

Meaningful Use Requirements

The Main Components of Meaningful Use Are:

- "Meaningful Use" rule from CMS
- Establishes a set of standards, implementation specifications and certification criteria for EHR
- Establishes certifying bodies for EHR's
- Must be completed by 2015 (or begin facing penalties)

Current Strategy

- CPOE (Computerized Provider Order Entry) and nursing electronic documentation in place
- (eChart Siemens Soarian custom system)
- Convert Pharmacy system to Siemens / make physical changes to Pharmacy to accommodate equipment
- Implement eMar / bar coding of meds
- Improve capability of interface between systems

Focus for Nursing

- Engaged in planning/design of eMar
- Integrating Zynx (electronic care planning process) into current system
- Evaluating eChart for process improvements as system has been in place for 4+ years
- Utilize a Clinical Design and Implementation Committee (CDIC) to drive results
- Increase collaboration with Information Systems Department (ISD) meet weekly

CDIC Functions

- Began in 2005 to guide design and implementation of eChart
- Comprised of both staff and managers from Nursing and ISD, approximately 40 members. Also includes representation from Hospital Performance Improvement (PI), Nursing Education and ancillary staff as needed.





Applying the Concepts and Process of Meaningful Use to the Electronic Health Record (EHR)

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What Type of Decisions Are Made?

- Additions / Deletions to eChart

- documentation
- (e.g., eKardex)

CDIC Documentation Subcommittee

Challenges

- Balancing competing priorities
- current systems

Successes!

- given

 Documentation policy changes to reflect practice • When to hold "downtimes" for upgrades • Staff give feedback re: how changes are being implemented, how to improve flow of

Staff give input on how to design new features



• Is working with Nursing PI to facilitate electronic extraction of audits (one staff representative from each service, Nursing Quality Analysts, Associate CNO, ISD staff) • Staff are giving input into how electronic auditing is being designed (skin and restraint prevalence surveys, documentation audits, etc.)

• Staff are also involved in efforts to streamline documentation (use forms in eChart for incidence reporting - instead of a separate system, especially for falls and skin) Meet once/month for one hour

Focusing effort on meeting ARRA requirements while continuing to improve/revise

• Communicating changes in a continually changing environment • Moving to an organization wide standard for auditing (i.e, removing the ability for staff to make a decision based on their own interpretation)

• Staff input at many levels of the process has been invaluable • Staff are engaged and accountable, are truly driving the documentation of care being

 Changes by the committee are communicated via minutes, staff representatives, and also through our quarterly "Road Shows" which include staff from ISD • Strong collaboration between Nursing and ISD, and between staff and leadership Full time computer support/IT position for Nursing



Meeting Agenda

8:30 a.m. Welcome

- eChart Enhancements October 21, 2010
- Spanish Interpreter Form for Interpreter use only

8:50 a.m. Clinical Summary and Clinical Considerations

Roll out Plan

9:30 a.m. CQM

- Critical Lab Values MD notification and documentation
- MDRO
- VTE / Anticoagulation education documentation
- Important Information from Medicare

10:00 a.m. Break

10:15 a.m. e-Chart Updates

- Tubes and Drains add J Tube
- Critical Care HFOV

10:30 a.m. Accreditation

- X-ray after NG Tube insertion
- Cultural Competency Changes to eChart

11:15 a.m. Performance Improvement

12:00 p.m. Lunch – on your own

1:30 p.m. Pharmacy Project Updates

- Talyst Barcoded Unit Dose Packages
- Medication Dose Frequencies
- New MAR Format
- eMAR Feedback from eChart webpage

2:15 p.m. NPI Updates

- Falls
- Skin Audits Ulcer Page n Flags

3:15 p.m. Break

3:30 p.m. Housewide Project Updates

- Meaningful Use
- Weights Birth, Admission, Last Recorded, Dosing, Critical Care Fluids
- Height required on Nutrition Screen in Admission Asmt
- BMI calculation and associated pop-up message
- Advance Directive and MOST Form
- Smoking status changes
- Pregnancy and Lactation will interface to new Pharmacy system
- Vaccines
- MDH Service Changes
- Sedation Flags