A LeadingAge CAST Report

MEDICATION MANAGEMENT TECHNOLOGIES

Provider Case Studies 2014
LeadingAge Center for Aging Services Technologies:
The LeadingAge Center for Aging Services Technologies (CAST) is focused on development, evaluation and adoption of emerging technologies that will transform the aging experience. As an international coalition of more than 400 technology companies, aging-services organizations, businesses, research universities and government representatives, CAST works under the auspices of LeadingAge, an association of 6,000 not-for-profit organizations dedicated to expanding the world of possibilities for aging.

For more information, please visit LeadingAge.org/CAST
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1 INTRODUCTION

The LeadingAge Center for Aging Services Technologies (CAST) is pleased to provide the following three case studies on the impacts and benefits of medication management technologies. We hope they will demonstrate for providers the benefits of using medication management technologies.

The case studies are designed to help long-term and post-acute care (LTPAC) providers understand the benefits that medication management technologies can offer to their care settings.

This set of case studies is a companion to the 2014 CAST whitepaper entitled Medication Management Technologies for Long-Term and Post-Acute Care: A Primer and Provider Selection Guide. The whitepaper will also include a link to the 2014 Medication Management Solutions Selection Matrix that compares 15 medication management products from 14 vendors. The medication management technology vendors that chose to participate in the self-review were offered an opportunity to nominate a provider to write a case study on its use of the vendor’s medication management product.

1.1 Case Study Guidelines

CAST provided guidance as well as a template for the case studies to help case study contributors. The template included the following required sections:

- Category (select applicable ones):
  - Impacts and Benefits of:
    - ePrescribing/ Medication Ordering
    - Medication Management Clinical Decision Support Systems
    - Medication Therapy Management/ Medication Reconciliation
    - Medication Dispensing
    - Medication Administration
    - Medication Adherence
    - Interoperability and Health Information Exchange with Other Care Providers either Directly or through a Health Information Exchange (HIE)
    - Analytic Tools (e.g., Medication Error Reporting, and Quality Reports)
  - Organization Name:
  - Organization Type (Physicians’ Offices, Emergency Department, Hospitals, Attending LTPAC Physician, LTPAC Pharmacy, Retail Pharmacy, Specialty Pharmacy, Consulting Pharmacy, Telepharmacy, Mail Order Pharmacy, Housing with Services, Home Health/Home Care, Hospice, Attending LTPAC Physician, Adult Day Care/Senior Centers, Assisted Living Facilities, Acute Rehab Facilities, Long-term Acute Care Hospitals, Long-term Care Rehab Facilities, Skilled Nursing Facilities, Intermediate Care Facilities, Intellectual Disabilities/Mental Retardation/Developmental Disabilities (ID/MR/DD) Facilities, Continuing Care Retirement Communities (CCRC), Program of All-Inclusive Care for the Elderly (PACE), Accountable Care Organizations (ACO)/ Integrated Delivery Networks (IDN)): 
• Organization Description (brief):

• Project Description (brief, no more than 6 lines; what the project is about and which business line it was applicable to):

• Implementation Approach:

• Outcomes (medication errors, adverse drug events, medication adherence, quality of care, staff efficiencies, workflow improvements, readmission rates, financial, etc.):

• Challenges and Pitfalls to Avoid:

• Lessons Learned/Advice to Share with Others:

CAST received three completed case studies from nominated providers. We believe that LeadingAge members and other LTPAC providers will benefit from these case studies and learn from other providers who have already selected, implemented, and used medication management technologies.
2 Lessons Learned and Advice Drawn from the Case Studies

Readers can learn many lessons from the following case studies. Each participating provider took a slightly different approach to choosing and utilizing a medication management technology, and shared the factors that led to their success. They offer the following advice:

Planning and Implementation

- The ability to access medication records, analytics, and reports from anywhere, at any time, presents LTPAC providers and their management with unprecedented insight into care operations and opportunities to improve care quality and efficiencies.

- A team-based approach to implementation of medication management technology, auditing and ongoing feedback with education leads to a high level of staff satisfaction. Down the road, the team can develop into a true support system to discuss what’s happening with the technology, why and brainstorm the best approach to success.

- An implementation team should be comprised of representatives from all functional areas of the organization involved in medication management in one way or another so that hand-offs, transitions and processes that cross departmental functions can work more effectively together.

- A new workflow that takes advantage of electronic medication management technology is a key foundational element of implementation that would help providers attain and maintain an excellent level of care.

- During planning and implementation, providers should make sure to take advantage of advanced functionalities like in their medication management system such as alerts, reminders and clinical decision support to ensure best practices, continuous quality improvement and deliver the highest quality care.

- Order sets are invaluable to the success of a CPOE implementation. This can be accomplished by taking the vast First Databank (FDB) database, simplifying it and delivering its care quality standards and protocols from within the solution.

- Management should re-distribute workloads as needed, and ensure best practices are being followed by all staff, especially for specific drugs associated with increased risks.

- When starting the roll-out of any electronic medication system, providers should allot sufficient time to ensure things are done correctly. Audits must be conducted as part of the implementation and ongoing use to assure compliance and allow benchmarking.

- Encourage adoption by key stakeholders and empower staff to fully adopt and utilize the system.

Training

- Educating the staff is not a one-time exercise. Start educating early and continue throughout and beyond go-live with education and ongoing communications.
• Create champions and internal experts as the first line of contact, with additional staff as backup, to better manage system training internally.

• Ongoing training will help you discover who uses the system proficiently and who needs re-education. It can also help you identify and recognize the more experienced staff so that they can share their knowledge and assist the other staff in elevating their skill levels.

• Provide the right education to the right staff at the right time.

• Daily basis audit of the previous day’s documentation can identify what is missing and those who need follow up. Encouragement of compliant staff may gently push non-compliant ones to do better. One-on-one follow-up training and education with any staff not in compliance can improve outcomes and performance.

• Make sure you have the proper high-level administrative support in place to assure that attendance of key staff in training and educational programs is mandatory.
3 Improving Medication Management Efficiency, Accuracy and Compliance through an Electronic Medication Order and Administration System

3.1 Provider: Menorah Manor – The Bernard L. Samson Nursing Center

Contributors: Anabelle Locsin, EdD., RN, LNC, Chief Nursing Officer

3.2 Vendor: Optimus EMR

Impacts and Benefits of:

- Electronic Medication Ordering and Administration

Organization Type
Skilled Nursing, Rehabilitation, Long Term Care, and Assisted Living

Organization Description
Menorah Manor consists of the Bernard L. Samson Nursing Center, as well as two assisted living communities - The Toby Weinman Assisted Living Residence located in St. Petersburg and the Inn on the Pond located in Clearwater, Florida.

The Samson Nursing Center is a not for profit, 180 bed, CMS five-star ranked facility and was an early adopter of electronic medical records and electronic medication administration. The nursing center has embraced the volume of data available with the conversion to electronic medication administration and uses the outcome data to drive resident care and workflow decisions. Averaging approximately 40 to 50 admissions per month, the facility enjoys an active census depending on the season.

Project Description
The facility wanted to migrate from a paper-based medication order and medication administration environment to Computerized Physician Order Entry (CPOE) and Electronic Medication and Treatment Administration Records (eMAR/eTAR). The project involved all levels of the Nursing Department and a complete evaluation of the paper-based system before reengineering the workflow for the new electronic environment. The initial analysis assisted the facility in identifying gaps in the process that had to be accounted for as part of the conversion. The project was accomplished in approximately 90 days from the point of project initiation to “go live”. Once the facility nurses mastered the basic workflow of converting from a paper based system to an electronic environment, an automated bi-directional electronic interface to the pharmacy and a medication reconciliation process was implemented.
Implementation Approach
The facility took a team approach to the project. We established a core team of “Super Users” or facility experts that worked closely with the software project team on the various activities detailed in the project plan. The Chief Nursing Officer took the leadership role as the facility project leader and was heavily invested in the success of the project. At each step of the project, the facility staff reviewed the current paper-based approach and developed the new electronic workflow for the nursing staff. The facility used the opportunity to assess each step of the physician order entry and medication administration processes in order to identify ways to increase resident quality of care and increase nurse efficiency. The staff was able to improve efficiency and quality of care by building libraries of commonly used medications, tests, orders and order sets. The team also evaluated the current facility infrastructure for network and hardware needs. This ensured the staff had the proper tools available to be successful in the new electronic environment.

The preparation allowed the team to incorporate best practices and establish a group of in house experts in using the new workflow. This was critical to ensuring long term success of the project. The Train-the-Trainer approach gave the team the confidence they needed to be prepared for the training of 60+ nurses on the go live day. This team approach continues today.

Outcomes
The facility began utilizing the data immediately during the go live phase of the project. They were eager to begin comparing the new data to old. In the first month after “go live” the facility was able to realize a 50% reduction in time spent on medication administration with the new electronic process. Ongoing order audits in 2014 for new and readmission orders reflect the improved accuracy and compliance; with 91.4% compliance for first quarter improving to 93% for second quarter and most notable 99.4% compliance in June, 2014. Compliance for ongoing in-house resident orders is a healthy 99% rate. The night shift nurses audit all new orders entered throughout the day to ensure accuracy. The overall facility medication order error rate has decreased from 6/1000 days to 1.6/1000 days. Drug omissions have decreased markedly and have almost become a thing of the past with the alerts and monitoring available to the facility on the medication pass laptop/tablet and the electronic dashboards. The facility performs ongoing med pass procedural observations and audits with a 99-100% compliance rate. These ongoing audits are for all new employees as well as 6-10 of the current staff each month. In addition, the new electronic system offered resident allergy checking capability against the existing physician orders which also helped to reduce the medication error rate.

The use of these efficiency tools has saved time for entering new admission orders, readmission orders and commonly ordered medications. This not only supported the goal of saving nursing time, but also contributed to a reduction in medication errors or missing orders. The electronic dashboard allows senior staff to monitor new orders and medication pass data from any computer in the building. Additionally, remote access to the EMR system has allowed for after-hours staff support and monitoring of the new workflow.

The e-MAR laptops/tablets assist the nurses with prompts and reminders for required documentation, which improved charting compliance. The
nurses were able to easily identify at a glance the residents who needed follow up charting related to PRN medication administration and other required documentation. The laptops/tablets also assisted the nurses in determining when the designated medication or treatment pass was completed, which contributed to a reduction in medication errors of omission.

Our Quality Assurance team was able to analyze the new data available to them in real time to assess the success of the new workflow. They were able to build custom reports to monitor various types of high risk medication orders. They learned how using the various order category filters enhanced their ability to ensure resident needs were met and consistent processes were followed. The auditing allowed them to identify any nurses that were having trouble adjusting to the new workflow. Having the appropriate data helped nurses evaluate the processes, measure improvements and assess the success of the implementation.

The facility has been focusing on higher acuity, more complex residents and readmissions to the hospital. The readmission numbers are trending downward and this resulted in a compliment from one of our referring hospitals. The comment confirmed the low readmission rate and the positive working relationship between the hospital and the facility. In spite of the increase in admissions, staff accuracy has continued to increase. Our referring hospitals have commented that they appreciate the medication data from the electronic record when a resident does need to be transferred. The medication data is thorough, complete and easy to read.

As a result of the care and efficiency improvements, we have been able to provide meaningful contact hour continuing education programs for all staff regarding the top five diagnoses for readmissions to the hospital. We also use these sessions to cover other areas of their responsibility, including assessments, communicating with physicians and families, and trying to prevent readmissions to the hospital.

Better documentation has led to better financial results. Requests for Recovery Audit Contractors (RAC) reviews have been successful because of all the supporting documentation. Skilled care reviews have become easier to follow when insurance companies request supporting documentation.

**Lessons Learned/Advice to Share with Others**

When a facility starts the roll-out of any electronic medication system, sufficient time must be allotted to making sure things are done correctly, followed by auditing to assure compliance. Interfacing with the pharmacy caused some growing pains but using real-time QA processes and data ensured compliance as new features were added to the medication order and administration process. Our advice to fellow facilities is to follow up with any individual staff member that has problems with compliance on a one-on-one basis. Providing the right education to the right staff at the right time has been successful for our facility. Educating the staff is not a one-time exercise. We schedule routine, ongoing education with staff during the year just to review certain aspects of the technology. This assists with discovering who uses the system proficiently and who needs re-education. We also identify and recognize the more experienced nurses with admission orders so that they can share their knowledge and assist the other staff in elevating their skill levels.

It is also important to include EMR training with orientation classes and mentoring in the clini-
cal area. “The Renew You Unit” (our short stay, rehabilitation unit) is the busiest with the greatest number of admissions. We tend to expose new staff members to orientation on that floor. This allows them to become familiar with all aspects of resident care and exposes them to the comprehensive features of the electronic charting and medication pass software.

One-on-one follow-up with any staff not in compliance is successful in helping to elevate outcomes and their performance. On a daily basis, we audit the previous day’s documentation to identify what is missing and those who need follow up. Sometimes a gentle “love note” indicating what was missed, quickly does the job. The nurses enjoy ongoing feedback on the quality of their work and the personal attention from management signaling a job well done. Our Nurse Managers directly intervene and if there are repeat “offenders” they ensure communication with those individual nurses.

With a complete EMR system properly utilized, management tools are available right at our fingertips. We are able to see in real-time staff compliance, documentation and follow through with whatever the residents’ needs may be. Utilizing medication reconciliation on admission and readmission promotes effective medication management and high quality of care for our residents.

In summary, our staff performs medication management more efficiently and is better organized. The streamlined workflow has allowed the nurses to effectively handle the increase in admissions and expand their knowledge and skill sets. By utilizing the team based approach to implementation, auditing and ongoing feedback with education we have also been able to sustain a high level of staff satisfaction. The new workflow has been a key element in assisting the facility to maintain its excellent level of resident care in the ever changing post-acute environment.
4 Improving Compliance and Care Quality with a Medication Management System with CDS

4.1 Provider: Consulate Health Care
Contributor: Bonnie Lawrence, Corporate Director of Clinical Informatics

4.2 Vendor: SigmaCare

Impacts and Benefits of:

• Medication Ordering
• Medication Management Clinical Decision Support Systems
• Medication Administration
• Analytic Tools (e.g., Medication Error Reporting, and Quality Reports)

Organization Type
Post-acute, Skilled Nursing

Organization Description
Consulate Health Care is a national leading provider of senior healthcare services, specializing in post-acute care. Operating more than 200 centers nationwide in 21 states, they offer services ranging from comprehensive short-term transitional care to Alzheimer’s and dementia care. They began as a small provider with a strong focus on patient needs, which has strengthened their family and allows them to sustain jobs in many communities, create rigorous systems of care, and deploy technology that makes it easier to understand patient needs. Even as they have grown to become the sixth-largest provider in the nation and the largest in Florida, Consulate remains committed to their mission of “Providing Service with our Hearts and Hands” and a patient-first approach to care.

Project Description
Consulate Health Care recognized an opportunity to replace its medication management system resulting in:

• More effective ways to ensure safe medication administration
• Pharmacy cost savings on medications
• Additional improvements in care quality based on adherence to best practices
• More efficient regulatory and physician order compliance

Implementation Approach
In 2012, Consulate Health Care began the search for a new medication management provider to achieve consistency across the continuum of care with the safe transfer of data, reduction in pharmacy costs, and improved regulatory and physician compliance. They intended to do this while also leveraging an electronic medication administration
record (eMAR). After an extensive search, Consulate chose the SigmaCare medication management system due to its extensive analytics, flexibility and the company’s hands-on customer service approach.

SigmaCare teams were deployed to Consulate care centers to conduct training, input orders into the system and confirm employees could effectively pass medications using the eMAR system. The training team worked hand-in-hand with the Consulate staff to ensure they received clear documentation on how to operate the system and was available to answer questions and troubleshoot any problems that arose.

**Outcomes**

After implementing the medication management system, Consulate experienced several positive outcomes, such as increased regulatory compliance, pharmacy cost savings, physician order compliance, gatekeeper capabilities and time savings.

**Regulatory Compliance**

Consulate has configured its medication management system to increase compliance with policies, best practices and regulatory mandates. Checkpoints within the system force users to enter diagnoses and proper documentation.

**Pharmacy Cost Savings**

Since adopting the medication management system from SigmaCare, pharmacy savings have increased significantly over a period of two years. This, in part, is because Consulate has been able to integrate information from a patient’s insurance program.

The medication management system automatically reviews whether a prescribed medication is on the formulary for a patient’s insurance and recommends an alternative – in real time at the point of entry.

**Physician Order Compliance**

By the end of Q1 2014, less than 24 months after rolling the program out, they were able to report a decrease in the number of pending signatures by 23%. In the past, securing physician signatures could be a time-consuming process for the staff, but by doing this electronically, Consulate has increased staff efficiency and the security of the patient record.

**Gatekeeper Functionality**

The ability to quickly and efficiently review medication orders has resulted in more cost-effective care at Consulate care centers. A list of high-cost, high-risk medications is programmed into the system and a pop-up window appears when one of these drugs is ordered. The pop-up alert reminds the staff member that the drug requires approval from the director of nursing prior to placing the order with the pharmacy. Even if the director of nursing is out of the building, he or she can access the medication management system remotely to approve or disapprove the order and seek out a more cost-effective or lower risk medication. The system also brings up a Black Box warning for specific drugs, forcing the nurse or physician placing the order to acknowledge the warning and explain the override.

**Maintaining Best Practices**

Using SigmaCare’s robust medication management system, Consulate has developed order sets based on best practices, including:

- Foley order sets to ensure the facilities are compliant with current best practices that recommend not changing the Foley every
month. This reduces the risk of infection and improves the patient experience.

- Coumadin (warfarin) order sets allow timely review to prevent errors, ensuring the drug is being administered according to best practice.

- Order sets are created around tube feedings and other procedures that require physician documentation in order for the organization to receive payment.

Advice to Share with Others

Consulate has experienced several lessons learned during the selection and ongoing operation of its medication management system.

- You can’t go back to paper: As Consulate examined its options in switching eMAR providers; it became apparent that it was not feasible to go back to a paper system. Not only were existing staff not trained on using a paper system, but new hires were not accustomed to working in a paper-based environment.

- Create internal experts: In order to better manage system training internally, Consulate created champions in each building as the first line of contact, with two data analysts on staff as backup. When those resources were unable to address an issue, they contacted SigmaCare representatives who worked closely with Consulate’s clinical informatics and IT departments to address any issues.

- Encourage adoption by key stakeholders: The ability to access records from anywhere, at any time, has given their directors of nursing unprecedented insight into care center operations. They can re-distribute workloads as needed, ensure best practices are being followed with specific drugs, and encourage staff to fully adopt and utilize the system.

- Tailor the system: Consulate has worked to develop processes specific to its organization that improve compliance and quality of care. For example, while Consulate frequently uses alerts to remind clinicians of processes, requirements such as documenting a patient’s blood sugar make it mandatory for certain activities to take place, ensuring best practices in delivering quality care.

Today, Consulate Health Care will continue to work closely with technology partners, like SigmaCare, to ensure that the transfer of information is consistent across the continuum of care. The result is more efficient regulatory and physician signature compliance, a focus on care giver best practices, and the achievement of improved clinical outcomes.
5 Improving Medication Administration in a CCRC Setting

5.1 Provider: Elim Park

Contributor: Chris DeBisschop RN, BSN Nurse Educator; Zell Gaston Chief Financial Officer; Linda Langlais RN, MSN Chief Nursing Officer; Lynn MacLean RN, BSN Quality Nurse Manager

5.2 Vendor: HealthMEDX

Impacts and Benefits of:

- ePrescribing/ Medication Ordering
- Medication Administration

Organization Type

Continuing Care Retirement Community (CCRC)

Organization Description

Elim Park is a not-for-profit, interdenominational, nationally accredited continuing care retirement community (CCRC) whose mission is to provide quality care through comprehensive wellness programs and medical facilities. Located in Cheshire, Connecticut, Elim Park is designed to serve people 60 years and better and has earned its outstanding reputation by adhering to and setting very high standards for quality health care, housing and services.

Services:

- Assisted Living Services
- Post-Acute/Short-term rehabilitation
- Residential Care
- Skilled Nursing

Project Description

Elim Park is improving quality of care and staff efficiencies by implementing an integrated electronic medical record (EMR) with a mobile platform to improve medication administration. In 2012, Elim Park began implementing HealthMEDX Vision, a single LTPAC technology platform that guides caregivers through quick and efficient electronic medication and treatment administration while minimizing the risk of errors associated with paper charts.

In 2014, Elim Park extended their solution with a mobile platform, HealthMEDX iCare, allowing physicians to easily access patient information from any location and enhance communication with the nursing team.

Implementation Approach

Elim Park leadership began by including a cross-section of clinical staff right from the start – from selection through designing and planning – to get staff onboard with the transition from paper to electronic records.
CNAs, nursing staff and other potential users of the solution were all invited to participate in the selection process, and reviewed the pros and cons for different solutions. While there were numerous single-purpose solutions, Elim Park quickly realized the best solution for their needs was a comprehensive single solution that addressed functionality required across the diverse service settings within their care community. The ability to customize the solution to match their long history of resident care emerged rapidly as a top criterion.

Creating an Environment for Success
With the end-goal of automating the order entry through medication administration process, Elim Park first implemented HealthMEDX Vision in 2012 and then extended functionality and engaging physicians with HealthMEDX iCare, a mobile platform, in 2014.

This approach of garnering support and expertise of Elim Park’s staff first allowed the development of foundational skills before moving onto more complex solutions. This allowed everyone to gain confidence and skills required to be successful in changing how they performed their day-to-day activities.

For the Vision project team, implementing Vision before iCare allowed a review of best practices and lessons learned to encourage staff buy-in and improve implementation processes as the functionality and workflow changes became increasingly more complex when physicians came online.

Engaging the Team
From selection to go-live through to ongoing support, Elim Park proactively engaged staff across all disciplines. This approach served two goals:
- It allowed Elim Park leadership to gain input from across the facility, ensuring they were considering the impact and needs from every possible angle within the organization.
- Since end-users of the system were proactively involved in problem-solving and design of the solution, the staff felt ownership of the project and had a vested interest in the success of the go-live.

Preparing for CPOE
Implementing Computerized Physician Order Entry (CPOE) is as much of a process and workflow change as it is a technology implementation, requiring care to determine how to transform paper charts and order sets seamlessly to an electronic form.

Elim Park incorporated this workflow and design process with training. Therapists from the Rehabilitation department attended CPOE and care plan training, to facilitate autonomous use of Vision in their practice. Every nurse participated in four hours of training and four hours of practice time. The practice time included back-loading existing paper records and orders into the system, thus allowing staff to not only have real order entry experience, but also help make decisions about order sets.

Communicating the Vision
To keep people engaged and generate excitement, Elim Park created a fun, creative theme, playing off the name of the solution – Vision.

The theme, “The Future’s So Bright, You Gotta Wear Shades,” was based on a song from the early 80s. The team created a project logo of a bright yellow sun wearing black sunglasses. This logo was used in posters and marketing material, such as screen
savers. On go-live day, the project team all wore yellow and handed out sunglasses as a prop.

**Introducing iCare**

HealthMEDX iCare, a user-friendly mobile application for physicians, was the latest component implemented at Elim Park, supporting physician clinical decision-making with 24/7 access to patient data and the ability to communicate with care team members from any location.

In the months leading up to the iCare go-live, training sessions were regularly incorporated into medical staff meetings, and quarterly communications updating physicians on the progress and benefits of the HealthMEDX Vision solution built ongoing interest. Following go-live, many physicians had iCare loaded on their devices.

At-the-elbow one-on-one training support was delivered to physicians the first time they used the solution. Nurses were trained to provide ongoing support, answer questions and encourage physicians to use the solution.

**Outcomes**

**Labor savings.** An estimated savings of $10,000 annually in reduced labor for managing paper medical records, as well as $30,000 - $50,000 annually for nursing time previously spent editing, tracking and interpreting handwriting for paper orders.

**Reduction in nursing overtime.** In combination with other technology implementation (online scheduling software in Oct. 2013) the nursing department has experienced a 35% reduction in department overtime since implementing EMAR/CPOE in 2013. They attribute this in part to the efficiencies realized through electronic order entry, medication administration, documentation accessibility and reduction in manual processes associated with month to month documentation.

**Improved medication administration.** An improved medication delivery timeliness with better tools to assist with the management of the medication pass.

**Reduced care variability.** Standardized order sets allowed for the implementation of community-wide best practices and protocols.

**Medication error reduction.** After a brief stabilization period when going live, long term measures show an average of a 50 percent decrease in medication errors after one year, in comparison to the pre-implementation error rate.

**Enhanced communications.** Immediate access to current patient data and the ability to sign off on interim orders and review resident charts allowed physicians and clinical staff to improve communications.

**Enhanced Quality Improvement Efforts.** Data and reporting tools allowed the analysis of medication records and the ability to trend and target quality improvement efforts.

**Improved Survey Readiness.** Ability to become survey-ready in less time at reduced cost by automatically eliminating incomplete or inaccurate documentation.

**Increased Time at the Bedside.** By reducing the time required for administering, tracking and managing medications and treatments, the nursing and ancillary staff could spend more time on resident care instead of administrative duties.
Challenges and Pitfalls to Avoid

**Jumping in without taking benchmark measures.** It’s important to include quantitative measures as part of the planning process. Otherwise you end up knowing that the improvements were real, without having the appropriate data to back it up.

**Varying technology skills among the staff.** Staff has varying comfort levels and skill sets with use of technology that need to be addressed as part of preparation for go live.

**Establish a feedback mechanism.** During go live, it’s critical to have a mechanism for immediate feedback and a process to rapidly take corrective action when issues are identified.

**Paper and electronic workflows are different.** Unexpected challenges may arise when trying to convert from paper to electronic versions of workflow. Staff have developed strong preferences and tools to be successful with paper, and often, the electronic solution can take them away – for example, the use of Post-It Notes and pre-printed order sheets. Additionally, some content, such as “Start Times” may not be as critical in the paper world as it is in the electronic world.

Lessons Learned/Advice to Share with Others

**Education is critical for success**
Start educating early and continue throughout and beyond go-live with education and ongoing communications. Have the proper administrative support in place so that nursing attendance in educational programs is mandatory.

Elim Park holds monthly in-services that all nursing staff must attend or watch on video. A customized resource notebook was also developed in-house with hand-outs and guides to help answer any questions.

**Create order sets**
Developing order sets are invaluable to the success of a CPOE implementation. This was accomplished by taking the vast First Databank (FDB) database, simplifying it and delivering its care quality standards and protocols from within the solution. It is easy for staff to get overwhelmed with all the requirements. By carefully constructing orders sets, Elim Park has embedded quality assurance, creating alerts and attaching critical care protocols to follow with particular medications.

**Develop a cross-functional team**
Healthcare workflow doesn't operate in silos and neither should an IT project team. Elim Park’s project team is comprised of representatives from all functional areas of the organization so that hand-offs, transitions and processes that cross departmental functions can work more effectively together. The team has developed into a true support system to discuss what’s happening with Vision, why and brainstorm the best approach for success.