

Implementing EHR in Home Health Care

Component 11/Unit 9d
An example on the
Implementation of a Point of
Care System

Home Health Paper Records

- Many of the same issues as other paper record systems
 - Illegible handwriting
 - Late documentation
 - Late orders/incorrect orders
 - “loose” filing
 - Communication problems/errors

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Paper Based Home Health Procedures

- In the example we are looking at, the authors of the article describe the daily procedure in a paper based system. Home health nurses were required to come to the office daily to:
 - Verify paper schedules of visits
 - Review previous nursing notes
 - Review previous medication profiles
 - Deal with missing/not filed documentation

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Quality of Care Outcomes

- In this example of the move to an EHR, the project gained momentum because of changes from the Centers for Medicare and Medicaid- Pay for Performance
 - Reimbursement would be based on care quality outcomes
 - An EHR was seen as a way to provide care that was more timely and accurate
 - Expectation was that errors would be reduced

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Vendor Selection

- On-site demonstrations
- Meetings initially with IT, nursing, and eventually with:
 - RN case managers,
 - licensed vocational nurses,
 - home health aides,
 - social workers, schedulers,
 - payroll,
 - billing and
 - medical records

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Vendor selection cont'd

- A tool for evaluating the software systems was not specifically available (2004)
- The organization was looking for:
 - Simple to use
 - Minimal steps to document
 - Capability of creating a positive return on investment
 - Cost for hardware and software (pocket personal computers and laptops were used by most vendors)
 - Availability of support staff
 - Manageability
 - Internet connectivity (this was in a rural setting)
 - Usability

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Training/Implementation Go Hand in Hand

- RN's received 8 hours training
 - They needed to learn how to collect information on a standardized data set called OASIS
- Other disciplines received 5 hours of training
- Office staff received an overview related to their area of work
- Access security was determined by the job description and qualifications of employees
- Unique usernames
- Passwords changed monthly

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In the Field

- New patients and patients who were re-certified were entered in the Point of Care (POC) system
- Transitioning into the system took 60 days (due to the time for re-certification)
- Field nurses completed the documentation at POC
 - Assessments and orders signed off by nurses
 - Medical record personnel processed orders for doctors signatures and logging them in when received

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Successes

- Qualified and knowledgeable vendor support was provided during the go live
- An experienced RN was available during go live
- A staff IT was available during go live
- The perceived benefits aided the implementation process

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Challenges

- Cost for new equipment
- Continued office staff processing for physician signatures on orders was not reduced
- Initial templates for documentation were time consuming for nurses to complete: they were eventually modified
- Technical support
 - 3 options were initially available
 - IT department staff tried to walk nurse through the issue via phone
 - If IT could not resolve over phone, they would drive to one of 4 offices to work with field technician
 - Nurse would need to drive in to office which took away from patient care
 - Modification was achieved
 - Software was purchased which enabled IT to connect to the nurses laptop remotely
 - Software issues, shut-downs, file corruption, storage card maintenance, connection problems, data rebuilds were done remotely
- Internet connectivity for rural area:
 - Nurses had to find geographic areas for "hot spots"
 - Problem decreased within 4 years of implementation

Resources

- Sanchez, I. Implementation of a Point of Care system in Home Health, Home Health Nurse, vol. 27, no. 10 November/December, 2009
