

Thayer County facility puts first things first when ‘going electronic’

By Dave Howe

If you were going to build a hospital, would you begin by designing one room and then making the rest of the building conform to that?

Not likely. And it wasn't any different when Thayer County Health Services at Hebron and its community partners received a \$1.6 million Critical Access Hospital/Health Information Technology (CAH/HIT) grant last fall to “build” a health information technology (HIT) system.

This healthcare facility already had some of the pieces to an HIT system in place when it won the grant, said Mike O'Neal, TCHS director of information technology. They were working it piecemeal, he said.

The grant allowed Thayer County Health Services (TCHS) and its partners (including area clinics, tertiary hospitals, pharmacies and nursing homes) to bring all of the pieces together, he said. They were able to stand back for a look at the big picture rather than focusing narrowly on specific HIT segments for the hospital's dozen-plus departments and partners. Rather than specific departmental goals, he said, they started with the following broad approach: “We want to be all electronic.”

O'Neal said that led to the following question being asked of HIT hardware/software vendors: “How do we become all-electronic?” He said, “It was hard for us to know what we wanted to do, unless we knew what was available.”

There are lots of hardware/software vendors out there who can offer HIT systems. The key is to know what is available, and then go from there, O'Neal said.

Early on, TCHS created a grant project steering committee. (See members in the accompanying box.) The CEO and O'Neal set out to choose individuals whose departments would be affected most by this grant, which included the information technology department, clinicals, medical records department and business office. The grant committee invites departments and/or personnel directly affected by the phase of the grant the TCHS is currently in, O'Neal said.

At the same time, TCHS personnel were encouraged to sit in on the steering committee meetings and also were kept informed through other avenues, such as employee and departmental meetings. Personnel in each department want to know how they fit in and how an HIT system can help them.

After the comprehensive plan was developed, the next question was “How do we get there?” This south central Nebraska healthcare organization was then ready to begin looking at the processes for each hospital department as parts of the whole system.

A subcommittee was formed just to look at work flow and processes, O'Neal said. That subcommittee consists of medical records director Michelle Kuhlman, CFO Michael Pracheil, nurse informaticist Jenny Bergstrom, and IT assistant Dan Engle.

“Obviously, medical records are one of our biggest areas,” O'Neal said. Using that department as an example, he explained that the focus is on what electronic forms best fit the department, how those forms are to be handled, etc.

It's more than a matter of just deciding to “go electronic,” O'Neal said. Taking away the paper affects processes and people's jobs. Usually, instead of eliminating jobs, implementing HIT has meant restructuring job responsibilities.

A nurse informaticist plays an important role in smoothing the way in this process. “I would tell anybody that this is one key position you need to fill,” O'Neal said. At TCHS, that position is located within the IT department.

Training is a critical part of implementing and updating an HIT system. Bids for purchase of any new HIT programs TCHS installs include any necessary training. Depending on circumstances, the vendor does the training or trains designated hospital staff members as “super users.”

Super users are trained to know the programs in and out. They, in turn, train other staff members in small groups, O'Neal said.

For example, if 20 to 25 nurses need to know at least some part of the HIT program, four nurses will be trained as super users who can train all the nurses in small groups, O’Neal explained. This is where the nurse informaticist plays a key role, he said. “She (Jenny Bergstrom) knows a little about computers and a lot about nursing. I know a little about nursing. This person is a very key part of the training. She has the credibility with the providers that I don’t have.”

Training is done with a set of laptop computers specifically dedicated to that purpose. TCHS follows the super user training approach for other partners under the grant, such as EMTs and pharmacies, O’Neal said. For example, one of the nurses on staff is an EMT trained as a super user, who will be training other EMTs.

People who are trained as super users have that designation as part of their job responsibilities, and fulfillment of that role is part of their job performance reviews, O’Neal said.

Privacy and security requirements under HIPAA sometimes come up as major obstacles for HIT systems to clear. But O’Neal doesn’t see that as an insurmountable problem. “Yes, it’s a hurdle. But it’s a good hurdle.” It calls for what needs to be done with respect to patient information and privacy.

The requirement has always been there, he added. But, now it has a name: HIPAA. And it gets more attention in an electronic-based setting than it does in a paper-based one, he said.

The necessary technology for encryption in an electronic system for privacy and security exists, he said. The information must be safeguarded with the necessary equipment, such as backup file servers, which TCHS has and uses.

TCHS has designated a HIPAA privacy officer and a HIPAA security officer —medical records director Kuhlman and IT assistant Engle, respectively. They make sure HIPAA policies are in place and updated as required.

O’Neal doesn’t believe HIT is being slowed for lack of necessary technology. “I think the technologies are there.” What might help move HIT along faster for the necessary exchange of electronic patient medical records among different providers across the state is an entity that fosters a statewide standardized information system among those providers, he speculated.

As it is now, two different healthcare facilities may have different systems that don’t “talk” to each other. He speculated that maybe an approach akin to E-NARSIS (Electronic Nebraska Ambulance Rescue Service Information System), with its statewide standardized reporting system and centralized patient information repository, could facilitate medical records exchange as needed among providers statewide. □

Grant Project

Local Steering Committee Members

Michelle Kuhlmann, RHIT, PO, Director HIM

Tim Sullivan, MD

Susan Moore, RN, MS, Director of Nursing

Michael O’Neal, CPHIT, CPHER, Director of Information Technology

Jenny Bergstrom, RN/Nurse Informaticist

Michael Pracheil, CFO

Dan Engle, Information Technology

Joyce Beck, LPN, BS, CEO

External Members:

Dick Waller – St. Elizabeth Hospital

Dave Palm – Nebraska DHHS

Mary Maahs Becker – Nebraska DHHS

Dennis Berens – Nebraska DHHS
