrating from our current Meditech Magic platform to 6.0, HRH hopes to accomplish these goals plus meet the criteria required for meaningful use.

Project Goals

- Improve patient safety.
- Improve flow of patient information between healthcare providers.
- Improve data abstraction abilities.
- Incorporate data flow from medical equipment into the EHR.
- Meet Meaningful Use criteria.
- Improve coordination of care between disciplines.
- Improve efficiency and eliminate disparities of documentation.
- Provide privacy and security of the EHR.
- Improve end-user satisfaction with all aspects of the computer system.

Project Description

When the decision was made to migrate from Meditech Magic to 6.0, HRH dedicated a group of **Core Team Leaders**, including a Nursing Informatics Specialist, to oversee this project. Each leader was chosen based on their extensive experience as builders and end-users of Meditech Magic. They have knowledge of Meaningful Use criteria and how to incorporate this into the development and implementation of 6.0.

The Core Team has worked with end-users and module owners to develop an EHR that meets the project goals including Meaningful Use criteria.

Meaningful Use Requirements

Transition Factor for Eligible Hospitals:

The transition factor phases down the incentive payments over the four-year period. The final rule states that the applicable transition factor equals one for the first payment year, three-fourths for the second payment year, one-half for the third payment year, one-fourth for the fourth payment year, and zero thereafter.

For the first year of payment, it is proposed that the EHR reporting period will be any continuous 90-day period within that first payment year; only three months of demonstrating Meaningful Use will be required. For all subsequent years, Meaningful Use must be demonstrated over the entire year.

Meaningful Use Requirements

Maximum Medicare Health I.T. Incentive Payment For This Year Is:	If The First Quality Year Is:					
	2011	2012	2013	2014	2015	2016
2011	100%	0	0	0	0	0
2012	75%	100%	0	0	0	0
2013	50%	75%	100%	0	0	0
2014	25%	50%	75%	75%	0	0
2015	0	25%	50%	50%	50%	0
2016	0	0	25%	25%	25%	0
2017	0	0	0	0	0	0

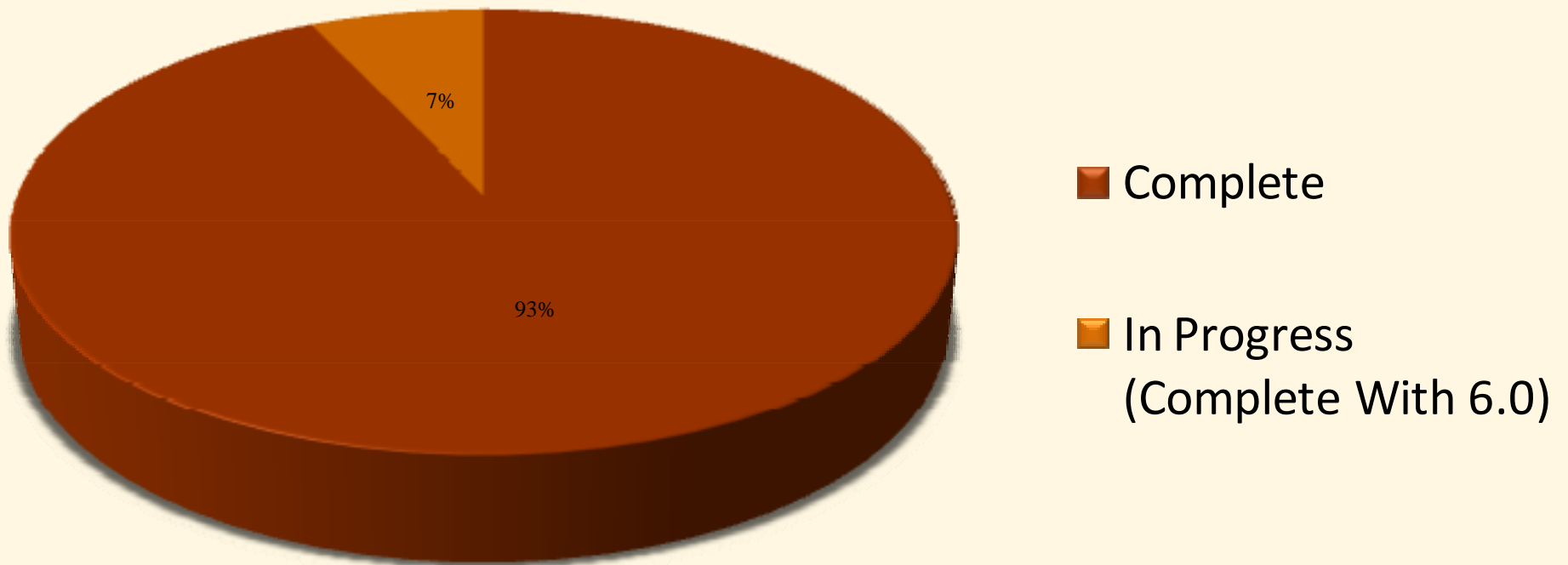
Meaningful Use Requirements

Hospital Core Measures:

- Use CPOE for medication orders directly entered by any licensed healthcare provider who can enter orders into the EHR per state, local and professional guidelines.
- Maintain an up-to-date problem list of current and active diagnoses.
- Implement one clinical decision support rule related to a high priority hospital condition along with the ability to track compliance with that rule.
- Provide patients with an electronic copy of their health information and discharge instructions at the time of discharge, upon request.
- Protect health information created or maintained by the certified EHR technology through the implementation of appropriate technical capabilities.

Meaningful Use Requirements

Hospital Core Measures - Current




Currently, HRH meets 93% of these measures. This will improve to 100% with the implementation of Meditech 6.0.

Implementation Plan: Phase I

Planning for implementation of this project began months before delivery of Meditech 6.0. In early 2010, the Core Team worked with organizational leaders to identify **Super-Users**. The Super-Users were vital in providing feedback on the current system, standard content in 6.0, and in planning education for Go-Live.

In addition to Super-Users, **Meditech Champions** were identified to provide additional Go-Live support. These individuals are experienced nursing staff with good computer skills.


Implementation Plan: Phase I



The Vice President of Medical Staff Services was identified as our **Physician Champion**.

A physician advisory committee was established consisting of physicians from a wide variety of specialties. This committee serves to give input and make decisions regarding setup on the pieces that apply directly to the physicians.

Implementation Plan: Phase II



Once the key players were identified, the implementation plan was created.

Lean principles were utilized to map out a project plan and to identify metrics. The current state and future state were identified. Process steps to take us to the future state were mapped.

Criteria were established to use in evaluating dictionaries for migration. Decisions were made to determine which dictionaries would be migrated and which ones would be rebuilt. The decision was made to take Standard Content for Nursing.

Implementation Plan: Phase III

In July 2010, HRH took delivery of 6.0. The Core Team, Super-Users and Meditech Champions began review of standard content, development of additional documentation needs, and collaboration with other modules to ensure a seamless flow of information.

All building and migration of information will be completed by the Team before February 2011. At this time, the Core Team and Super-Users will extensively test the system for any flaws or errors.

In March 2011, organization-wide education on the new product will occur. Classes will be tailored to each module and job type. This training will be mandatory.

Implementation Plan: Phase IV



During the month of April 2011, the Core Team, Super-Users and Meditech Champions will begin parallel runs. Selected patients will be run through documentation in both Magic and 6.0 from admission to discharge to ensure the flow of information. Additional nursing personnel will be staffed on the units during this time to facilitate the additional documentation requirements.

This parallel run is vital in identifying and correcting potential problems prior to Go-Live.

Go-Live Event



The Go-Live Event is planned for May 1, 2011 at 12:01 a.m.

Support will be provided 24 hours a day by Meditech personnel, Core Team Leaders, Super-Users and Meditech Champions.

Super-Users and Meditech Champions will be on the units offering elbow-to-elbow support for end-users. Core Team Leaders and Meditech personnel will be available by phone and pager.

Journals will be available for end-users to document identified problems and/or concerns.

On-Going Assessment and Interventions

The road doesn't end with Go-Live.



Software and hardware updates and upgrades will need evaluated and implemented.

Regulations will change and require documentation changes.

The Core Team will remain in place and the Core Leaders will work with our Meditech vendor, Super-Users, Meditech Champions and end-users on a regular basis to ensure that 6.0 continues to evolve with changing technology and requirements.

Conclusion

In preparation for such a huge project, it is essential to ensure the following:

- Establish a strong Core Team to manage the project.
- Choose a project manager with a broad background and excellent knowledge of the product.
- Work with your regulatory experts.
- Solicit end-user feedback.
- Involve physicians early.
- Develop a detailed education plan.
- Have backup plans.
- And most of all.....**TEST, TEST, TEST!**

Contact Information

- Tamara Strunk, RN, BSN, BC, CVN I
tstrunk@hancockregional.org; (317) 468-4297
- Angie Soliday, RN, ASN
asoliday@hancockregional.org; (317) 468-4360
- Katrina Hobbs, RN, BSN
khobbs@hancockregional.org; (317) 468-4360
- Sherry Gehring, RN, MAOM, MSN
sgehring@hancockregional.org; (317) 468-4410