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Ascending the HIMSS Ladder

CIOs from Stage 6 and 7 hospitals—the top rungs of the HIMSS EHR adoption model—share their secrets for success.

By Gary Baldwin

The HIMSS Analytics "EMR adoption model" is arguably the industry's most widely recognized scale of accomplishment when it comes to measuring clinical I.T. deployments. Expressed in seven stages, which are designed to logically build upon each other, the adoption model is one measure of how well—or how poorly—the industry is faring in the move toward the digital hospital. To date, only a small percentage of hospitals have ascended to the top two tiers of the model. In this article, CIOs at three of these front-running hospitals, one from Stage 7 and two from Stage 6, discuss how they accomplished their feats—and what remains to be done.

Gila Regional Medical Center CIO David Furnas demonstrates proper medication bar-coding, a rung on the HIMSS adoption model.

Name of Organization: Gila Regional Medical Center

Location: Silver City, N.M.

HIMSS Stage: 6

CIO: David Furnas

I.T. Staff: 12

I.T. Operating Budget: $2.5 million

One of the smallest hospitals in the HIMSS array of digital hospitals, Gila Regional Medical Center demonstrates how effective management can propel an institution forward. For years, the 68-bed, standalone community hospital was mired at Stage 3 on the HIMSS ladder—but not for lack of potential. The hospital had licensed a large number of modules from its core vendor, Meditech, back in 1995. "We had not optimized the system," says CIO David Furnas, who began the turnaround shortly after coming on board in December 2005. Furnas helped craft a strategic plan which called for Gila Regional to ascend to the top of the HIMSS ladder by 2012. Certified as a Stage 6 hospital in October 2009, Gila Regional is on target to meet its goal, Furnas says. "It could slip to 2013, but it won't slip a great deal if it does," he says. "The technology is the easiest part of all of this. It's off the shelf. The challenge is human."

Furnas' first step was to secure a multi-year commitment for a capital budget to purchase additional modules and pay for expertise to help the hospital to analyze its I.T. environment. After gaining the support of other senior management, Furnas won approval for a capital budget that would range from $700,000 to $1 million annually, beginning in 2006 and ending in 2012. "For most institutions, that is a small amount," he says. "For a 68-bed sole community provider, that's significant."

The CIO's first move was hiring an I.T. consultancy, now known as MaxIT Healthcare, to analyze the hospital's use of Meditech—what modules were under-used, which needed to be updated, and where new investment was needed. "We found that our modules were not being used effectively," Furnas says. "Even though many modules were updated from 1995 to 2005, a lot of new features had been delivered that were not being used. The system was being used in the same way it had been originally implemented. We put together a six-year plan to get to Stage 7."

Gila Regional added a PACS, from GE Healthcare, last year, which is integrated with the Meditech system via an HL7 interface. The hospital also added modules to establish closed loop medication administration, the cornerstone of Stage 5. After the order is entered in Meditech, it goes to pharmacy, where it is approved.

The order is sent to a Pyxis dispensing machine, where a nurse retrieves the meds from the cabinet, another step documented in Meditech. At bedside, the nurse scans the patient and medication with a bar code reader, insuring a proper match.

The hospital deployed the closed loop system during 2007-2008, using written physician orders during the transition. It began implementing direct electronic order entry in 2008, completing the job a year later. "CPOE is one of the most significant changes you can introduce," Furnas says. "And our first iteration did not go as well as we hoped." The problem, he continues, boiled down to lack of acceptance by the medical staff. Furnas' initial physician champion, a volunteer, was unable to develop support among his colleagues. "We ended up bringing in a different physician champion," he says, referencing an employed physician who worked in Gila Regional's behavioral health department. The physician, a psychiatrist, had better rapport with the medical staff.

Gila Regional is still rolling out CPOE among its various medical specialties, with labor and delivery on the horizon. Currently about 15 percent of all orders all placed electronically, but Furnas is confident that number will grow. The hospital is using clinical decision-making support software from Zynx, but building trust among the medical staff is critical, Furnas says.

To that end, Furnas' department is working with additional physician volunteers to build new order sets. ■

For more information on how maxIT Healthcare can help you "ascend the HIMSS ladder" with MEDITECH, please contact:

Jack Walker
maxIT National MEDITECH Practice Director
jack.walker@maxithc.com

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