Monitoring Health IT and EHR Goal Achievement

Assessment

Provided By:

The National Learning Consortium (NLC)

Developed By:

Health Information Technology Research Center (HITRC)
Stratis Health

NATIONAL LEARNING CONSORTIUM

The National Learning Consortium (NLC) is a virtual and evolving body of knowledge and resources designed to support healthcare providers and health IT professionals working towards the implementation, adoption and meaningful use of certified EHR systems.

The NLC represents the collective EHR implementation experiences and knowledge gained directly from the field of ONC's outreach programs (REC, Beacon, State HIE) and through the Health Information Technology Research Center (HITRC) Communities of Practice (CoPs).

The following resource can be used in support of the EHR Implementation Lifecycle. It is recommended by "boots-on-the-ground" professionals for use by others who have made the commitment to implement or upgrade to certified EHR systems.

EHR Implementation Lifecycle

DESCRIPTION & INSTRUCTIONS

The Monitoring HIT and EHR Goal Achievement assessment is intended to aid providers and health IT implementers with Meaningful Use. It can be used to help measure the extent to which health information technology (HIT) or electronic health record (EHR) activities are adopted by intended users to determine if goals have been achieved.

This resource includes instructions to determine whether results of goal achievement at key milestones suggest that users are making effective use of the applications and whether processes are generally easier to perform.

TABLE OF CONTENTS

LIST OF EXHIBITS

1 Instructions for Use

Determine if the HIT system provides an executive dashboard or other tools to determine the status of an incomplete documentation, and to determine information on quality indicators. If it does, use this assessment to review the results. If it does not or if specific data points on documentation are needed, use the tables provided below: "Adoption Statistics: Documentation" and "Adoption Statistics: Quality Indicators".

Review the metrics in the "SMART" goals set by the organization. Review the contents of the tools below and transfer related information. Make any changes based on the applications being implemented, and add baseline and goal metrics (e.g.: an established goal to reduce medication errors stemming from timeliness issues). If the error rate is currently 1 a week and the goal with the new HIT system is less than 1 per month, after the first 3 months of use, record this information under "EMAR - Timeliness Errors".

Collect data to determine how well the goal for each metric is met. The following describes the data to consider collecting:

- Staff/Provider ID# should be based on the unique user ID that is assigned to each user. The ID could be translated into provider/staff identification numbers or names if the applications allow. Dashboards supplied with HIT often do not link incomplete data or other quality indicators to a specific staff person or provider. Determine the person responsible for the corrective action.

- Log-ins determine if staff or providers are sharing log-ins (which is against HIPAA regulations) or if 1 or more staff or providers are not logging in at all, signifying that system is not being used. If the system does not provide access controls at the application level, work with the vendor to assure HIPAA compliance. The number of log-ins that an active staff member requires each day and the time of day permitted may be determined by security controls.

  - Issues to look for in log-in patterns:

    ° Logging in only at the end of a day, which means system is not being used at the point of services; must be corrected.
    ° No log-ins for a day or shift when a staff member has worked or a physician has issued an order from the office, and did not use remote access.
    ° A staff person has more log-ins than others, which signals too short a time to keep a log-in active, or the staff member is logging in for someone else.

- Calls to the help desk are important during the initial go-live period. None could signal a workaround; too many could signal a training problem. The number should go down over time.

- Reminders and alerts overridden, ignored, or not responded to on a timely basis should be tracked, including their type. These should be investigated thoroughly, as alert fatigue is a concern in EHRs, especially for new users. Alerts and reminders, when judiciously applied, are critical for safety and quality improvement.

For quality indicators, record the type of incidents and quality indicators tracked, and add baselines and goal metrics. Track outcomes after implementation of HIT to determine if goals are being met. Delete any columns that do not apply.

Follow up, follow up, and follow up. No need to collect data if it is not analyzed and used to identify and correct issues. Data should also be used to celebrate success. When each individual or group achieves a

milestone, recognize it. Even after adoption milestones are achieved, periodically check adoption to ensure that no new problems have arisen, especially as additional HIT applications are implemented.

Exhibit 1 Adoption Statistics: Documentation

Staff/ Provider ID#	Log-ins	Calls to Help Desk	Messaging &Alerts			Provider Oversight # Signatures Missing	EMAR			Documentation: Notes, Assessments, Care Plans	
			# Issued	# Ignored	# Over-ridden		Use at POC	Timeliness Errors	Reminders/ Alerts Overridden	# Late	# Data Elements Missed
Baseline:											
Goal:											

Exhibit 2 Adoption Statistics: Quality Indicators

Staff/ Provider ID#	Incidents			Quality Indicators												
Baseline:																
Goal:																