



Categories: EHR Implementation, EHR Use and Workflow Change Best Practice



Monroe Community Hospital

Contributor:

Rosemary Provo
Deputy Director

Organization

Monroe Community Hospital (MCH), located in Rochester, NY, is a county-owned health care facility providing quality long-term care to more than 566 individuals with complex and chronic health conditions. It is home to residents of all ages – from infants to centenarians – and provides a comprehensive range of health care services including acute care, skilled nursing care, short-stay rehabilitation and specialty care including hospice and care for children and young adults, individuals with Alzheimer’s disease, and those needing ongoing respiratory care.

Project Description

Currently using LINTECH’s integrated financial and clinical suite of solutions, MCH made the relatively easy decision to implement LINTECH’s COMET™ Point-of-Care application to document ADLs, vital signs, weight and height, meal and snack consumption, restorative nursing and recreational therapy. The use of touch-screen and mobile tablet devices to implement COMET™ Point-of-Care improved workflow, productivity and the quality and accuracy of real-time documentation. The documented information is instantly available to the entire interdisciplinary care team.

Approach

Before the project was implemented, there were many technical decisions that needed to be made regarding the number and placement of touch-screens to maximize efficiency, purchasing the hardware and running the necessary cabling for the devices and installation. A key focus was training the staff of approximately 400 on both the use of LINTECH’s COMET™ Point-of-Care application through the touch-screen and re-educating on MDS definitions. MCH is a large facility so the deployment approach was one unit at a time to ensure adequate training and support for each unit as they went live. LINTECH’s COMET™ Point-of-Care documentation was completed by CNAs, nursing staff, restorative nursing and recreation staff. This data, using sophisticated algorithms, flows directly to the MDS based on the assessment reference date.

To view the full collection of case studies, please visit LeadingAge.org/EHRCaseStudies2012



For more information contact:
Zohra Sirat, Programs and Operations Administrator, CAST
zsirat@LeadingAge.org
(202) 508-9438
LeadingAge.org/CAST

Outcomes Achieved

The most noticeable improvement in workflow was for the CNAs. Previous paper documentation would typically be completed during the last hour of the shift and now this time has been given back to direct resident care. The accuracy of the documentation has improved because observations and treatments are documented directly after they are completed, rather than at the end of shift, and are not influenced by what has been previously documented. This was extremely beneficial when the MDS became the standard tool for reimbursement for Medicaid in New York State. Application access was streamlined by utilizing existing badge swipe versus traditional user ID and password login. The application is also used on portable tablet devices with touch-screen interface in areas that did not have an accessible kiosk with wall mounted touch-screens. These devices are mainly used to document attendance and participation at recreational programs for large groups of 100 or more residents. The reporting and auditing capabilities quickly identified missing and/or inaccurate information as well as identified opportunities for improvement and education. Real-time information can be easily accessed by the entire interdisciplinary team from multiple locations to assist in improved resident quality care. This EMR documentation was then utilized by the entire interdisciplinary team: administration,

utilization review, medical, pharmacy, nursing, nutrition, social services, rehabilitation, recreation, laboratory, quality improvement and consultants. LINTECH's COMET™ EMR information is accessed from off-site physician offices, in-facility offices or on the nursing unit.

Lessons Learned/Advice to Share with Others

- Provide opportunities to practice documentation prior to go-live; this also allows validating the education on MDS definitions.
- Perform audits during the go-live to identify any additional educational opportunities.
- Establish a system to train relief agency staff and new staff to ensure consistent and accurate documentation.
- Establish a system to have nurse management perform ongoing review of ADL documentation to ensure accuracy.
- Leverage existing procedures to integrate solutions such as incorporating a badge swipe (used for time card systems and facility door security) for login. This improves efficiency and further facilitates the desired real-time documentation.

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