

**City of Carson City
Agenda Report**

Date Submitted: August 15, 2014

Agenda Date Requested: August 28, 2014

Time Requested: 20 minutes

To: Carson City Board of Health

From: Health & Human Services Department (Nicki Aaker)

Subject Title: Presentation and discussion about a quality improvement project conducted within the Clinical Services Division to improve efficiency and accuracy in clinical documentation. (*Veronica Galas, Eileen Colen - HealthInsight*)

Staff Summary: Carson City Health and Human Services' (CCHHS) has a quality improvement plan. The mission of the plan is to continuously improve the quality of our programs, processes, and services so that the department may provide high-performing services which best fulfill the needs of the clients and improve the quality of life within the community.

Medical chart audits and Electronic Health Record (EHR) Meaningful Use progress reports revealed a need to improve efficiency and accuracy in clinical documentation. Chart audits revealed improvement was needed in certain areas of clinical best practices which are monitored by Title X. These areas include preconception counseling, immunization screening, and sexually transmitted disease screening. Meaningful Use Progress Reports revealed improvement was needed in the following areas: smoking assessment, patient visit summaries, and the patient portal. Meaningful Use is the Medicare and Medicaid EHR Incentive program that provides financial incentives for the use of certified EHR technology to improve patient care. Clinical Services' staff formed an electronic medical records work group to work on efficiencies through improving the use of templates, clinical processes and staff education.

Type of Action Requested:

(check one)

Resolution

Ordinance

Formal Action/Motion

Other (Specify) Information Only

Does This Action Require A Business Impact Statement: Yes No

Recommended Board Action: Presentation and discussion only

Explanation for Recommended Board Action: N/A

Applicable Statute, Code, Policy, Rule or Regulation: N/A

Fiscal Impact: N/A

Explanation of Impact: N/A

Funding Source: N/A

Alternatives: N/A

Supporting Material: PowerPoints –

- "Meaningful Use for Carson City Health and Human Services", and
- "Quality Improvement Project: Improving Clinic Efficiency through Accurate Documentation"

Prepared By: Nicki Aaker, MSN, MPH, RN

Reviewed By: *N. Aaker* Date: 8/15/14
(Department Head)
Nicholas Mariano Date: 8/18/14
(City Manager)
Joseph L. Wenzel Date: 8/18/14
(District Attorney)
Michelle Shultz Date: 8/18/14
(Finance Director)

Board Action Taken:

Motion: _____ 1) _____ Aye/Nay
2) _____ _____

(Vote Recorded By)

Quality Improvement Organizations
HealthInsight
Regional Extension Centers Program

Meaningful Use For Carson City Health and Human Services

Eileen Colen

This material was prepared by HealthInsight, the Medicare Quality Improvement Organization for Nevada and Utah under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services. The contract provided for the meaningful use of EHR technology (42 CFR 405.903-10).
This material was prepared by HealthInsight as part of our work for the Regional Extension Centers for Nevada and Utah under Cooperative Agreement #HHS3903101 from the Office of the National Coordinator, Department of Health and Human Services.

nrhi | Network for
Improved Healthcare Improvement

Quality Improvement Organizations
HealthInsight, Improving Health Care
CENTERS FOR MEDICARE & MEDICAID SERVICES

AHRQ

HealthInsight Nevada

atop
Avoiding Hospital Admissions

HealthIE
NEVADA
THE STATE'S HEALTH INFORMATION TECHNOLOGY CENTER

Regional Extension Centers Program

Medicaid.gov
Keeping America Healthy

Agency of the Office of the National Coordinator for Health Information Technology

Meaningful Use is...

- Using certified EHR technology¹ to:
 - Improve quality, safety, efficiency, and reduce health disparities
 - Engage patients and families
 - Improve care coordination, and population and public health
 - Maintain privacy and security

Certification as defined by ONC-Authorized Testing and Certification Body (ONC-ATCB). For more information on certified EHRs and the process of certification, visit <http://onchpl.force.com/ehrcert>.

Meaningful Use: Path to better outcomes and quality

Stage 3
Improved outcomes

Stage 2
Advanced clinical processes

Stage 1
Data capture and sharing

Improved quality of patient care

- Better clinical outcomes
- Improved population health outcomes
- Increased transparency and efficiency
- Empowered individuals
- More robust research data on health system

Medicaid Incentives

- Beginning 2011, states will pay Medicaid EP up to 85% of net average allowable costs for certified EHR, and support services
- Net average allowable costs not to exceed
 - Year 1 \$25,000
 - Year 2 \$10,000

Maximum Medicaid Incentive Per Clinician CCHHS has 3 Eligible Clinicians							Total Max
Year 1 2011-2016	Year 2	Year 3	Year 4	Year 5	Year 6		
\$21,250	\$8,500	\$8,500	\$8,500	\$8,500	\$8,500	\$8,500	\$63,750

Stage 1 Objectives/ Measures

- 15 Core Set
 - Computerized Physician Order Entry (CPOE) for medication orders 30%
 - Medication Interaction/ Contraindication Checks – enabled
 - Up-to-date Patient Problem List* 80%
 - E-Prescribing * 40%
 - Active Medication List 80%

*Items in red denote areas of improvement identified at the start of CCHHS' QI Project

Stage 1 Objectives/ Measures

– Active Medication Allergy List	80%
– Patient Demographics (including preferred language, race, and ethnicity)	50%
– Vital Signs (including height, weight, and BP for patients 2 yrs and older)	50%
– Smoking Status (13 and older)*	50%
– Quality Measures Reporting *	
– Clinical Decision Support Rule – implement 1	

Stage 1 Objectives/ Measures

– Electronic Copy of Patient Health Record* (within 3 business days)	50%
– Clinical Summaries* (within 3 business days)	50%
– Clinical Information Exchange	1 test
– Electronic Health Information Protection*	
• Implementation of appropriate technical capabilities	
• Conducting or reviewing a security risk analysis	
• Implementing security updates as necessary	
• Correcting identified deficiencies	

Stage 1 Objectives/ Measures

• 10 Menu Set – Chose 5	
– Medication Formulary Checks – enabled	
– Lab Results (structured data)	40%
– Patient Lists – generate at least 1 list of patients by a specific condition	
– Patient Reminders (patients 65 yrs and older or 5 yrs and younger)	20%
– Electronic Access to Patient Health Record* (within 4 business days)	10%

Stage 1 Objectives/ Measures

– Patient Education	10%
– Medication Reconciliation	50%
– Summary of Care Record	50%
– Immunization Registries	1 test
– Syndromic Surveillance Data	1 test
* At least 1 public health objective must be selected as 1 of the 5 menu set	

CCHHS Clinical Services' Quality Improvement Project

IMPROVING CLINIC EFFICIENCY THROUGH ACCURATE DOCUMENTATION

BY TAMARA BAUMANN, APRN, RACHEL RASNER, RN, AND JUDY BARLOW, RN
BOARD OF HEALTH - AUGUST 28, 2014



Improving Clinical Efficiency
through Accurate Documentation

AIM Statement

- ▶ Efficiency and accuracy in clinical documentation to reflect Meaningful Use


 PLAN

 Improving Clinical Efficiency
through Accurate Documentation

▶ **What is the problem?**

1. Clinical documentation deficiencies and inefficient time management in charting

▶ **Issue determination:**

- ▶ Chart audits reflect inconsistencies of charting and deficits in areas of structural data needed for Title X grant requirements and Meaningful Use
 - ▶ Preconception care - clinical steps ensuring women are as healthy as possible for pregnancy
 - ▶ Immunization screening - MMR, Tdap, HPV
 - ▶ STI screening – screening sexually active women < 25 years of age per national standards
 - ▶ Meaningful use Objectives/Measures


 PLAN

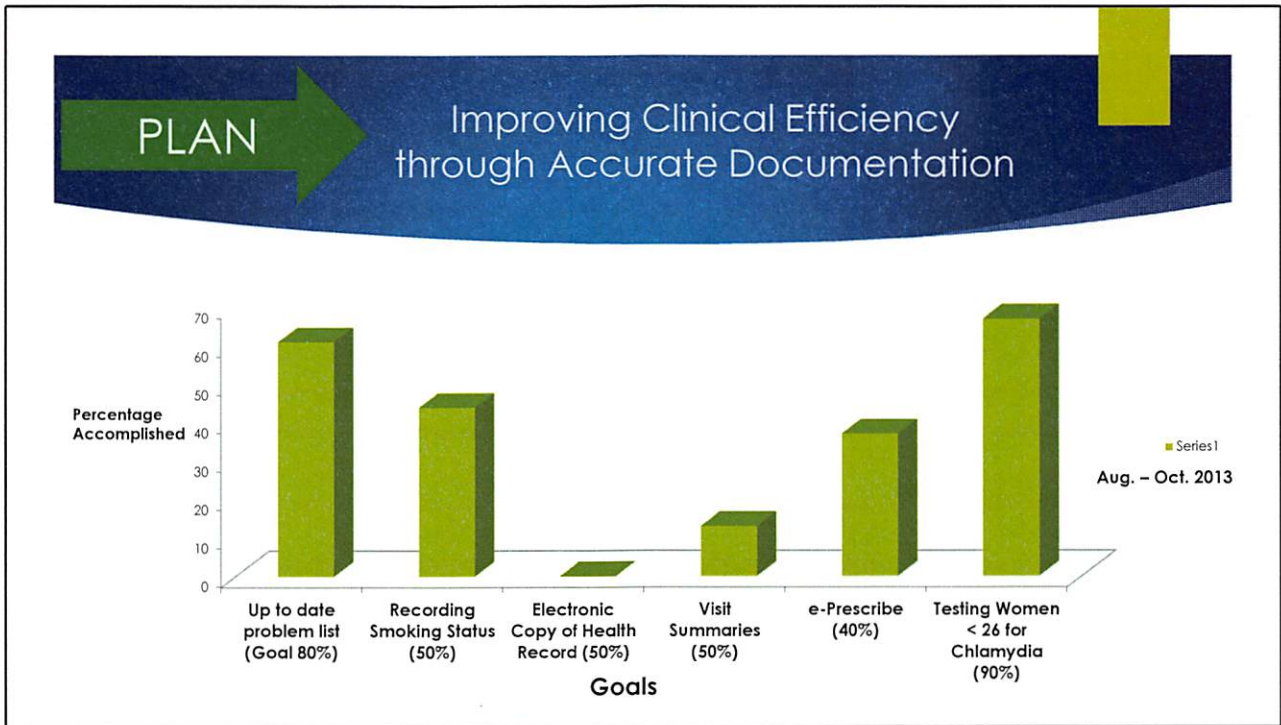
 Improving Clinical Efficiency
through Accurate Documentation

▶ **Resources and support**

Clinical staff time, computers, eCW (e-Clinical Works is our EHR)


▶ **Hypothesis of Change**

To become more efficient and proficient in our professional documentation in the EHR




DO Improving Clinical Efficiency through Accurate Documentation

- ▶ Enlist the help of a Meaningful use Expert
 - Quality Improvement Organizations
 - HealthInsight
- ▶ Enlist the help of our EHR third party vendor
 - Physician Select Management
- ▶ Form an EHR Workgroup
 - Tamara Baumann, APRN; Rachel Rasner, RN; and Judy Barlow, RN

A red arrow pointing right with the word "DO" in white text inside it.

Improving Clinical Efficiency through Accurate Documentation

- ▶ Implementation of EHR templates to ensure adequate and efficient documentation
- ▶ Consistent documentation of laboratory work
- ▶ Creation of and consistent documentation of structured data
- ▶ QI team educated staff on changes and templates created in the EMR

A yellow arrow pointing right with the word "CHECK" in black text inside it.

Improving Clinical Efficiency through Accurate Documentation

- ▶ **Short term goals**
- ▶ 1. Meet 25% of Meaningful Use criteria within the 1st quarter of 2014
- ▶ 2. Decrease chart audit deficiencies by 25% - May 2014
- ▶ 3. After templates have been created and approved, have the clinical staff education completed within 2 weeks of the approval and adopt into practice

CHECK

Improving Clinical Efficiency
through Accurate Documentation

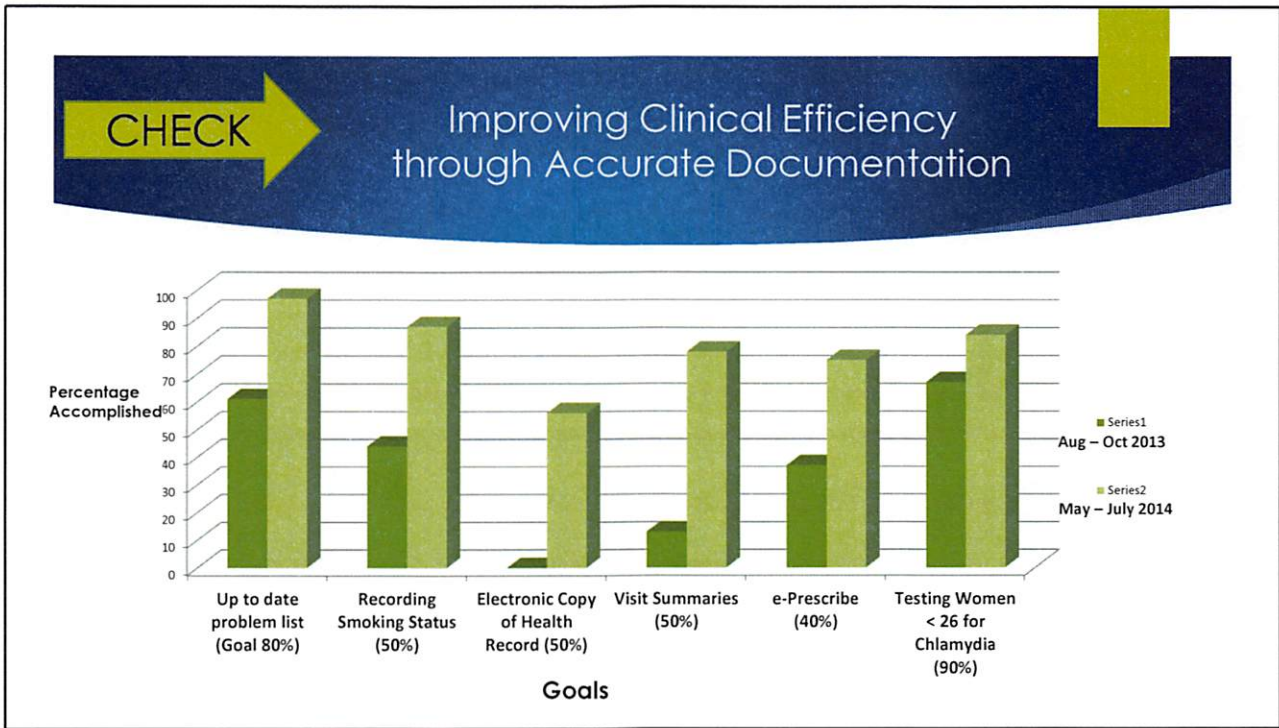
▶ Long term goals

- ▶ 1. By creating templates for different patient visit types, charting will be more efficient and accurate decreasing the patient time in the office by 10 minutes to be completed by December 2014
- ▶ 2. Meeting 50% of the Meaningful use criteria by December 2014
- ▶ 3. Decrease chart audit deficiency findings by 50% by December 2014 by utilizing templates and lab transcription processes
- ▶ Meaningful use Attestation by December 2014

CHECK

Improving Clinical Efficiency
through Accurate Documentation

- ▶ We are using our eCW EHR to collect the data needed to track our progress through the project by utilizing:
 - ▶ 1. Reports eCW can generate
 - ▶ 2. Chart audit tool
 - ▶ 3. Meaningful use charts(in eCW)
 - ▶ 4. Patient time spent in office measured by tools in eCW and patient satisfaction surveys



Plan Do Check Act

Improving Clinical Efficiency through Accurate Documentation

- ▶ Discussion/ Questions?
- ▶ Thank you for your time