



EHR IMPLEMENTATION -- CASE STUDY #2

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Background

BryanLGH Medical Center, Lincoln Nebraska, is a not-for-profit, locally owned healthcare organization with two acute-care facilities and several outpatient clinics. A statewide network allows BryanLGH to provide sophisticated mobile diagnostic treatment and services to citizens throughout the region.

In 2002, strategy discussions began at BryanLGH Medical Center for implementation of the electronic health record. The first step of this process was to implement an electronic medical record that would eventually lead to integration into the EHR. Chartmaxx, a MedPlus product, was chosen as the EMR vendor and went live in 2004 as an enterprise-wide system.

Project Scope and Goals

The scope of the EMR was far reaching and included health information management; patient financial services; inpatient and outpatient diagnostic and treatment areas; chart review areas such as quality management, scheduling, and risk management; and physicians and clinicians internally and remotely.

The goals of the EMR were to have one integrated medical record regardless of where the patient was seen, to provide instant availability of up-to-date patient information at any point in the enterprise, and to give physicians/clinicians "one stop shopping" for medical records and the convenience of accessing patient information and completing records remotely.

Guiding Principles--Challenges, Outcomes, and Impact

Guiding principles were developed with input from all across the organization including physicians. It was decided that the EMR would be the legal record. Once this direction was established, multiple teams were formed to begin working on the challenges of going from a paper record to a non-paperless electronic record.

Some of the guiding principles that proved to be challenging for Transcription were:

- Obtain physician acceptance of using the EMR, which included self-editing in the EMR and electronic signing of all documents in the EMR.
- Redesign department processes to realize maximum benefit of the system and to minimize manual processes.
- View patient information in the EMR and discontinue printing and charting to the paper medical record.
- Interface chart documents from ancillary systems.



In order for many of these guiding principles to be realized, transcription representation was brought to the table. Transcription procedures, processes, and roles were evaluated carefully and changes made as appropriate.

All current document types were evaluated and standardized. A standard format and design was adopted so all transcribed documents looked the same and headings were in the same order, and all formatting such as tabs, bolding, tables, etc., were removed from the transcribed document. These changes were essential for accurate interfacing to the EMR.

It was decided that the transcriptionists would be responsible for correct identification of patients at the point of transcription instead of HIM office staff carrying out this function. In order for this to be accomplished efficiently, transcriptionists were given additional access to other systems to increase their searching capabilities. We found that the transcriptionists needed to hone their critical thinking skills in relation to this, so extended training with scenario exercises was carried out prior to the EMR go-live.

Physicians and other dictators were encouraged and taught to self-edit their dictated reports directly in the EMR, which included filling in blanks. Because of this, detailed editing procedures were developed which had not previously been in place. Transcription staff was utilized to assist with training dictators in how to edit. Transcription QA staff roles also changed to aid in the editing process and to help monitor for completeness of reports.

Dictated reports needed to be transcribed and available in the EMR more timely for patient care. Transcriptionists took this challenge on and became more productive because they utilized the additional information they had at their fingertips made possible through the EMR and the other ancillary systems that were interfaced into it. Quality of work was also improved because medications, allergies, lab values, x-rays, etc., were readily available.

To date, we have not been able to fully eliminate printing and charting of dictated reports due to physician resistance, and that remains a goal for the future. We have, however, been able to greatly automate and reduce manual paper processes through use of workflows and printing transcribed reports directly to the patient areas.

Transcription did not see a decrease in dictation but rather an increase. As physicians and caregivers became more proficient in using this new technology, they began to see the benefits of having a multitude of information at their fingertips all in one location. And with the ease in being able to share that with other caregivers, they began to dictate longer, more detailed reports, and the demands for faster turnaround time became greater.

Cost Savings

In the end, HIM decreased clerical staff by 33% and two separate HIM departments at two facilities merged into one department at one facility. Supplies, particularly paper, were reduced by 50% and Microfilm was reduced by 90%. The delinquent medical record rate went from 35% to 7%.



Next Steps

Going forward, we are looking for ways to expand current functionality of the EMR, with further integration and interfacing with other applications such as a launch to PACS or other ancillary systems. We are exploring e-Forms and template-driven structured documentation, as well as Speech Technology, all of which will continue to have an impact on traditional transcription.

Summary

The adoption of the EMR has changed the transcriptionist's role in the creation and delivery of medical record reports for patient care, and their role will most likely continue to change in the journey toward an electronic health record. With the lessons learned and the added benefits of the EMR technology, the transcriptionists at BryanLGH are more knowledgeable and better prepared to adopt and adapt to new roles and direction.

