



# Union Hospital of Cecil County Journey to HIMSS Stage 7

*Union Hospital of Cecil County is a full-service community hospital located in Elkton, MD. The 83-bed, not-for-profit organization has been nationally recognized for clinical excellence in the treatment and prevention of disease. Union's 1,000 employees (including 360 physicians) offer outpatient, surgical, and emergency services — as well as a wide range of community education programs.*

## Introduction

Going completely digital had long been a goal for Union Hospital. After migrating to MEDITECH's latest release in 2014, the executive team at Union decided that their goals for paperless care, as well as achieving HIMSS Stage 7, were well within their reach.

Equipped with a wealth of data through their participation in two state HIEs — along with the support of [MEDITECH's Stage 7 Program](#) — they started planning. As part of the accreditation process, Union was tasked with preparing and presenting a minimum of three case studies that displayed their harnessing of analytics in order to drive change and better practices. They ended up presenting 12 case studies and achieved HIMSS Stage 7 in 2017.

Here are just a few of the notable case studies that Union Hospital presented to the HIMSS review team:

## OPPORTUNITY

Union Hospital always saw their HIMSS Stage 6 designation as a stepping stone to HIMSS Stage 7. After implementing MEDITECH's latest release and adding Scanning and Archiving, they had all the pieces in place to pursue this goal.

## SOLUTION

MEDITECH's EHR.

## BENEFITS

- Going paperless gave providers timely access to complete patient records
- Pursuit of HIMSS Stage 7 was the catalyst to target other process improvements
- Redesigning processes improved teamwork and collaboration between departments



## Working with Multiple Health Information Exchanges (HIEs)



### OBJECTIVE

Situated near the Delaware border, Union needed to effectively serve patients moving between multiple states for treatment. Sharing data with multiple HIEs lends to better quality care for patients, and more efficient and cost effective workflows for providers.



### ACTION TAKEN

- Union became a member of two state HIEs: Maryland's Chesapeake Regional Information System for our Patients (CRISP) and the Delaware Health Information Network (DHIN).
- Data is integrated into the MEDITECH workflows, increasing efficiency and ease of access for providers.
- Patient medical histories are available to providers online, creating a more frictionless experience for patients as they don't need to recount this information.
- Portal access embedded into MEDITECH workflows gives providers a real-time view of any patient's clinical information within the region.
- Communication between providers has improved through the use of secure messaging and simplified sharing of information.
- Physicians can receive notifications as their patients visit organizations throughout the region, enabling timely follow-up and proactive care coordination.
- Union's access to Prescription Drug Monitoring Program (PDMP) data gives providers clarity about

patient prescriptions and allows them to monitor potential drug-seeking behaviors.

- Outbound information is sent through MEDITECH, providing seamless care coordination to patients.
- Future functionality will include single sign-on into CRISP.
- HIMSS surveyors were impressed by Union's ability to send data to two different states.



### OUTCOME

Physicians have reported significant time savings due to Union's involvement in the two HIEs. Union estimates that this initiative easily saves their physicians an hour of paperwork per day, giving them more quality time to spend with patients. The patient experience is vastly improved since patients no longer have to wait for films, and providers appreciate the ability to make quicker, more informed decisions when determining if a patient should be transferred. Using the wealth of data provided by the two HIEs, Union is able to look at their own statistics (readmission rates, etc.) in comparison to other organizations in the state, and determine organizational goals accordingly.

# Oncology Nurse Navigator Program



## OBJECTIVE

To prevent readmissions by providing continuity of care to cancer patients struggling with their diagnoses.



## ACTION TAKEN

- Union conducted a workflow analysis of oncology navigators.
- Nurses from across disciplines collaborated to create one report called the Oncology Navigation Report, which is used by all nurses.
- Documentation standards follow Oncology Nursing Society (ONS) guidelines.
- The team was re-trained in the registration of outpatients.



## OUTCOME

Union's newly assembled Oncology Navigation team — comprised of the oncology director, oncology research nurses, oncology nurses, social workers, and internship students — uses electronic documentation to provide continuity of care to patients struggling with their diagnoses. Providers have reacted positively, indicating that the new process is much smoother and eliminates care delays previously caused by caregivers struggling to find navigator documentation scattered throughout the EHR.

# CAUTI Reduction



## OBJECTIVE

To reduce instances of catheter-associated urinary tract infections (CAUTI) and adhere to guidelines for appropriate use of catheters, put in place by the Centers for Disease Control and Prevention (CDC). According to these guidelines, catheters should be removed from operative patients as quickly as possible, preferably within 24 hours, unless there are indications for continued use.



## ACTION TAKEN

- Union performed an initial audit revealing that catheters remained in place for more than the recommended period 25% of the time.
- Revisions were made to the nurse-driven urinary catheter removal protocol. They incorporated best practice indicators on urinary catheter usage to reference when determining the patient's ongoing need for a catheter.
- Nursing staff completed a mandatory online learning activity to assure understanding of the new protocol.
- Union revised the urinary catheter order in MEDITECH to auto-reflex other orders, such as a urinary catheter consult, based on defined criteria.
- A new report was built using MEDITECH's Data Repository to quickly identify opportunities for catheter removal.



## OUTCOME

Union reduced the percentage of catheters kept in place across all departments beyond the recommended period of time and in doing so was able to reduce cases of UTIs as well as their device utilization ratio (DUR) in each department. The device utilization ratio refers to the number of in-dwelling catheter days divided by the number of patient days, with the goal of reducing the amount of time that a patient is catheterized.

Metric	FY 2017	FY 2018	% reduction
CAUTI Cases	1	0	
ICU DUR	0.60	0.49	18%
PCU DUR	0.18	0.16	11%
MSU DUR	0.11	0.10	9%
SSU DUR	0.26	0.14	46%



# Lethality Assessment Program



## OBJECTIVE

To identify individuals who are at risk for domestic violence and to connect them with the appropriate resources to get help. This program was undertaken as part of an initiative to improve workflow in the ED. It was initiated by the Maryland Network Against Domestic Violence (MNADV).



## ACTION TAKEN

- Screened all ED patients for domestic violence, in compliance with the Joint Commission standards.
- Employed the LAP (Lethality Assessment Program) screening, a tool developed by the Maryland Network Against Domestic Violence, to identify victims that are at high risk for lethality.
- Nurses are now required to record answers to initial screening questions, and if any answers are affirmative, the LAP assessment is triggered.
- If the LAP assessment shows the patient to be at high risk for lethality, the LAP hotline/referral assessment is added to the nurse's workflow.
- Nurses contact the Domestic Violence Center and document appropriately.



## OUTCOME

By implementing these guidelines, Union now receives a report from MNADV outlining the number of patients referred, the percentage of these patients that the MNADV could contact, and the percentage that accepted services. This helps them to better monitor whether their patients are successfully seeking help.



# Implementing Scanning to Become 100% Paperless



## OBJECTIVE

Enhance scanning procedures to fulfill the fully "paperless" requirement of HIMSS Stage 7.



## ACTION TAKEN

- Paper records are now picked up from various departments twice a day to be scanned into the EMR.
- After scanning, records are available to end users within three hours.
- Union conducted a review of all paper forms, established acceptable timelines for scanning, and increased scanning to seven days a week, adding weekends and holidays.
- Staff use the Enterprise Content Management file importer interface to electronically sign forms.



## OUTCOME

Union progressed from completing scanning one day after inpatient visits and two days after ED visits, to scanning on the same day for all patients. They are now able to electronically sign and complete charts in a timelier manner. This initiative has also reduced the amount of paper scanned post-discharge, saving valuable time for HIM staff. Charts are now more concise, and providers can eliminate time spent searching through paper charts by locating the information they need within the EHR.



## Union's 7 Strategies for a Successful Stage 7 Visit



Begin by pulling together a core team to review HIMSS Stage 7 requirements and verify that these have been met.



Go through the HIMSS Preparatory Guide page by page and format your presentation accordingly.



Don't hesitate to go above and beyond the HIMSS requirements. Union's survey visit presentation was 304 slides long.



Be sure your presenters are primarily physicians and nurses and not just members of your IT staff. HIMSS surveyors enjoyed seeing a variety of presenters.



Meet with presenters before the visit to perform practice runs and solidify the timing of the presentation.



Encourage staff to prepare for the visit as they would any other regulatory inspection.



Utilize MEDITECH's collaborative [Stage 7 Program](#) to become familiar with HIMSS criteria, including the readiness assessment tools to identify any possible organizational shortcomings.

## Conclusions

Union Hospital of Cecil County encourages HIMSS Stage 6 hospitals to take the next step in pursuing Stage 7. For them, most of the work was already completed for Stage 6, so Stage 7 was just a natural progression. Union notes that the HIMSS surveyors were particularly impressed by how "data rich" the hospital was. Union's ability to send and receive data from two different states through their participation in CRISP and DHIN was of particular interest to surveyors. With the new designation, Union is confident that they now have the leverage to continue harnessing technology to optimize patient care and incorporate best practices.

### KEY METRICS



CPOE usage at **91%**



Bedside medication verification scanning over **98%** compliance



Blood product scanning at **100%** compliance





## MEDITECH

+1 (781) 821-3000

[www.meditech.com](http://www.meditech.com)

[info@meditech.com](mailto:info@meditech.com)

Connect with us: [!\[\]\(d66ff64371a51729ac8c1cdaa685ba6f\_img.jpg\)](#) [!\[\]\(0f31ebba7abcd47777e178db26f29705\_img.jpg\)](#) [!\[\]\(63ea948177b1bcc486b2b76d20d5fb69\_img.jpg\)](#)

INNOVATORS AT

**one**  
**MEDITECH**  
CIRCLE