OBIX
perinatal data system
BY CLINICAL COMPUTER SYSTEMS INC.

Unique pricing model for electronic medical record at Madison County Hospital helps to leverage referral relationships, meet regulatory mandates, and integrate specialty care unit.

Overview

The healthcare landscape is rapidly changing for providers and hospitals. Mandates and regulatory efforts are directed toward unifying patient medical records, benchmarking quality and safety, and accounting for the health of the population served. These directives are challenges for the smaller community and critical access hospitals that operate with limited financial, human, and infrastructure resources. While their larger counterparts are implementing enterprise level EMR software systems from companies such as Epic and Cerner, the smaller community hospitals are limited to more modest solutions. Furthermore, the larger hospitals engage IT specialists and consultants, while multi-functional performance is essential for staff in smaller community hospitals.

Faced with these challenges, Madison County Hospital (MCH) in London, OH, sought to change their dynamics without losing their governance. They were successful through collaboration with The Ohio State University Wexner Medical Center (OSUWMC), in acquiring an EMR that would have otherwise been unaffordable for a facility their size. Under this agreement, OSUWMC extends a license agreement for access of their EMR and integrated OBIX Perinatal Data Software System, providing MCH a unified patient medical record. Moreover, implementation of these two systems has aided in compliance with Meaningful Use, improved practices in patient care and safety, and a strengthened relationship between the two facilities.

Economies were further achieved through shared resources of the combined OSUWMC EMR and OBIX subject matter experts. Adopting the best practices for an integrated deployment, the MCH staff members were thoroughly educated on the workflow changes prior to system go-live. This led to a complete and successful transition from paper to electronic documentation throughout the hospital.

MCH leadership accomplished a major feat with this ambitious and dynamic hospital-wide changeover. MCH exemplifies how community hospitals can implement hospital-wide EMRs successfully within their means.

Madison County Hospital

The administration and staff at MCH are committed to providing exceptional healthcare in a respectful, compassionate, and healing environment. At MCH, patients come first.

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According to Jennifer Clarke, Director of Organization Development and Education, “Patients are the reason we are here, so their needs come first before our own. They are why we improve clinical care and customer service, and why we improve our skills and our technology...” (Where Patients Come First: The brand emphasizes that "*patients* come first").

Like many small community hospitals, MCH has limited funds and resources, so keeping up with technology can be challenging. Nonetheless, their determination “to provide every patient with the highest quality medical care,” and “to improve [their] performance in all areas,” (Mission, Vision, Values) has driven their consistent and continuous efforts towards technological advancement and improvement. Some recent highlights include their 2009 implementation of digital mammography and stereotactic biopsy for earlier cancer detection and greater patient comfort. In 2011, they adopted high-definition endoscopy technology for clearer, crisper, and more detailed images; this improvement helps doctors provide more accurate diagnoses. In 2012, they began to lay the foundation for adoption of a new EMR system which was implemented on time as scheduled on April 1, 2013.

All Paper To All Electronic Medical Records

Prior to the implementation of their EMR, MCH was completely dependent on paper records. To comply with Meaningful Use regulations and to advance their own mission and vision of providing exceptional medical care, MCH recognized that access and distribution of patient records needed to be streamlined electronically in an efficient process.

An EMR maintains a patient’s health records in a central location. Rather than having to compile and review multiple paper charts from several care units, a medical professional can examine digital records detailing all of the patient’s health information. "The new technology provides a medium in which to move a patient's information and clinical data quickly and securely to their caregiver - locally or from a remote location," said Dennis Vogt, Director of Information Technology. "Utilizing the information in such a manner increases the quality of care." (News and Events: MCH ready to "go live" with new medical record system, 2013.)

In keeping with their reputation for excellence, MCH did not prevent their limited funds and resources from pursuing and acquiring a state of the art EMR. Rather than settling on a combination of solutions that were less-expensive and limited for the varying needs of each specialty area, MCH saw the value in purchasing a single system that would meet their needs, and seamlessly integrate with specialty software systems, like the OBIX Perinatal Data System.

Made Possible Through Community Partnership And Alliance

Several years ago, a small community hospital wouldn’t dream of acquiring such advanced software solutions due to limited funds, resources, and infrastructure. Even if they could allocate funds and initiate implementation, they would have difficulty sustaining the system overtime. However, MCH’s partnership with OSUWMC enabled them to afford and implement a state-of-the-art EMR capable of integrating specialty care areas, such as labor and delivery, where specificity in documentation and record archiving are highly desirable.

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Community outreach programs, such as this one, encourage collaboration between larger hospitals with smaller care organizations and practices within communities to easily share resources and patient information. This cooperation creates opportunities to streamline communication between medical staff within each organization, strengthen the relationships between institutions, manage the health of the population served, and significantly improve the patient experience.

In addition to increasing and improving internal and external communications, community outreach programs allow smaller practices and hospitals to benefit from the existing infrastructure of the larger hospital; the bigger institution takes responsibility for housing the servers, and maintaining and upgrading the system. Through utilization of the integrated systems, the larger hospital has established successful workflows to share with the smaller hospitals. This program greatly reduces the expense of acquiring an EMR for the smaller organizations as they are partnering and spreading the cost across multiple institutions.

Because of this collaborative process, MCH was able to utilize existing infrastructure, resources, and experience throughout the project planning, implementation, and go-live. OSUWMC benefits from this alliance through access of the patient's healthcare record within that community and outreach.

"The relationship with The Ohio State University Wexner Medical Center grows stronger every day, there is a deep satisfaction for what both sides have accomplished and for knowing the positive impact it will have for the healthcare consumer in our community", reflected Dennis Vogt, Director of Information Technology.

Labor And Delivery, The Island Of Information In A Digital Transformation

Everyone anticipates having a perfectly healthy baby, and 90% of the time that is the case. In the remaining 10%, hospitals and providers can be exposed to litigation. A provider or facility must be able to produce the entire medical record, including the paper strips from the fetal monitor, so as to be able to reconstruct the care provided in a court of law. State regulations impose that those records be maintained and accessible for as much as 21+ years. In the early 90's companies, such as OBIX by Clinical Computer Systems, Inc., developed computerized systems for electronic documentation of patient care. These specialty systems are capable of handling the entire continuum of labor and delivery care from antepartum through postpartum. However, with the exception of simple admission, discharge, and transfer, these systems had little interfacing capabilities to the house-wide EMRs.

As a result of government mandates it became necessary for healthcare systems to achieve "one patient, one record". This objective motivated EMR companies to reach out to vendors such as OBIX in an effort to integrate labor and delivery documentation into the EMR. In fact, in 2007 OBIX began working with EMR vendors to co-develop a set of interfaces that would offer their users a methodology for integrating the fetal monitor strips into an electronic archive while allowing for electronic documentation at the bedside.

Tracy Stewart, RN, BSN, Director of Obstetrical Services at MCH, was familiar with the OBIX system having prior experience with the system at another facility in Ohio. However, this experience was using the OBIX system in a standalone mode. She had attempted to have OBIX installed in the labor and delivery unit of MCH, but was asked by administration to hold off pending their decision to acquire a hospital-wide EMR. She was excited to learn that OBIX was being introduced to MCH via a community outreach program. She wasn't aware that the workflow would be different from how she

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previously used the OBIX system. This was where the resources from OBIX and OSUWMC's EMR teams stepped in to lay out a project and education plan that addressed the workflow changes and emphasized the derived benefits of an integrated solution. "At first, the idea was foreign to me and I couldn't understand why I was not able to use OBIX as I had before. Once it was explained to me the value that was gained through the unique set of interfaces, the dual screens, and the single sign-on that reduced the logins for the staff, I was hooked", said Stewart.

April 1st, 2013, MCH went live with their "big bang" implementation; after 50 years, a hospital that was previously all paper, was now all digital. A transformation accomplished. OBIX and OSUWMC's EMR teams provided the required resources for supporting the go-live and worked in tandem to resolve issues as they presented.

In the news release announcing the go-live date, Michael Browning, interim CEO states that "This is a momentous day in the lives of the MCH family and is a day of important change that further advances the hospital's mission and vision 'to provide exceptional healthcare in a respectful, compassionate and healing environment for the people who live and work in the Madison County area.' Our electronic health record allows our physicians and staff to further improve the quality of care we provide our patients and their hospital experiences." (News and Events: MCH ready to "go live" with new medical record system, 2013.)

Tracy Stewart had experienced a phased go-live transition that was not nearly as notable as MCH's approach. The successful go-live was due in no small part to the strong relationship between the implementation teams. Technical and clinical resources provided go-live support as well as clear, continual, and consistent communication throughout the organization. MCH further benefited from executive leadership that articulated the impact of what this transformation would mean to the staff, patients, and community.

Results Of Transformation

From a global perspective, each patient that is treated at MCH will now have a unified patient record; meaning that if they were seen by an internist last year, the cardiologist who is now treating the patient will have all of their previous tests and assessments including medications, smoking habits, drug usage, and allergies. Similarly, a pregnant patient, involved in a motor vehicle accident will now be able to be treated in the emergency department while the fetus is being remotely monitored by an OB nurse located in labor and delivery.

In the labor and delivery area, multiple patients can now be monitored simultaneously by a single caregiver. Providers are able to remotely monitor their patients. Hospital staff are able to monitor patients from the nurse's station, lounge, bedside, and even from non-obstetrical areas such as the ED using mobile carts. The seamless integration between the OBIX and EMR systems allow nursing staff to share data to provide better care and outcomes.

Stewart can recall multiple occasions where the ability to monitor patients from different locations had direct positive impact on the patient experience. In several instances, she reports that she had been monitoring mother and baby using the OBIX system and saw a need for immediate assistance. She was able to provide the care needed without having to wait for the attending staff to request help.

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Conclusion

Smaller community hospitals, such as MCH, can realize the benefits of implementing a state-of-the-art EMR that includes a seamlessly integrated fetal monitoring system. A licensing model, made possible through The Ohio State University Wexner Medical Center's community outreach program, created a global facility transformation to meet regulatory mandates while achieving economies of scale. This affiliation also leverages their referral network and best practices for improved patient care and outcomes. Patient records with their complete medical history can now be exchanged between both facilities to aid in better referrals and, more importantly, better population health management.

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