# 4 Years of Electronic Medical Records
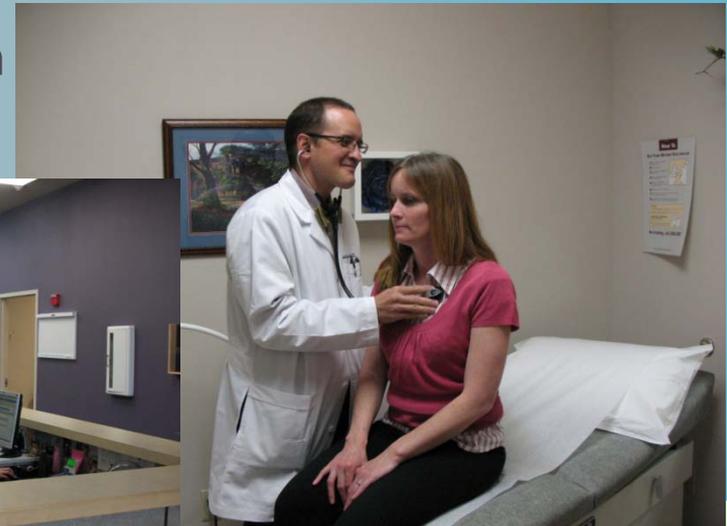
Harney District Hospital

Burns, Oregon

November 2009

# Our Initial Goals for EMR/HIS

- Save time for clinicians
- Reduce errors—clinical & financial
- Financial ROI of 5 years or less
- Better information for strategic decisions
- Privacy & Security for patient records
- Goals added later

  - Improve recruiting & retention
  - Remote access

# Performance Against Schedule

- 3-6 month install & training
- Bar coded drug admin & CPOE in 12 months
- All interfaces operational in 3 months

- Actual results took a lot longer--
  - Bar code & some interfaces "air ware"
  - 6-9 month install & training
  - Updates require constant training & retraining & "taking system vitals"

# Performance Against Quality

- Quality goal: general goals of less errors and fewer lost charges were articulated, but not quantified. Because of our old paper-based system, very hard to get the "hard data"

- Actual: anecdotally, results are far better than expected. Superior charge capture (with some process tweaks). Clinical Q/A is much easier to monitor if the leadership is there to use the EMR and the data. We are a heavy user of RPM reporting system (ORHQM)

# Performance Against Cost Budget

- Budget: $667,000 over 5 years including financial upgrade, hardware, clinical software, annual support and billed training costs

- Actual: hard dollar cost was a bit over $700,000 (in 4 years) due to interface costs. However, the "soft" costs of internal training, disruption, distraction are very high—perhaps 1/3 to ½ of the contract cost. Also created an IT dept, which supports this and other programs

# Performance Against 5 Year ROI

- Murdock grant--$166,000
- Cost reimbursement by CMS--$280,000
- Lab/MD clinic data entry FTE--$125,000
- PFS staff reduction; 3-4 FTE--$500,000
- Lost charges, A/R reduction---$500,000
- Better access to info/data--???
- Prospective recruits "blown away"--???
- Improved documentation/quality--???
- VPN access for Locum docs/admin--???

# Project Management
# How Was the Project Managed?

- Mid-level manager assigned to the task

- Treated as a short-term, part-time project

- Most of the installation & initial training occurred at the same time as key administrative leadership changes, planning & construction of new hospital & addition of general surgery program

# Key Lessons

"Don't Do More Than One Once-In-A-Lifetime Project at the Same Time"

# What Went Right

- We are essentially "paperless" in financial & clinical processes
- We exceeded our financial goals (but not necessarily in the way we planned)
- The EMR documentation is superior, getting easier, and driving strategic decisions for the hospital
- Recruiting & retention is easier
- Quality is better/errors are quantifiable & falling
- The doctors are generally supportive (but still demand improvements)
- Security & privacy is improved & easy to monitor
- More time is spent with the patient, & less time is spent on the paperwork

# What Went Wrong

- Installation was way too slow
- "Air ware" was a huge distraction
- Have periodically lost focus in using system
- Still not using all the features we have purchased
- Behind on implementing updates
- Have not fully leveraged the far greater access to information
- Still too much time accessing & using the EMR
- Trying to put 10 lbs of sugar in a 5 lb sack

# Recommendations

- One major project at a time
- Project led by high-level administrator, mostly full time, & with a duration of years, not months
- Create a large (permanent) team which keeps up with updates, looks for opportunities & educates the rest of staff (& the docs)
- Project must have top-level support from hospital administration, the Board & the providers
- Commit to a multi-year effort & a multi-year payback
- Create a high-level IT department
- Prepare to drastically change workflow, not just make the same old manual methods quicker or paperless
- Spend money to make money—big budgets for travel, education, hardware upgrades, new software modules, IT support
- Never stop asking "what is good for the patient?" and "what will save time for the clinician?"
- Fully integrated systems maximize the benefits & the ROI
- Beware the "let's keep a paper copy…just in case."

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