BACKGROUND
In 2009, the Health Information Technology for Economic and Clinical Health Act (HITECH) was passed. This act was not only meant to encourage early use of the electronic health record (EHR), but to utilize EHRs in a “meaningful” way in order to:
• improve safety,
• quality of care, and
• reduce health care costs.
Hospitals that are able to quickly adopt EHRs and are able to demonstrate and report meaningful use of the EHR will be financially rewarded by the Federal Government—specifically the Centers for Medicare and Medicaid Services (CMS). Those hospitals that are unable to demonstrate “meaningful use” of the EMRs will eventually be financially penalized. This poster will demonstrate how the utilization of an automated outcomes solution to extract data from the EMR, will not only help improve meaningful use compliance, but also enhance documentation.

VITAL SIGNS AS A CORE METRIC
One of the core metrics that Lourdes Hospital chose to report for Stage I Meaningful Use was Vital Signs.

Requirement: Record and chart changes in the following vital signs: height, weight and blood pressure and calculate and display body mass index (BMI) for ages 2 and over; plot and display growth charts for children 2 - 20 years, including BMI.

Measurement: For more than 50% of all unique patients age 2 and over admitted to eligible hospital’s or CAH’s inpatient or emergency department, height, weight and blood pressure are recorded as structured data. Height, Weight, Blood pressure, Calculate and display BMI, Plot and display growth charts for children 2-20 years, including BMI.

STRATEGIES TO IMPROVE DOCUMENTATION

August 2010
• Week-long Training

Purchase Automated Outcomes Solution

Extract Data from EMR
• Vital Signs
• Advance Directives
• Smoking Cessation

Identify Opportunities for Improved Documentation

Communicate Results/Implement Strategies
• Communicate with all Stakeholders

Celebrate Success

Improvements Made!

Vital Signs Core Metric Compliance
Stage 1 Meaningful Use

STRATEGIES IMPLEMENTED
• Identified from first report – height and weight not consistently documented for patients presenting in the Emergency Department. Solution: Worked with E.D. Unit Practice Council and management to hardwire documenting height, weight and blood pressure for core metric compliance.
• Located several fields in the EMR for documenting height, weight and blood pressure. Solution: Identified ONE field for documentation ALL the time (field from which automated report was generated).
• Vicarious findings – detailed reported identified significant variances, especially weight of patients. Solution: Educational opportunity provided and all staff encouraged to participate.

CONCLUSION
• Stage I Meaningful Use, Vital Signs Core Metric successful.
• Process to be replicated for all Meaningful Use Core Metrics.