HIMSS Analytics

HIMSS Analytics Stage 7 Case Study

Ochsner Health System

Profile

Ochsner Health System (OHS) is one of the largest independent academic health systems in the United States with 26 owned, managed, and affiliated hospitals and more than 60 health centers across the greater New Orleans, Baton Rouge, North Shore, Mississippi and Bayou Regions. In addition to this, the OHS clinic group practice surpassed 1,000 physicians in 2015 and is supported by an additional 1,500 affiliated and clinically-integrated physicians in more than 90 medical specialties and sub-specialties.

Ochsner Baptist, a campus of Ochsner Medical Center, is fully accredited and staffed by more than 600 physicians and specialists. The 156-bed facility, located in Uptown New Orleans, features **all private**, inpatient rooms, an intensive care unit, state-of-the-art operating rooms, and two cardiac catheterization labs. Ochsner Baptist is also home to the Women's Pavilion, an advanced care facility that offers standard and specialized obstetric and gynecological needs, gynecological robotic surgery, high-risk maternal fetal medicine physicians, and alternative birthing options. Additionally, Ochsner Baptist has a 24-hour, full-service emergency department. The 6,000 square foot emergency room is staffed by a team of board-certified ER physicians, offers two trauma rooms and 12 patient rooms and is equipped with specialized geriatric amenities for seniors. Ochsner Baptist received the HIMSS Stage 7 Award in April of 2015.

Ochsner Baton Rouge, a campus of Ochsner Medical Center, is a fully accredited hospital staffed by more than 300 physicians. The 149-bed facility is located in Baton Rouge, LA. and features private room options, 24 hour emergency care, advanced specialties such as open heart surgery, as well as gynecological and general surgery robotic-assisted surgery with the da Vinci machine. OMC-BR also features a newly renovated family birthing center with alternate delivery options and is the area's only certified nurse midwife program. The family birthing center features 3 labor and delivery rooms, 2 birthing tubs, 2 cesarean rooms and a level III NICU. Ochsner Baton Rouge received the HIMSS Stage 7 Award in March of 2015.

Leonard J. Chabert Medical Center (LJCMC) was opened in 1978 with a dual purpose: to provide quality healthcare and to educate the next generation of health professionals. Today, the 156 licensed bed hospital and 26 clinic specialties function as a full-service institution for inpatient services with extensive outpatient services, as well as a teaching facility for approximately 30 residents and fellows and approximately 386 medical students. LJCMC is managed by Ochsner Health System under the direction of Terrebonne General Medical Center and offers specialty services for Asthma, Bilateral Tubal Ligation, Disease Management, Medical Nutrition Therapy, and Tobacco Control. LJCMC received the HIMSS Stage 7 Award in April 2015.

The Challenge

Ochsner Health System was founded in 1942 and has a long, rich history embedded around its mission and vision to serve, heal, lead, educate and innovate. It is one of the largest independent academic health systems in the United States. OHS has vowed through its vision to be a global medical and academic leader who will save and change lives, as well as shape the future of healthcare through their integrated health system, fueled by the passion and strength of our diversified team of physicians and employees. We realized that none of this could be done without continuously growing our information services and technology departments as the technology world advanced. We had no standardized or best practice content across OHS, and recognized that what software and applications we did have needed to be updated and advanced. OHS needed one highly integrated, standardized EMR across the entire system to support and meet the rapidly evolving needs in healthcare. That being said, we also needed an EMR that supported the unique workflows of our many specialties, and one that could be enhanced as needed for different specialties and departments. In addition, we needed an EMR to assist us in more efficiently integrating with community and affiliated physicians to manage entire patient populations. All of this needed to be done not only to support our mission and vision, and standardize care across our system, but also to improve end-user and patient experience, quality of patient care, and help meet meaningful use incentives.

Implementation Overview

Ochsner Health System brought together a multidisciplinary team of information services and technology staff in 2008 to begin the review and selection process of electronic medical record vendors. In 2010 the decision was made to contract with, and implement Epic as our EMR system. OHS decided to phase out implementation based on hospital regions in order to enable sufficient and proper support during go live and implementation periods. We took a big bang approach during each facility implementation, and formal kick-off for the overall project began in October 2010. The North shore region went live first in December 2011, and all other Ochsner facilities followed in the next 1-3 years. OMC-Baptist went live March 2013, then OMC-Baton Rouge in June 2013, and Leonard Chabert Medical Center in June of 2014. Go live implementation included device integration in all critical care areas including ED, ICU, PACU, and OR, as well as CPOE and clinical documentation. We also pushed out Afga PACS, Pyxis, and CVIS, a home grown cardiology procedure documentation system at go live. OHS facilities are interfaced with numerous other applications including RALS, Soft lab, Progeny, Links, GE Viewpoint, Magview mammography, and multiple procedural area interfaces. Our institution is also live with multiple health information exchange applications including Epic Care Everywhere, Ochsner Community Connect, Surescripts HISP, EpicCare Link, and My Chart Patient Portal.

Resulting Value / ROI

- Medical Device Integration:
  - OHS inpatient facilities have greatly reduced the amount of time nursing and other clinical staff such as patient care techs and respiratory therapists spend on manually entering in data by having data from many o f our bedside medical devices directly interface into the EMR. This includes all hemodynamic monitors in our critical care areas, ventilators , as well as glucometer and ISTAT data. Many of our facilities also have Rover IPod touch devices, with hyperspace access to enter VS in real time, as well as complete worklist tasks and medication administration. This interfacing not only improves the accuracy of the data in the EMR by eliminating manual transcription errors, but also ensures quicker clinical decision support by having real-time data available.
  - Increased patient access to their medical information as well as richer, more advanced information sharing via My Ochsner patient portal
  - My Ochsner patient portal not only provides patients access to pertinent diagnostic studies, notes, and visits, but also enhances and promotes communication between patients, doctors, and other clinicians.
  - My Ochsner patient portal also provides quick and easy access for patients to schedule their appointments online via the portal, as well as request an appointment and cancel appointments themselves. Through focused and intentional promotion of the patient portal, OHS has significantly increased our percentages of patients who schedule their appointments online. We have discovered that this in turn correlated to a decrease in no shows for those patients who scheduled their appointments via the online patient portal versus no shows for patients who did not schedule online. OMC Baptist for example, increased online scheduled appointments by 6% from 2013 to 2015, and decreased its no show rate from scheduled online appointments by 3 % (from 17% to 14% in 2015). In addition, the no show rate from scheduled on line appointments in general is significantly lower. In 2015, OMC Baptist had a 14% no show rate for patients who scheduled online, and a 36 % no show rate for patients who did not schedule online.
  - OHS has even further enhanced the patient portal by becoming the first Epic System client to successfully integrate the new Apple HealthKit into its EMR. Now it is easier than ever for patient's clinical data such as heart rate and blood pressure to be uploaded and integrated into their patient record at the physicians' recommendations. This ultimately drives a dramatic and positive impact on patient care and satisfaction by enhancing provider and patient access, which increases adoption by patients and then in turn, providers.

- Integration and use of the EMR to impact quality outcomes:
  - Effectively using Epic helped Chabert Medical Center (CMC) to significantly decrease CAUTI rates at CMC, and eventually eliminate Catheter Acquired Urinary Tract Infections (CAUTI) in 2015. New processes were implemented, and new workflows were created in our EMR to systematically review orders for insertion, duration, and necessity of indwelling catheters. Order sets were enhanced in EPIC for placement and removal of catheters with stipulations for physicians to monitor, cancel, or alter orders. In addition to this, flowsheets for documentation allow staff and physicians to accurately monitor patients intake and output, the need for continuing foley catheters, and the patients overall progress. Finally, best practice alerts remind physicians of timeliness of catheter removal. The outcome of all of these interventions, along with end user education resulted in a decrease in CMC CAUTI rates from 2013 to 2014 (Epic go live), and zero CAUTIs in 2015.

- Achieving Meaningful Use Stage 2:
    - Epic helped OMC Baptist, Baton Rouge, Chabert, and all OHS facilities to achieve Meaningful Use Stage 2 by streamlining processes and allowing us to meet all of the required measures. Transitions of care created a particular struggle for OHS facilities as it did for most of the country. Aware of end user struggles with this measure, as well as the technical aspect of sending summaries of care electronically, a multi-disciplinary team was created to focus on this area. The follow up activity in Epic was moved to its own section in the physician discharge navigator, and physicians were educated on the requirement and new workflow. Nurses and clinical staff received education on the correct transition of care workflow and how they could help complete the necessary requirements. All OHS facilities were able to achieve the percentage required for transitions of care, and ultimately achieve Meaningful Use Stage 2 status.

Lessons Learned

- OHS provider and administrative leader buy-in was very important throughout the course of the project. These were key players in helping set the tone for the very large change that we were undergoing. Our change management methodology was followed rigorously, which helped gain buy-in from everyone from the executive leadership teams to the front-line staff.

- Super user utilization at go live and ongoing is both instrumental and required for successful implementation and ongoing support. Super Users all OHS hospitals are trained in advanced nursing functions as well as physician workflows to be that first line of support for our clinical users. Super users should always have a clear role, and are instrumental in educating their staff on continual updates, changes, and Epic Upgrades. Super User participation from every department is key to the success of Epic utilization at OHS.

- Mandatory system training was critical to our success. All users had to attend in person training prior to gaining Epic access. This was strictly enforced by leadership and administration.