Strategic Planning for Electronic Medical Records in Long Term Care

September 22, 2010

Stephen Pacicco  
Chief Executive Officer  
SigmaCare

Kevin A. Stagg  
Executive VP & CFO  
Christian Health Care Center

Jennifer Vitrano D’Angelo  
Director Software Implementation  
Christian Health Care Center
Agenda

• Introductions
• Current LTC Environment and Upcoming Changes
• How EMR’s Address the Challenges and Opportunities
• What’s in an EMR
• Strategic Planning for Implementation of an EMR
• Christian Health Care EMR Process & Results
• Conclusions & Questions
The Current LTC Environment

The Long Term Care industry is changing:

- MDS 3.0 changes reimbursement
- Operational efficiency will be critical
- Collaboration among all providers of care will be required - includes LTC facilities, pharmacy consultants, therapy, labs, radiology, etc.
- Increased quality expectations, reporting and monitoring will be needed
- Health care reform puts more emphasis on technology

*Electronic Medical Records (EMR’s) are needed to turn these changes into opportunities*
Why Implement An EMR

EMR’s facilitate immediate compliance and long term gains

• EMR’s help capitalize on LTC market changes
  – Increase reimbursement due to accurate ADL and rehab minute documentation and the ability to electronically capture all care given (needed for MDS 3.0)

• EMR’s promote effective and efficient facility management
  – Eliminate paper inefficiencies, i.e. faxing orders, re-documentation
  – Document and monitor facility workflow on a real-time basis
  – Decrease in nursing paperwork hours allowing more time for quality care

• EMR’s facilitate risk mitigation
  – Track the average number of meds ordered and tasks documented per day
  – Provide allergy alerts and formulary checks
  – Prepare facilities for seamless and successful surveys
What’s In A Long Term Care EMR

- Computerized Physician Order Entry (CPOE)
- Electronic Medication/Treatment Administration Record (eMAR/eTAR)
- Online Lab Results and Lab Monitoring Policies
- Progress Notes, 24-Hour Reporting, A&I Tracking
- Clinical Assessments
- Automated MDS Workflow & Care Planning
- CNA Assignments & Nursing Instructions
- Rehabilitation Charting & Charge Capture
- Document Management & Paperless Charts
How Long Term Care EMR’s Interface

EMR’s engage with Pharmacies, Labs and Financial systems to facilitate electronic data transmission leading to a paperless, more efficient workflow.
How to Prepare for EMR Implementation

• Set clinical, financial and organizational goals for your facility

• Establish firm project governance team to help strategically plan for implementation
  – Set a facility vision
  – Educate staff from the ground up
  – Identify champions for each department

• Facilitate change management to address gaps in transition process
  – Adequate staffing and support during process
  – Require 100% attendance for job-based, hands-on training
  – Entrench the facility in the implementation process – everyone must be onboard!
Implementation Process & Timing

Pre-Implementation & Project Oversight
(3.5 months – entire implementation process)

- Project Governance/Project Management
- IT Infrastructure (1 Month)
- Workflow Analysis (1 week)
- Outcomes Data Collection (On-Going)

Readiness & Configuration
(3 months)

- Change Management
- System Setup and Configuration (3 Months)

Go-Live Activities
(2 months)

- Training
- Data Validation
- Peer Mentor Program
- Go-Live Support
## EMR Process & Results

### Christian Health Care Center:
Heritage Manor, Southgate, Ramapo Ridge & Longview

**Location:** Wyckoff, NJ  
**Beds:** 445 total  
**Services:** Skilled nursing, special care inpatient nursing, behavioral management treatment, psychiatric and assisted living

### EMR Implementation Timeline (Heritage Manor)

<table>
<thead>
<tr>
<th>CPOE/eMAR/MDS/Care Planning</th>
<th>CNA Assignments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Onsite Training: 7/16–7/22/08</td>
<td>Onsite Training: 8/06–8/12/08</td>
</tr>
<tr>
<td>Go-live Activities: 7/23–8/3/08</td>
<td>Go-live Activities: 8/13–8/24/08</td>
</tr>
<tr>
<td>Live All Units: 8/03/08</td>
<td>Live All Units: 8/24/08</td>
</tr>
</tbody>
</table>
Our Approach: 100% Involvement

• Get everyone excited for the paper to electronic transition
  – Everyone from Physicians to CNA’s are on-board with the process

• Treat your relationship with your EMR provider as a partner not a “vendor”
  – Work together to drive facility goals and outcomes

• Use your EMR to the fullest
  – Take advantage of facility management and reporting features
Our Results: High Adoption Rates at Heritage

eMAR Documentation - 99.5% On Time

CNA Documentation – 99.2% On Time

Formulary – 99.7% Compliant
Our Results: High Adoption Rates at Southgate

- **eMAR Documentation – 99.7% On Time**
  - 8/19/2008: 96.00%
  - 9/2/2008: 98.00%
  - 10/1/2009: 99.00%
  - 11/1/2009: 99.00%
  - 12/2/2009: 100.00%

- **CNA Documentation – 99.8% On Time**
  - 8/19/2008: 94.00%
  - 9/2/2008: 95.00%
  - 10/1/2009: 97.00%
  - 11/1/2009: 99.00%
  - 12/2/2009: 100.00%

- **Formulary – 98.8% Compliant**
  - 8/19/2008: 93.00%
  - 9/2/2008: 94.00%
  - 10/1/2009: 98.00%
  - 11/1/2009: 99.00%
  - 12/2/2009: 100.00%
Our Results: High Adoption Rates at Ramapo

eMAR Documentation – 98.2% On Time

Formulary – 99.2% Compliant
Our Results: Increased Reimbursement

• Medicare Part A rate increased by 11% resulting in increased reimbursement
  – Pre EMR implementation, the Medicare Part A rate was $523
  – Post EMR implementation, the Medicare Part A rate was $582
Our Results: Operational Cost Savings

• Staffing hours decreased by 2% due to decline in additional paper work needed from prior paper process
  – Pre EMR implementation, total staffing hours was 87,800
  – Post EMR implementation, total staffing hours was 86,900*

* Includes elimination for EOM recaps 80 hours overtime per pay period ($35,000 savings per year FTE)
Our Results: Additional Benefits

- Optimal survey results - year 2009 recorded best survey results in 10 years
- Decline in shift to shift paperwork and reporting
- Increase in direct resident care
- Increase in Physician and Nurse workplace satisfaction
- Increased documentation efficiency due to streamlined reporting and remote and real-time access