

Performance Strategies



CEOs Share Journeys Toward Meaningful Use

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Meaningful Use is the Quality Imperative



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Jupiter Medical Center Stats At-a-Glance

- 163 private acute-care beds, 120 long-term care beds
- Not-for-profit community medical center founded in 1979
- Specialty concentrations in orthopedics, long-term care, minimally invasive vascular procedures, cancer care and advanced diagnostics
- 10,750 annual inpatient admissions
- 122,000 annual outpatient visits
- 29,000 annual ED visits
- 1,400 employees
- 450 physicians

Every CEO needs to answer the question “Why make large investments in IT?” Meaningful IT use is essential today to deliver the highest caliber of care, and to be competitive. You want to go to a hospital that has these systems in place or is actively implementing them. Hospitals making these investments demonstrate a commitment to quality and patient safety. You don’t want to go to a hospital that is not on a path of automation. You want to benefit from a focus on patient safety and quality.

Although [Jupiter Medical Center](#) has only 163 beds, it is not unusual for our census to run at 100%. We consistently rank in our market as the hospital of choice that patients most recommend. Given our location, just north of Palm Beach, it’s no surprise that 55% of our patients are on Medicare. Our Medicare case mix index is 1.6, and that’s with no cardiac program. In other words, we care for very sick patients.

Patient safety and quality are paramount at JMC. A pharmacist by training, I know that the smallest misstep can have a big impact. At the recent summit with policy makers in Washington, DC, I shared an actual handwritten physician order with 21 items, all barely legible. One item involved potassium, which if incorrectly interpreted and administered at too high a dose, can cause catastrophic patient outcomes.

Jupiter’s Journey

When we prevent errors, we save lives — and an untold financial burden that we all bear today. Meaningful IT use addresses issues like these. It means doctors are getting the best and most up-to-date information about their patients.

Nine years ago we launched a multi-year information services strategic plan focused on overhauling our IT infrastructure to help improve patient safety, documentation, communication and financial stability. Our \$12.7 million investment to date includes a clinical data repository, bedside charting, pharmacy automation, bar-code medication administration, PACS, physician office EHR and document imaging. One of the biggest improvements is one of the simplest — no misplaced patient charts and the availability of patient data when it’s needed.

Meaningful Use is the Quality Imperative (Cont.)

Our upcoming IT investments include \$18 million for a new data center, ED physician documentation and CPOE. We believe that CPOE in particular will measurably improve patient safety and care quality. It should also reduce costs by enabling discrete clinical data to be shared, thereby reducing duplicate tests and enabling more timely care decisions and treatment.

Increased Physician Alliance using Stark

Physicians increasingly seek our assistance with EHR adoption. Our Board approved 75 licenses for ambulatory EHRs under the Stark law, even when we urgently needed to make other investments.

The early adopters are satisfied and believe that the care they deliver is much better. We have a great IT team, and our approach has been to set up demos, let the physicians experiment with the technology, then “sell” to each other.

With the HITECH incentives, we expect to accelerate our technology collaboration. Having physicians linked to the hospital creates an essential care continuum. For example, when a patient presents in the ED, we can contact the patient’s physician at home, and he or she can look up the patient’s information on a PDA.

It’s an Evolutionary Process

Based on our experience at Jupiter Medical Center, meaningful IT use is an evolutionary process. The first step is making information electronic and pushing it out to physicians. By sharing lab results and transcribed results (such as imaging reports) between hospitals and physicians, we are setting the stage for a single EHR for every individual.

As interoperability standards progress, and the industry matures, integration can grow to include allergy information and medication management across settings. (Today, 20% of people in the hospital are there because of a medication reaction, side effect or error, often due to poor communication among providers.) The ultimate goal is to push information across large areas, perhaps via regional health information organizations, but if you don’t succeed locally, you’ll never get there.

Toward the end of the DC Summit, a policy maker asked whether, given all the challenges as a nation, we would ever get to true interoperability. It’s hard to say. A hospital is not like a bank. We have so many distinct transactions — there are normal lab results, abnormal lab results, etc. I don’t know if we can codify everything, but we can codify a lot more. One of the biggest hurdles – privacy and protecting patients’ rights – will be challenging, but it can be resolved. After all, this is important. This is the healthcare reform we’ve been waiting for.

Paul Dell Uomo was appointed president and CEO of Jupiter Medical Center in November 2006. Prior to that, he was president and CEO of Covenant Healthcare System in Milwaukee, Wis. He holds a Master of Public Administration degree in Healthcare Administration from Long Island University, a Master of Science Degree in Pharmacy Administration and a Bachelor of Science Degree in Pharmacy from St. John’s University. Mr. Dell Uomo is a member of the American College of Healthcare Executives.

Learn how to Achieve HIT

Viewpoints on Meaningful Use American Hospital Association (AHA)

“The requirements to achieve ‘meaningful use’ should consider first the quality, safety and efficiency components, and allow the technology to evolve incrementally. An incremental path will yield better results and more “use” than if the standards are set too high. Meaningful use should start with what already works, using the capabilities of currently certified systems.”

Read the [full comments](#) submitted by HIMSS to the National Committee on Vital and Health Statistics.