

# Clinical CONNECTIONS

INFORMATION ON  
MEDICAL TRENDS  
THAT DIRECTLY IMPACT YOU  
AND YOUR PRACTICE

## Your hospital's clinical transformation to full EHRs: What is the physician's role?

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The reality we face is that the option of continuing with the present operational infrastructure in the office and in the hospital is not possible. Think of the world around us, and the number of areas in your life that have become possible only with advancements in technology. To think improvements through the progression of electronic technology will not happen in medicine is not rational. Once this is understood and accepted then the process can move forward in your practice and your hospital. Implementation must be made as efficient and as safe as possible and will require full physician input and engagement.

Over the next several months, your hospital will transform into a facility using the newest electronic medical technologies. The changes will take place in every department in the hospital. Physician orders and documentation will be just one area of change. Some of these changes will be done over a short period of time and others will be phased in over months. It is important that physicians understand EHR/EMRs will be a global presence within their hospital, and all these new processes will be interconnected. What may be made easier for one person may be more involved for another. The end result should be more accuracy and less error in moving orders from the physician through to the pharmacy and back to the floor for delivery. There should be more complete patient care with improved decision-making due to real time clinical decision support written within the order sets,

better real time access to data online, and better data collection. This data collection is not just for financial or regulatory reasons, which is important, but also for tracking and defining outcomes in care. Comparisons of care that can and should be used to improve care, both from a medical and a service perspective, will be available for objective evaluation. This data can also be used by physicians and hospitals to negotiate with

### HOSPITALS HONORED FOR QUALITY

Two Capella hospitals have achieved national recognition, earning #1 state rankings for medical excellence. According to the newly released 2012 quality awards from CareChex, the medical quality rating service of The Delta Group, **Capital Medical Center** (Olympia, WA) and **Saint Mary's Regional Medical Center** (Russellville, AR) are tops in their states.

- **Capital Medical Center** has been ranked #1 in Washington for medical excellence for both orthopedic care and major neurosurgery. For orthopedic care, Capital is ranked in the Top 100 in the country as well. Last year (2011 CareChex), they were ranked #1 in Washington in spinal fusion and spinal surgery.
- **Saint Mary's Regional Medical Center** has been ranked the #1 hospital in Arkansas for women's health. Saint Mary's is also ranked in the Top 100 in the country for women's health.

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**PHYSICIAN ACHIEVERS**

**Alan Drake, MD**, a charter member of Capella's National Physician Leadership Group, has been honored by the Tennessee Hospital Association with a "Meritorious Service Award." Nominated by White County Community Hospital in Sparta, he was recognized for his leadership to the hospital since 1985.

**Braden Richmond, MD**, who practices at Jacksonville Medical Center and serves on the board of trustees, has been named one of the Best Doctors in America® for 2011-12. The prestigious recognition brings great honor to Dr. Richmond, Jacksonville Medical Center and the Jacksonville, Alabama community.

**CONGRATULATIONS TO ...**

**Erik Swensson, MD**, Capella Healthcare's Chief Medical Officer, for making the list of 100 nominees from which the "50 Most Influential Physician Executives in Healthcare" will be selected. Voting continues through February 10 with the final rankings to be published in the April 23rd issue of both *Modern Healthcare* and *Modern Physician* magazines. **To vote for Dr. Swensson**, visit the following link, choose his name in the alphabetical listing, then hit "Done"... <http://www.modernphysician.com/section/50mostinfluential-about>

**Learn more about these outstanding physicians' recent honors by visiting Medical Staff News in the "For Physicians" section of Capella Healthcare's website.**

payers using our own data instead of relying on the payers' data, which is often incomplete and biased. However, none of these helpful and important results are guaranteed and they all come about through hard work. During the conversion to EHRs, these changes could even place the patient and physician at risk if not managed correctly. However, once successfully implemented, EMRs will be a tool that allows physicians and others in healthcare to deliver a better product.

The two main components of the EMR, from the physicians' perspective, are computerized physician order entry (CPOE) and physician documentation (Pdoc), such as H&Ps, discharge summaries, and progress notes. Capella is using the Zynx order set as the foundation of our order sets. These have been used in over 1,900 hospitals during the past 10 years. In addition, Capella has also procured from HCA their Gold Standard order sets that have been vetted across 150 hospitals by hundreds of physicians. How good the Capella order sets fulfill your needs will depend on your input.

Capella has made a concerted effort to involve physicians in its plan to convert their first set of hospitals to Meditech 6.0. The Physician Advisory Group (PAG) was started in June and several physicians have travelled to different hospitals to study those already using Meditech 6.0. In addition, Capella has hired a full-time nurse, a specialist in clinical informatics, who is working with our physicians to make sure the best practice order sets and their maintenance have the right balance between content and functionality. We also have Zynx Coordinators at each hospital who will be working with your PAG member to go through these order sets. To this end, starting in January and going through March, your PAG member

may ask you for input in vetting the order sets that will be used enterprise-wide.

The documentation portion of the new EMRs will have templates

and areas for individual comments with room for a narrative. We are focusing on the readability and functionality of the final document. Although the rollout of the documentation will not occur for several months, your PAG member is already providing input into how the final product should look.

Even though your medical staff and hospital may not be going live on Meditech 6.0 for several months, this is your best chance to have input into the content of the order sets you will be using. The goal is to have at least 80% of the order sets similar throughout the medical staffs and hospitals. Orders that fall outside these standard sets will be placed in the chart by the physician using their own personal "favorites list," which each individual doctor will make themselves. You should become familiar with your PAG member and your hospital's Zynx coordinator. If you don't know who that is, contact your CNO or call me.

Done poorly, the conversion to EMRs has the potential to increase the risk of errors, slow physician productivity, and multiply costs. We the physicians, once again, should lead the clinical processes in our hospitals. I look forward to your input aimed at a safe and successful transformation.



**Magda M. Osburn, BSN, RN**

As Director of Medical Informatics, Magda M. Osburn, BSN, RN, is a key

member of the team leading the transformation of clinical care processes via the use of evidence-based clinical best practices and the leveraging of a new IT platform across the Capella enterprise.



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