

It's About Timelines

Success in everything from training for sports competition to space exploration relies on adherence to carefully prepared timelines. Thayer County Health Services (TCHS) has made timelines — and is sticking to them — a centerpiece of its plan to electronically link various departments and healthcare providers within and outside the TCHS healthcare system.

Just one year after receiving a \$1.6 million Critical Access Hospital/Health Information Technology (CAH/HIT) grant to boost that effort, TCHS and its partners are almost there. Infrastructure implementation aligned with the grant's scope was 90 to 95 percent complete, according to TCHS chief financial officer Michael Pracheil.

Digital Patient Record (DPR) and Computerized Physician Order Entry (CPOE) programs are a key part of the implementation, said Pracheil, who refers to DPR and CPOE as “kind of the crown jewel of it all.” This means the hospital is able to electronically exchange patient health records, test results, prescriptions, and other patient care information among healthcare providers both within and outside the TCHS healthcare system. Providers electronically linked by the HIT system under the grant include rural health clinics, area EMS units, pharmacies, a nursing home, an assisted living facility, and St. Elizabeth Regional Medical Center in Lincoln (TCHS' network hospital). Patient information is also electronically interfaced or linked with several providers outside the TCHS system, including a couple of private labs in Lincoln and the University of Nebraska Medical Center.

CFO Pracheil and information technology director Michael O'Neal both credit success so far to the timelines carefully prepared at the outset of the grant by a steering or grant committee set up by TCHS. The committee members are made up of representatives of all entities who are involved in the electronic system. “It's all about end users coming to the grant committee on what they would like to see,” O'Neal said. “If there is an issue, that is dealt with one-on-one.”

The committee continues to meet every Wednesday afternoon. Hardware/software vendors participate as needed via conference calls, Pracheil said. A monthly expanded meeting brings together key vendors and outside entities to fine-tune the planning. O'Neal said progress on implementation of the infrastructure is checked once a month or more often, if needed. “We make sure we are trying to follow it to the ‘T.’ All of this is not to say that the pieces have come together easily, according to O'Neal, Pracheil, and assistant information technology director Dan Engle. Difficulties have arisen at most phases of the process, Pracheil said. The vast options in electronic hardware and software present challenges. O'Neal noted, “Once you change one thing, something else changes. Some of it is a little trial and error.”

Another challenge is cultural change. Despite a strong focus on preparing personnel whose responsibilities will be altered by the electronic healthcare information system, it takes time for people to adjust to those changes, Pracheil said. Still another challenge is linking up electronically with some entities who “have paper” and can't walk away from that, Pracheil said. So TCHS must come up with a health information technology system that can straddle the paper and electronic worlds.

Measuring improvements in quality of care attributable to health information technology is difficult in the early going of an electronic system, Pracheil said. “It's hard to find true metrics that measure the incremental gains in patient safety.” That will have to come with time. Also, he said, it's too soon to begin measuring economic gains from the electronic side. “You're not going to have that immediately.” People have different roles. Manpower needs will increase in the short-term.

From the health consumer side, a TCHS Web site indicates that a majority of healthcare consumers do embrace the possibilities of health information technology. For example, 90 percent of consumers who completed a TCHS online survey asking what kind of electronic services said they would like to see, indicated they want to schedule their own provider appointments. “That's probably the next thing we are going to do,” said O'Neal.