

# HIMSS AsiaPac16

22-25 August 2016 • Queen Sirikit National  
Convention Center, Bangkok, Thailand

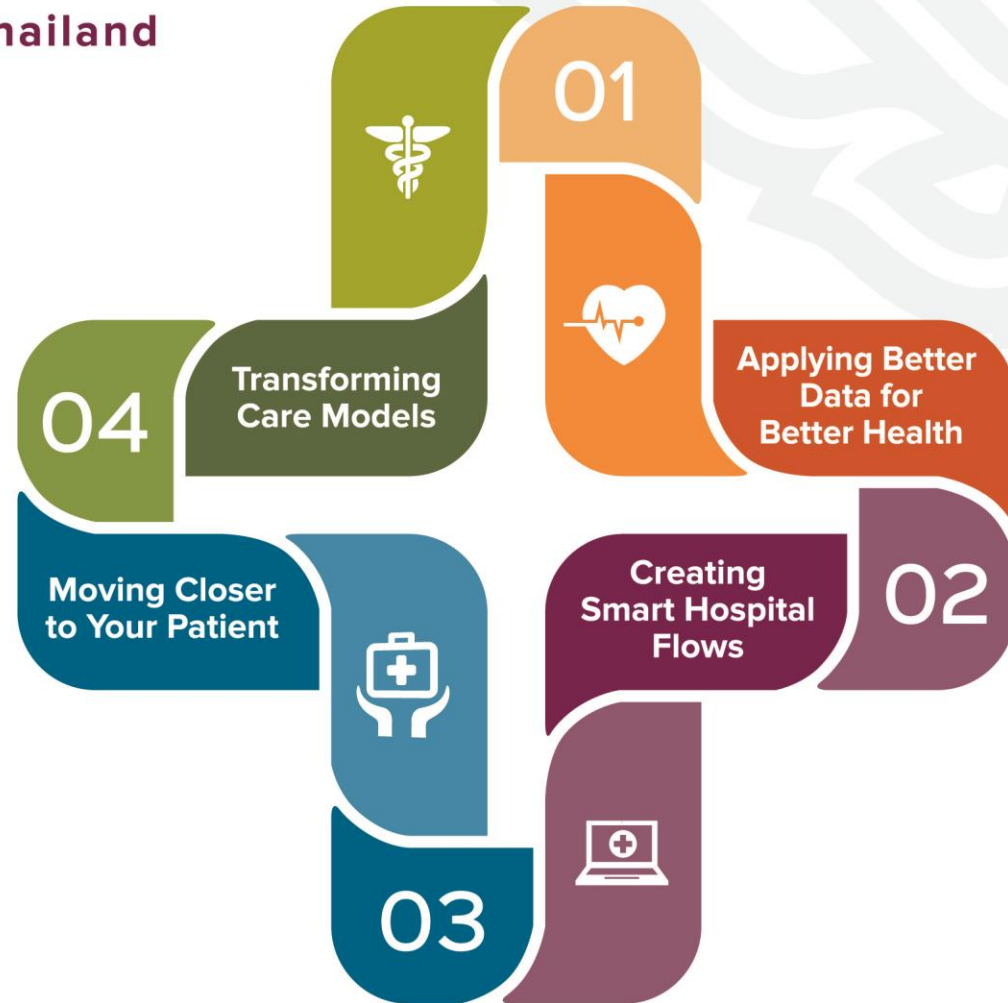
## HIMSS Analytics EMRAM (EMR Adoption Model) & Patient Engagement: Trends and Value Proposition

HIMSS ASIAPAC ROADSHOW

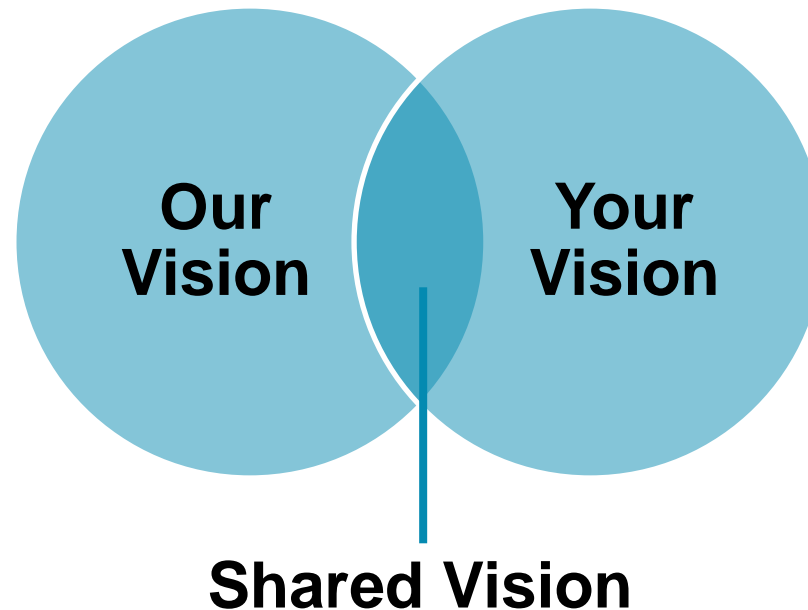
May 2016



ADVANCING DIGITAL &  
PATIENT-CENTERED CARE



## Shared Vision



**Better health through  
Information Technology**

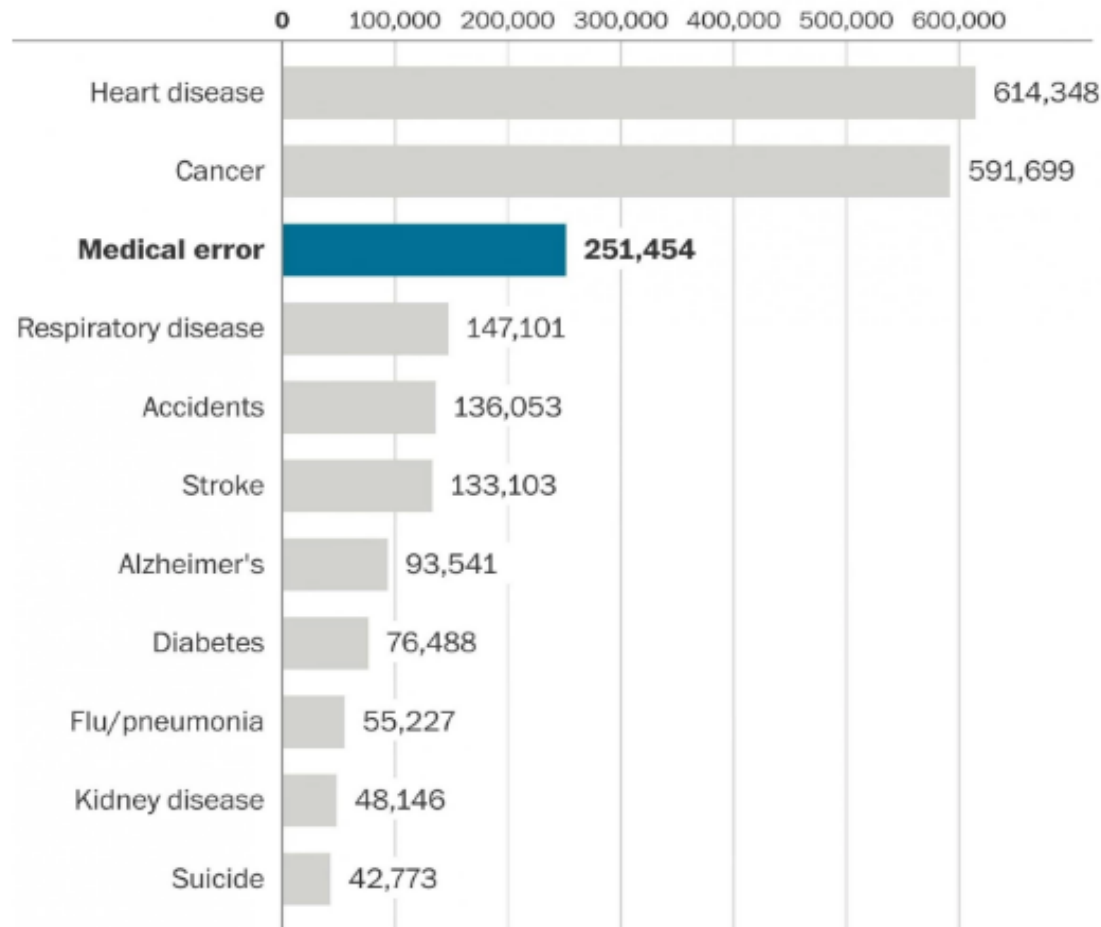
## What drives the vision?

- In 1999, 98,000+ Americans die in hospitals each year as the result of medical errors\*
- 7,000 estimated to die from medication errors alone
- 57,000 die each year without appropriate healthcare
- In Europe, missed healthcare opportunities have a €70 billion cost to European society

**These challenges are shared Worldwide**

## Death in the United States

Johns Hopkins University researchers estimate that medical error is now the third leading cause of death. Here's a ranking by yearly deaths.

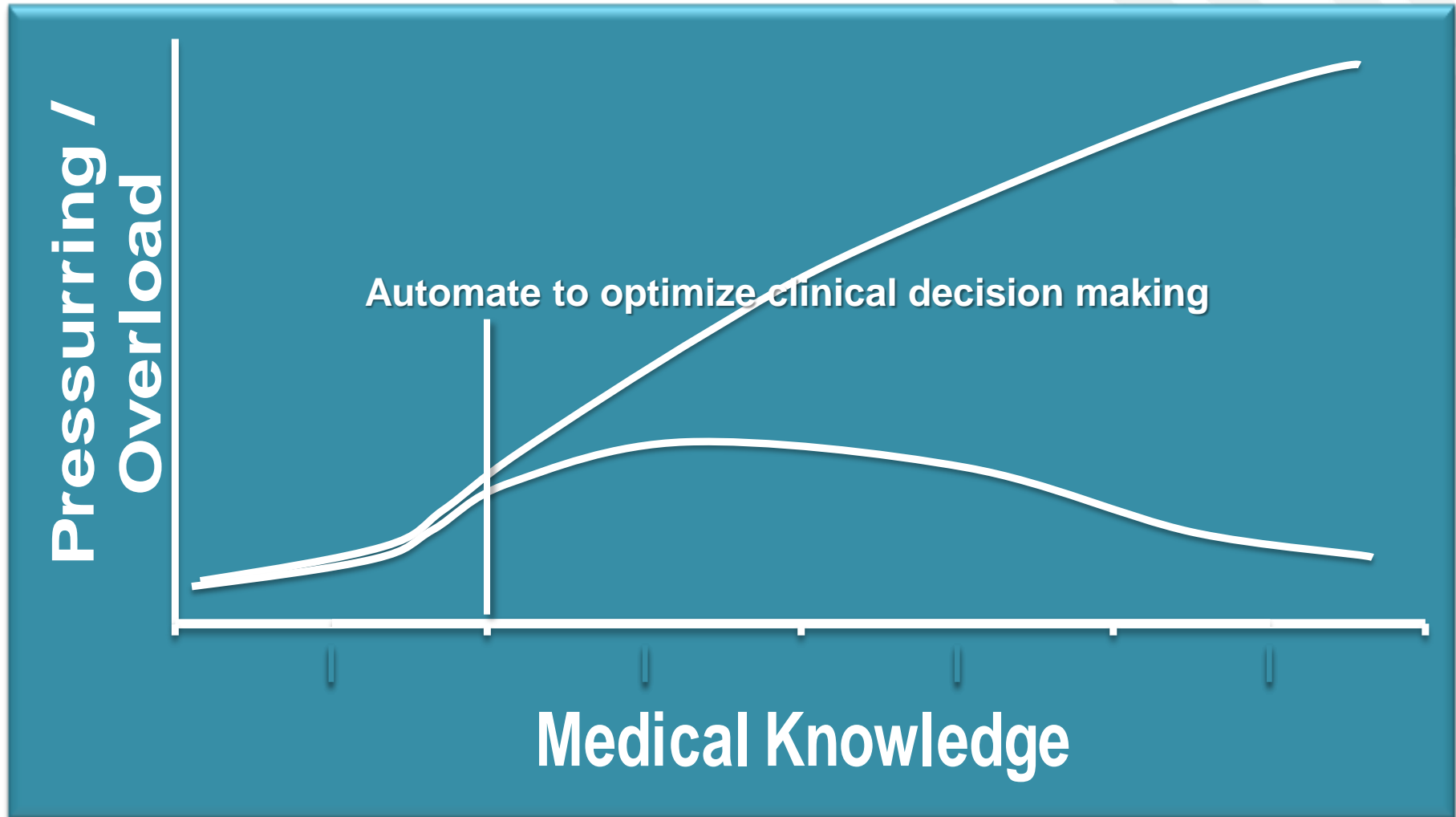


Source: National Center for Health Statistics, BMJ

THE WASHINGTON POST

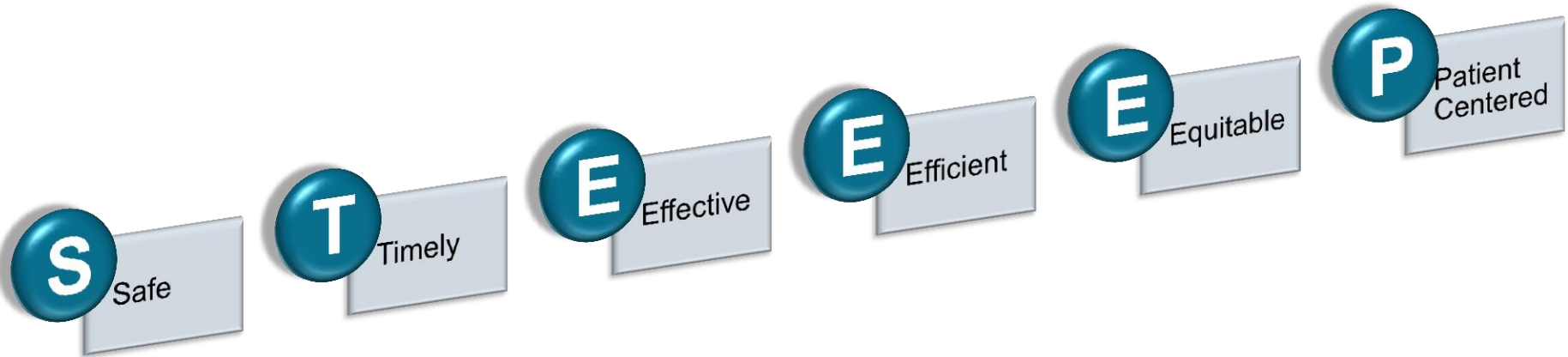
Why?

**Lack of Relevant Information  
at the Point of Care**



# Information technology is a MUST

Using information technology, we can  
help make healthcare ...



## Ultimate Goal

Ensure the **most relevant** information  
is available to the decision maker at the  
**right place** and at the **right time**



## How can we correct this problem?

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In Collaboration with:



## Global HIMSS Analytics EMR Adoption Model<sup>SM</sup>

STAGE	CUMULATIVE CAPABILITIES
Stage 7	Complete EMR, Data Analytics to Improve Care
Stage 6	Physician documentation (templates), full CDSS, Closed loop medication administration
Stage 5	Full R-PACS
Stage 4	CPOE, Clinical Decision Support (clinical protocols)
Stage 3	Clinical documentation, CDSS (error checking)
Stage 2	CDR, Controlled Medical Vocabulary, CDS, HIE capable
Stage 1	Ancillaries - Lab, Rad, Pharmacy - All Installed
Stage 0	All Three Ancillaries Not Installed

**A progressively  
sophisticated  
roadmap ...**

**that enables  
Quality, Safety,  
& Operations  
Efficiencies**

**It will not happen overnight ...**

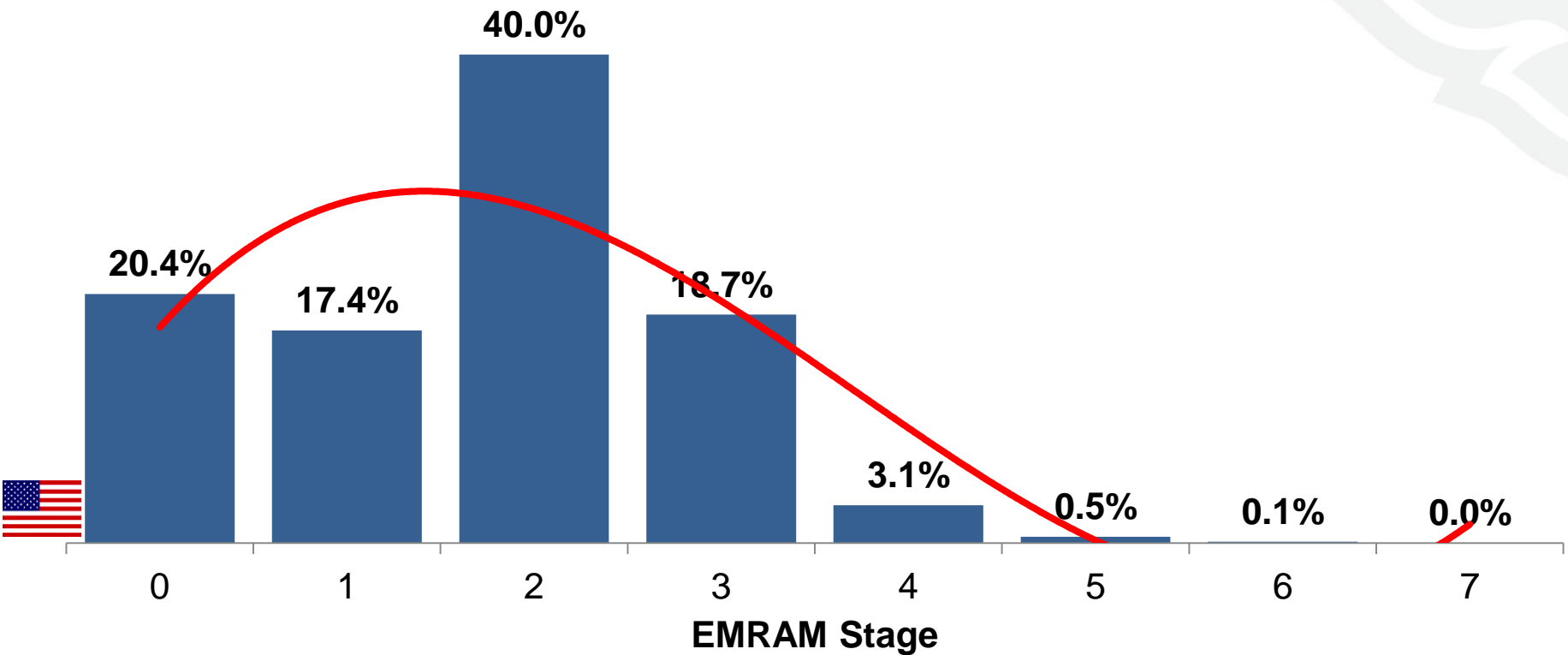
**... it takes time to make “significant”  
national progress**

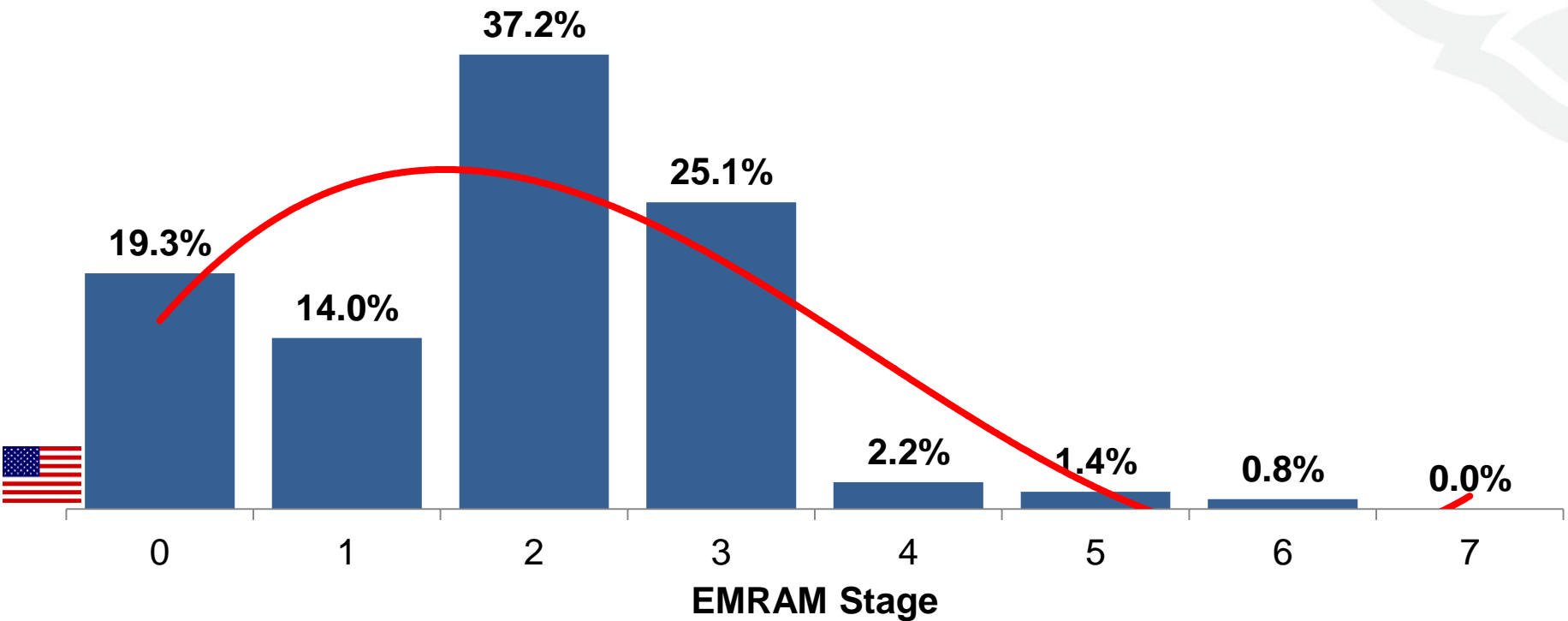
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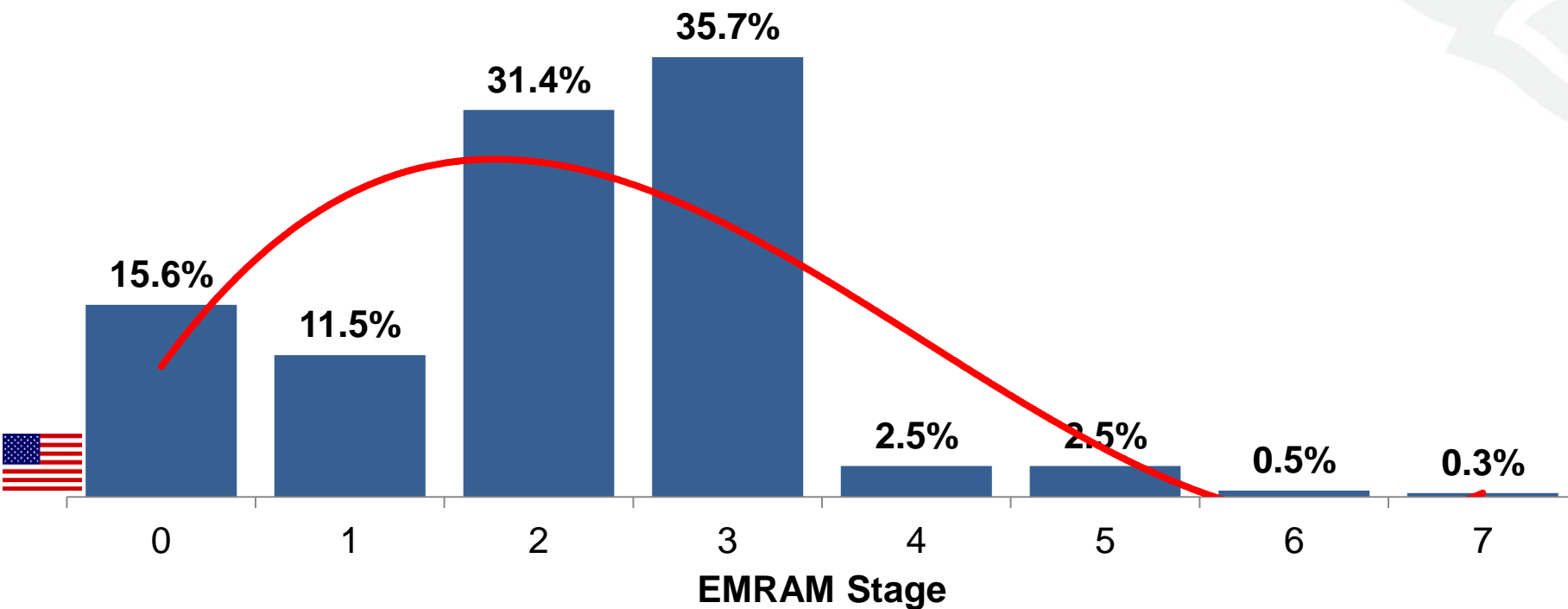


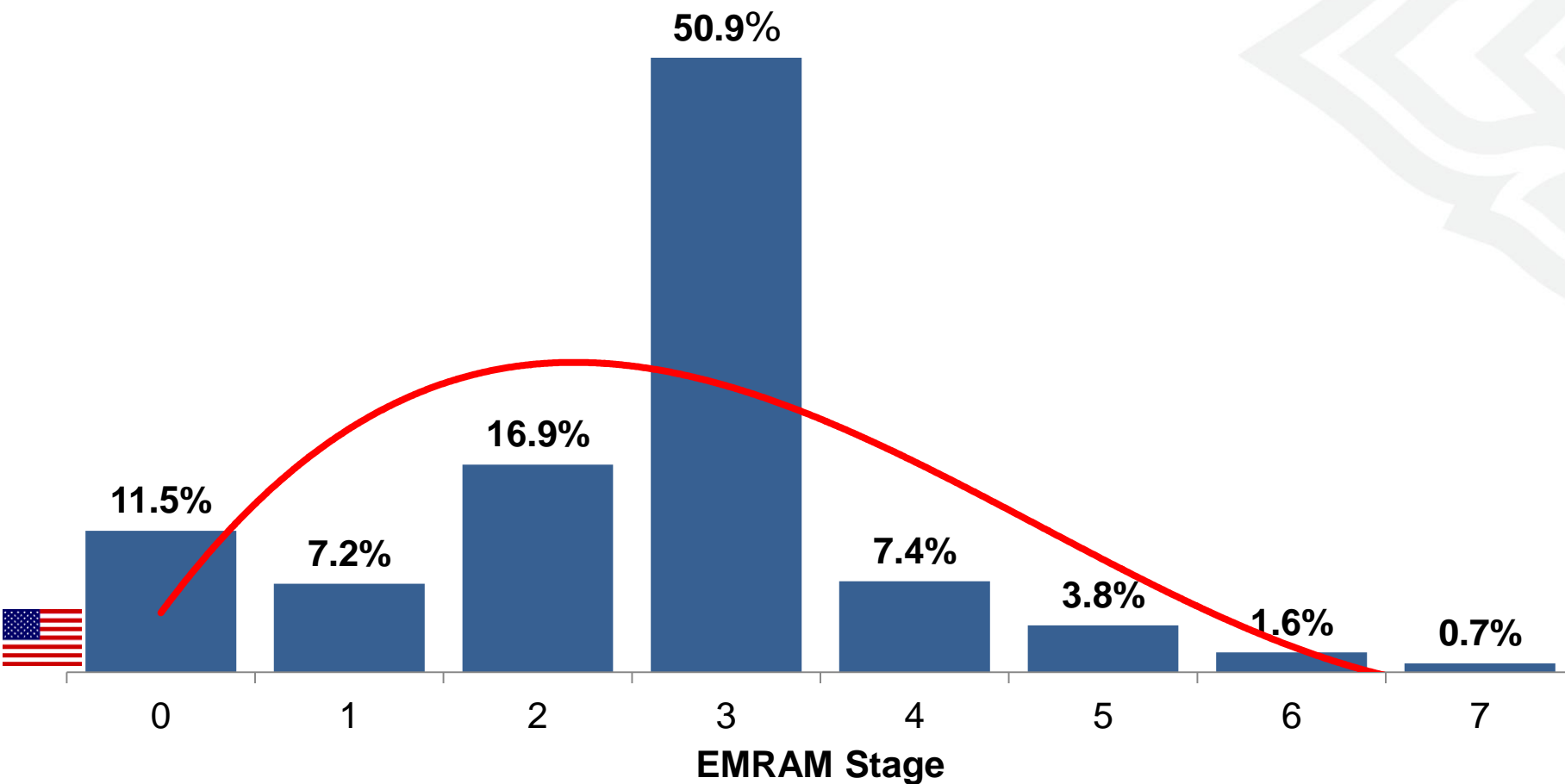
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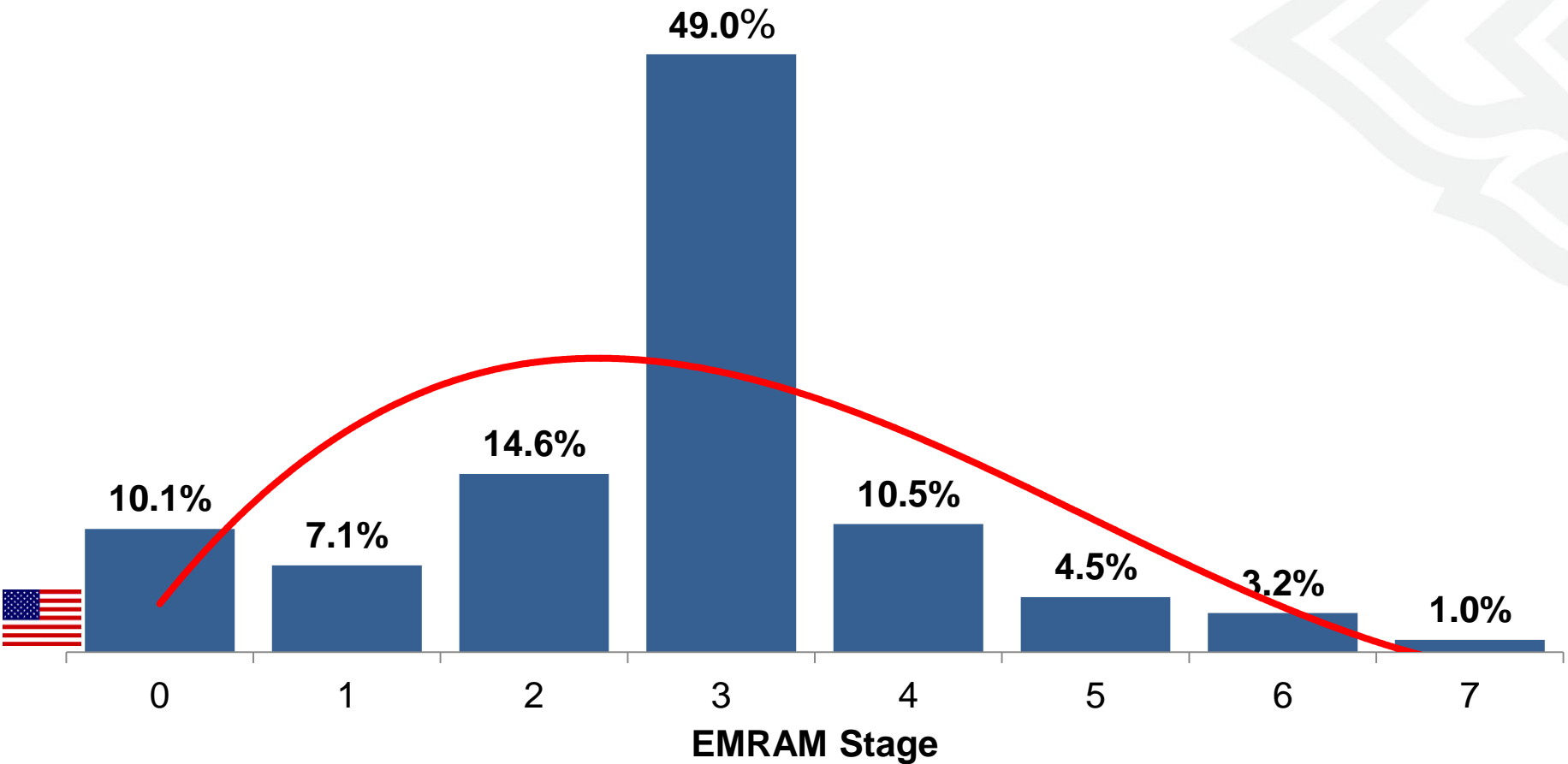




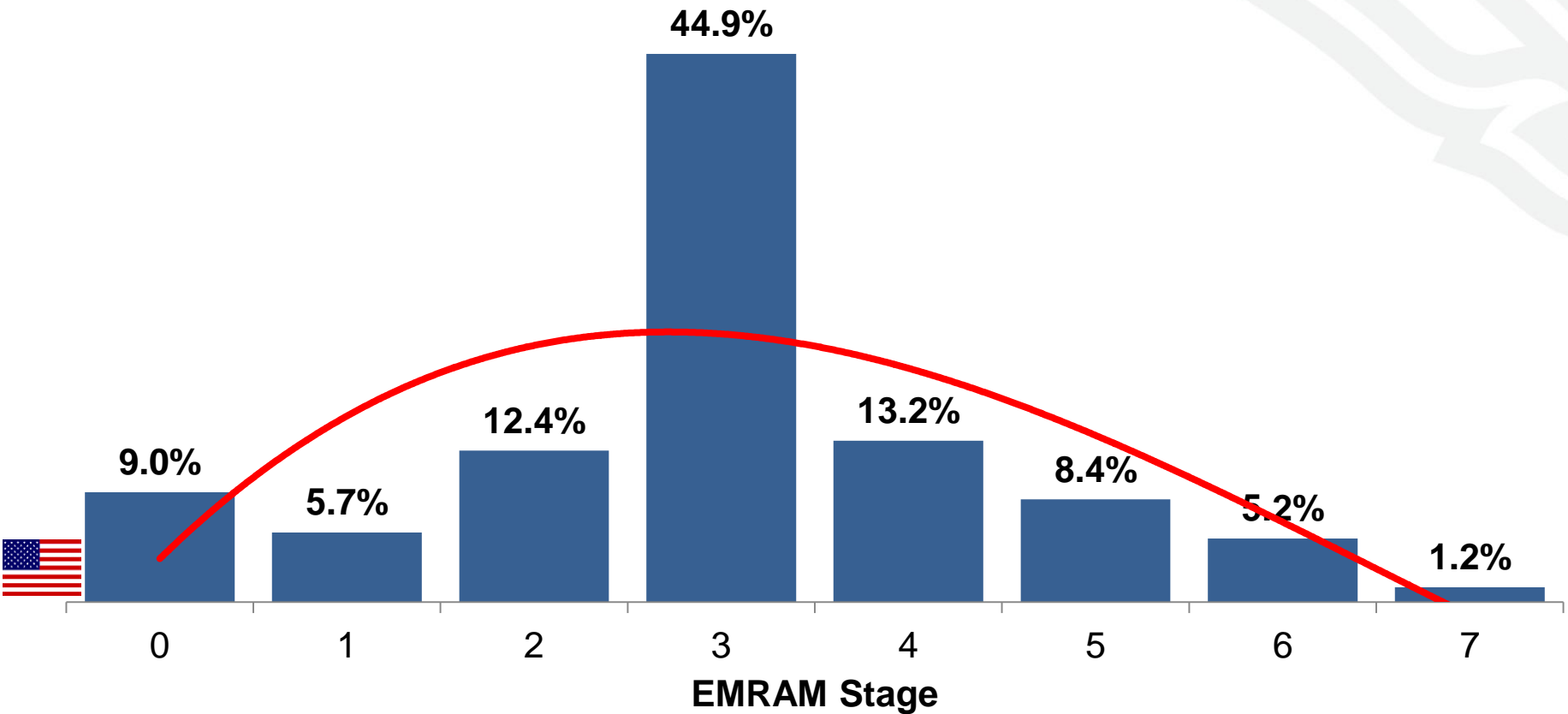


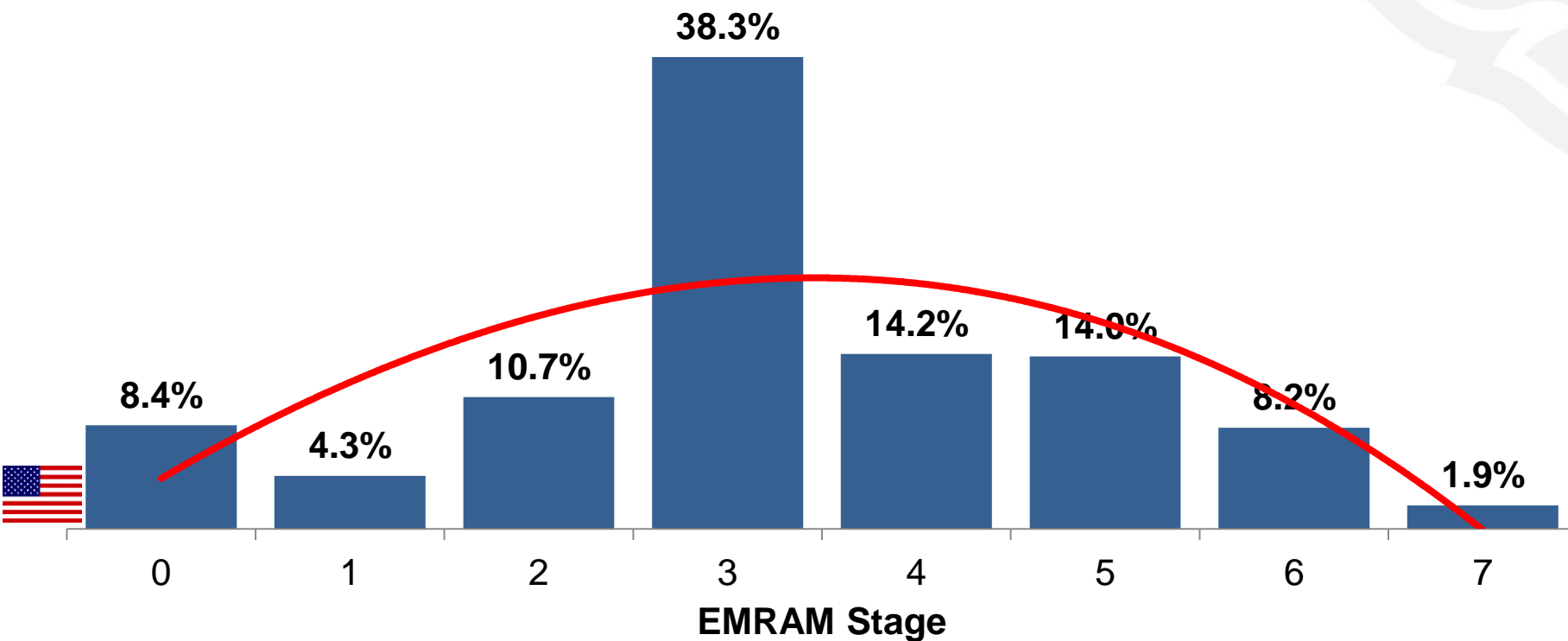


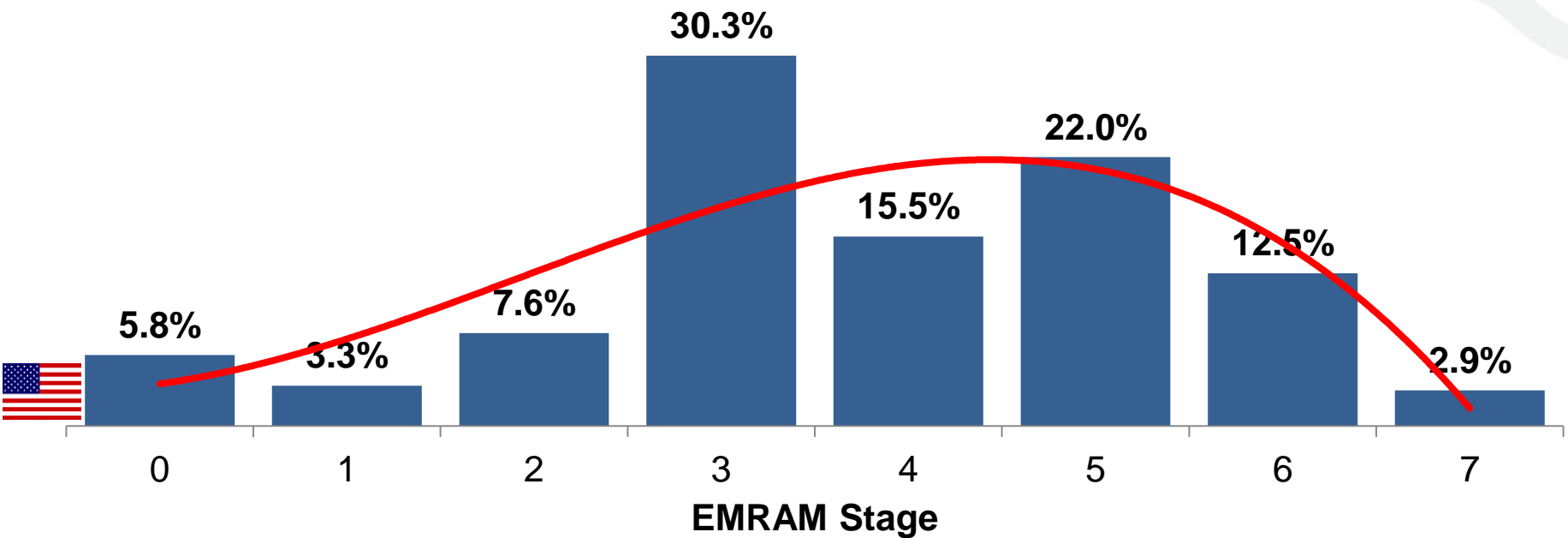


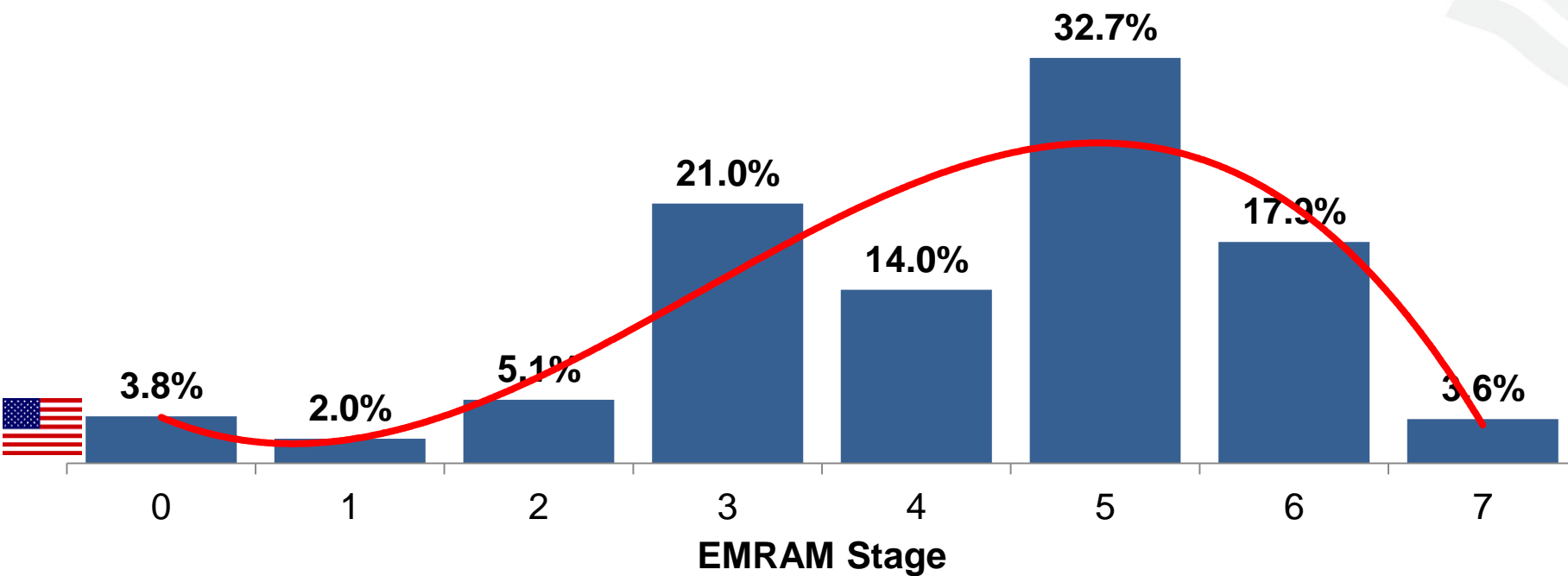


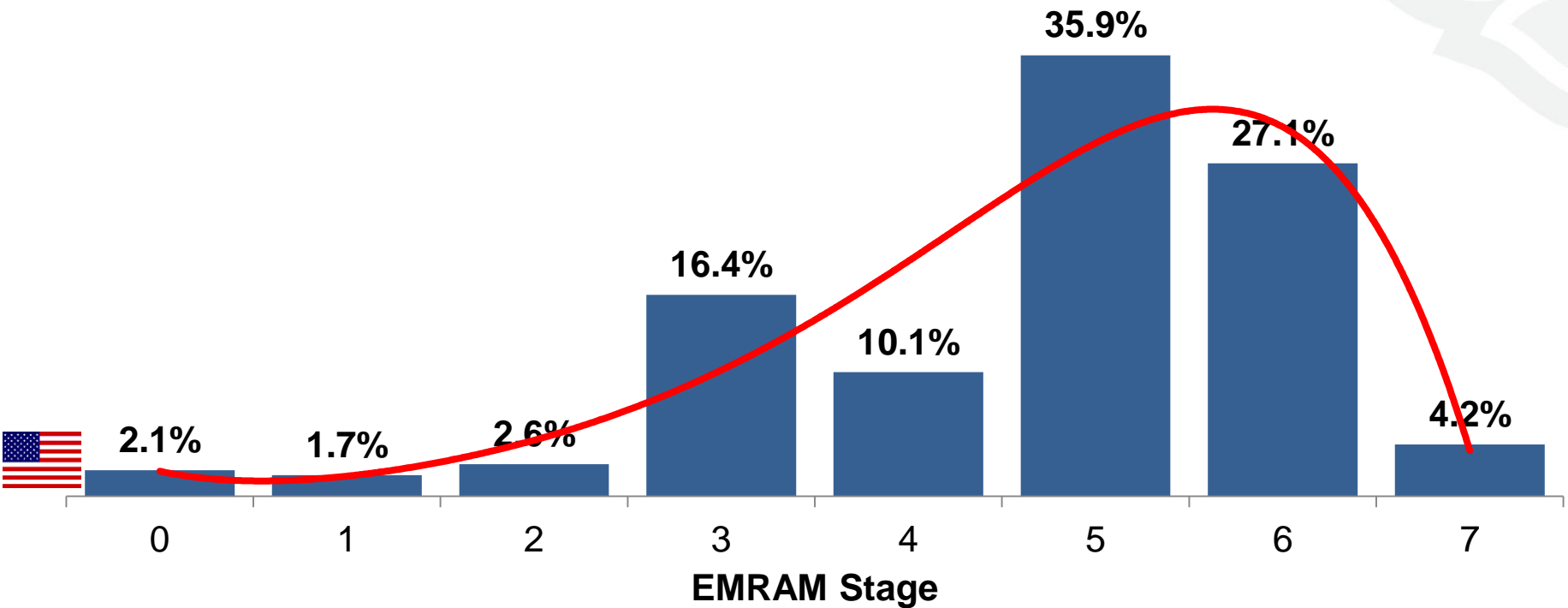












## EMR Adoption Model<sup>SM</sup> (2006-2015) United States

**This is how long it takes to make  
"significant" national progress**

Stage	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
Stage 7	0.0%	0.0%	0.3%	0.7%	1.0%	1.2%	1.9%	2.9%	3.6%	4.2%
Stage 6	0.1%	0.8%	0.5%	1.6%	3.2%	5.2%	8.2%	12.5%	17.9%	27.1%
Stage 5	0.5%	1.4%	2.5%	3.8%	4.5%	8.4%	14.0%	22.0%	32.8%	35.9%
Stage 4	3.1%	2.2%	2.5%	7.4%	10.5%	13.2%	14.2%	15.5%	14.0%	10.1%
Stage 3	18.7%	25.1%	35.7%	50.9%	49.0%	44.9%	38.3%	30.3%	21.0%	16.4%
Stage 2	40.0%	37.2%	31.4%	16.9%	14.6%	12.4%	10.7%	7.6%	5.1%	2.6%
Stage 1	17.4%	14.0%	11.5%	7.2%	7.1%	5.7%	4.3%	3.3%	2.0%	1.7%
Stage 0	20.4%	19.3%	15.6%	11.5%	10.1%	9.0%	8.4%	5.8%	3.7%	2.1%

N = 4,237

N = 5,073

N = 5,166

N = 5,281

N = 5,337

N = 5,458

N = 5,458

N = 5,449

N = 5,467

N = 5,460

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## Cross Regional EMRAM Score Distribution# (2015)

Stage	Asia Pacific	Middle East	United States	Canada	Europe
Stage 7	0.5%	0.0%	4.2%	0.2%	0.1%
Stage 6	3.9%	11.3%	27.1%	0.9%	4.6%
Stage 5	7.4%	21.1%	35.9%	3.4%	17.5%
Stage 4	1.7%	3.5%	10.1%	1.6%	5.5%
Stage 3	0.6%	19.0%	16.4%	31.2%	3.2%
Stage 2	32.7%	19.0%	2.6%	31.5%	30.2%
Stage 1	4.9%	9.9%	1.7%	13.9%	14.2%
Stage 0	48.2%	16.2%	2.1%	17.3%	24.1%

N = 770

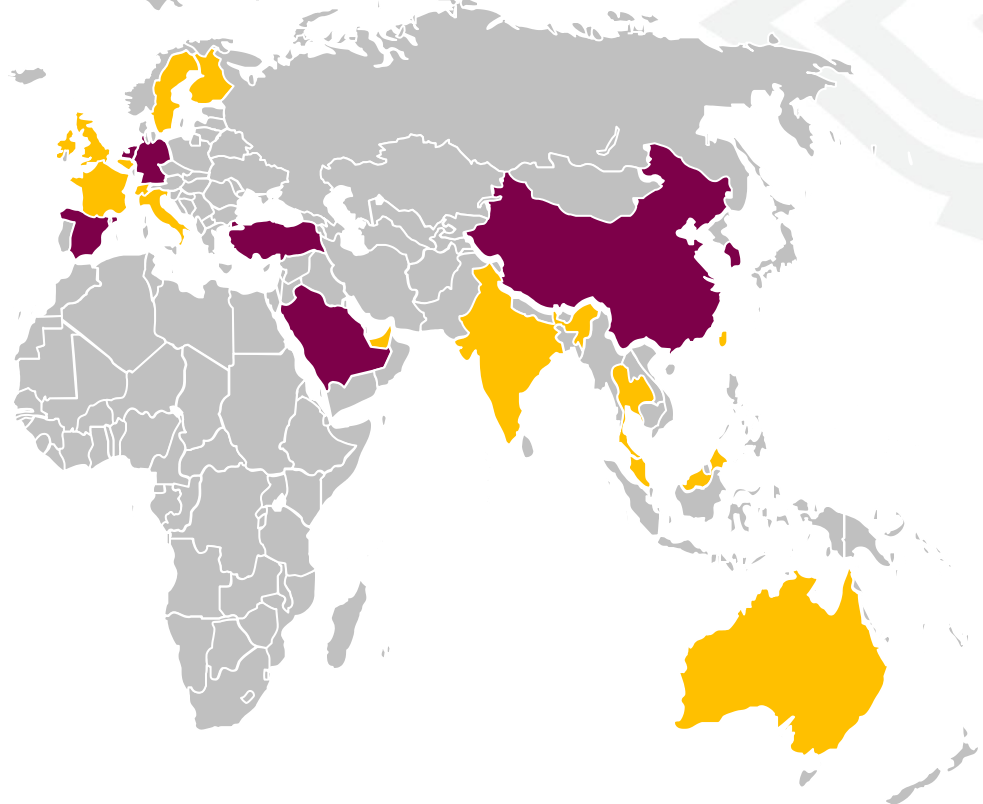
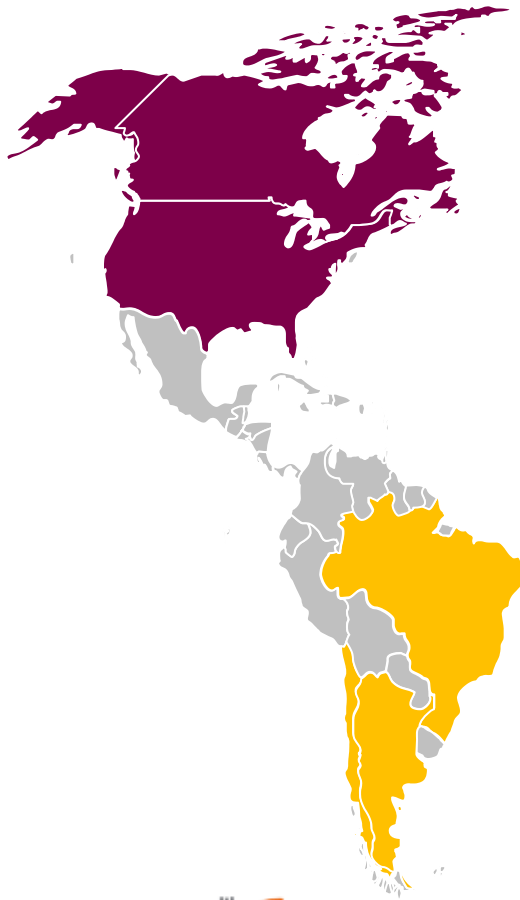
N = 142

N = 5,460

N = 641

N = 2,395

Canada, China, Germany, South Korea, Spain, Saudi Arabia, The Netherlands, Turkey, USA





## Benefits realization from IT

**HIMSS Analytics Database® correlation studies with other  
comprehensive data sources.**

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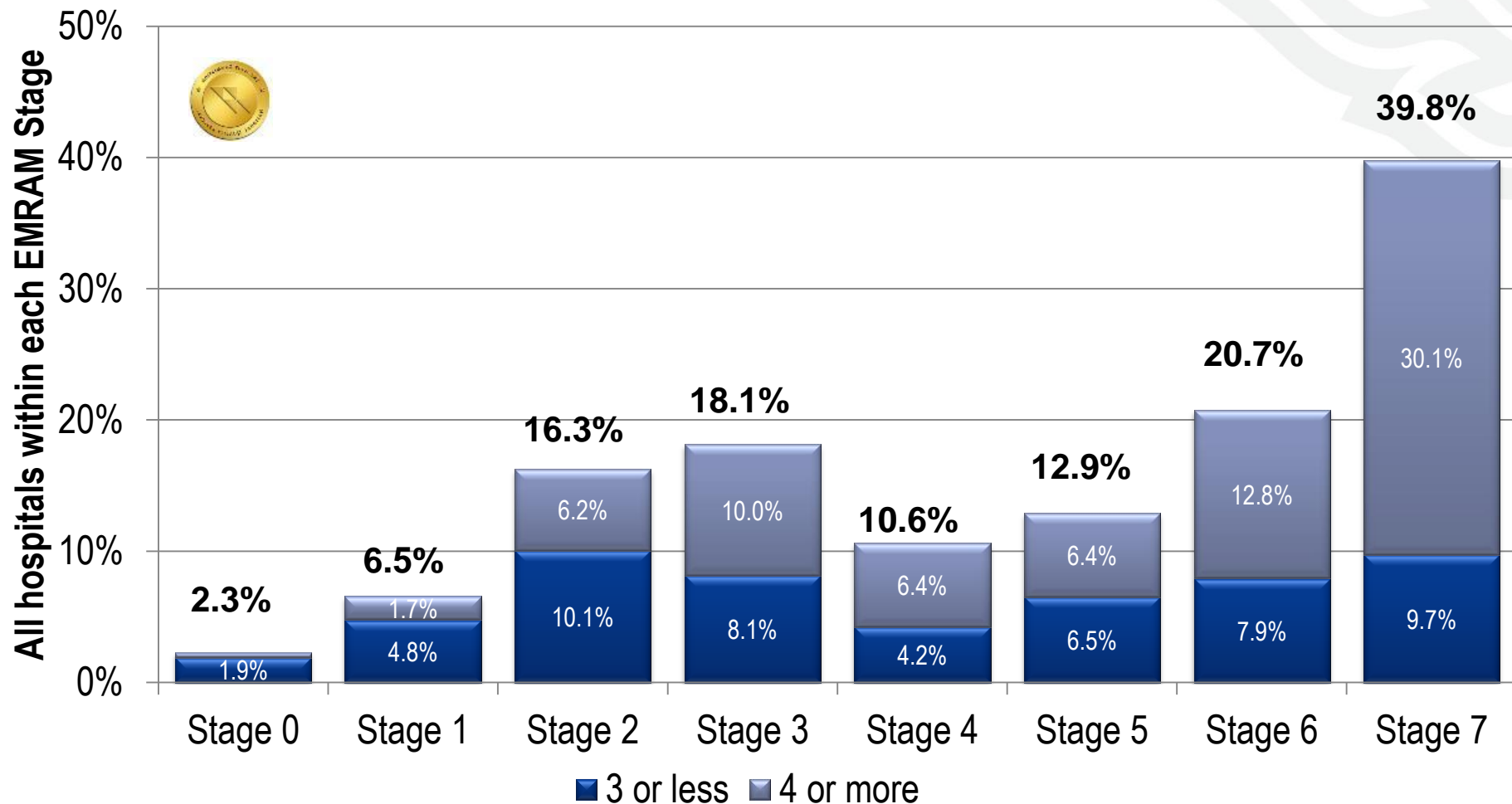
In Collaboration with:



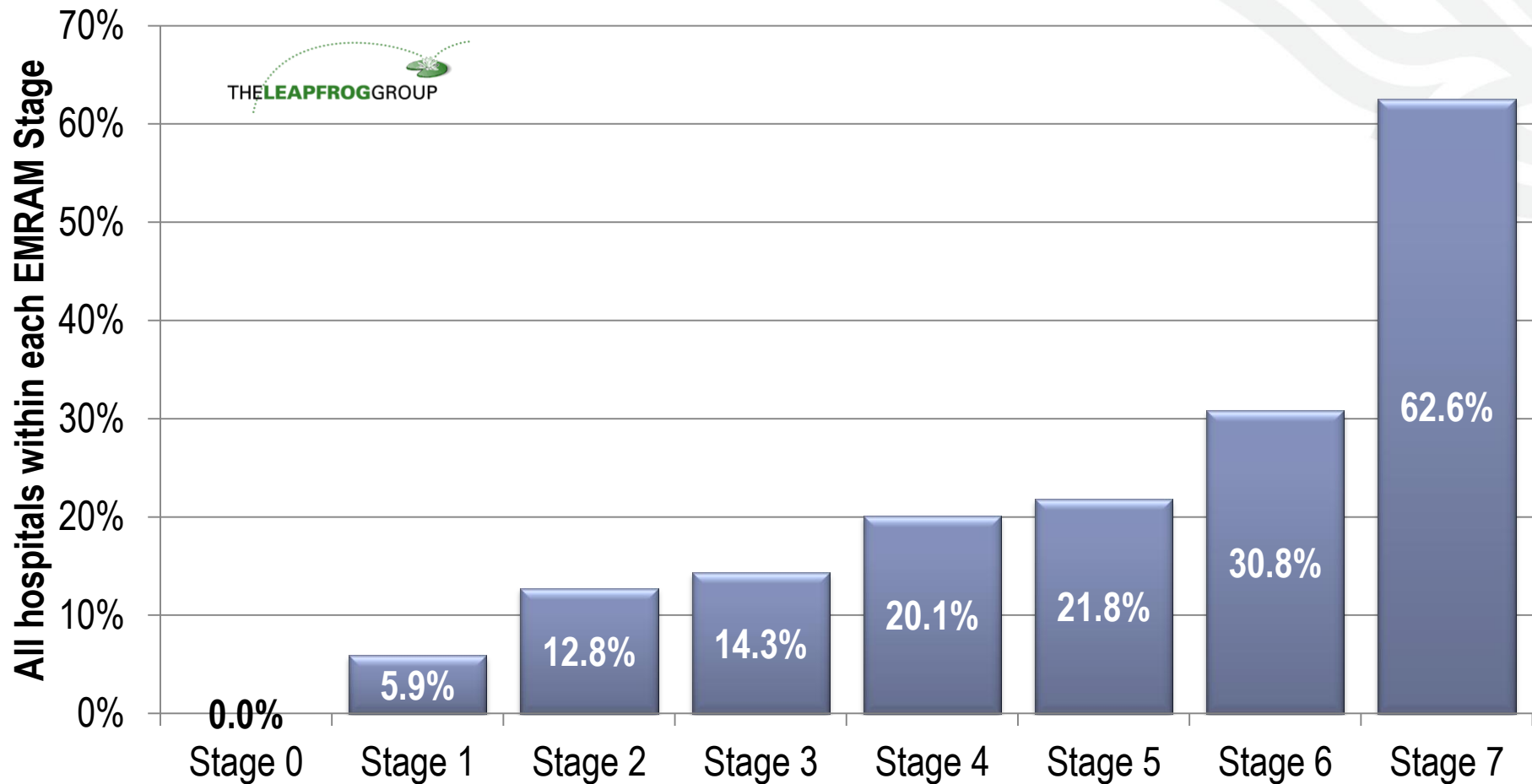
## Profile of a Stage 7 Organization

- **Use data to drive improved outcomes related to ...**
  - Process, Financial, Clinical, Quality & Safety
- **Are paperless, or near paperless (create no paper)**
  - All clinically relevant data is in the EMR
- **Are fully committed to continuous process improvement through collaboration**
  - Strong IT leadership and executive champions
  - Clinician / end-user champions

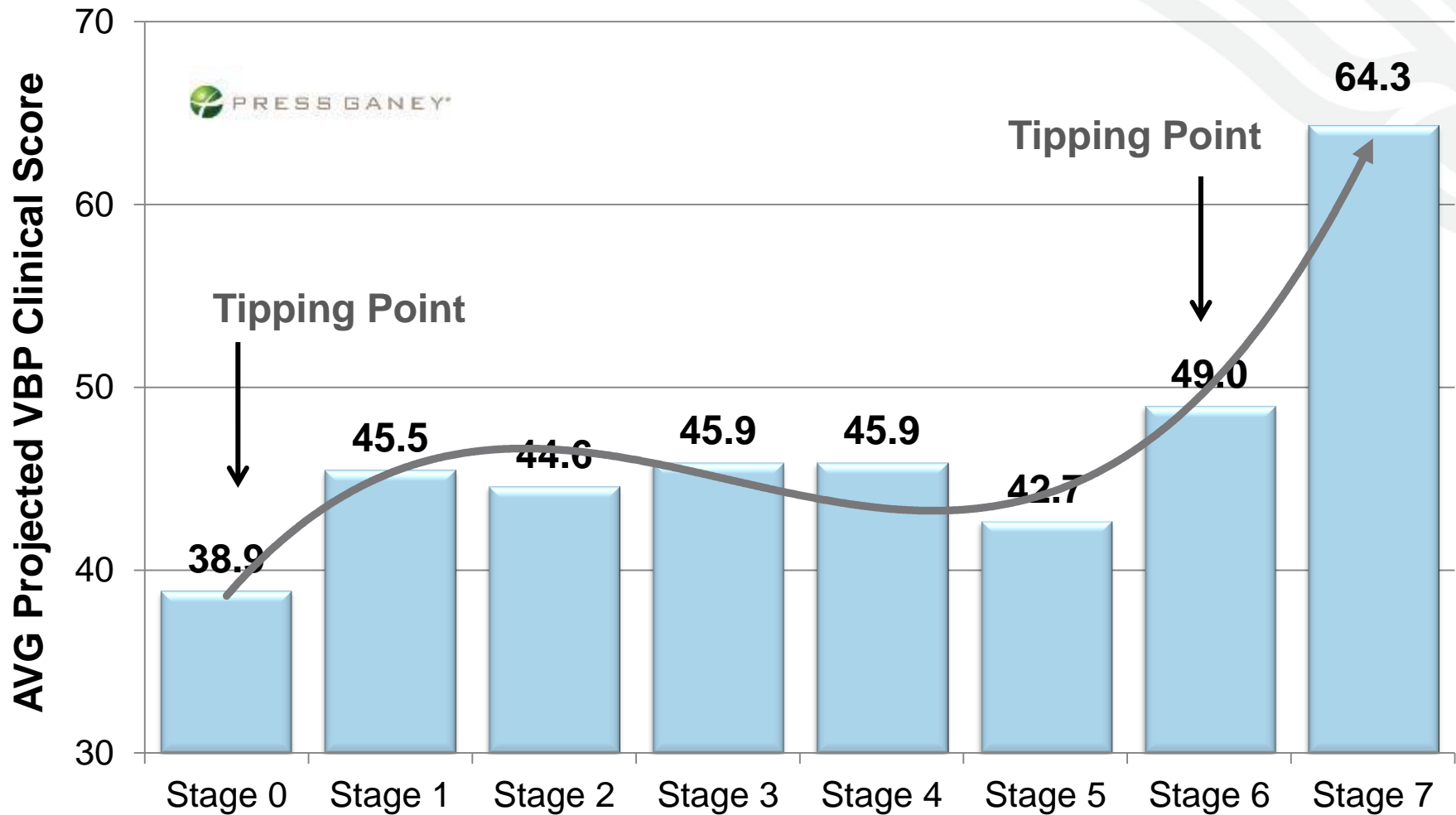
## Top Performing Hospitals By Number of Quality Metrics Excelling In By EMRAM Stage



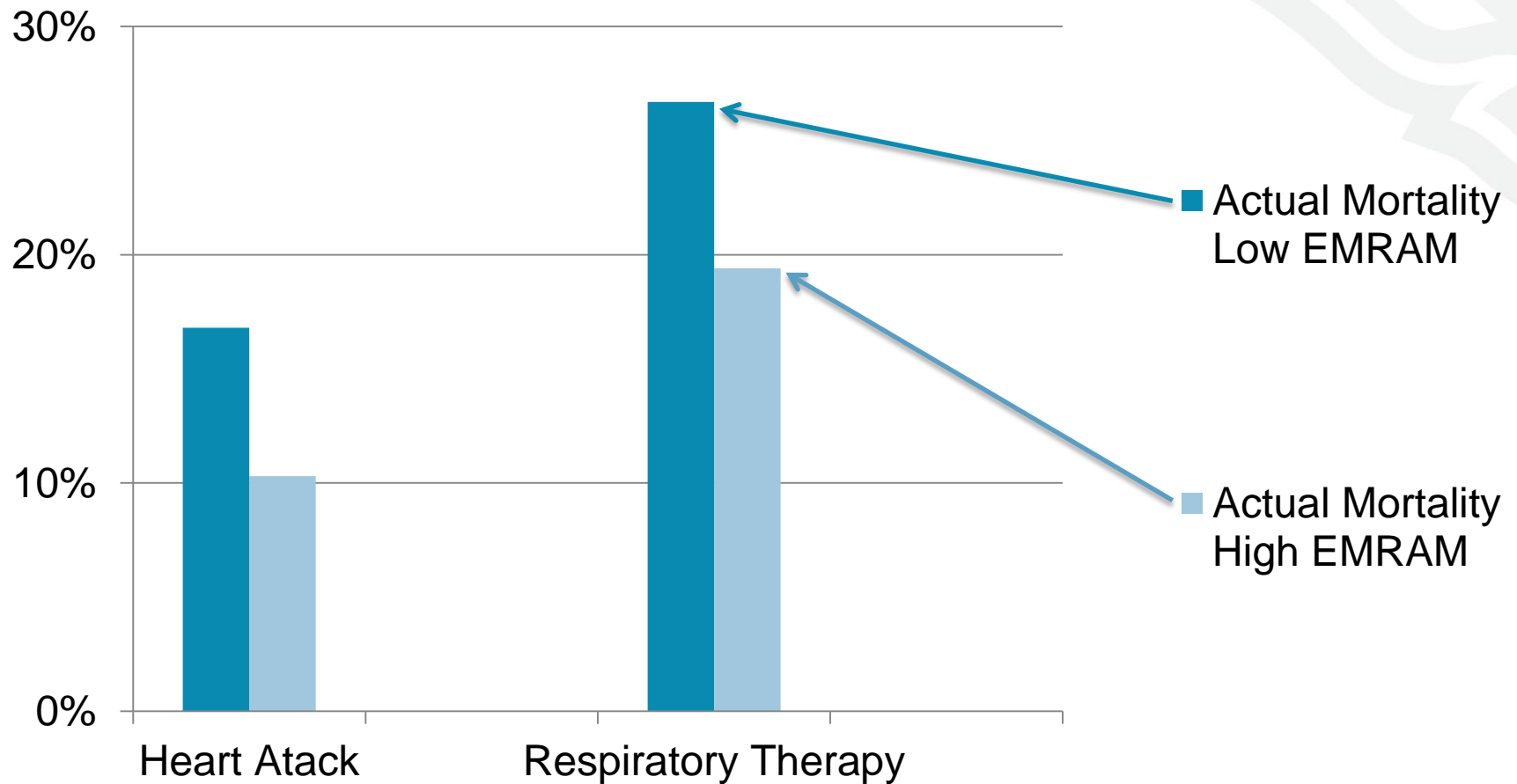
## Hospitals with an "A" Leapfrog Hospital Safety Grade By EMRAM Stage



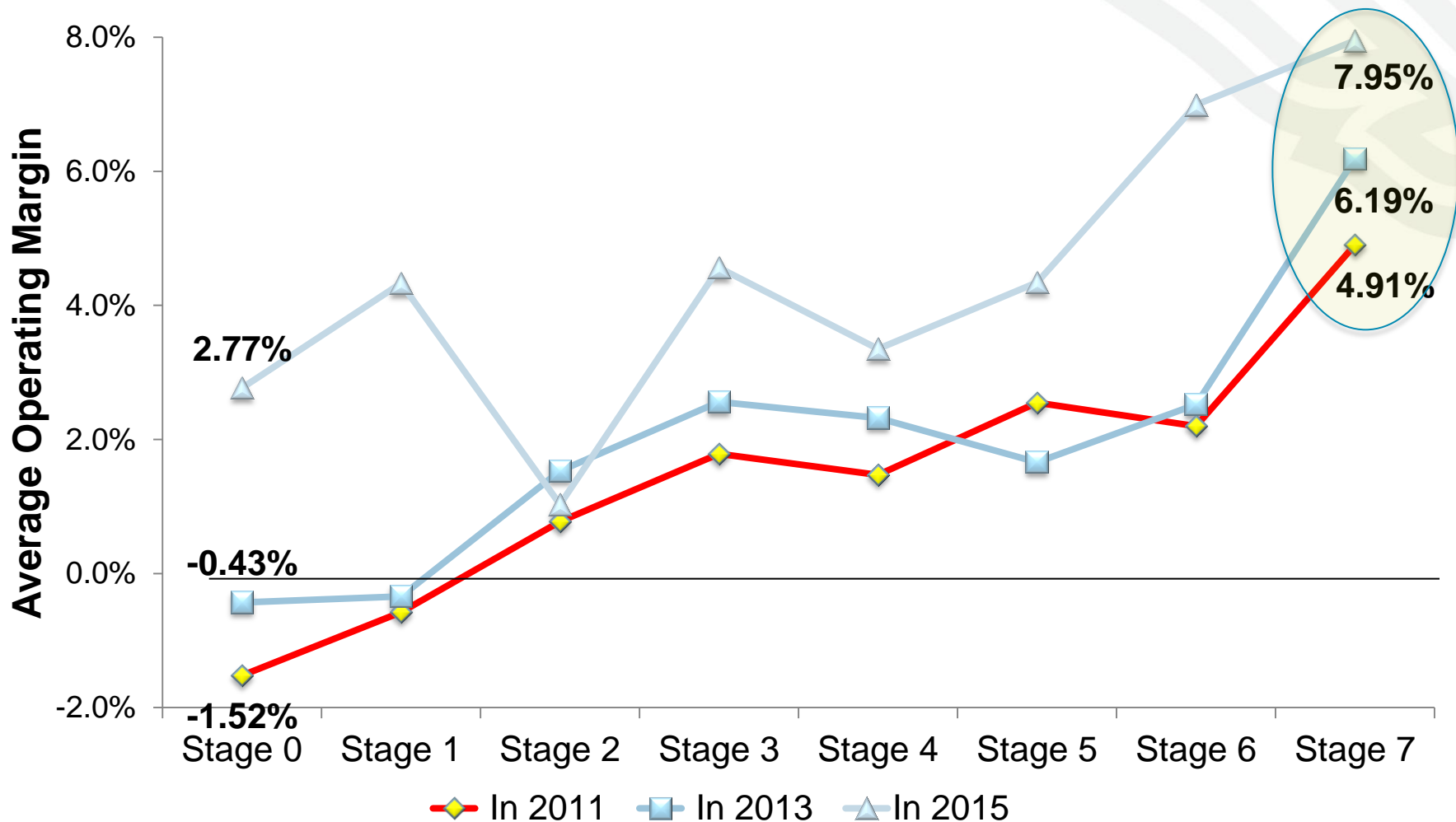
## Clinical Performance Scores



## Mortality Rates



## Financial Performance (Profitability)



## Stage 7 Case Studies

**Actual case studies from validated Stage 7 hospitals**

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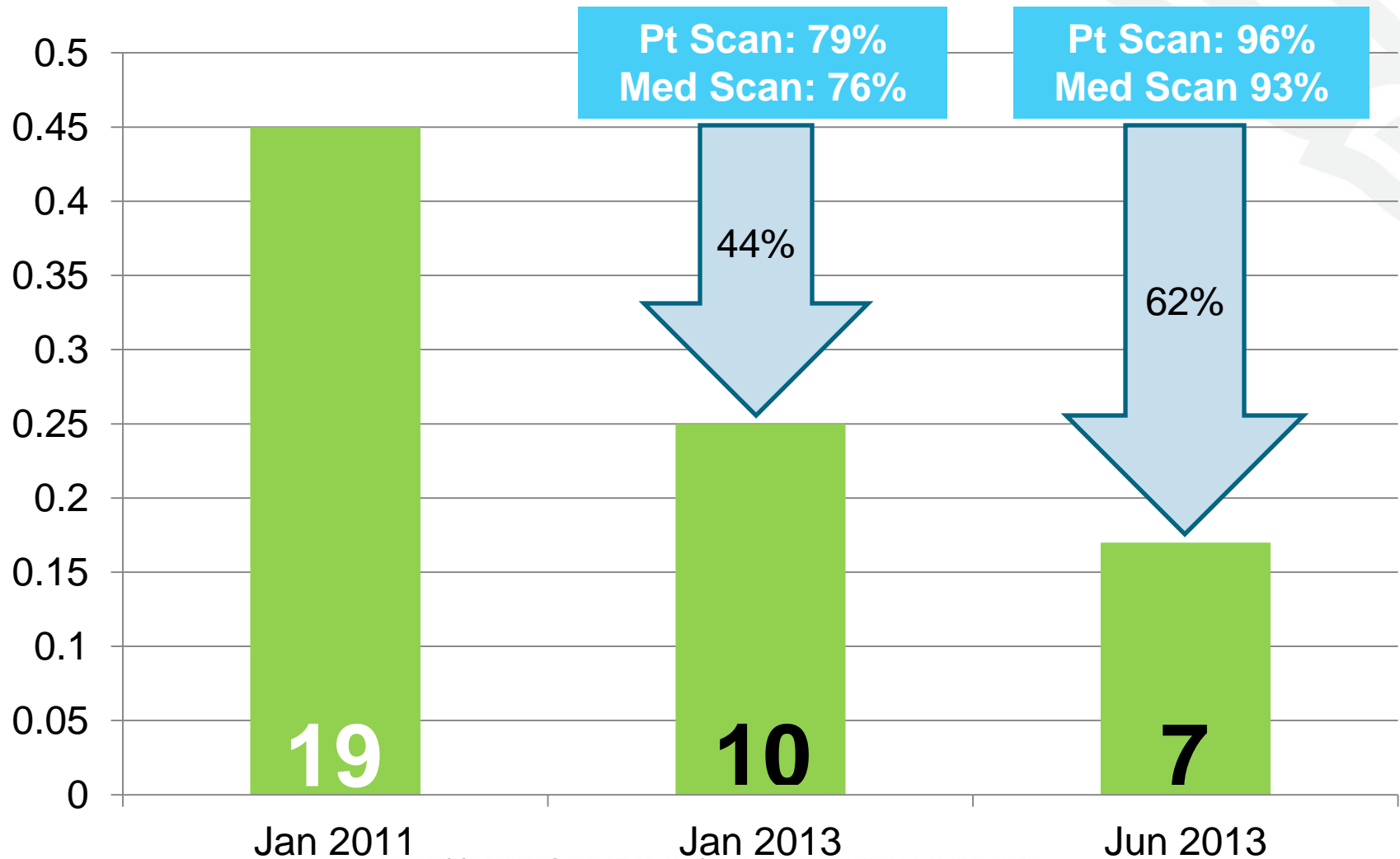


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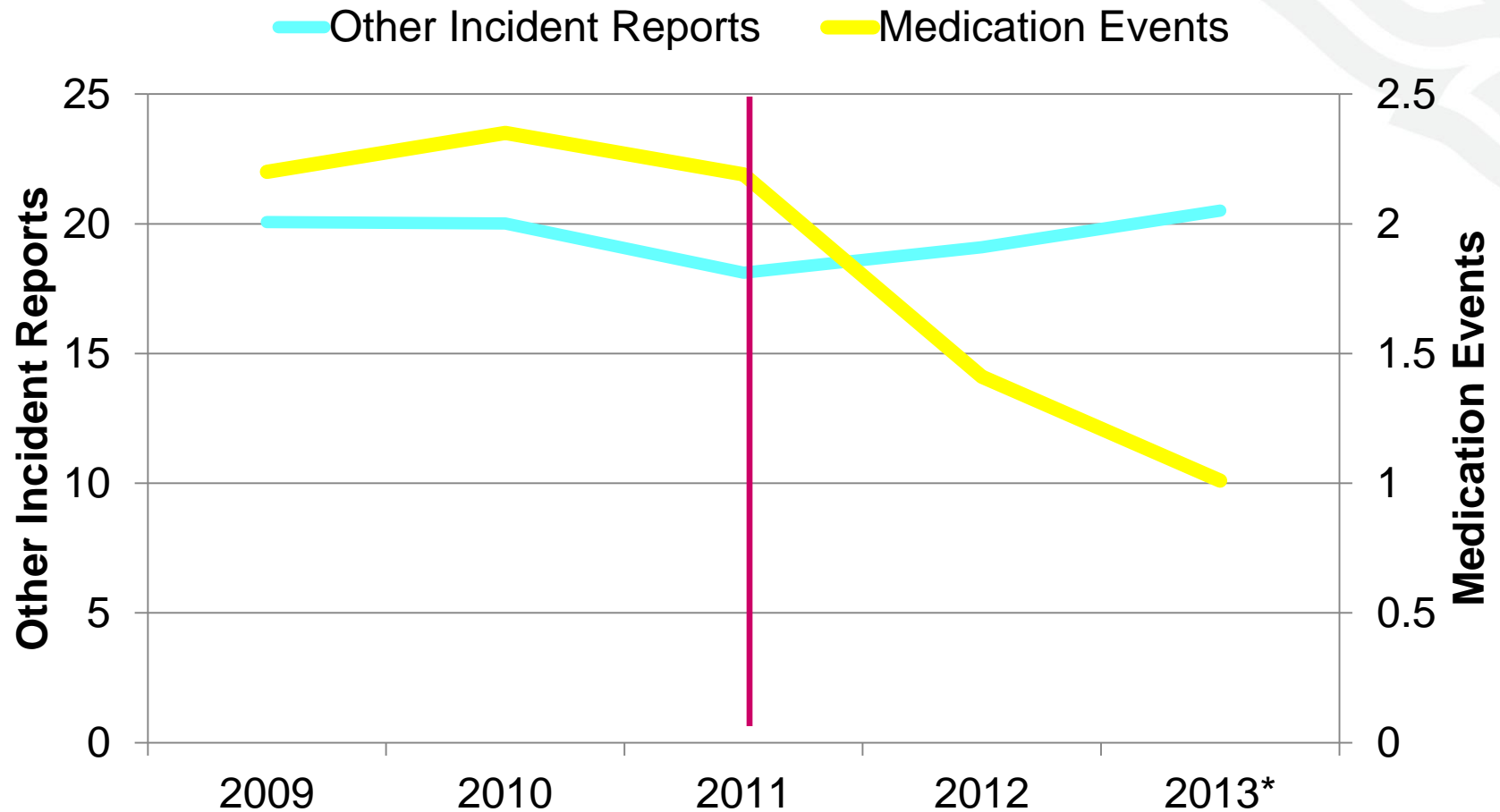




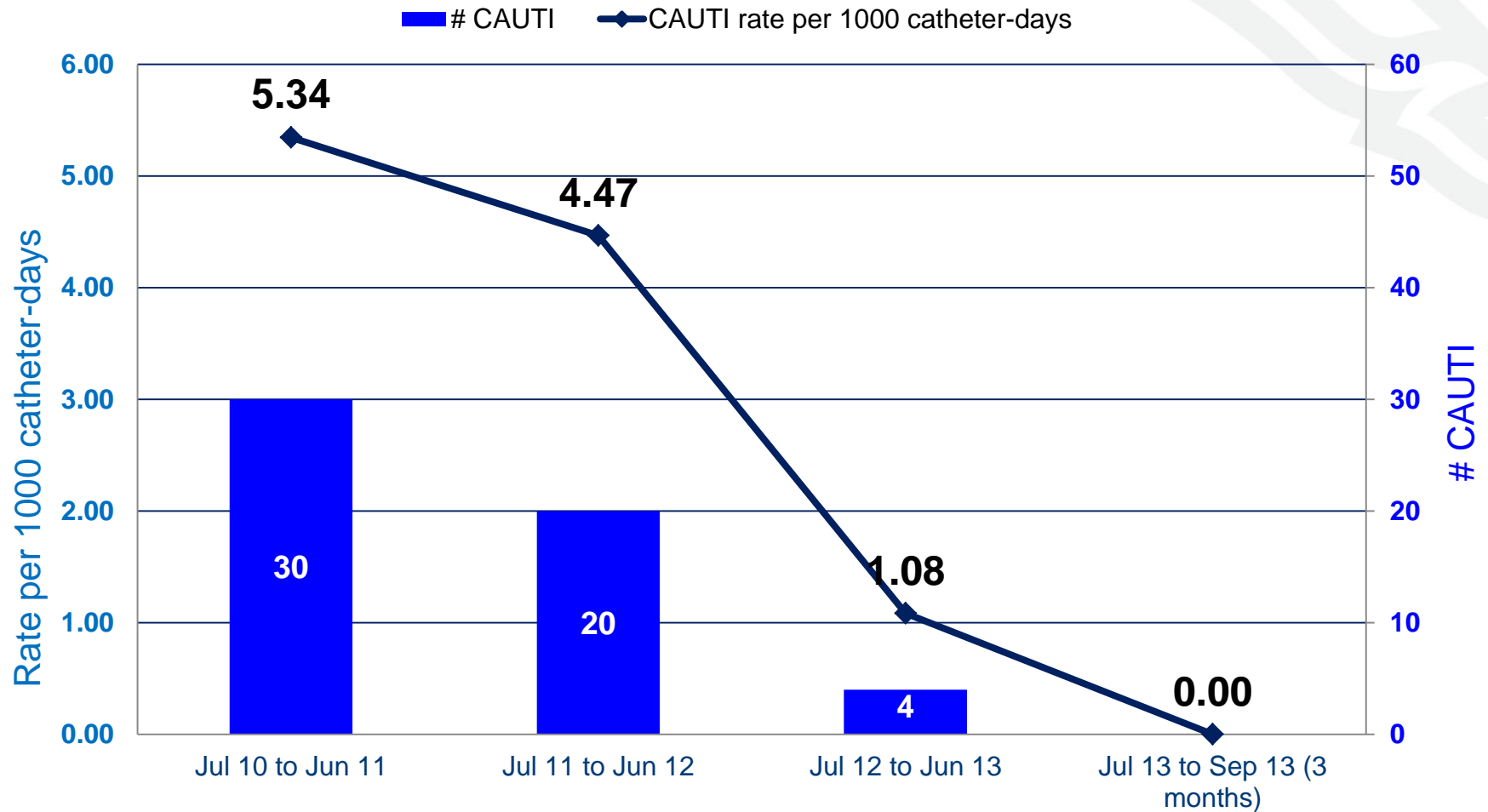
## Medication Administration Errors per 1000 CMI-Adjusted Pt Days



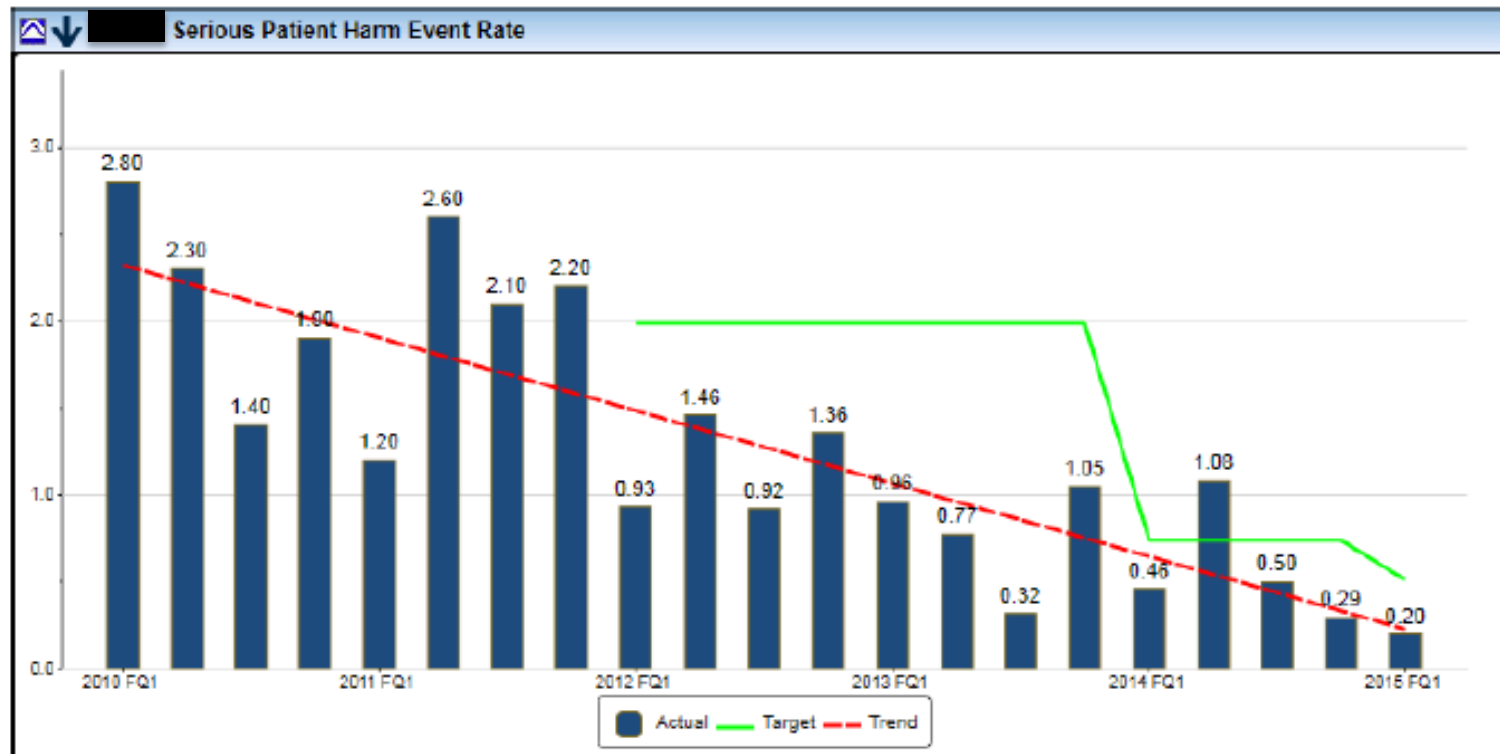
## Annual Incident Reports 2009 – 2013\* per 1000 CMI-Adjusted Pt Days



## **Catheter-Associated Urinary Tract Infection (CAUTI)** rate per 1000 catheter-days

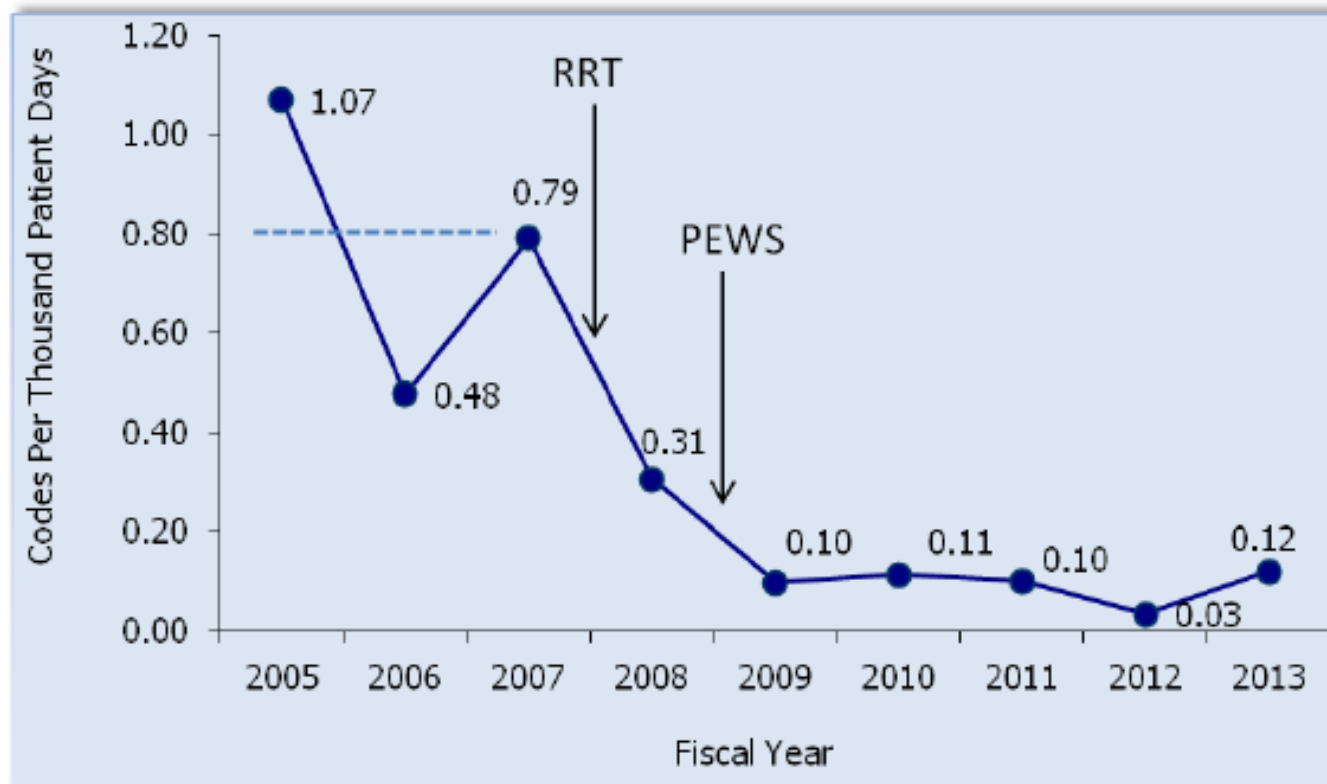


# Serious Harm Rate, FY10–present



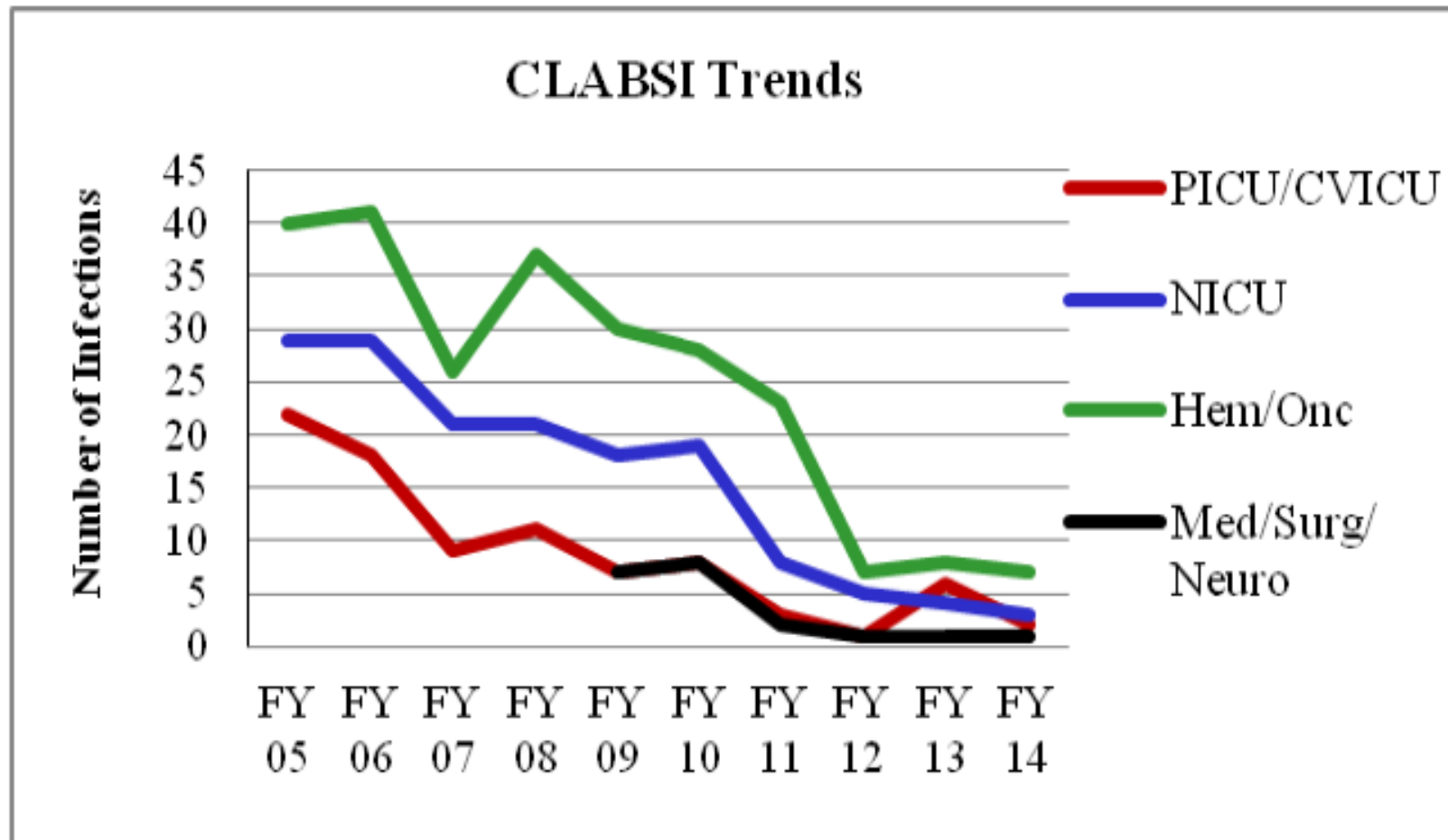
Events per 1000 patient days (lower is better)

# Non-ICU Code Rate, FY05–present



## Central Line-associated bloodstream infection (CLABSI)

# CLABSI Occurrence, FY05–present

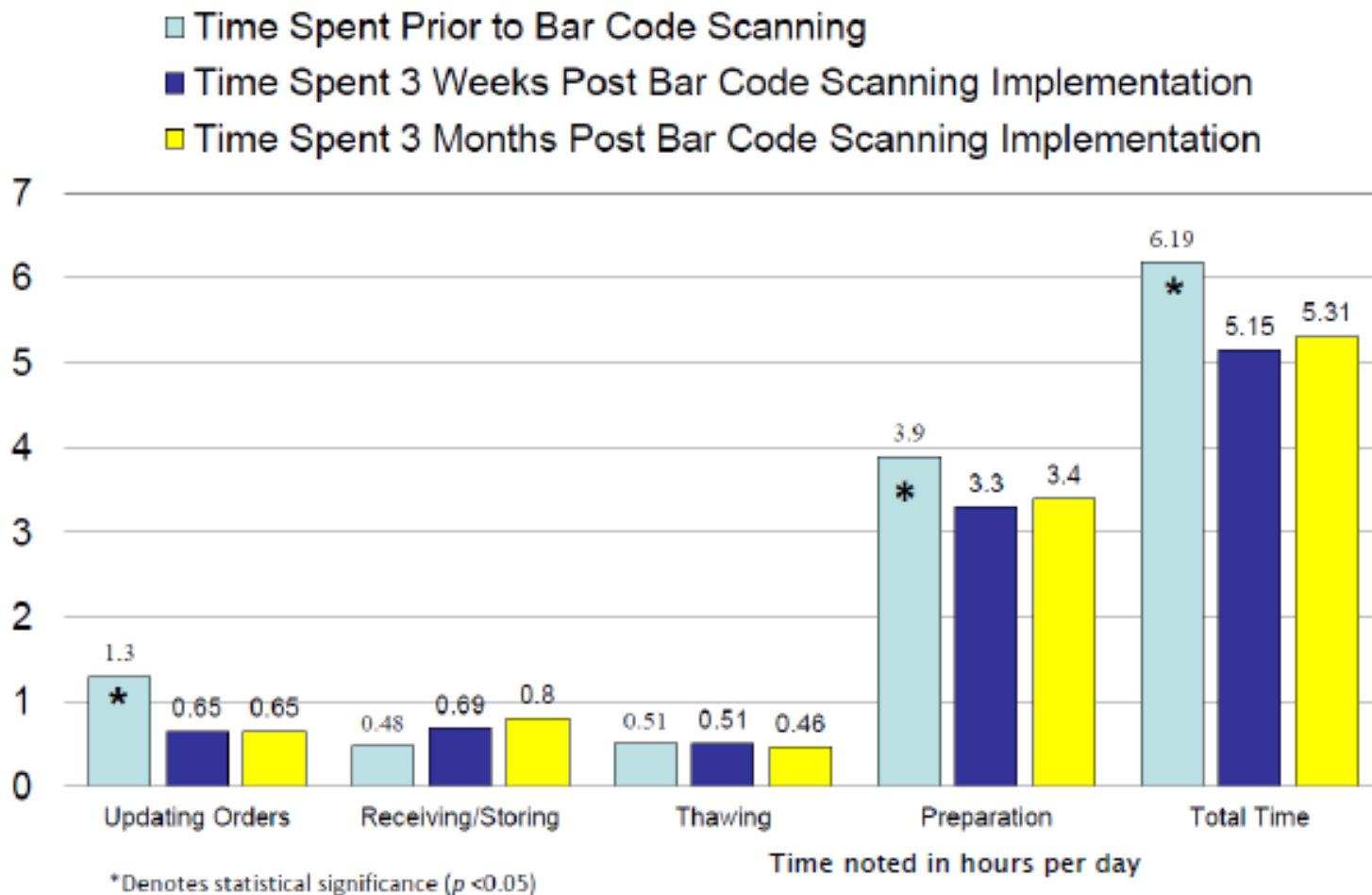


## Human (breast) milk administration through CLMA process

# Outcomes

	Wrong Milk	Labeling Errors	Storage Errors	Administered Exp Breastmilk
<b><i>Prior to Process Change</i></b> •May 2010–Dec 2012 •Bedside Prep •Manual Double Check	3	16	26	0
<b><i>PI Phase I</i></b> •Jan 9–Nov 11, 2013 •Centralized Prep •Manual Double Check	0	4	3	0
<b><i>PI Phase II</i></b> •Nov 12, 2013–Nov 12, 2014 •Centralized Prep •Bar Code Scanning	0 (110 near misses)	1	4	0 (193 near misses)

# Breast Milk Bar Code Scanning Results in Time Savings and Staff Efficiency

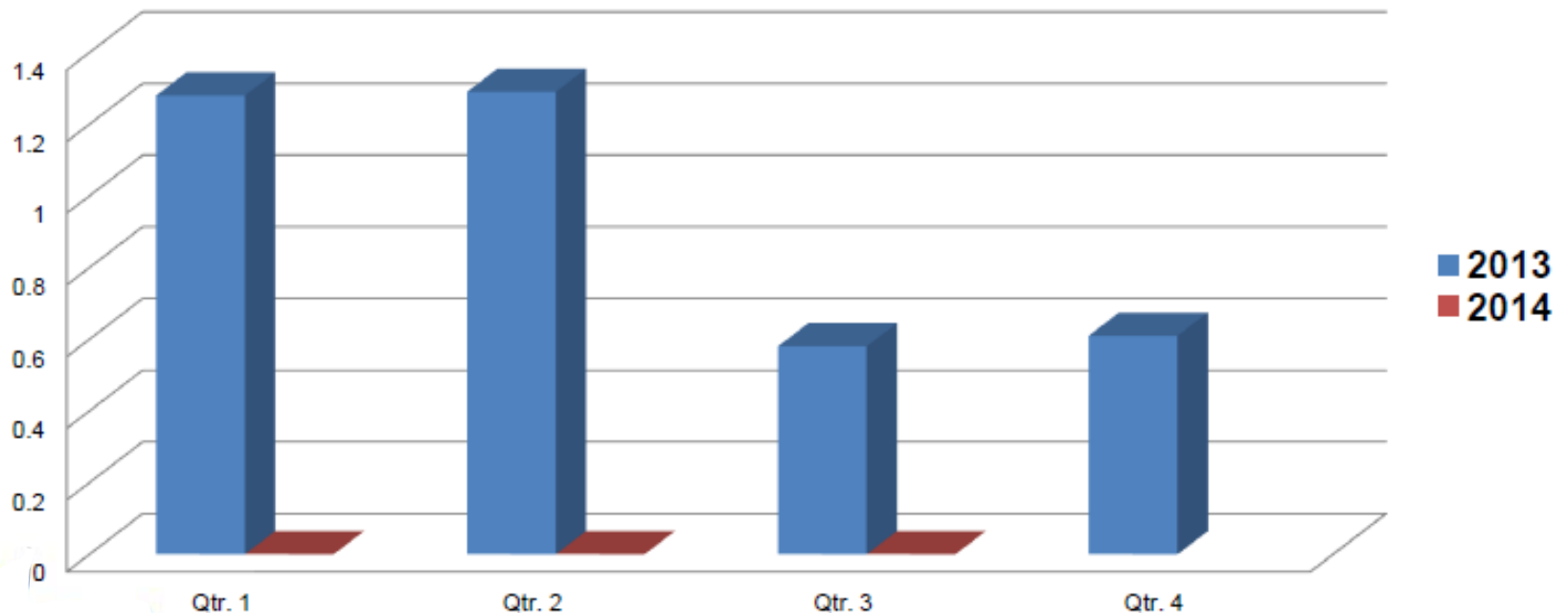




# Reducing Catheter Associated Urinary Tract Infections

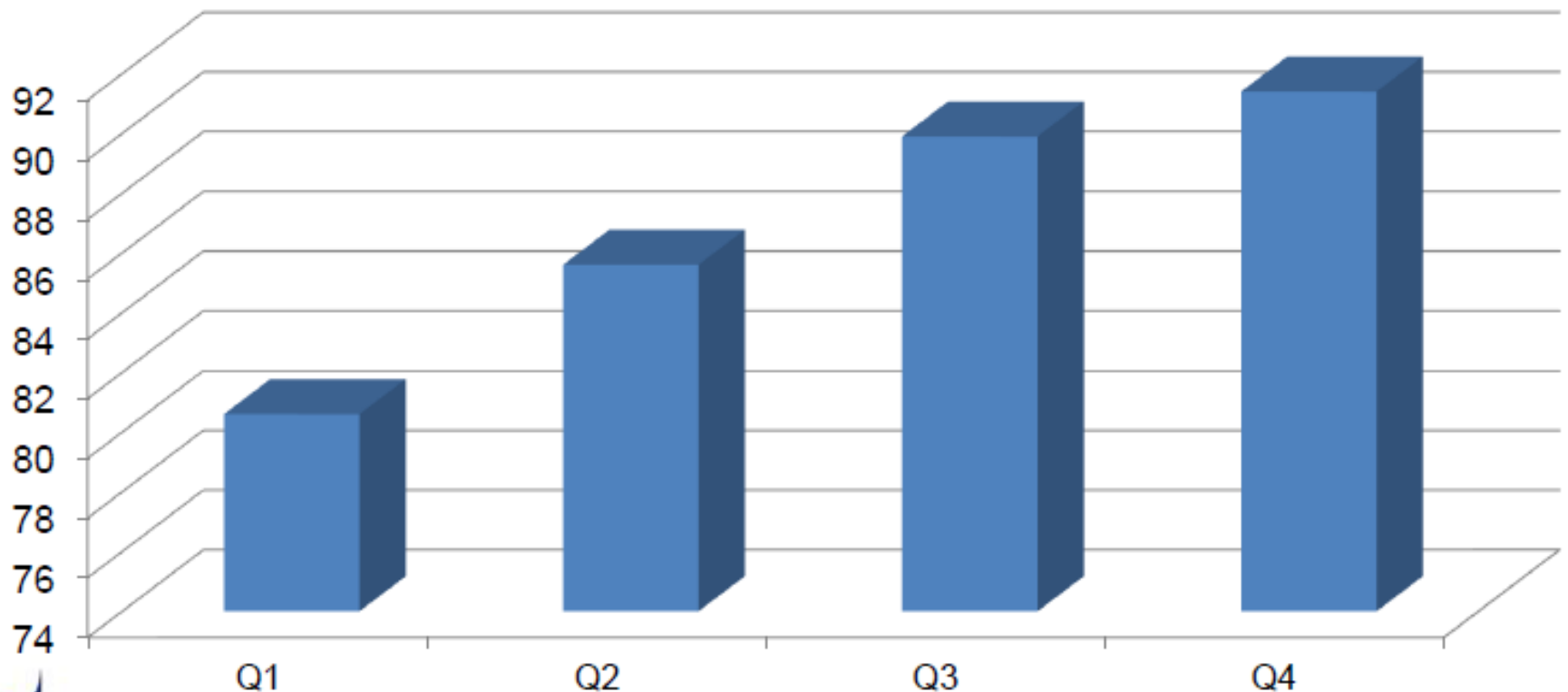
- OUTCOME: Decrease in CAUTI in second half of 2013, 0 CAUTI 2014 YTD

**OMC-NS  
2013 & 2014 (Q1 - Q3)  
CAUTI Rates**



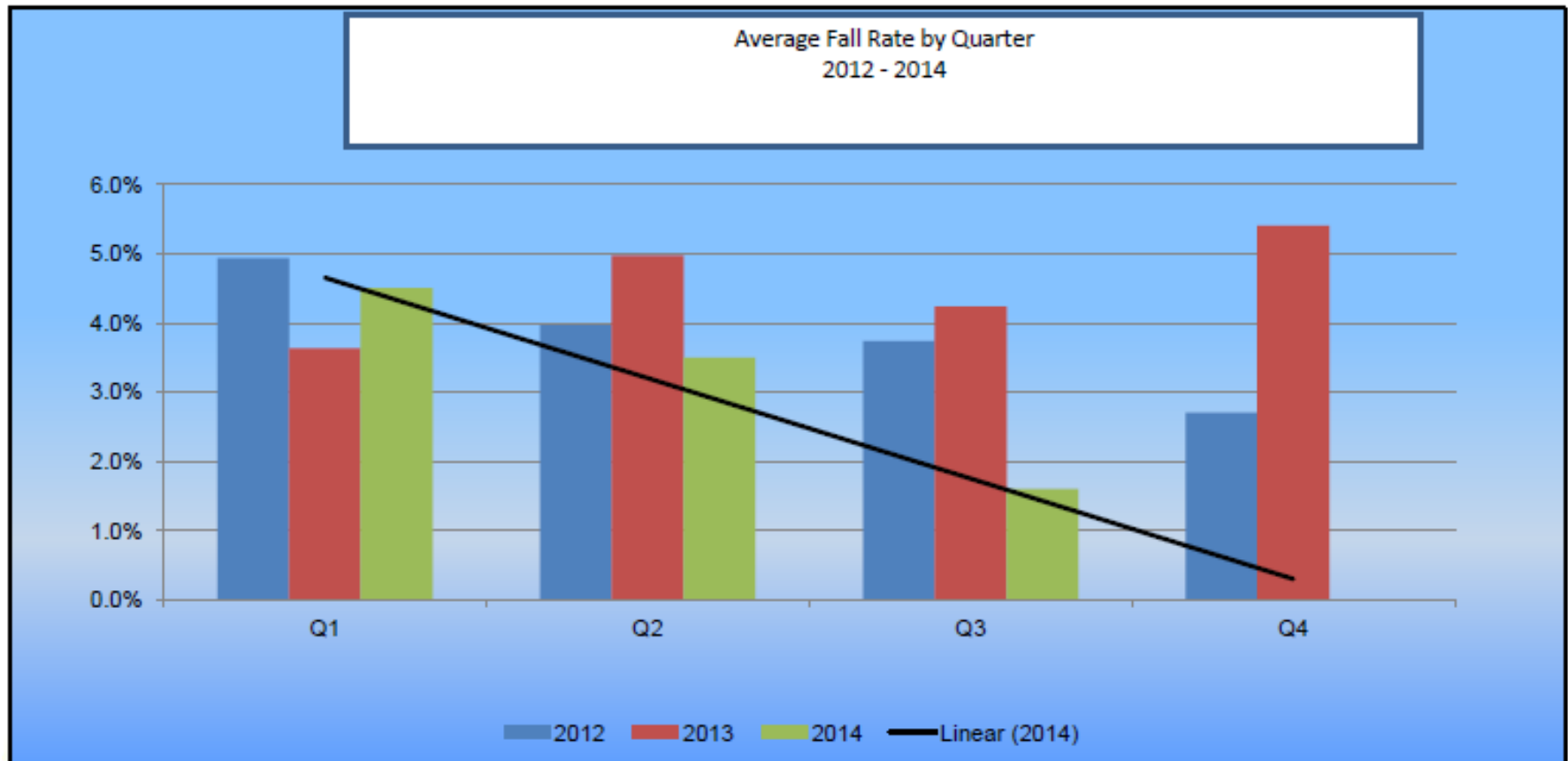
# Venous Thromboembolism (VTE) Prophylaxis Compliance Rate

**VTE Compliance Rates  
2013**



# Falls Rate Improvement

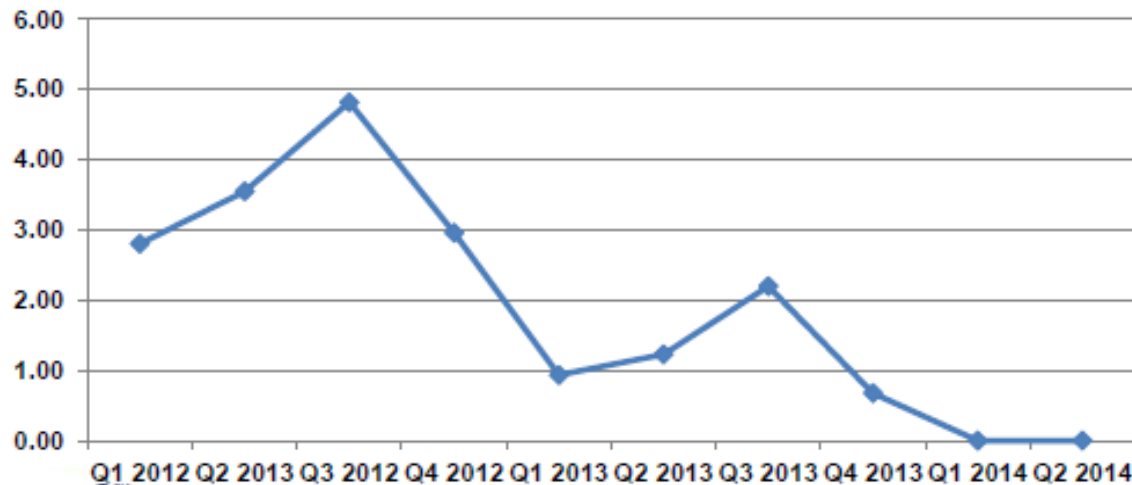
- OUTCOME: decrease in falls rate 2014



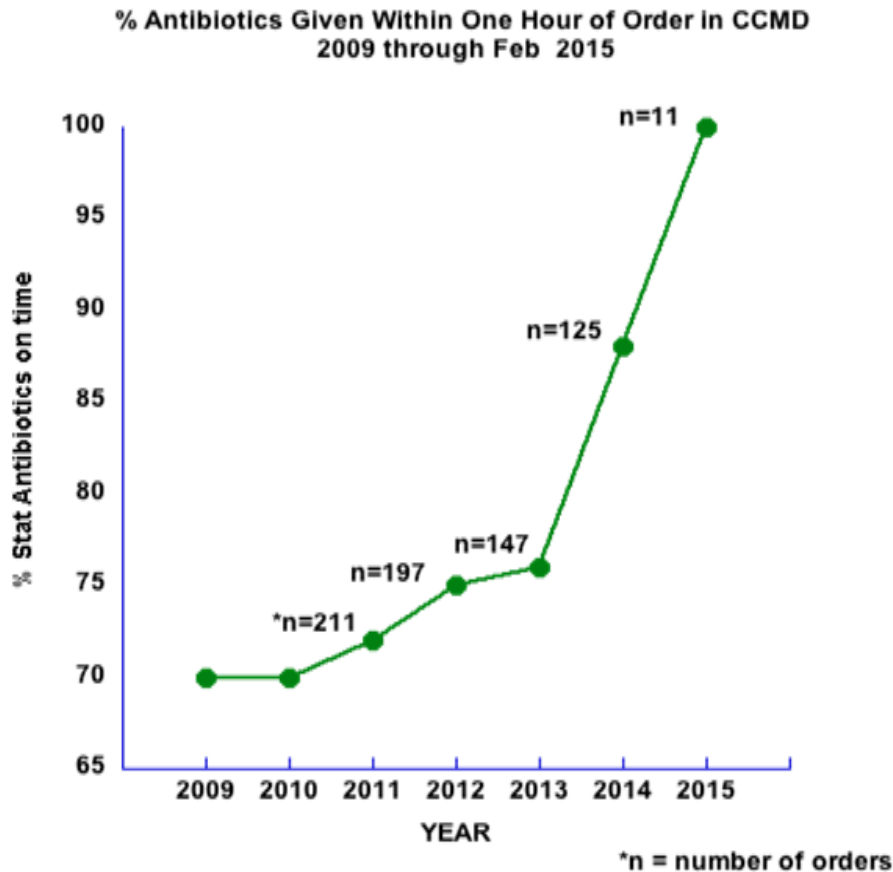
# Critical Care Telemedicine Outcomes

- Eliminated Ventilator Acquired Pneumonia across the system
- Saved over 1500 lives across the system
- Avoided over 56,000 hospital days

**System VAP Rate**



## % Antibiotics given within one hour



- ▶ Attention to detail
- ▶ Some changes in the pharmacy
- ▶ Reduction in the number of unnecessary STAT orders
- ▶ Great communication by the team

## Order Sets Process Improvement

- Grid/Order Set Form Approach for Chemotherapy
- Reduced CPOE from 90 Minutes to 15 Minutes per Patient

Medications - TEST, PATIENT LAB INPATIENT 1

**TEST, PATIENT LAB INPATIENT 1**  
CC-CADRE  
Allergies: acetaminophen, Fortaz, Other, Alcohol, Wine, Cheese

39-81-76-9 / 090302200368  
Ognibene, Frederick

77y (07/18/1935) Female

11-C-0123 Arm 1 Medications, OSF [41 orders of 44 are selected]

Allocate Order to Protocol:

Height/Weight/BSA/BMI  
Height (cm) 171 Weight (kg) 68 BSA 1.8 BMI 23.3  
01/11/2013 11:31 01/11/2013 11:31

Protocol Information:  
If patient is obese (BMI>35), use practical body weight to calculate dosage of cyclophosphamide, mesna, and fludarabine. Practical weight = average of actual weight and ideal weight.  
ONDANSETRON dose = 0.15 mg/kg rounded to the nearest even mg (min = 8 mg; max = 16 mg).  
ANTI-EMETIC: Select EITHER prochlorperazine OR promethazine - DO NOT order both concurrently.  
SULFA ALLERGY: If pt is allergic to sulfa, contact Research Nurse to schedule Pentamidine treatments.

Enter Date for Day -7:

Ordering Instructions:  
Select check box for medication to be ordered. Complete all appropriate information. Scroll right for additional fields. To open order form for editing, click on medication name. To view entire contents of a truncated field, hover over field.

Preparative Regimen, Day -7

Medication	Strength	Dose	Calc Dose	UOM	Additives	Base Solution	Route	Route Modifier	Infuse
Chemo Hydration - 1 item(s)									
<input checked="" type="checkbox"/> 0.9% Sodium Chloride Inj		1,000		mL	Potassium Chloride Inj 10 mEq		by intravenous infusion		
Pre-Cell Infusion Chemo - 7 item(s)									
<input checked="" type="checkbox"/> Furosemide Inj	10 mg/mL		20	mg			by intravenous push		
<input checked="" type="checkbox"/> Ondansetron Infusion			10.2	mg		5% Dextrose Inj 25 mL	by intravenous infusion		15 min
<input checked="" type="checkbox"/> CycloPHOSphamide Infusion			4,080	mg		5% Dextrose Inj 250 mL	by intravenous infusion		60 min
<input checked="" type="checkbox"/> Mesna Infusion			1,020	mg		0.9% Sodium Chloride Inj 100 mL	by intravenous infusion		60 min
<input checked="" type="checkbox"/> Mesna Infusion			4,630	mg		Sodium Chloride Inj 500 mL	by intravenous infusion		23 min
<input checked="" type="checkbox"/> Furosemide Inj	10 mg/mL		20	mg			by intravenous push		
<input checked="" type="checkbox"/> Fludarabine Infusion			45	mg		0.9% Sodium Chloride Inj 100 mL	by intravenous infusion		30 min

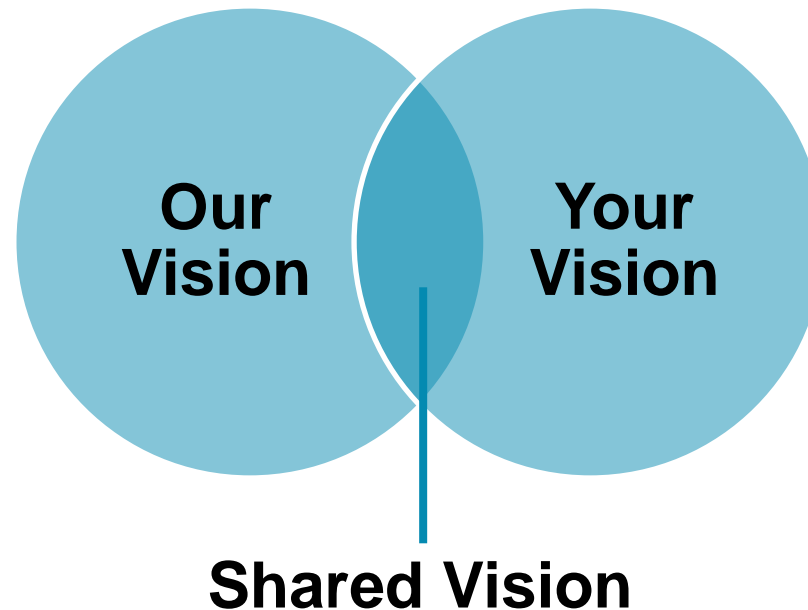
Day -1

Medication	Strength	Dose	Calc Dose	UOM	Additives	Base Solution	Route	Route Modifier	Infuse
Day -1									

Drug Info

OK Cancel

## Shared Vision



**Better health through  
Information Technology**

## THANK YOU

**John H. Daniels, CNM, FHIMSS, FACHE, CPHIMS**  
**Global Vice President, Healthcare Advisory Services Group**

**HIMSS Analytics**

[John.daniels@himssanalytics.org](mailto:John.daniels@himssanalytics.org)

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