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Rural HIT Workshop
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EHRs–The Future is NOW! Are you ready? Part 2

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eCQI Process: Identify Appropriate Changes

Functionality of EHR related to eCQI

1. CPOE
2. Patient Portals
3. Clinical Decision Support
4. Patient Education
5. Patient Reminders
6. Lab interfaces
7. HIE/Transition of Care /Discharge info/Public Health Registries
8. Report writing tools and functionality

EHR Functionality for eCQI

- **CPOE (Computer Provider Order Entry)**
  - data points can be retrieved from CPOE to effect care improvement
  - CPOE enhances use of clinical decision support rules or guidelines at the point of care
- **Patient Portals**
  - Provide direct, “outside the office” access to patients.
  - Use it for patient education
  - Engaging patients in reporting their own measurements for blood pressure or blood sugar online, real time monitoring.

EHR Functionality for eCQI

- **Clinical Decision Support (CDS)**
  - Target conditions and standardize treatments
    - **Data Display**: flow sheets, patient data reports and graphic displays
    - **Workflow Assistance**: task lists, patient status lists, integrated clinical and financial tools
    - **Data Entry**: templates to guide documentation and structured data collection
    - **Decision Making**: access to resources rule based alerts, clinical guidelines or pathways, patient / family preferences, and diagnostic decision support

EHR Functionality for eCQI

- **Patient Education**
  - Provide credible source of information
  - Encourage patient engagement
- **Patient Reminders**
  - Proactive preventative care
  - Follow up and care coordination
- **Lab interfaces** (or lab results as structured data)
  - Data points retrieved from lab results
  - Lab results (structured data) enhances use of clinical decision support rules or guidelines at the point of care

EHR Functionality for eCQI

- **HIE/Transition of Care /Discharge info/Public Health Registries**
  - improve communication between providers and/or facilities.
  - Provide and enhance continuity of care delivery.
  - Data collection and analytics
  - Population health data

EHR Functionality: Key Point

The components of an EHR may be built from several different databases, which may impact the information flow as well as how data is collected from & between systems.

All Roads Lead to: Structured Data

- **Key Point:**

  If it is not documented in a discrete field, the system **does not know** it happened and cannot trigger the next event or report!
- CDS rules will not work
- Quality Measure results and/or reports will be "inaccurate"

Activity Two: Identify Changes

- Use Change Backlog handout to list possible changes/activities (EHR or otherwise)
- Identify EHR components/data points/functionality that will be changed to measure improvement
- Determine evaluation measure regarding that change (what you would study?)

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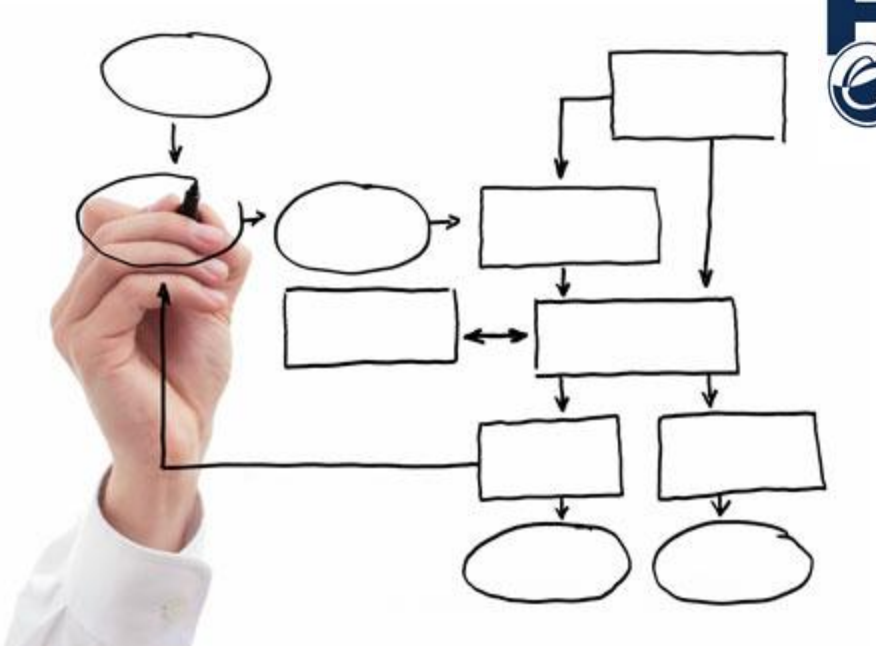
Post-Activity Discussion

- Questions that came up during the activity?
- What was the most difficult part?
- What was the easy part?
- Round Robin review



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What about workflows?

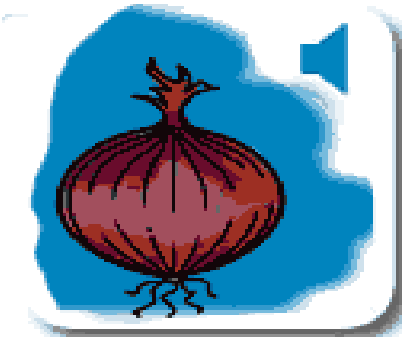
PDSA

- Address and document your change:
  - Plan – What solution will you test?
    - **Workflow map** the process you are evaluating
  - Do – Implement the change
  - Study – Study the change and it's effect
    - Don't forget to ask your customer what they thought of the process.
    - Did you get the data you needed more consistently?
  - Act – What will you do next?
  - Cycle again….and again….and again…

Steps to Workflow Mapping

- Map the “As is” process
- Analyze the “As is” process
- Create the “To Be” process
  - Identify points of change and what the change might look like
- Map the part of the process that is:
  - Measurable
  - Most directly affects the overall outcome

Layers of Workflows



1. Physical
   - Includes environmental layout of patient room, equipment, devices, supplies, etc
2. Electronic
   - How is the work documented? What screens and fields are used?
3. Data
   - Where does the information documented go?
   - Why does it go there (triggers or reports)?
   - How does it get there (interfaces, uploads, etc)

When to use a workflow exercise for an existing process –

- Process is wasteful
- RCA/known to be problem/error prone area
- Bad data- garbage in garbage out is in full force
- New device/product/software/supply is being added to a current process
- Significant EHR documentation change
- Patient/Staff are dissatisfied with current process
- Examples:
  - Patient scheduling takes too long
  - Increase in Med errors with bedside bar code scanning
  - **Validate/review data entry and collection for CQMs**

When to use a workflow exercise for a new process –

- Significant change in flow of care delivery
- Significant change in documentation of care delivery
- Addition of or change in a device or product
- New regulatory requirements
- Examples:
  - Moving into a new unit or building – process of the move in addition to utilization of new space
  - Adding bedside bar code scanning
  - Additional documentation required for new sepsis protocol

General Rules of Thumb

- Clearly defining and understanding the **scope** of the process you are planning to map.
- Keep it small – you have 3 layers now!
- Map the **REALITY** not the **DREAM**.
- Don't solve the problem before you map it out, *you may solve the wrong problem and never get to the root of the real one.*
- *Keep the customer of the process in mind at all times!*

Define your workflow scope

- Use Workflow Project Scope handout
- What process do you need to analyze further that will have the biggest impact on the measure outcome?
- Is it electronic, physical or a data flow – or all of the above?

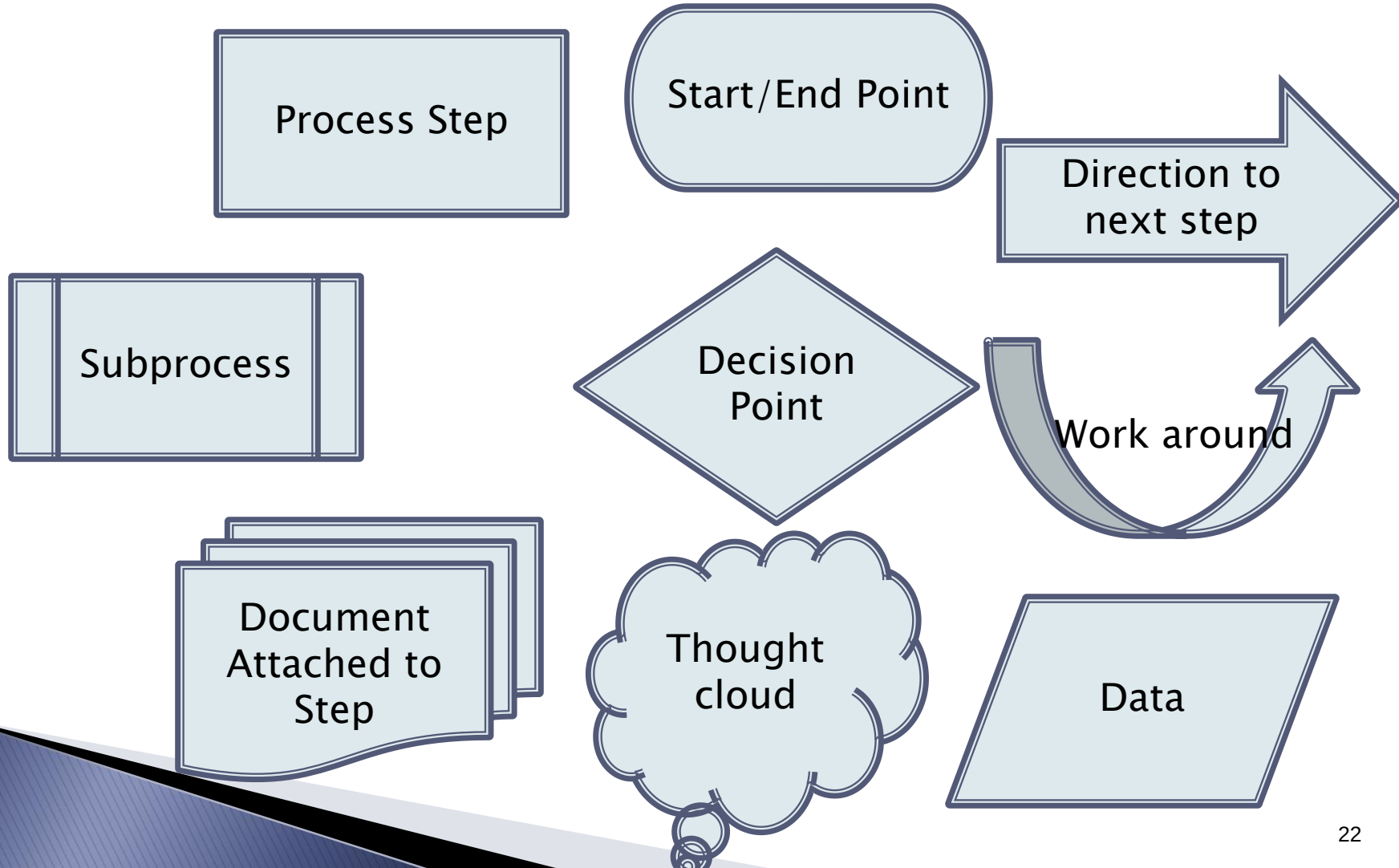
Not this type of scope

Physical Workflows

- Choose an appropriate mapping method
- Important for the end display, not as important for the exercise – just draw it!
- Physical workflow methods –
  - **Basic process flowchart** (most common)
  - **List of steps**
  - Current State Map (CSVM)
  - Future State Map
  - Swim lane diagrams (useful if crossing several departments/agencies/handoffs)
  - Fishbone – Cause/Effect

Physical Workflow Map

Generally speaking – work through drawing a piece of the measure workflow



EHR Workflows

- EHR documentation workflow method:
- Does the Vendor already have it done? ASK!
  - Compare your workflow to the vendor's
- Screenshot at each point of data entry
  - Get multiple steps on a screenshot, just keep track of them with a highlighting and numbering system to tie them to the physical workflow
- **One Step** is defined as **one point** of data entry
  - Where is each component entered?
  - Does it trigger a key next step to the process?

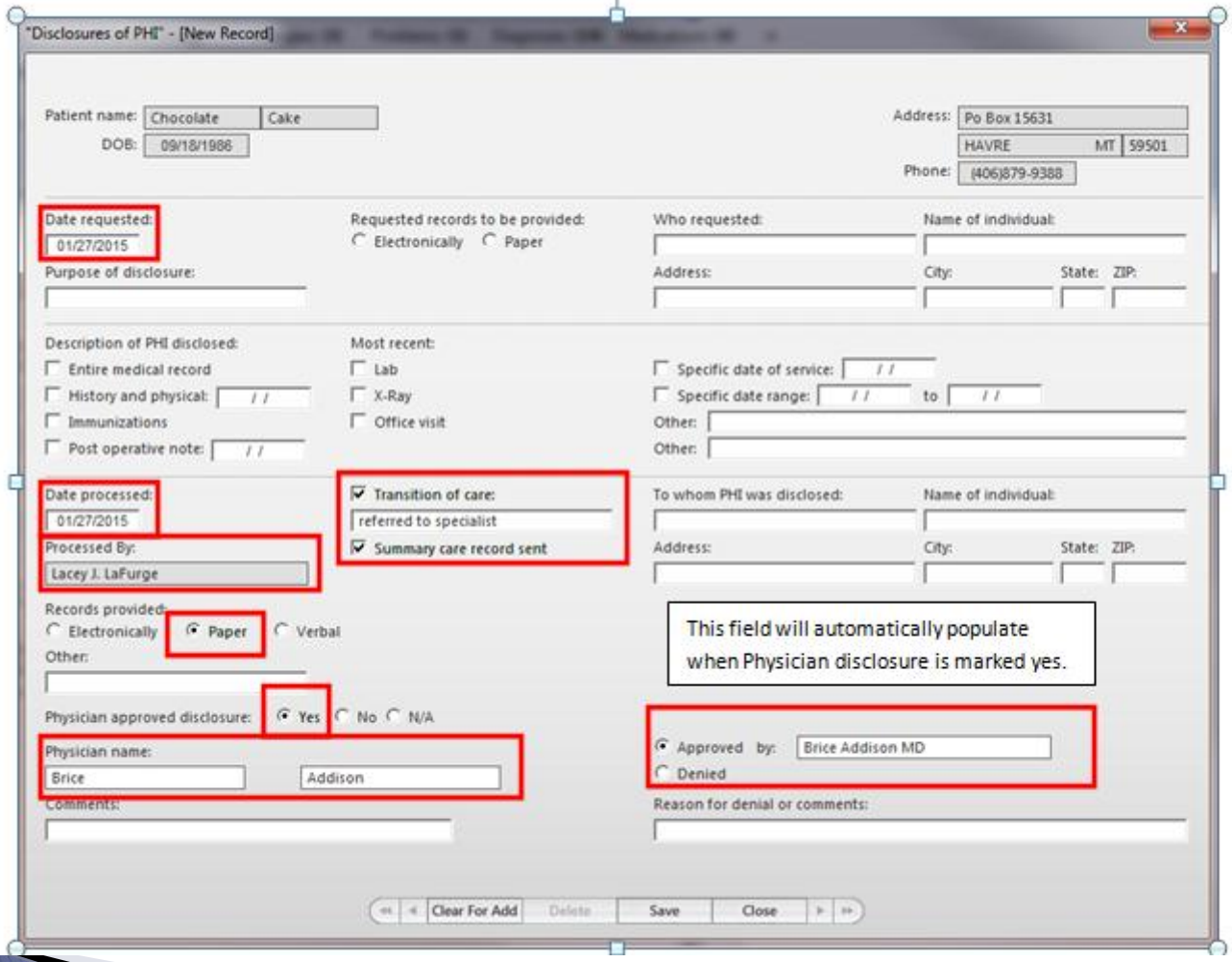
EHR Workflow Example

1. Open EHR
2. From your Inbox select your patient
3. On the patient information bar
    a. Click PHI Log

4. Click **Add** on the Disclosures of PHI Log

EHR Workflow Example (cont)

5. Fill in the indicated fields on the templates.



EHR Workflow Questions

- Generally speaking, list out what fields are pertinent to your measure and where they are most likely found in your EHR, answer the following:
- How many different systems are involved?
- How many different modules?
- How many different applications?
- How many different screens?
- Which fields are pertinent to the CQM – hint, use your spec sheet!

Data/Information Flow

- Data / information flow mapping:
  - What are all the discrete data points?
  - What types of data are they?
    - Text, string, date, value, formula, etc
  - Where does each data point from the EHR go?
  - Does it trigger a CDS rule, function or go through an interface?
  - Does it/can it flow to a report?
  - How is the data affected by the current workflow?
  - How is the workflow affected by the necessary data?
  - If needed, you can work from a report backwards to find where the information came from

Workflow Scope Activity

- Use Workflow Scope template to define what process you will be mapping
- Identify workflows that may need to change
  - Physical
  - Electronic
  - Identify barriers/obstacles to the workflow changes
  - How would you make the necessary changes?

Put it all together!

Tie it back together with PDSA

- Address and document your change:
  - Plan – What solution will you test?
    - **Workflow map** the process you are evaluating
  - Do – Implement the change
  - Study – Study the change and it's effect
    - Don't forget to ask your customer what they thought of the process.
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eCQI Process Review

1. Identify Project Scope (Outcome Measure – top level item you want to change)
2. Choose a project team
3. Create Change Backlog (a list of possible changes/process measures that will help improve the outcome measure)
4. Prioritize Change Backlog based on “value” of each change
5. Create Sprint Backlog (identify item(s) to be included in first “sprint” or PDSA Cycle)
6. Plan “Sprint”/PDSA Cycle, perform workflow analysis
7. Complete PDSA Cycle
8. Perform a Sprint Review
9. Review, update and reprioritize Change Backlog
10. Begin new Sprint

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Workshop Wrap Up

Review of the day:

- What are you taking home with you?
- Where would you like to go from here?
- How can the Rural HIT Network Help?
  - Complete the Rural HIT Network, HIT Workforce Survey: https://www.surveymonkey.com/r/BF7CSR8
- How can HTS help?
- What worked well?
- What could have been done better?

Support Links

Hyperlinks in the order they were presented:

1. eCQM Library start page: https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/eCQM_Library.html
2. AHRQ Health Information Knowledge base:
   - https://ushik.ahrq.gov/mdr/portals?system=mdr&enableAsynchronousLoading=true
3. Eligible Professional table of measures: **https://ecqi.healthit.gov/system/files/ecqm/2015/EP/EPMeasuresTableMay2015.pdf**
4. eCQI Resource page: https://ecqi.healthit.gov/

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