

Performance Strategies



CEOs Share Journeys Toward Meaningful Use

Vol. 3, Issue 5, 2009

Even a Small Community Hospital Can Help Rural Physicians Share Data



By Jeanne Ward, RN, EdD, FACHE
President and CEO, Oconee Medical Center
Seneca, S.C.



Oconee Medical Center Stats At-a-Glance

- Founded in 1939
- 169 beds
- Full care continuum including prevention and wellness, primary care, outpatient procedures, hospital care, long-term care, hospice and home care
- 14,000 annual inpatient admissions
- 128,000 annual outpatient visits
- 35,000 annual ED visits
- 1,400 employees
- One of only three hospitals that operate emergency medical services in South Carolina
- 125 physicians, of which approximately 20 are employed

Like many smaller, rural providers, [Oconee Medical Center](#) must balance capital requirements for physical plant replacements with IT investments. During the five years I've been CEO, we've been planning for and building a new patient tower featuring all private rooms with private baths. The \$45 million facility is finally scheduled to open in June 2009.

Despite capital constraints, modernizing our IT infrastructure has been just as important as modernizing our physical plant.

- We started with digital radiology to eliminate film and quickly engage physicians, who saw immediate benefits. That cost \$2 million — a significant investment for a hospital our size.
- We also deployed a physician portal to grant secure, anywhere, anytime access to patient data — another win for the medical staff.
- Next we implemented digital transcription, which created a document repository for clinicians to easily access patient histories and physicals.

Because we serve an aging population, many of our patients are considered high-risk. As a result, we have an unusually high number of annual ED visits – 40,000 – for a hospital of our size. That made an emergency department information system (EDIS) with patient tracking and documentation another priority. And though we serve a large elderly population, to give mothers and newborns the best care possible, we've invested in an obstetrics documentation and monitoring system, which we plan to interface with our EDIS when we move to an inpatient EHR.

Consider Organization Size

In 2006, Oconee received a Duke Endowment grant to implement a bar-code medication administration system. Since then an average of 360 "near misses" has been automatically reported each month. This technology needs to be in all hospitals, regardless of size.

To date we have spent \$750,000 on medication safety IT technology, and that doesn't include CPOE. It would be wonderful to add CPOE to our IT resources, but the simple fact of the matter is that including CPOE in the guidelines for "meaningful use" would not be realistic for smaller community hospitals.

[NEXT PAGE](#)

Even a Small Community Hospital Can Help Rural Physicians Share Data (Cont.)

The HITECH legislation must take into consideration the size of the organization. For Oconee and similar providers, portal access to test results, diagnostic images and other patient information is a realistic starting point. Down the road, perhaps in three years, we can look at CPOE.

Physicians Wanted to Share Information

Next up for us was a community-based EHR. Originally we wanted to push for an inpatient EHR first, but a physician group came forward and expressed strong interest, so we started there. We funded enough licenses to automate all employed and affiliated physicians for \$1.7 million. We also installed a fiber ring network around our campus for extensive wired and wireless connectivity.

So far, 26 physicians from 11 practices are live on the system, and they're bringing other doctors along every day. There is so much talk about physicians resisting computers, but these doctors really wanted to share patient information with one another, and high-speed connectivity was key. The initiative has been highly successful, which will make deployment of an inpatient EHR easier.

Matching Timelines with the Ability to Achieve Meaningful Use

HITECH presents many of the same challenges small hospitals have always faced with IT deployments – limited resources, resistance to change, financial sustainability – as well as some unique ones. The longer the definition of meaningful use remains unknown, the tougher it will be to match project timelines with the ability to achieve and report on such use. Finding the upfront money to qualify for retrospective incentive dollars creates another paradox.

A further unknown in the HITECH legislation involves quality reporting. With our ambulatory EHR system, we could easily submit performance metrics electronically today. However, our state's data collection system is not yet automated. We are one of several hospitals working to give the state electronic access to our data. As providers, we should be cautious of efforts to mandate automated reporting before recipients are ready to receive information electronically.

Integrating Disparate Systems and Settings around the Patient

Over the years, Oconee has developed a full continuum of care to serve retirees, many of whom live with chronic illnesses. That continuum includes prevention and wellness, primary care, outpatient procedures, hospital care, long-term care, hospice and home care.

Ultimately we must connect them all so we can benchmark the health of our population and exchange that information with regional and national systems. It's a tall order for a provider of any size. But we can all get there if we remain focused on the reason we do this — the patient.

Jeanne Ward is president and CEO of Oconee Medical Center. She is a registered nurse, and her professional affiliations include long-standing membership in the American Hospital Association; the South Carolina Hospital Association, where she serves as a board member; the American Organization of Nurse Executives; the South Carolina State Board of Nursing Advisory Committee, where she served as president; and the South Carolina Organization of Nurse Executives, where she also served as president. She is a Fellow of the American College of Healthcare Executives and past president of Sigma Theta Tau.

Learn how to Achieve HIT

Viewpoints on Meaningful Use

College of Healthcare Information Management Executives (CHIME)

“CHIME supports phasing in criteria for meaningful use to encourage early adoption without raising the bar too high, too early. During later years, we recommend raising the bar to encourage continued development and progress by those who have adopted EMRs.”

CHIME says it supports the use of quality metrics and outcomes, and asks the government to explore alternative means to connectivity in the short term, with the goal of connection to a Health Information Exchange over time.

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