



Implementing Paragon™ and Horizon Patient Folder™ at AMH *Vicki Stubbs, Senior Consultant, McKesson Practice*

Auburn Memorial Hospital (AMH) in Auburn, NY went live with McKesson's Paragon suite of products and the Horizon Patient Folder (HPF) on March 1, 2010. AMH looked to Vitalize Consulting Solutions, Inc. (VCS) for staffing resources when critical positions were vacant during their transition to an in-house IT Department.

AMH was removing their outsourcing company and needed resources to support the IT Department in a post implementation role and to fill gaps that the outsourcing company had managed, such as report writing, system integration, and application support.

Following AMH's implementation of Paragon Financials™ and Horizon Patient Folder, AMH brought in four VCS resources to assist with Phase 2 of their project; A Project Manager, a Technical/Financial Project Architect, an HPF Analyst to optimize their Electronic Health Record (EHR) system as well as manage the Medical Record Department, and a Pharmacy Implementation Consultant.

Horizon Patient Folder, AMH's new EHR, was experiencing a backlog scanning into HPF which had brought Discharged Not Final Billed (DNFB) in medical records to over 3 million dollars. **Within two weeks, the coding backlog had been eliminated dropping over 2,000 claims and reduced DNFB in Medical Records by 2 million dollars.** VCS decentralized scanning giving registration and the lab responsibility for scanning radiology and lab orders when patients presented rather than at discharge. These accounts were available in the coders' queues immediately and reduced the daily volume of scanning in medical records. A chart reconciliation process was implemented to account for all discharges within 24 hours allowing bills to drop within the three day bill hold. Implementing a Physician Deficiency Monitoring Program allowed charts to be completed more timely and continued to decrease accounts receivables.

To support the next phase of AMH's Paragon implementation, the VCS Technical Analyst's role was to define what was not completed, develop a plan of execution, and support the business office with their reporting needs. One of the most important factors was collecting revenue. AMH was over 90 days in receiving payments from their payers. **VCS teamed up with the local auditors and worked on their accounts receivable issues and got cash flowing within 30 days.** Also, the team discovered that the outsourcing company had not performed an inventory on the reports and interfaces needed for the businesses outside the organization. The interface engine at AMH had only three connections created. VCS, working with AMH's Database Administrator, developed more than 20 interfaces and corrected a major issue with

their reference lab that was impacting patient care with the physician practices. By working together, VCS and AMH were able to:

- Streamline outbound ADT messages to the physician practices that needed the information for billing.
- Create financial reports for the business office and auditors that helped understand the hospital's bottom line.
- Assist with all system upgrades and provide technical education to the newly hired IT employees.

Chris Ryan stated, *“VCS assisted AMH with the transitioning to an in-house IT Support Services Group and staffing of resources where critical resources were vacant. They helped educate the technical team on how to manage and support the McKesson Solutions.”*

A VCS Pharmacy Consultant was brought in to assist with the pharmacy implementation. This resource was critical during the absence of a Pharmacy Director when the implementation began. VCS was able to accomplish improved patient safety and operational efficiency as well as reduced turnaround time for medications. The staff entered orders electronically, eliminating handwritten and verbal orders, as well as reducing errors related to order transcription. The pharmacy gained efficiencies by eliminating redundant documentation, reduction of phone calls to unit secretaries and simultaneous access to the electronic chart.

For Anesthesia Rx, the following process improvements were made:

- Moved from a completely manual medication dispensing system to an automated dispensing in OR.
- Improved charge capture which resulted in increased revenue.
- Pharmacy gained more control over the meds and narcotics that were being dispensed in the OR, They could now see what was being dispensed, when, and by whom.
- The pharmacy reduced the workload (checking, charging, and restocking) of pharmacists and techs and documentation was much easier to manage. There became control over the high-alert drugs and controlled substances, which resulted in improved regulatory compliance.
- Controlled substance utilization and waste verification became more efficient. The pharmacy was able to monitor the electronic documentation of all activities performed on the carts.

The Project Manager role grew out of VCS providing effective and just-in-time ORM training for nursing personnel. With the above project successes, AMH was ready to move to Phase 2 of its Paragon project implementation. A VCS Project Manager was brought in for the Phase 2 implementation which included Paragon's Nursing Documentation, E-MAR with bar-coding of medications, and Physician Order-Entry.

The Paragon Phase 2 Clinical Project had three main components. Bringing up those three applications further taxed resources across the implementations, so it was important that AMH planned a phased-in approach. A detail of AMH's planning and progress through this implementation approach is described below:

- Computerized Physician Order Entry (CPOE).
- Clinical Care Station (CCS).
- Medication Administration (Med Admin).

Computerized Physician Order Entry (CPOE)

The core project team for the CPOE component of the project was led by Dr. James Leyhane as the Physician Champion. Other team members represented Nursing, Quality Management, Pharmacy, and Information Technology services with ad hoc members brought in as needed.

The CPOE application went into productive use on a limited scale on 10/26/10. The Hospitalist Group had been using CPOE to place orders on inpatients admitted to 3rd Memorial. They are currently only placing orders between the hours of 7 am and 4 pm to assure the processing of all electronic orders can be monitored closely with immediate feedback from the ordering physician and receiving department as needed.

The next steps in the CPOE implementation included the expansion of Hospitalists' use to additional nursing units as well as use during overnight hours, and development of CPOE orders for specialist physicians, including OB-GYN and Internal Medicine.

The CPOE system was functioning well. There have been no significant issues with the application; the focus is on increasing the volume and scope of CPOE use.

Clinical Care Station

Clinical Care Station will serve as the primary tool for patient care documentation for Nursing and Ancillary Services (PT, OT, Respiratory, Dietary, and Care Management). Patient assessments, care plans, daily notes, and flow sheets will be completed in this part of the system. The core project team for Clinical Care Station consists of a group of Nursing Managers and staff, information technology department staff, and ad hoc members from respiratory, rehab (PT/OT), care management, and dietary.

Build and Testing of the Clinical Care Station application has been completed and the application functions are being rolled out in a stepwise progression, by function and area.

The Admissions Assessment function for Clinical Care Station went into productive use on the Med-Surg units on 10/26/10. **The Med-Surg units have been 100% compliant with the completion of electronic Admission Assessment documentation** since go-live on 10/26/10.

The next steps for the CSS application were met in December, 2010 and are as follows:

- Completion of the Admission Assessment roll out (use for Pediatric patient, Maternity, Nursery, and BHU).
- Use of Pre and Post Procedure Assessments for Surgical Patients.
- Use of Flowsheets and Daily Assessments for all patients.
- Use of Ancillary Daily Assessments (Dietary, PT, OT, Respiratory, or Care Management).
- Use of Care Plans/ Action Lists/ IV assessment for all patients.

Medication Administration

Medication Administration implementation is well underway. The first of three planned training visits from McKesson occurred in July, 2010. This application supports the bar coded administration of Medication at the bedside to facilitate the 5 rights of Medication Administration: 1) Right Patient 2) Right Route 3) Right Dose 4) Right Time 5) Right Medication.

The core team consists of members from Nursing, Pharmacy, and IT Services. Draft documentation of the current workflows surrounding medication administration has been completed as well as a review of current policies and procedures. The Medication Administration application is planned to be implemented in April, 2011.

In Summary, AMH continues to aggressively tackle its Paragon Project implementation becoming one of the most wired community hospitals in the United States.

If you would like more information about Paragon or Horizon Patient Folder solutions provided by VCS, please contact us at 610.444.1233 or vcs@getvitalized.com. Additional information about the services and solutions offered by VCS can be found at our website, www.getvitalized.com.