“Lost in Translation”
Bridging the Healthcare QI – IT Gap

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Presented by:
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Health Technology Services (HTS) is a division of Mountain–Pacific Quality Health (MP). M–P is the QIN/QIO for MT/WY/AK/HI.

We can help to:

- Simplify and streamline quality reporting requirements
- Stay current on changing regulations for Meaningful Use, PQRS, MACRA, etc.
- Simplify HIPAA compliance
- Advance and leverage your EHR usage to advance care delivery
- Enhance patient engagement and satisfaction
- Improve health outcomes to maximize value based performance payments
1. Understand why IT and QI need to come together for effective quality reporting and improvement.
2. Define real world obstacles that are keeping organization IT and QI departments from becoming effective teams.
3. Strategies to overcome these obstacles.
Understanding the two worlds ...
### The changing role of Health IT

<table>
<thead>
<tr>
<th>PAST (15 +)</th>
<th>PRESENT</th>
<th>FUTURE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mostly hardware and network implementation and system maintenance.</td>
<td>Widespread EHR implementations = increase in software development and programming needs.</td>
<td>Electronic quality reporting from the EHR is tied to reimbursement.</td>
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<tr>
<td>Patient registration and master patient index were big components bringing in more users.</td>
<td>Data collection and reporting demands increasing.</td>
<td>Interoperability demands</td>
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<tr>
<td>User support.</td>
<td>Patient portals just getting started.</td>
<td>Patient demands for more interactive patient portals.</td>
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<td>Worked mostly with finance/operational departments.</td>
<td>Work more closely with clinical departments on EHRs.</td>
<td>Population Health Management</td>
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*Expect 12% growth between 2014 & 2024 – fastest of all occupations!*

## The changing role of QI

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<td>Mostly internal QI projects, wear lots of hats.</td>
<td>Increases in external reporting requirements have resulted in spending significant time on data collection using EHR chart abstraction.</td>
<td>External data collection and reporting is a primary function due to value based purchasing (VBP).</td>
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<tr>
<td>Data collection done via paper chart abstraction. Not dependent on anyone else to get the necessary data. Could make up data collection forms or change medical record documents internally as needed.</td>
<td>Internal projects as able and relevant to external reporting requirements. No longer control data collection tools with EHR implementation.</td>
<td>Internal projects tied to VBP national initiatives as able. Still do not have control of data collection tools.</td>
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<tr>
<td>Minimal external reporting activities.</td>
<td>Still wear lots of hats</td>
<td>Must get rid of some hats!</td>
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The EHR is here to stay – it’s not going away!
Technology continues advancing—additional software and devices
The next generation of patients and employees will demand even more technology and interoperability = things we don’t even know about yet!
Did someone say they want data?
Focus on informatics
IT and QI informatics focus

- **Medical Definition of *informatics***
  - the collection, classification, storage, retrieval, and dissemination of recorded knowledge

- QI knows what information is needed
- IT knows where/how to get it

- Working together IT and QI can ensure accurate and correct collection, classification storage and retrieval of data contained in EHR (field mapping, workflows, functionality, etc)
Are you the unhappy cat?
Think about your QI/EHR/IT Team

- Is IT at the QI table consistently?
- Is QI at the IT table/EHR meetings consistently?
- Where are EHR issues addressed?
- What stage of team development are you with each other?
- What is standing in the way of your team being a performer or taking your goals to the next level?
Obstacles to Review

- Resource limitations
- Conflicting priorities
- Communication barriers
- Understanding the need for involvement
- What other things?
Obstacle: Limitations of Available Resources
Limitations of Resources – Contributing Factors:

- Outsourced IT – limited availability onsite
- Access to the right resource:
  - Network/hardware experts
  - Software/programming experts
  - Analyst/Informaticist
  - EHR or database report utility expert (DBA level)
- Staff turnover – people that knew the information or system left the organization
  - Super users, provider champions, IT staff & QI staff
  - Adjusting to new roles and responsibilities
  - Didn’t recognize a need to be/have at the table
Limitations of Resources – Other Duties as Assigned

- Fill in for whatever job they came from
- Infection Control
- Patient Safety/Risk Management
- Employee Health, OSHA
- Corporate Compliance
- Disaster Preparedness
- Staff educators
- HIPAA Compliance
- Regulatory compliance/policy maintenance
- Fill in for whatever job they came from
- User support
- Network Maintenance
- Phone system support
- Staff educators
- Report building
- Report writing
- Fax system, PACS, Email, Patient Portal, Interface, med dispense, etc, maintenance and support
- Privacy/Security

QI Staff

IT Staff

Now add Health Care Informatics experts to both lists!
Can we fix it?

Addressing Resource Limitations
Developing a strategy:

Step One: Understand the specific need you have by evaluating current resource usage.
What is taking up the most of your IT and QI personnel’s time?

- Data collection?
- Chart abstraction?
- Internal QI Activities?
- CMS Survey readiness?
- Staff education?
- Quality reporting to external entities?
- Network support?
- Software support?
- Hardware support?
- Report writing?
- User support?
- Staff education?
- Privacy / Security?

Do a time study and find out specifics!
Personnel Capacity: Evaluating Outsourced IT

- How much are you spending on outsource support?
- How often do you see your outsourced IT staff onsite?
- When did you last review your support agreement?
  - Have your needs changed?
- Who is addressing your day–day in house needs?
  - What is their “real job”? What are they being taken away from and how often?
- Do you have a lot of complaints/issues that are not quickly resolved – how do you know one way or the other?
Personnel Capacity: Evaluating Outsourced IT (cont)

- How often is an issue log shared with you?
- Are your needs long-term or short-term?
  - Hardware installation versus data/analytics needs
- What could you do with an in house IT resource?
- Does it make sense to hire an internal resource – the bigger question – how do you find them?
Personnel Capacity: Evaluating Multiple Hats

- Is the hat they are wearing person specific or position pertinent?
- Be wary of “hat attachment”
- What do they **NEED** to be doing versus what **ARE** they doing?
- Which hat is “taking over” their primary responsibilities?
Developing a strategy:

Step Two: Expanding resource capacity by increasing personnel, technology or internal knowledge.
Building Personnel Capacity

- Are there shareable resources available?
  - Not just IT, but what about sharing QI personnel?
  - Sharing informatics staff that are on same systems?
- High school students or college interns for short term projects
- Are there things that can be done remotely by an external sources/light duty – chart abstraction?
- Think outside the “nurse informatics” box
  - Look to Medical Records, lab, registration – anyone could be a potential help for the position.
- Rural HIT network grant assistance
- QIO, DPHHS or HTS Technical Assistance programs
Building Technology Capacity

- Understand what software support & functionality you should be getting from your license agreements
- Push back on vendors to provide needed information on workflows, data access, functionality, etc (especially for Quality measures)
- Understand what pieces you didn’t purchase that may assist staff – QI programs, data mining systems or interfaces
- Report template sharing
- Form or participate in Vendor specific “workgroups” to learn to use the system better
Building Knowledge Capacity

- Invest in vendors doing onsite retraining!
- Some systems will also come evaluate your staff usage and make workflow recommendations.
- HCI Certificate programs to support internal staff knowledge of data collection / reporting
- HIT workshop!
Discussion – Resources: What are your needs?

- Office of Rural Health and the Rural HIT Network Advisory Board is interested in knowing –
  - Please let them know!

- AHEC is interested in knowing –
  - They can help with curriculum development in colleges to get you what you need!

- What can your professional organizations do to help? (MHA, DPHHS, QIO, HTS)
Obstacle: Priority Conflict

Picture credit: http://tuningpp.com/bad-teamwork-examples
Understanding Priority Conflict

- Internal QI & patient safety projects
- Survey readiness
- Improvement grant projects & reporting
- Chart abstraction for quality reporting

- User assistance (daily)
- Privacy/Security
- New software
- Upgrades
- Rebuilds
- User satisfaction
- Report building
- Fixing whatever broke last night with the upgrade…

QI Staff Priorities

IT Staff Priorities
Addressing Priority Conflict
Organizational strategy alignment is key

Is leadership aware? No really, are they?
  - Have you helped them to understand the work involved in quality reporting for a new grant?
  - Have you helped them understand the changes of a pending upgrade?

Have QI and IT gotten together to share priority lists? How can you help each other?
  - Beyond WHAT the priorities are, but WHY are they?
  - Work together in aligning regulatory projects and requirements to prevent duplication as able.
Priority Exercise
Post-Activity Discussion

- Did you have common high priorities, why or why not?
- What contributed to how you prioritized the objects?
- What are the outliers and commonalities?
- Would this exercise help your team/facility?
Obstacle: Understanding Each Other – Communication Barriers
Obstacles – Communication Barrier

- IT wants to help but doesn’t understand the need
- QI believes the system is capable of getting the needed information, but doesn’t understand how to get it out, what to ask for, who, how or when to ask

https://www.youtube.com/watch?v=FiQnH450hPM&feature=player_detailpage
Language Barrier Example

- We should have the ADT interface with the clinic live next Monday.

- Demographic information will be coming across from the clinic system to the hospital system.

- MY LIFE JUST GOT SOOOOO EASY!

- Oh, well, that’s helpful but not everything I need. A good starting point.
We can custom build any form you need!

Customized data fields may not have a database code attached and therefore cannot pull to any report functionality or trigger CDS rules, etc.

MY LIFE JUST GOT SOOOOOO EASY!

That could help with one location for streamlining chart abstraction, but won’t be as easy as I thought. What are CDS rules?
For this new grant, all we need is a report that tells me **ALL** the following:

- Patient name, MR #, age, last vitals, ED admit/discharge time, Provider arrival time, nursing notes, meds given, item charges and name of first born child.

I need help getting this information together in an easier way.

That is the most impossible report I’ve ever heard of – not happening.

These data points come from different areas that don’t talk to each other or do not have database codes, but what we **can** get is...

QI said/meant

IT interpretation/reality
There are new sepsis standards and I saw at a conference that our EHR has the coolest new alerts to make sure we document all the right information and get the right blood work at the right time! Can you turn them on – like now?

What do we need to do to activate the sepsis functionality of our EHR?

No

We are not on that version of software, the upgrade will be released in 6 months and we’ll need to evaluate how the triggers work to determine the effect on user workflows before making them active.
Addressing Communication Barriers

- Patience with one another
- If you don’t get the answer you need, ask the question in a different way or state the goal you are trying to achieve and ask – how can you help me get there?
- Remind yourselves we are all reaching for the same goal – quality patient care!
- Don’t just pretend you understand or know what they are talking about:
  - https://www.youtube.com/watch?v=XY66ZJ0TFUI&feature=player_detailpage&list=PLCFFFB473F6CE8F477
Obstacle: Knowing when to be involved
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When to include each other?

- Always!
- Quality will always need data collection, data collection will always be dependent on EHRs, EHR workflows will affect data collection.
- Make IT a consistent part of QA teams and QI a consistent part of IT teams
- Have regular IT/QI contact to update on projects from both sides
  - Changing documentation workflows will change how the QI person abstracts/collects/reports data
- Pay attention to upgrades or new releases, QI can be a good check/balance of what it might affect downstream
Technology is actually creating a need for healthcare departments to work more closely together. We can no longer operate independently from one another or our organizations will be left in the dust trying to transition to value based purchasing.
Discussion/Questions?
Check out our new website:
www.gotohts.com

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