

# ONC EHR Certification for Long Term and Post- Acute Care (LTPAC) Virtual Hearing

Remarks by  
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Good Morning Ladies and Gentlemen;

My name is Lauri Harris and I am a Registered Nurse. I have worked in Post-Acute Care since 1989 and currently work for Avalon Healthcare, Inc. which is headquartered in Salt Lake City, Utah. My position is the Director of Clinical Applications. My primary responsibility is the implementation and subsequent support for the electronic health record throughout the SNF division of 40 facilities in 5 states. We provide Skilled and Long Term Care to upwards of 3,000 patients a day and employ approximately 5,000 care givers in our mission to 'Embrace a reverence for life and a heart for healing'.

I wish to focus on 3 items in the few minutes that I have to address this workgroup: 1) Integration of a total solution; 2) Improvement of the quality of patient care with specific examples, and 3) Prevention of Re-hospitalization.

1) Integration of a total solution - Clinical, Billing, Therapy and Pharmacy programs must share information, to build quality and cost-effective care in the post-acute care setting. The need for integration is unique to post-acute care. Many people think hospital or Ambulatory Care software platforms work for the post-acute environment. This is not true.

2) The EHR is critical to improving quality of care. I offer the following examples;

A – Interoperability - As the patient experiences care transitions, Interoperability will lead to efficiencies not previously seen in Post Acute care. Avalon is embarking on a project in 2014 that we anticipate will result in saving 2 hours per Admission in facility staff time alone. This savings will be realized because of the automated entry of the appropriate orders which have been electronically delivered from the discharging Hospital into the SNF's EHR. This will also decrease key stroke entry errors which today frequently contribute to patient harm. The time saved will allow staff to focus efforts on improved data gathering and evaluation of the patient's condition which is critical as sicker individuals are admitted.

B – The entry of patient information into the software allows for readable records which are accessible to multiple departments within the facility concurrently. This can provide for improved care, delivered timely with the consistent, complete subsequent documentation of events.

C – Compliance with Company guidelines is improved with the adoption of the EHR as uniform structure is provided for staff in the completion of daily tasks. This is augmented by the ability to create notifications and alerts that provide system-generated information to supervisory staff regarding patient conditions that can allow interventions to be implemented before serious consequences are realized.

3) The EHR can be instrumental to reducing preventable re-hospitalizations which will save millions of dollars for the health care system. I will offer 2 examples:

A – Reduction of medication errors – The practice of the Prescriber entering orders electronically into the EHR will decrease the chance for errors in the interpretation of the Prescriber orders. Today, a significant number of orders are obtained verbally or via telephone which results in the SNF staff entering the order into the software. Key stroke errors are frequently identified as contributions to adverse events that result in patient harm.

B – Provision of care paths and industry- approved standardized tools which are research supported. These instruments allow staff to implement interventions earlier and contribute to timely MD notification as changes in condition occur. By embedding the INTERACT III system for staff to utilize in the identification of changes in patient behavior, appetite and/or routine can reduce the need to transfer to the hospital.

In conclusion, Health care systems including hospitals and physicians receive grant funding from the ONC to build or integrate their EHR. However, post-acute care which has some of the smaller operating margins, does not receive anything. Our providers can rarely afford the acquisition of full EHR systems which are so critical for the future.

Thank you