MHA5016 UNIT 7 Sent 08-19-2018

**Unit 7**

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**Content**

* **Leveraging Evidence and Assuring Value**

**Introduction**

HIT and EHR can become overwhelming to health care staff in any organization. As technology advances, so do the challenges. A big challenge for managers is creating a buy-in or an acceptance of the HIM system by the end users (staff). It is important for health care managers to understand who the stakeholders are and what best practices help create a consensus for positive use of HIM technology throughout the organization. In this unit, you will have the opportunity to assess how common stakeholders relates to HIM systems. You will also research and explain the best practices needed for ensuring a smooth transition from implementation to the end-user experience. It is important for managers to understand concepts of efficient resource allocation as they look to make the end-user experience seamless. To do so, health care managers must have a strong understanding of how HIM impacts each and every stakeholder and should be able to communicate with evidence to overcome barriers.

The use of health care data by different internal and external stakeholders will also be reviewed. Data analytics includes the analysis of historical data to identify trends. This generally falls under the general term of business intelligence and assists in the decision-making process. You will discuss this process including how data can be used to improve the quality of patient care and patient safety.

Learning Activities

**[u07s1] Unit 7 Study 1**

**Studies**

**Readings**

Complete the following to prepare for the discussion and assignment in this unit.

**Implementation**

* + Nilsson, L., Eriksén, S., & Borg, C. (2014). [Social challenges when implementing information systems in everyday work in a nursing context.](http://library.capella.edu/login?url=http://ovidsp.ovid.com.library.capella.edu/ovidweb.cgi?T=JS&CSC=Y&NEWS=N&PAGE=fulltext&AN=00024665-201409000-00008&LSLINK=80&D=ovft) *CIN: Computers, Informatics, Nursing, 32*(9), 442–450.
  + Yuan, C. T., Bradley, E. H., & Nembhard, I. M. (2015). [A mixed methods study of how clinician 'super users' influence others during the implementation of electronic health records.](https://bmcmedinformdecismak.biomedcentral.com/articles/10.1186/s12911-015-0154-6) *BMC Medical Informatics and Decision Making, 15*(1), 26–40.

**Safety**

* + Ford, E. W., Silvera, G. A., Kazley, A. S., Diana, M. L., & Huerta, T. R. (2016). [Assessing the relationship between patient safety culture and EHR strategy.](http://library.capella.edu/login?url=https://search-proquest-com.library.capella.edu/docview/1796205093?accountid=27965) *International Journal of Health Care Quality Assurance, 29*(6), 614–627.

**Stakeholders**

* + Olayiwola, J. N., Rubin, A., Slomoff, T., Woldeyesus, T., & Willard-Grace, R. (2016). [Strategies for primary care stakeholders to improve electronic health records (EHRs).](http://www.jabfm.org/content/29/1/126.full) *Journal of the American Board of Family Medicine, 29*(1), 126–134.

**Multimedia**

* + Review the **Vila Health: Value and Evidence Based Recommendations** media piece, as you feel you need to.

[[](https://media.capella.edu/CourseMedia/MHA5016/VH_valueAndEvidenceBasedRecommendations/wrapper.asp)Vila Health: Value and Evidence Based RecommendationsBegin Activity **icon**](https://media.capella.edu/CourseMedia/MHA5016/VH_valueAndEvidenceBasedRecommendations/wrapper.asp)

**[Transcript](https://media.capella.edu/CourseMedia/MHA5016/VH_valueAndEvidenceBasedRecommendations/transcript.asp" \t "_blank)**

**Value and Evidence Based Recommendations**

* [Introduction](https://media.capella.edu/CourseMedia/MHA5016/VH_valueAndEvidenceBasedRecommendations/transcript.asp#introduction)
* [Scene 1: Hospital Leadership](https://media.capella.edu/CourseMedia/MHA5016/VH_valueAndEvidenceBasedRecommendations/transcript.asp#scenario1)
* [Scene 2: Clinical Services - Leadership](https://media.capella.edu/CourseMedia/MHA5016/VH_valueAndEvidenceBasedRecommendations/transcript.asp#scenario2)
* [Scene 3: Clinical and Non-Clinical Staff](https://media.capella.edu/CourseMedia/MHA5016/VH_valueAndEvidenceBasedRecommendations/transcript.asp#scenario3)
* [Credits](https://media.capella.edu/CourseMedia/MHA5016/VH_valueAndEvidenceBasedRecommendations/transcript.asp#credits)

**Scene 1: Hospital Leadership**

As part of your role as Quality Assurance manager at Independence Medical Center, you have been asked to prepare an analysis of the various stakeholder groups affected by the recommendations you made earlier. A key aspect of the analysis will be a summary of the impact of the recommendations and strategies for overcoming barriers to implementation of your recommendations.

In this media piece, you will be able to gather information related to stakeholder concerns and their needs and values related to the EHR system. The EHR in use at Independence Medical Center is an Opus\* system that was implemented in 2008. The CPOE is an Opus module, but none of the other health information systems in use at Independence Medical Center are Opus products.

\**Opus is a fictional EHR system comparable with systems such as Epic or Cerner.*

**Scene 1**

**Norman Reynolds, Independence Medical Center CEO**

The future of healthcare is going to be in finding optimal efficiencies in every aspect of what we do. Healthcare providers may have been able to absorb waste and redundancy in the past, but those days are over. There’s probably no better example of this than the discharge process – particularly as it relates to readmissions. This is an issue that all our payers – CMS and private insurers – are looking closely at and because they are, I’ve been looking into it closely as well. The sad truth is that there is a lot of inefficiency in our process, but we’re far from alone. There are many reasons why a discharge can be inefficiently handled – the patient may not feel ready, the family may not be prepared to assume responsibility for the patient, a bed might be needed in another facility... the list goes on and on, but the process needs to be improved and not just for conditions called out by CMS. All discharges need to be done in a manner that minimizes the risk of readmissions in realistic, effective ways. Consider the fact that a preventable readmission costs about $7200 per patient. If we decreased the number of readmissions by just 100 patients a year, we’d save over $700,000 a year and we’d improve the outcomes for 100 members of our community.

**Gwendolyn Zimmer, Independence Medical Center COO**

I am going to be completely blunt—we haven’t recouped the cost of implementing the last big health information system improvement. I’m not sure we can afford any more of these kinds of improvements. We have a number of capital improvements that keep getting bumped for IT improvements and at some point that needs to stop. The hospital has been looking at creating a small bariatric unit, but we can’t do that if all our capital improvement money is being poured into IT. The bariatric unit would cost about $60,000 to create and quite frankly, I think it would create a new revenue stream – unlike the IT expenditures.

**Matthew Wolfe, Director of Financial Services**

I’ll be honest – my biggest concern is leading our migration to ICD-10. The numbers coming from the Feds – the Center for Medicare and Medicaid Services – CMS … are downright gruesome. Claim denial rates rising by 100 to 200 percent. A twenty to forty percent increase in the amount of time spent processing a claim. Increased need for clinician input on claim preparation and refiling denied claims. It’s going to be a mess. I fully expect ICD-10 to be the tipping point for small hospitals that are already struggling. So... that’s where my attention and energy is going. But… a system that can generate a claim in either format would be extremely helpful. That’s actually true for most of the reporting parameters – we need flexibility because there is no one-size fits all. I’ve been told that new EHR implementations can increase turn-around time for claims processing by ten to twenty days.

**Aaron Johnson, Pharmacy Director**

Controlling pharmacy costs is an ongoing process. Pharmacy costs make up 13% percent of the hospital's operating budget. Unlike other departments, that money isn’t being spent on salaries. People represent only about 20 percent of the cost, most of it is drug costs. So, one area where we could improve our ability to control costs would be as keeping track of costs. There are a lot of medications being dispensed every day and it’s easy for the different units to get overstocked with certain medications. No big deal, right? Just use them up and don’t restock. Well... no, overstocking and inefficient drug management leads to expiration and waste. Not to mention billing errors, which we see plenty of. The EHR and the pharmacy system here at Independence have had issues because of the interfaces. One issue is that we can’t easily track drug usage appropriately. We know that we aren’t billing as accurately as we should be or getting reimbursed what we ought to be. There are a lot of medications being dispensed and it's hard to determine that all those medications are being tracked to the right patient and accounted for... and billed for. It might only be one or two drugs per patient, but think about it. Look at that happening with even half the patients we see, well, obviously it starts to add up.

**Scene 2: Clinical Services - Leadership**

**Patricia Deering, MS, Chief Medical Officer**

I’ll be frank –physician productivity is the first thing I look at. I know we have more than a few doctors who will try to tell you that having to switch to a new system will reduce their productivity, but I’m not convinced that’s true. Our current system does not integrate well with our workflow and that’s been a problem since day one. Day zero, even. Our current system went live in 2011 and we saw a significant drop in productivity. Things have improved, but 2014 adjusted RVUs are still below 2010. Let’s just look at infectious disease doctors. We have 5 on staff and they have a median work RVU of 4200 right now. That should be more like 4800, but if we could get up to 4500 or better, we’d increase our patient service revenue by about $50,000 per year. That’s just infectious disease, mind you, but it gives us a concrete number to talk about. I know that $50,000 may not sound like a lot in the grand scheme of things, but for an organization operating on very tight margins (like we are), it is. Obviously, there are other factors to consider, but there have been several studies recently that suggest that EHRs do offer productivity benefits. These studies suggest that workflow analysis is important – which just echoes our experience.

**Diane St. John, Chief Nursing Officer**

I think one of the most critical areas we need to look at is reduction of re-admissions. The penalties being imposed by CMS shouldn’t be the only motivation for working on improving these numbers. Re-admissions represent a drain on our bottom line in several ways, such as increased negative attention from private health insurers and patients. Many entities that rank hospitals use re-admission rates as a key metric for overall quality. Whether that’s fair or not, it will end up having an impact. I’ve read that the average penalty from CMS last year was $125,000. Because we’re a referral hospital, we’re not always the primary care team for the patient once that person is discharged. Case management and care coordination becomes very important in this context.

One aspect of that would be the patient portal. Our current EHR and health information system is alright, but the patient portal is not as sophisticated as some of the newer systems offer. Ours tends to be somewhat passive – patients can view information, but they have to call for appointments or if they have questions. Many patient portal allows patients to schedule a wide variety of appointments and to send secure emails to their providers. Now, exactly how much this would affect re-admission rates, I can’t tell you, but it does seem that it would be a useful part of a better transition of care plan.

**Scene 3: Clinical and Non-Clinical Staff**

**Debra Green, Nurse Manager - ICU**

You know there's one area that we haven't been talking about much and that’s controlling labor costs. Overtime for our nursing staff is upwards of 27% of nursing payroll, which amounts to over a million annually. $1,300,000 actually. For overtime. Quite honestly if we could reduce overtime by just fifteen percent, we could save almost $200,000 a year.

So what does the EHR or other health information systems have to do with that? If we could use the EHR to better track our admissions and daily census information, and combine that analysis with regular standup meetings, we could fine tune our staffing needs dramatically.

**Ruby Martindale, RN, Emergency Department**

To be honest, my inability to get accurate and timely reports is the biggest problem. If we can’t see the problems, how can we fix them? A healthcare information system that provides access to clinical, financial and patient satisfaction data would pay for itself in very little time. Think about the questions we could explore -- Can we reduce the number of procedures we perform? Can we lower the cost of a specific drug or order set? Can we decrease the amount of time it takes to file billing claims? If we can’t get our questions answered, then we can’t develop solutions. I would go so far as to suggest that with the right data, we could find one or two percent savings on virtually every non-labor related line item in our budget.

**Matthew Allen, Laboratory Technician**

We need to identify savings whenever possible, but not at the expense of patient care and not at the expense of our staff. Healthcare providers work hard and that’s definitely true here. So, we need to find opportunities for savings that support our people and don’t pile more work on them. I don’t have specific data – which is a problem right there – but I’ve read that many hospitals report significant levels of unnecessary lab testing. That kind of can eat into a hospital’s bottom line – reducing the waste could save 2 – 3% percent of a hospital's total lab budget. In our case, that could be fifteen to twenty thousand dollars a year.

**Conclusion**

**Activity complete!**

Having followed up with stakeholders and other employees at Independence Medical Center, you should now have a better understanding of what barriers and concerns exist regarding changes to the EHR. You should be able to use this information to prepare your stakeholder analysis and to fine-tune your recommendations for improvements.

**How do the recommendations you are making impact the concerns and issues expressed by these stakeholders?**

Your response:

This question has not been answered yet.

**Feedback:** As you identify the areas where you may encounter resistance, it’s important to use your understanding of the stakeholder concerns and values to shape solutions. The Stakeholder Matrix should help you identify the barriers.

**What specific impacts of your recommendations do you anticipate will be most significant to the stakeholders?**

Your response:

This question has not been answered yet.

**Feedback:** You will need to research best practices for EHR implementation in order to determine a convincing and feasible strategy for overcoming barriers and objections to your recommendations.

**Credits**

Subject Matter Expert:

Christopher Miller

Interactive Design:

Danielle Kaardal Meyer

Interactive Developer:

Dre Allen, Matt Taylor

Instructional Design:

Brian Hagen

Media Instructional Design:

Felicity Pearson

Project Management:

Alan Campbnell

**Learning Components**

This activity will help you achieve the following learning components:

* + Understand the stakeholders relevant to a project.
  + Understand best practices for implementing improvement projects related to health care technology.
  + Understand critical success factors as they relate to creating value for stakeholders.

[**[u07a1] Unit 7 Assignment 1**](https://courserooma.capella.edu/webapps/assignment/uploadAssignment?content_id=_6473349_1&course_id=_122058_1&group_id=&mode=view)

**Stakeholder Communication in Health Information Systems**

**Scenario**

Refer to the Vila Health scenarios that you have been using throughout this course. The intended audience for this analysis will be one of the stakeholder groups presented in the media simulation.

You have been asked to complete a stakeholder analysis as it relates to informing stakeholders about the process of how you came to your recommendations you previously made regarding the EHR or HIM system at Independence Medical Center. Another aspect of the analysis is to summarize the impact of your recommendations on stakeholder groups and develop strategies for overcoming barriers related to implementing your recommendations.

**Instructions**

For this assessment, you will analyze the stakeholders that Vila Health Independence Medical Center must recognize as it adjusts to changes, upgrades, and implements your recommendations to the EHR or HIM systems. You will want to refer to the recommendations you made in the first assessment as well as any feedback that you received from your instructor.

For the deliverable, you will write a 3–5-page executive summary detailing your previous recommendations and your timeline for them. Additionally, you will analyze how your recommendations impact considerations such as resource allocation, training, and workflow changes as well as best practices for overcoming implementation barriers. Finally, you will complete the Stakeholder Matrix Template linked in the Resources, aligning critical success factors with the primary internal and external stakeholders. Include a value statement for each stakeholder. (A value statement meets the needs and values of each key decision maker. See example in the Stakeholder Matrix Template.)

For this assessment you will be evaluated on the following criteria:

* + Describe the relevant stakeholders related to an impact analysis. Identifies why specific stakeholders may be more important than others.
  + Explain the process used to arrive at recommendations related to a HIM system. Identifies area of unclear or missing information that could be used to improve the process in the future.
  + Describe a timeline for implementing recommendations related to a HIM system Acknowledges challenges with regards to logistics, resources, or training related to implementation.
  + Analyzes the impact and value of recommendations on relevant stakeholders and an organization with relation to considerations such as patient outcomes, new training, resource allocation, and workflow changes. Impartially considers contrary data and opposing viewpoints.
  + Analyzes best practices to overcome barriers in creating buy-in from stakeholders and implementation related to recommendations.
  + Develops value statements for relevant stakeholder groups related to critical success factors and recommendations regarding a HIM system. Proposes criteria to evaluate the degree to which value for the stakeholders was delivered.
  + Communicates analysis of stakeholders and value of recommendations in a manner that is clear and concise. Written content is mechanically accurate with correct use of grammar, punctuation, and spelling.
  + Integrates relevant sources to support assertions, correctly formatting citations and references using current APA style. Citations are free from all errors.

**Additional Requirements**

Your analysis should meet the following requirements:

* + **Written communication**: Written communication is free of errors that detract from the overall message.
  + **APA formatting**: Resources and citations are formatted according to current APA style and formatting standards.
  + **Number of resources**: 3–5 peer-reviewed resources from scholarly journal articles.
  + **Length: 3–5 pages**, double-spaced, excluding the title page and reference page. You do not need to write an abstract for this assessment.
  + **Appendix**: Include Stakeholder Matrix Template as an appendix to your analysis.
  + **Font and font size**: Times New Roman, 12 point.

**Resources**

[**[u07d1] Unit 7 Discussion 1**](https://courserooma.capella.edu/webapps/blackboard/content/launchLink.jsp?course_id=_122058_1&content_id=_6476250_1&mode=view)

**Leveraging Evidence to Overcome Resistance**

In the age of evidence-based practice, it is often evidence that makes the most compelling argument. Additionally, best practices, especially with regards to process changes, can be a very valuable piece of evidence when it comes to making a compelling argument about the need for changes and improvements.

By the end of this unit, you will submit your Stakeholder Communication in Health Information Systems assignment. As part of the assignment, you will be asked to analyze best practices that could be used to overcome resistance from stakeholders to the recommendations you made about Independence Medical Center’s EHR system in your first assignment.

**For your main post of the discussion, please address the following:**

* + Summarize one recommendation you made in your first assignment.
  + Identify two stakeholder groups potentially impacted by the recommendation.
  + For each stakeholder group, answer the following:
    - How will the recommendation impact the stakeholder group?
    - What is the stakeholder group most likely to be resistant toward? Why?
    - How could the stakeholder group’s resistance impact the implementation or sustainability of your recommendation?
    - What is a best practice or piece of evidence that you could leverage to overcome the stakeholder group’s resistance?
      * How is the best practice or evidence compelling?

Support your post with at least one peer-reviewed source, using course readings or other scholarly literature. Include APA-formatted in-text citations and accompanying congruent APA-formatted references.

**~~Response Guidelines~~**

~~Respond to at least two of your peers.~~

~~Address the following in your response to your peers:~~

* + ~~Comment on how critical the identified stakeholder groups are to the success of your peers' recommendation.~~
  + ~~Comment on how compelling the best practices or evidence that your peers cited are likely to be.~~
  + ~~Offer one further best practice or piece of evidence that your peers could consider to overcome the potential resistance in one of the stakeholder groups. Explain why the evidence would be compelling.~~

**~~Learning Components~~**

~~This activity will help you achieve the following learning components:~~

* + ~~Identify the stakeholders who are most important to the success of a project.~~
  + ~~Describe recommendations related to improving a health information management system.~~
  + ~~Explain the impact of specific recommendations on stakeholder groups.~~
  + ~~Describe best practices to overcome barriers in creating buy-in from stakeholders and implementation related to recommendations.~~
  + ~~Explain the value of a project for various stakeholder groups.~~
  + ~~Apply current APA style guidelines.~~
  + ~~Write clearly and accurately.~~