

2008年台灣國際醫學資訊聯合研討會

Joint Conference on Medical Informatics in Taiwan MIST 2008 \ NIST 2008 \ MISAT 2008 \ The 7th Asia-Pacific HL7 Conference

Journey to the Electronic Health Record: Enabling Seamless Care Delivery & Healthcare Transformation

Judy Murphy, RN, BSN, FACMI, FHIMSS Vice President, Information Services Aurora Health Care Milwaukee, Wisconsin, USA

We will cover ...

- A little bit about Aurora Health Care
- Aurora Health Care: An Electronic Health Record (EHR) Case Study
 - Use our experiences to exemplify key points about the EHR implementation process
 - Describe the benefits and challenges we've seen
 - Discuss where we've been; what we've learned
 - Elaborate on where we're going next and why
- Wrap-up
- Questions



- Integrated Delivery Network
- Private, non-profit, teaching
- 14 Hospitals (60-900 beds)
- 120 Clinics
- 130 Retail Pharmacies
- 18 QuickCare Clinics
- Home Health Services
- Hospice Services
- Laboratory Services
- 26,000 employees
- 3,700 physicians on staff
- 950 employed physicians
- \$3.2 billion annual revenue
- 0.5 million IP days/year
- 1.1 million OP visits/year
- 250,000 ED visits/year
- 2.5 million clinic visits/year
- 284,000 Home visits/year
- 5.4 million prescriptions/year

Aurora Information Technology

- Average annual Capital budget \$32m USD
- Average annual Operating budget \$56m USD (about 3% of total)
 - 550 employees
 - 6 departments
- Electronic Health Record
 - \$200m+ USD investment over 10 years (hardware, software, labor)
 - 17,000 user logins with 6,500 concurrent users during prime shifts
 - 19,000 connected devices, including 5,000 mobile devices
- One of the nation's "Most Wired" hospitals 2004, 2005, 2006, 2007 and 2008gazine

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Strategic Plan 2007 to 2009





Aurora Health Care

Finding Better Ways



Aurora' s Vision

Aurora Health Care was created around a single idea: There is a better way to provide health care.

We will be satisfied only when Aurora gives people better access, better service, and better results than they can get anywhere else.

Working together, the people of Aurora will find a better way.



OLD WAY: Hospital as Center of the Universe



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NEW WAY: Patient as Center of the Universe



The ONC-Coordinated Federal Health Information Technology Strategic Plan: 2008 - 2012 Improving the health, safety and well-being of America

http://www.hhs.gov/healthit/resources/HITStrategicPlanSummary.pdf

The Plan has two goals, Patient-focused Health Care and Population Health.

Each goal has four objectives and the themes of *privacy and security, interoperability, adoption, and collaborative governance.*

(Published June 3, 2008)





Clinical Performance Measures (Premier)

	АМІ	CABG	PNEUMONIA (CAP)	CHF	HIP- KNEE	PREG	NECK	LUMBAR	STROKE
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ABMC	1	1	1	+ 1	1	2	2	2	1 🛉
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ASMMC	1	N/A	1	+ 1	+ 1 *	+ 1	N/A	1	1
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* Peer group best performer

+ Premier Award for Quality Winners



Quartile Performance

1 = Top Performer

4 = Bottom Performer

87% in Upper Median 66% in Top Quartile Based on 2nd Q 2006 -1st Q 2007 Data Arrows indicate movement from prior quarter

Clinical IT Strategy



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Key Strategic Technologies

- Electronic Health Record (EHR)
 - Clinical information integrated into a single, acrossthe-continuum patient record
 - Best practices incorporated to support care management
 - Personal Health Record included
- Mobile Technology
 - Access to the EHR with mobile/wireless devices
- Digital Imaging
 - Cardiology, Radiology, Mammography
- Web Technology
 - Patient, physician, workforce integration
 - eHealth/Personal Health Record

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Electronic Health Record

- *Patient-focused* electronic record
 - Enterprise Master Patient Index
 - Anytime, anywhere access



- Integrated Architecture for Core Systems
 - Allows different applications to interact with common patient data
- "Best of Breed" software for select systems
 - Interfaces from "feeder" systems
 - Examples: Lab, Dictation, Transcription, Coding, Billing

び年台灣國際醫學資訊聯合研討會 loint Conference on Medical Informatic

Flow of Information



Flow of Information



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17

EHR Repository as of Aug 2008

Patients	3.6 m	
Documents	30 m	
Laboratory Results	290 m	
Pharmacy Orders	7 m	

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Medication Profile

Summary Sheet - [. ile <u>V</u> iew <u>G</u> o <u>P</u> roblem <u>C</u> hart <u>H</u> elp							그 문 :
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🗸 🖓 Order Sets 🖉 🗸		🔭 Call MD	Ordered	06/23/04 9:44:00, Notify provider if heart rate	outside >120 beats
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Related Results	Details		oldeled	Cove Store Steeley, Noticy provider in Oxygen so	

Decision Support in CPOE (1): Enterprise-wide Order Sets

Careset - Uncomplicated-Community Acquired Pneumonia-CPOE

Order Detail T;N, Intake and output Q8hrs while on IV's, Q8H T;N, Daily wieghts while on IV's, qAM T;N, Encourage fluids 660-800cc/shift while awake T;N, BRP and advance per clinical pathway Routine, T:N. Lab Collect, Venous Routine, T:N, Lab Collect, Q5MIN 2 TIME/DOSE Respiratory Culture & Smear (Sputum Culture) Routine, T;N, Nurse Collect, Sputum, Sputum, Do not delay antibiotic if unable to obtain

If from Nursing home: Urinalysis Screen (Urine Screen) Routine, T;N, Nurse Collect

Petails

Pulmonary Consults: Oxygen Request ASAP, T;N, Oxygen request LPM/NC titrate to keep Sat>92% **Consults:** Nutrition Consult/Instruction (Dietitian Consult) T:N Social Services Consult Today, T;N Physical Therapy* Today, T:N, Physical Therapy Consult

Medications:

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Component Nursing:

Laboratory:

Blood Culture

Bathroom Privileges (BRP)

Carbon Dioxide (CO2)

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	Order Details	Detail Values
	Order Comments	
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Decision Support in CPOE (2): Discern Alerts

CERT, WOMAN	Age:39 Years Sex:Female Location: 48 MED-LMC; 446; 01 DDB:4/16/1964 MRN:LMC-00242549 Fin Number: LMC-01611188 Inpatient [Admit 4/30/2003 09:25 Discharge <no -="" date="" discharge="">] *** Allergies Not Recorded ***</no>
Patient Information PowerOrders E	CT Order Alert
View Custom ✓ Registration Malergies ✓ Allergies If you would select the or ✓ Vital Signs Select the or ✓ Dicts Add Order ✓ Special/Tre Medication: ✓ Consults Consults	to order DX Abdomen AP (KUB) when placing an CT Abd Pel WO LTD exam. like to order the DX Abdomen AP at this time, rder from the list below. for: inal Series d L, Sipes II, Donald R, General,
 ☑ Diagnostic ☑ Order Sets ☑ Num Diagnostic 	
Mon-Catego	CT Neck Soft Tissue W Completed Routine, 06/17/03 08:15:00, Foreign body in throat, Via: Ambulatory CT Neck Soft Tissue W Canceled (Exam R Routine, 06/17/03 08:15:00, Foreign body in throat, Via: Ambulatory DX C Spine 2 View Completed Routine, 06/17/03 08:15:00, Dislocation, Via: Ambulatory MR C Spine WO Contra Ordered (Exam Co Routine, 06/17/03 08:15:00, Discitis, Via: Ambulatory Order Sets Non-Categorized

Decision Support in CPOE (3): Drug Alerts

Name: TEST, ONLY	DOB: 1/1/1901	Age: 10	00 Years	Sex: Male	Chart Number:	<no data=""></no>	
My List Search Order Catalog	🔲 All	📕 Allergy	🔼 Drug	Food	Dup. Therapy	Reference	
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amoxiciiin/ciarithromycin/iansoprazoie Amoxil 125 mg/5 ml. Suspension (amoxicillin)	<u>P</u> RIN:	<none></none>					
Amoxil 200 mg/5mL Suspension (amoxicillin)	Instructions:	<none></none>					
Amoxil 250 mg/5mL Suspension (amoxicillin)	Indications:	<none></none>					
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Links to Evidence on internet from patient chart

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Component	Dist	
(ceftriaxone IV and clarithromycin oral) OR (azithromycin IV, if unable to take oral med		
OR (levofloxacin, if allergy to penicillin or ceftriaxone presents as hives or respirate	Linka ta avidanaa	
Autihacterial Agents: Cephalosporins: 3rd-Generation	LINKS to evidence	
Antibacterial Agents: Elucroquinolones	a click away	
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Antibacterial Agents: Macrolides		
azithromycin	500 mg, Tablet, PD, ONCE, Step 1 of 2	
azithromycin	250 mg, Tablet, PO, Q24H, Step 2 of 2	
azithromycin	500 mg, powder ini, IV, QD	
	500 mg, Tablet, PO, Q12H	
Igenunizations: Influenza		
z _w Immunizations: Pneumococcal		
Administer pneumococcal vaccine once if not received within past 5 years		
Ancillary Medications		
acetaminophen	650 mg, Tablet, PO, Q4H, as needed for pain or fever	
Laboratory		
Hematology		
CBC (CBCA)	Today/Routine, T;N	
Microbiology		
At least two sets of blood cultures should be collected prior to initiation of antimicrobial therapy		
Do not delay administration of antibiotics to obtain sputum sample		
Blood Culture	Timed, T;N, Lab Collect, Draw From 2 Different Sites, Q15MIN 2 TIME or DOSE	
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Key Successes

- Decision Support Evidence-Based Medicine (easy to do the right thing)
- Inbox, Result Review, Electronic signature
- Timeliness of result availability
- Completeness of record longitudinal, cross site
- Medication Profile
- Remote access to data (75% of physicians have access from home or office)
- Access to data without chart pull for returning phone calls or prescription refills
- Ease of concurrent reminders and retrospective reporting for drug recalls or care management data retrieval

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Key Challenges

- Care Team Workflow Redesign and how computer is used at POC (mobile computing devices)
- Training and Support
- Availability of System aka, NO DOWNTIME (backup data access strategy)
- Response Time
 Response Time
 - **Response Time**
- Support ... maintaining the gains ...

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Electronic Health Record Adoption

EMR Adoption Model^{ss}

Stage	Cumulative Capabilities	2007 Final	Q 2 2008
Stage 7	Medical record fully electronic; HCO able to contribute CCD as byproduct of EMR; Data warehousing in use	0.0%	0.0%
Stage 6	Physician documentation (structured templates), full CDSS (variance & compliance), full R-PACS	0.8%	0.9%
Stage 5	Closed loop medication administration	1.4%	1.0%
Stage 4	CPOE, CDSS (clinical protocols)	2.2%	1.8%
Stage 3	Clinical documentation (flow sheets), CDSS (error checking), PACS available outside Radiology	25.1%	32.0%
Stage 2	Clinical Data Repository, Controlled Medical Vocabulary, Clinical Decision Support, may have Document Imaging	37.2%	33.9%
Stage 1	Ancillaries – Lab, Rad, Pharmacy – All Installed	14.0%	12.6%
Stage 0	All Three Ancillaries Not Installed	19.3%	17.7%

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Joint Conference on Medical Informatics in Taiwan MIST 2008 \ NIST 2008 \ MISAT 2008 \ The 7th Asia-Pacific HL7 Conference

Ubiquitous Computerization in Healthcare?

"That it will ever come into general use, notwithstanding its value, is extremely doubtful because its beneficial application requires much time and gives a good bit of trouble, both to the patient and to the practitioner because its hue and character are foreign and opposed to all our habits and associations."

> - The London Times, 1834 Commenting on the "stethoscope"

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Thank You, Judy

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