

FATHER MARTIN'S ASHLEY
REHABS ITS EMR
WITH SEQUEST.



Father Martin's Ashley, a 145-acre inpatient alcoholism and substance abuse treatment center nestled in Havre de Grace, Md., was founded in 1983 by Fr. Joseph Martin, S.S. (1924-2009). As a recovering alcoholic himself, Fr. Martin served as a vivacious testament to others struggling with substance abuse. His famous 'Chalk Talk on Alcohol,' which initially began as his own personal witness to addiction recovery, eventually became a global resource over the next 50 years of his life and still touches thousands of people every year.

The Ashley facility – blessed with a mission-centric board of directors, solid private funding and a passionate staff – has always challenged itself to be on the cutting edge of care regimens and technology, explains David Gerick, Ashley's Vice-President of Quality and Information Systems.

The 85-bed facility had begun experimenting with an electronic medical record (EMR) system in the early 1990s, well before many community hospitals.

But by 1998, the emerging national patient safety initiatives and the growing impetus toward robust electronic care documentation had convinced the Ashley administrators it might be time for a change. The SATIS medical record system in place at the time was being sunsetted and its pre-set treatment plan templates were no longer versatile enough for the care staff's expanding needs, explains Charlotte Meck, RN, B.A., CARN Ashley's director of nursing. "New JCAHO recommendations kept coming out and we really needed to revise what we had."

One project, many champions.

Ready to embrace the full features of an EMR and a paperless care chain, Ashley's first step was to decide what features their new EMR system should have, and then troll the market. Gerick was clear on the facility's main goals: "We had two mantras: Enter data only once in the system and become paperless."

But the vendor choice can make the difference between a productive experience and an installation disaster, Gerick notes: "If you choose a vendor whose software application isn't their primary focus, it's risky," he says. "But it's also risky if you choose a company that's too saturated with clients. You're not going to have much influence on the decisions they make, or how they change their software."

During the vendor selection process, Ashley scrutinized more than 15 vendors. Leaders in the admissions, nursing and clinical departments championed this process. Vendors were given questionnaires to assess their current abilities and their capacity to adapt to future needs. Sequest Technologies, Lisle, Ill., a vendor partner the facility had used once before in the past exceeded the criteria in most areas. Impressed by Sequest's new product line and promises of a deep, one-on-one customer relationship, the Ashley team agreed to an on-site product demonstration of the Sequest TIER® Solutions Platform. "For us, the key was finding a software company that puts money into its own R&D and valued us as an important client," Gerick says.

TIER already included many of the features Ashley needed, including templates for a medication administration record (MAR), admission/discharge and clinical summaries, as well as modules for quality and environmental management.

Sequest's team readily offered to amend the software and system interfaces in any way needed for Ashley to move forward in its electronic clinical documentation efforts and business workflow. "Sequest was the best clinical system for us, mainly because it was truly customizable," Gerick says. "We had specific things that we wanted to change and Sequest was willing to make the accommodations we needed to meet our clinical and business goals."

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Listening to client needs.

At Ashley, the nitty-gritty came down to getting customizable clinical documentation templates and form fields, and also finding someone who was willing to build some new interfaces. Serious about its 'paperless' concept, Ashley wanted new interfaces between the TIER system and both its external blood lab and the local pharmacy, to reduce Ashley's vast reliance on paper-based fax technology.

"When we sent out a lab or radiology order, it usually came back by fax or mail. Then we had to make tons of paper copies before everyone got a chance to look at the results," Gerick explains. "When you consider everything that pops out of a fax machine or a mail envelope, you might be making 6,000-7,000 photocopies per month. Then the doctors still have to sign off on the lab results, which means more photocopies."

Another key goal was building a solid interface between TIER and Ashley's physician transcription service, SPI, Atlanta.

Ashley's IT Director, Doug Salvino, suggested that the facility might be able to use SAP's Crystal Reports software to organize its data from incoming data sources, as long as the form fields were crafted by Ashley first, so that third-party bodies (such as the SPI transcription service) would be populating fields that Ashley's databases could already understand.

"Getting the transcription data in place was a huge triumph for us," Gerick says. "Now our physicians can pick up the phone, dictate a clinical summary to SPI, and have the data sent back to the actual medical record within 24 hours."

This revamping also saved money, since Ashley would now pay the transcription company only to fill in the established dictation form fields, rather than creating all the forms out of house, Salvino adds.

Ashley also uses Sequest's electronic signature feature. Physicians now have the ability to review and sign lab results and treatment progress notes without printing a single piece of paper, and the other caregivers in the chain can see the actions in real time.

Test first – then train, train, train.

As a facility, Ashley had been built on the team concept and it was no different for its new installation endeavors.

Prior to its installation, Ashley established "super-users" in each department who would examine the software capabilities needed by their sections and provide early feedback on the system's features.

"Buy-in from the entire staff was critical," Gerick says. "Our super-users educated us on what they needed from the system, and because they had input on what the system became for us, it also boosted the buy-in from the rest of the staff."

After a preliminary review, Ashley decided to interface TIER with its existing financial billing system. This required building a new interface between TIER and the financial system, which Sequest completed within a few months, Salvino notes.

The gap analysis, testing and integration of multiple interfaces took about a year. This gave its staff the time to become familiar with the new system, enhancing the adoption potential among staff.

"The earlier you involve your clinical users, the easier the transition will be," Gerick notes. "You still have to let people voice their concerns, it's a normal part of the process. We all know that an old shoe fits better until you move away from it, but it works itself out."

'D-Day': Lessons in customer service.

Nursing Director Charlotte Meck remembers the day well: November 1, 2006. TIER was scheduled to go live that day, but Meck's nursing 'super-user' was rushed to the hospital for a medical emergency.

Once the launch-switch triggered, a few glitches began to surface. Screens that worked 10 minutes before didn't work anymore. Yet, it seemed that each time a glitch was fixed that day, some other function was affected, Meck remembers.

"We'd worked really hard to make sure nothing would go wrong," Meck says. "But with the admission pieces, the physician transcription, the billing interface, the nursing documentation, MARs, and all those interfaces – It was a really huge installation."

Knowing that no IT roll-out is ever perfect, Gerick now needed to put Sequest's customer service promise to the test: "I called Bill [Bill Connors, Sequest's President/CEO] and said, 'I've got a meltdown going on in one area, and I really need you to get someone to my front door tomorrow.'"

Robin Milam, Senior Application Developer for Sequest, arrived the next day, Meck remembers. "She stayed with us for 10 days. We set up a desk for her and she camped in my office until everything was fixed. She was even here for her birthday."

The proof was in the crisis, Gerick says: "The key is, when we called Sequest, we didn't hear 'Sorry, we can't.' Instead, we heard, 'OK, when should they be there?' And once we got over that hurdle, we were fine."

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Customized workflow for better patient care.

Outfitted with HL7 interfaces to Ashley's lab providers and the transcription service, TIER has changed the way Ashley provides care. "When an HL7 order is created and sent to our blood lab, they process the sample and match it to the electronic order. They send the results back to us electronically, and it's all in real time," Salvino says. "When the lab is done, the results are sent back via HL7, matched with the unique ID and put straight into the specific patient's medical chart."

TIER's electronic signature pad also has simplified the bulky task of documenting patient authorizations, Salvino adds. "When a new patient comes in, they have to sign a bunch of consent forms for treatment and billing. Now, all of that is now done electronically on a signature pad, where the signature is digitally encrypted. That eliminated our need for storing all those paper documents in the chart."

At the nursing station, Meck says the documentation tools and safety features built into TIER's clinical summaries and the MAR have deeply reduced the risk of medication errors. The MAR includes the patient's picture, any allergies or special needs, most recent vital signs, allowable medications and medication times. With all this information at hand on one screen, nurses are prevented from giving the next dose too early and can note if a medication was missed – while TIER provides the documentation needed for tight audit trails and patient safety. "The nurses would never want to go back to a paper-based medication record," Meck says.

A versatile system for a dynamic facility.

Sequest's work continues, since the nurses always want to add something new, Meck notes. TIER now has the capability to print a nursing Kardex electronically, pre-set to fit in the flipcharts used by nurses. All the Kardex information, plus a color photo of the patient – all at the touch of a button.

TIER also now includes several new patient safety features, including dietary protocols printed with the patient's photo ID. This is provided to the chef to ensure patients with food allergies and preferences are addressed.

Thanks to the dynamic flexibility of the TIER software, Ashley was able to implement its own Clinical Institute Withdrawal Assessment tool (CIWA) within TIER in just two weeks, Gerick says.

Salvino is musing on additional ways Ashley could use TIER, such as integrating bar-coding and enhancing ways of keeping track of where patients are located on the vast campus, making sure they aren't late for their medications or counseling appointments. "Maybe we could integrate an RFID transmitter on their badge or in a wristband," he suggests. "Something that will pop up on our system and say, 'Here's where that person is on campus right now.'" He'd also like to see better scanning compression rates within TIER's scanning feature: "For us, it's a matter of storage space," he says.

TIER is also evolving into a deep data mining and assessment system for the administrators, Gerick notes. "The clinical director will soon have the ability to audit every record and do report cards on every clinician. This will help with clinical supervision, but it'll also help us as a facility to make sure our standard of care is being met for every patient, every time."

Gerick admits that his own paperless thoughts are still expanding, too: He's considering the advantages of having wall mounted screens to access TIER for use during clinical team meetings, allowing the entire clinical team to view the patient's photo, the continuing care plan and the problem list, straight from the database. A secure conference room computer terminal could allow instant additions of the team's case reviews, he muses.

"Once you get a great base EMR system in place and tune it to your own critical needs, there are a million different roads you can take next," Gerick says. "You're only limited by your own imagination and your own willingness level to climb outside the box."

