



The Future of Technology in Long Term Care

Lisa Mitchelson and Scott White, TEF

Traci Jersen, 6N Systems

Ellen Flaherty, VCNV

David Finkelstein, VCNV

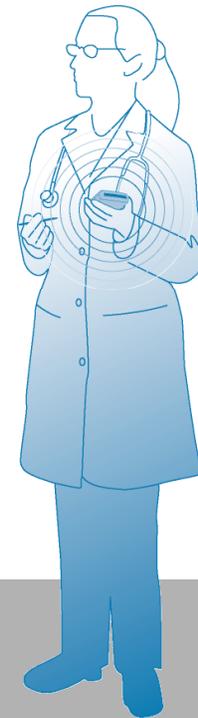


In today's workshop....

- Introduction
- Overview Electronic Medical Records
- Getting Started...*how does it work?*
- Labor Management Relationships
- Challenges and Concerns



Why an EMR?





Who are We?

- Ownership
- Administration
- Nursing Department
 - Nursing Administration
 - Nurses
 - C.N.A.'s
- Residents



Ownership, Administration, & Nursing Administration

Compliance Pressure

Nursing homes are the most heavily regulated industry in the United States. In order to remain compliance with the regulations, nursing homes have had to place great emphasis on documentation of patient care. In a climate where you are guilty until proven innocent, the pressure to have everything “documented” is great.



Ownership, Administration, & Nursing Administration

Financial Pressure

Within the last 10 years, most skilled nursing facilities have developed some type of “**short-term rehab**” or “**sub-acute**” program. These programs are primarily reimbursed by Medicare and of late, HMO’s. Both Medicare and HMO’s have extremely strict requirements regarding documentation. You must justify the patients stay, this justification is captured in documentation. If you don’t document, you don’t get paid.



Ownership, Administration, & Nursing Administration

Former PRI pressure

Prior to January 2007, Nursing Homes in New York State were required to complete PRI (patient review instrument) assessments four times a year. Based on your score, you were reimbursed. Part of the process was that after you submitted your score, your facility was more than likely audited to validate that the score you submitted, was indeed true. The measurement of this audit was review of “documentation”. Again another reason why nursing homes were under so much pressure to have appropriate documentation, your reimbursement depended upon it.



Ownership, Administration, & Nursing Administration

**Based on all that
Nursing Homes are
Bogged down in paperwork.**

**The job has become about completing the paperwork and not
about taking care of the patients.**



Nurses & C.N.A.'s

- **Difficulty in reading Doctor's hand writing**
- **Temperamental fax machines**
- **Fighting different disciplines for the one book**
- **Delivering medicines outside the time window**
- **Failing to update care plans timely**
- **Checking the charts when state survey is due**
- **Completing your books out of memory at the end of your shift.**
- **Not being updated on changes in care plans**
- **Feeling that all the work you do is never valuable or even looked at**



Residents



**Because when staff
is freed-up from
tedious paperwork:**

**Residents get better
care!!!**



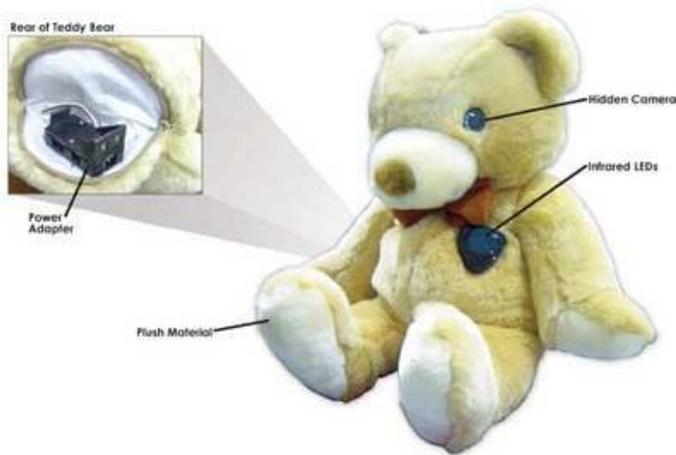
How Technologically Advanced Are We?



McDonald's has more technology than we do.



How Technologically Advanced Are We?



Even the residents have more technology than we do.



Technology and Long Term Care

Getting Started....





EMR Benefits

- **Improve Quality and Continuity of Patient Care**
 - ✓ Improve quality of, and access to, patient information
 - ✓ Reduce clinical errors with complete, accurate information at the point of care
 - ✓ Highlight essential information
 - ✓ Provide decision support with quality monitoring systems
 - ✓ Promote evidence-based practices through templates and clinical guidelines

- ❖ **Increase Efficiencies & Resident Safety**
 - ✓ Diminish Medication errors with increased access to life-saving information
 - ✓ Reduce redundant tests and services due to unavailability of test results
 - ✓ Enhance productivity through reducing time spent searching for records or waiting for records already in use
 - ✓ Reduce unnecessary costs of care due to adverse drug events, inability to access critical information
 - ✓ Provide easier observation of trends and patterns in the health of a patient or patient group



EMR Benefits

❖ **Improve Communication**

- ✓ Communicate task and alerts related to patient care
- ✓ Faster access to lab and radiology results
- ✓ Improve the legibility of assessments and notes
- ✓ Improve the flow and sharing of information

❖ **Improve Compliance Efforts and Survey Results**

- ✓ Produce reports for survey readiness & streamline process
- ✓ Reduce incomplete and inconsistent information
- ✓ Monitor quality across the organization with more transparency and address issues in real time



How Do I Get Started?



- **EMR Readiness Checklist – Technology**

- ✓ Assess technical readiness of clinical staff
- ✓ Meet internally with clinical teams at all levels to determine needs & pain points
- ✓ Review current hardware / software
- ✓ Get involved in the conversation on a state and national level – what are the emerging technologies?
- ✓ Look at your budget
- ✓ Assess the marketplace with your culture in mind
- ✓ Consistent and open communication with clinical and administrative teams

- **EMR Readiness Checklist – Clinical**

- ✓ Meet internally with clinical teams at all levels to share ideas about an EMR including benefits and challenges
- ✓ Provide specific examples of how workflow and decision support through an EMR can improve care of residents, foster patient-centered care and improve efficiencies
- ✓ Openly discuss challenges and work with staff to help find solutions
- ✓ Empower the interdisciplinary teams to drive the project





Workflow Comparison

Without EMR

- Shift reports dependent upon nurse/C.N.A. communication
- Little information available on new residents
- Documentation of care is hand written/recorded at a later date not at bedside
- Communication to nurse is verbal
- C.N.A.'s communication about a resident is usually limited to charge nurse

With EMR

- Shift report is in writing and verbal
- Important information on resident available at bedside
- Care is documented at or near bedside and is "real-time" information
- Communication to nurse is verbal and in writing
- C.N.A.'s communicate resident issues to members of team
- Data can then automatically alert users to specific tasks



Disciplinary Workflow

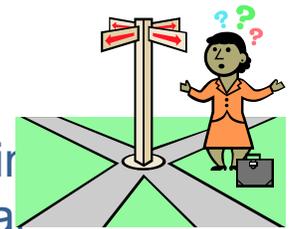
- Facilitates interdisciplinary care through the reduction in redundant assessments and documentation
- Dashboard measures and tracking of resident specific indicators provide alerts that signal disciplines to communicate (ex: non-healing pressure ulcer)
- Task lists capture interventions that are generated from a variety of sources including the care plan



EMR Challenges

- **Standards not yet developed**

- CCHIT is currently developing the “standard” for LTC EMR Certification, so there is no real benchmark
 - ✓ Ensure that the vendors you are talking to are involved in process & know what they will need to do. Some hospital systems are certified, but only for hospitals!



- ❖ **Expensive Technology**

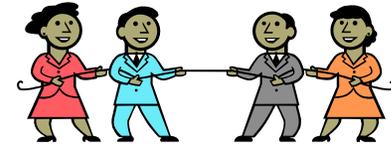
- Some systems will require an overhaul of your current hardware
 - ✓ Make sure you budget for these considerations, and that you get a list of required elements from all vendors when assessing needs.



EMR Challenges

❖ Lack of Communication

➤ Different departments want different things



- ✓ Meet with all stakeholders early, and continue the discussions. Use a facilitator in order to help prioritize what is the best decision for all involved.
- ✓ Make sure everyone is involved! Listening to all concerns and suggestions will create more buy-in, and a better result.

❖ Fear of the Unknown

➤ Some staff may be uncomfortable moving from paper to a computer

- ✓ Review systems to make sure they will be user-friendly, with good customer and online support. Offer additional basic computer training.
- ✓ Communicate the benefits to all.



Technology and Long Term Care

**Doing it the right way...in
partnership!**

What's in it for me?



Worker Satisfaction and Retention

- EMR's will allow C.N.A. access to resident and ability to document at the point of care vs. documenting when the resident accountability sheet is available or at the end of the shift.
- All disciplines will obtain a skill set that is marketable in the industry.
- Floaters will have the ability to review a residents profile at a glance without relying on an accountability sheet. A resident profile will provide information that will advise of risk for falls, allergies, behaviors, to ensure person centered care when a floater is unfamiliar with a resident.
- Less paper = more time spent with a resident = person centered care.



Worker Satisfaction and Retention

- Including staff in the change process will promote buy-in, trust, and create a team approach to care practices.
- The labor management committee will be a forum for all disciplines to share ideas and will assist in the transition phase.



Labor-Management Relationships

- Establishing a labor management committee to engage the staff in the change process. (Plan a kick off party to introduce the new technology, schedule staff orientations on all shifts to provide information and allow the staff to ask questions, schedule product demonstrations to allow the staff to interact with the equipment prior to the training implementation).
- Information sharing: the committee members can create slogans, promotional materials to post throughout the home to generate excitement about the new technology. The committee can be a method for communicating to the staff and to receive feedback from the staff.



Challenges and Concerns

- Fear of new technology (Address the concerns of staff members that are not comfortable with the computer). Plan to have additional classes to allow staff to practice on new system until they have a comfort level.
- Literacy (The new system should be user friendly: picture icons, layman terms, system should mirror the documents staff are familiar with).
- Language (The new system should be user friendly: picture icons, terms that are easy to read, system should mirror the documents staff are familiar with).
- Alerts on system that are color-coded should be consistent (Resident alerts, to prompt the staff for action to be taken for a resident (example): Turning and positioning to reordering medications).



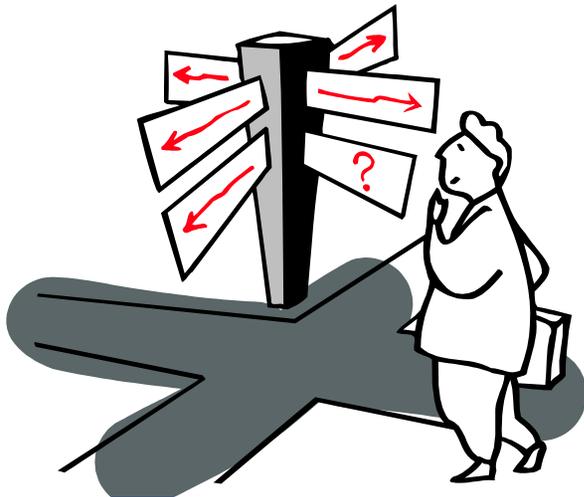
Challenges and Concerns

- Allow a time period from dual systems (paper and system) to the “go live” phase.
- Inform the staff at all levels, of any changes made to the new technology, provide an in service once changes have occurred.
- Policies and procedures should be reviewed prior to installation to assure they are in alignment with the new technology.
- Be open-minded when staff address concerns about the system.
- The staff should be made aware that the new technology is not a monitoring system of the staff but an efficient way to document and access information.



Next Steps...

- What's your take?



Any Questions?