



Menon Notes



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CUSTOMER SPOTLIGHT

Moses Cone Health System achieves dramatic improvement in Heart Failure scores

By 2030, spending on treating cardiovascular disease is expected to triple to \$818.1 billion from \$272.5 billion in 2010, according to a recent policy statement by the American Heart Association in the organization's journal, *Circulation*. Staggering costs notwithstanding, the toll on patients put heart disease on the Joint Commission's list of Core Measures years ago.

Moses Cone Health System, a private, not-for-profit health system based in Greensboro, N.C., took up the challenge to show measurable improvement in its compliance with the Joint Commission's Heart Failure (HF) Core Measures. The results are nothing short of dramatic. By implementing critical features with a scaled down version of the Menon™ Medication Reconciliation/Discharge Instructions application along with sweeping process improvements, Moses Cone Health System raised optimal care score compliance from 44 percent to more than 96 percent.

Between 2005 and 2010, Moses Cone Health System progressed on two intertwined paths: Process improvements and information technology to support those patient care processes. Menon Notes relays the story here in two separate articles, inside on Pages 4 – 7.

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Nurses at Moses Cone Health System, including Deirdre Poe, RN, use Menon Medication Reconciliation/Discharge Instructions to document patient home medications.

NEW APPLICATION

Introducing Menon Care Intelligence to manage completeness of your patient documentation

Menon Group is pleased to announce the new Menon Care Intelligence application. Developed with input from both Moses Cone Health System and Continuum Health Partners, this new application helps organizations manage the completeness of patient information critical to the care process.

Care Intelligence launches from within GE Centricity Enterprise and provides real-time reporting about the following:

- Record home medications upon admission.
- Verify home medications.
- Perform admission reconciliation.
- Complete Discharge Instructions at discharge.
- Print prescriptions at discharge.

With easy-to-read displays, you can dynamically monitor multiple documentation states by facility and by unit at the patient level. Care Intelligence calculates completeness

MEANINGFUL USE CERTIFICATION

Menon applications certified for Meaningful Use

In November 2010 and February 2011, Menon Group applications successfully passed Meaningful Use Certification Testing in conjunction with GE Healthcare's Centricity Enterprise system.

For Centricity Enterprise version 6.6.3.2 and 6.9 systems, the following Menon applications were certified: 1) Menon

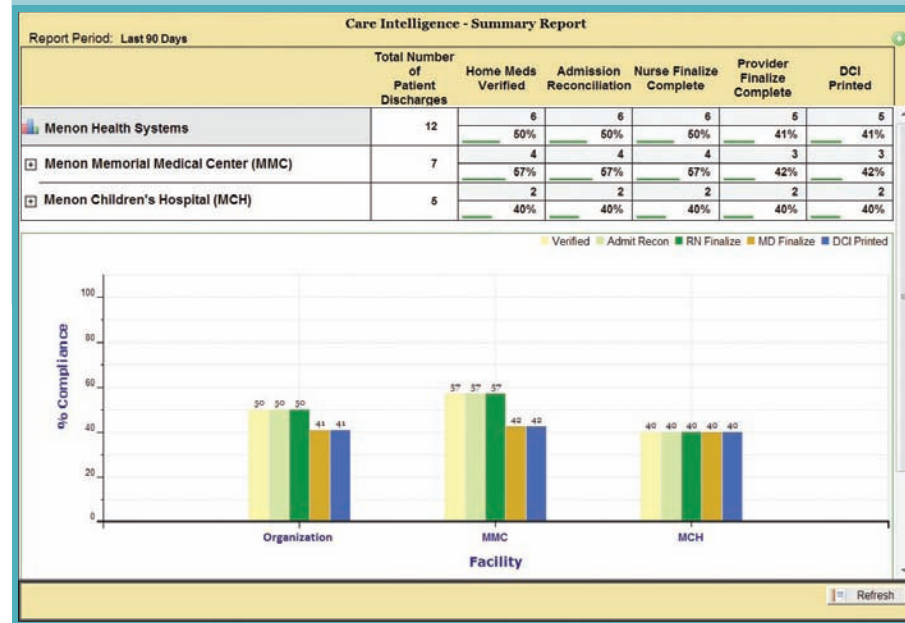
statistics organization-wide with the ability to drill down to facilities and units. To better understand trends, you can graph key indicators.

Discharge Instructions (using CE Enterprise Orders) for requirement Electronic Copy of Discharge Instructions (170.306(e)); and 2) Menon Medication Reconciliation/Discharge Instructions (using CE Gemini Orders) for requirements Medication Reconciliation (170.302(j)) and Electronic Copy of Discharge Instructions (170.306(e)).

Care Intelligence is currently in production at Moses Cone and is targeted for go-live at Continuum in late May.

The Menon Group is currently working with customers to assess the Menon Print The Record application as an optional solution to meet the Electronic Copies of Personal Health Information requirement.

Menon Care Intelligence graphs let you see at a glance if your organization as a whole and individual facilities are meeting your documentation targets.



NEW PRESCRIPTION PRINTING

Print state-required prescription forms

One of many strategies for reducing prescription fraud is the use of tamper-resistant prescription forms. While each state can determine its specific guidelines for the format of prescription forms, the general guidelines from the Center for Medicare and Medicaid Services (CMS) went into effect in October 2008. Menon Group is pleased to offer custom development services to meet such state requirements.

Several states now require the use of state-issued prescription forms to meet three key elements required by CMS for fraud prevention: 1) One or more industry-recognized features designed to prevent the unauthorized copying of a completed or blank prescription; 2) One or more industry-recognized features designed to prevent the erasure or modification of information written on the prescription by the prescriber; and 3) One or more industry-recognized features designed to prevent the use of counterfeit prescription forms.

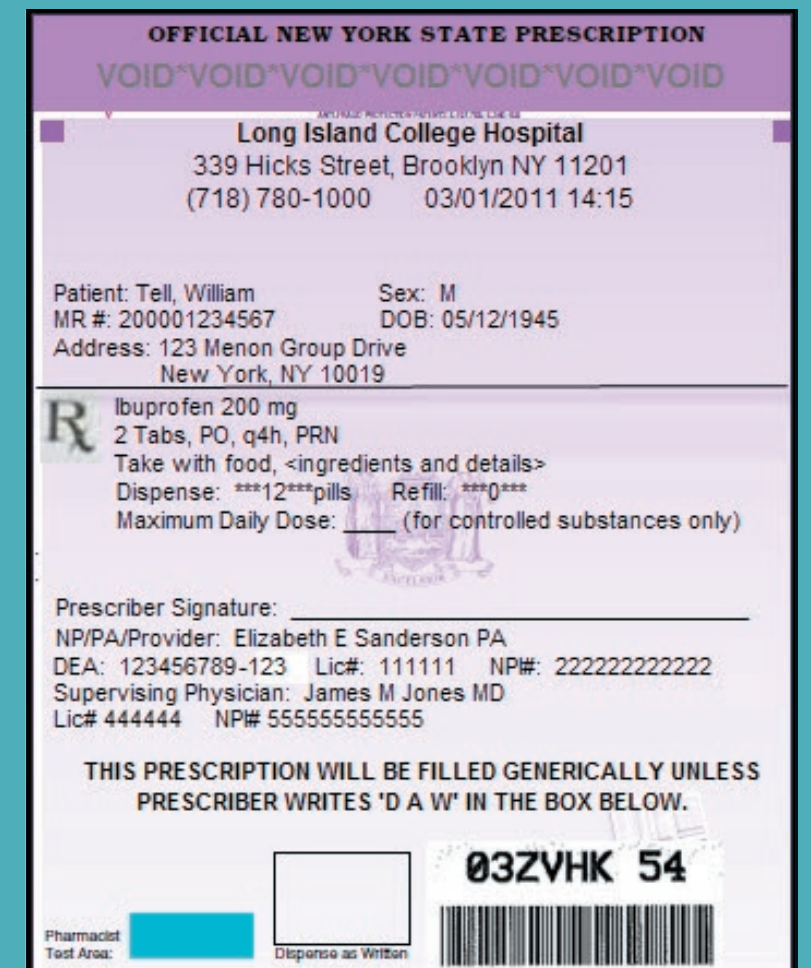
Currently, Menon Group is working with Continuum Health Partners to enable prescription printing from their GE Centricity Enterprise system according to New York State regulations. Menon Group will provide the development and implementation services to print the required data, including data from the CE database, in the required format (see sample, right).

As organizations proceed to implement this new process, there are several things to consider from a work flow perspective:

- Security for prescription forms, for example lockable printer trays.
- Adequate access to printers with prescription forms on nursing units.
- Responsibility for stocking prescription forms on the units.
- Backup procedures if a specific printer goes down, for example mapping to an alternate printer on a different unit or the physicians' lounge.
- Downtime procedures.

If your organization would like assistance with your state's prescription printing requirements, please contact Menon Group.

Like New York State, many states have specific requirements for printing prescriptions on tamper-resistant paper. In this example from Continuum Health Partners, required information prints according to state specifications.



Dissect and improve the medication reconciliation process

Moses Cone Health System, based in Greensboro, N.C., includes five hospitals and numerous outpatient facilities and is widely recognized for the quality of its medical services, which include oncology, cardiology, neuroscience, orthopedics and women's health. In 2005, the health system launched a six sigma rapid improvement initiative to tackle their HF Core Measures score of 44 percent.

The six sigma team included representatives from physicians, nursing and pharmacy. They identified that the medication list dictated by the physician didn't always match the one given to the patient at discharge. They zeroed in on the essential element: The patient's home medications list. At the time, nurses were responsible for documenting a patient's home medications.

According to physicians, they knew that competing demands on nurses' time prevented complete and consistent documentation of home medications, which resulted in only 16 percent utilization.

With a better understanding of the issues, Moses Cone Health System undertook a pilot project to assess the accuracy of three different approaches to documenting home medications: 1) Nurses document the list, with high-risk patients reviewed by a pharmacist; 2) Nurses document the list and pharmacists verify it for every patient on paper; 3) Pharmacy technicians document the list for all patients on a paper form.

The results were compelling, according to Julie Cooper, PharmD, Moses Cone Health System Clinical Pharmacist, "The more involved pharmacy was in the process, the better the accuracy and outcomes." Shifting ownership to pharmacy would require a significant staff investment. Therefore, Moses Cone Health System adopted a blended approach whereby nurses documented the home medication list and pharmacists



With high utilization by physicians, the final discharge medication list prints with the patient's discharge medication instructions, making the process more efficient for Moses Cone Health System nurses like Julie Potts, RN.

verified it for the high-risk patients, such as those with more than ten medications.

• Proof of concept pilot project

In 2007, the organization conducted an audit of home medication documentation to evaluate the blended approach. They found that patients often didn't know the specifics of their medications, which required nurses to follow up with the family and/or pharmacy to nail down details and confirm information. The demands of patient care simply did not allow adequate time for nurses to consistently and accurately complete this vital task, which resulted in an error rate of 40 percent.

In conjunction with Menon Group, they conducted a pilot project using

the home medication features of the Medication Reconciliation application. The pilot provided helpful data in their assessment of pharmacy ownership of the process. At that time, Moses Cone Health System decided to put the IT project on hold and implement further process changes, which led to an improvement in the HF Core Measures from 44 percent to 88 percent.

Anita Sherer, RN, MSN, PCCN, Moses Cone Health System Clinical Nurse Specialist, explained that even with various changes in education, the format of the paper forms, etc.,

the one thing they couldn't fix was the medication list. Moreover, when they compared the discharge instructions given to the patient with the dictated medication list, they found errors in up to 77 percent of the Heart Failure patients. Although many errors were easily addressed, such as making an addendum to the discharge summary to add a medication listed on the patient's list but left off the dictation, further improvement was needed.

• Leadership change pushes projects forward

In 2009, Bruce Swords, MD, became the new Moses Cone Health System Chief Medical Informatics Officer. His first order of business was to step back and evaluate the use of IT to support clinical staff. "The more I dug into the details," explains Swords, "it turned out that many patients were going home with information that might be confusing, such as a handwritten medication list that was not readable or had discrepancies. Our Pharmacy and IT teams had already done a lot of research and preparation for giving pharmacy more ownership of the process as well as IT solutions to support it. It was time to move ahead."

By early 2010, transitioning ownership of home medications documentation to pharmacy was ready to move ahead very quickly. The organization proceeded to hire and train eight new pharmacy technicians for the five hospitals. Concurrently, they proceeded to implement the Menon Medication

Reconciliation application with data elements that supported their policies and add the Discharge Medication Instructions feature of the Menon Discharge Instructions application. The solution, referred to as Home Med List and Discharge Medication Manager at Moses Cone Health System, supports the complete medication reconciliation process, including the discharge medication instructions given to patients.

As Cooper explains, "When the physician creates the list of discharge medications, it is the actual list that will print on the patient's discharge instructions. This alone eliminates the potential for discrepancies. It is one list entered in one place." For application workflow details, see the companion article on Page 7.

• High scores across the board

The change in ownership of the medication documentation process in

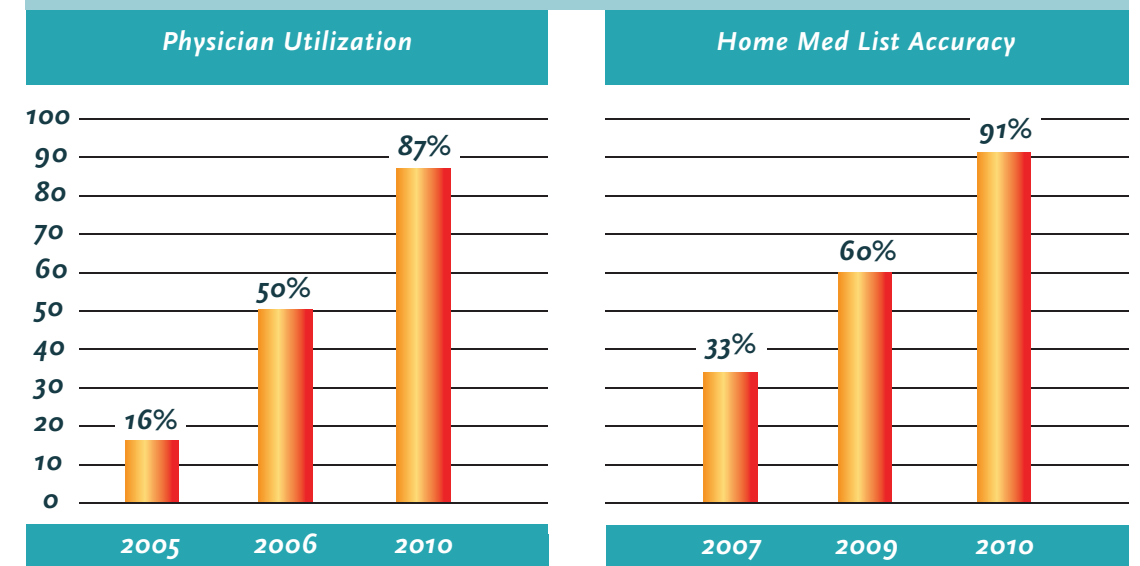
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"Having an accurate home medication list for each patient at admission is best for patients. Once we had that process honed, the rest of the process flowed."

Bruce Swords, MD
MOSES CONE HEALTH SYSTEM
CMIO

Word among both physicians and nurses was that physicians didn't use the home medication list. Nurses voiced frustration over documenting information that was not used. The team started with a survey of physicians to understand the perceived barriers to physician utilization.

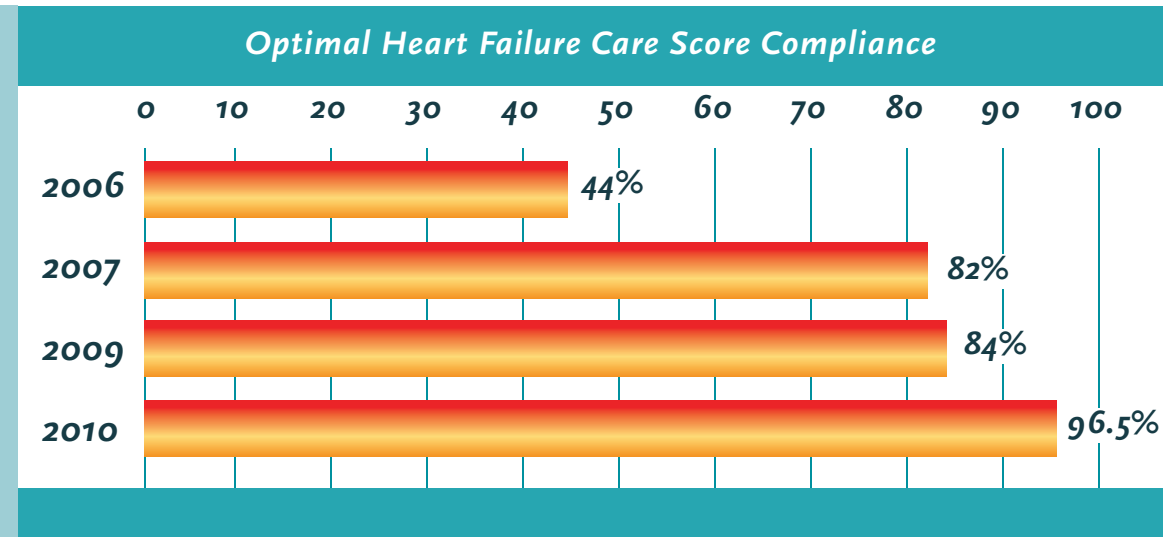
As the accuracy of the documented home medication list improved between 2007 and 2010, physicians began to trust it, resulting in a dramatic increase in physician utilization by 2010.



Medication reconciliation process improved

Continued from 5

At Moses Cone Health System, process improvements and application support raised scores to over 96 percent.



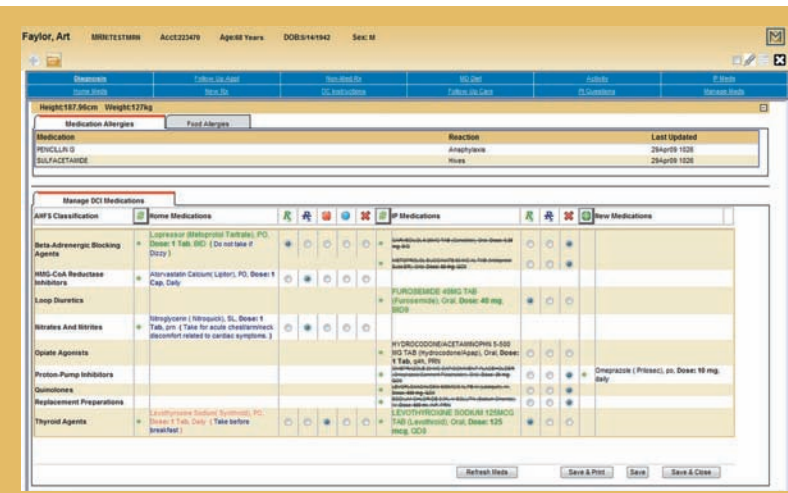
conjunction with the addition of the Menon Medication Reconciliation/Discharge Instructions application resulted in big gains that have a positive impact on both quality and reimbursement. The HF optimal care score rose to more than 90 percent almost immediately and reached 96.5 percent as of November 2010.

Anecdotally, the gains are dramatic as well. Cooper explains, “Patients love it. The instructions we give them are very patient friendly. For example, any medications they should not take are clearly marked with a stop sign.” For heart failure patients in particular, who are discharged with an average of at least 11 medications, this is a significant aid in managing their condition once they leave the hospital.

Nurses are also very happy with the new process. They appreciate that the physicians now have confidence in the information documented by the pharmacy techs, plus illegible information is a thing of the past. Sherer reports, “At a recent meeting of our Service Practice Quality Council, which includes nursing representatives from all five hospitals, when we brought up the Discharge Medication Manager, the nurses actually cheered. It’s great for patients and our nurses love it.”

Physicians have already spoken volumes with their growing utilization. Swords concludes, “Make the right decision for the patient. That is always the overarching goal. Having an accurate home medication list for each patient at admission is best for patients. Once we had that process honed, the rest of the process flowed.”

When the patient is ready for discharge, the discharge medications line up in the side-by-side comparison in Discharge Medication Manager so the physician can easily confirm, add, change and stop medications.



Menon Medication Reconciliation/Discharge Instructions application supports clinicians at every step

Key among Moses Cone Health System’s goals for improvement was to use information technology to augment clinical processes.

In 2009, when Bruce Swords, MD, became Moses Cone Health System CMIO, he looked for new ways to support physicians with technology solutions. Upon further evaluation of possible projects, Swords was eager to proceed with the project to install the Menon application – originally installed in a pilot project in 2008 – to support the organization’s new pharmacy-led medication reconciliation process.

In early 2010, Moses Cone Health System proceeded to implement the home medications features of the Menon Medication Reconciliation application, referred to as Home Med List, and the medication discharge instructions features of the Discharge Instructions application, referred to as Discharge Medication Manager. The solution supports the complete medication reconciliation process, including the medication discharge instructions given to patients.

In July 2010, the first pilot went live for cardiology patients. “Accuracy improved dramatically,” states Swords. The roll-out proceeded at a steady pace until all of the Medicine inpatient areas at four of the five hospitals were live with the Menon application by the end of 2010. Surgical Services will go live this

spring, and the last hospital will go live in the summer.

• Efficiency improves

The new medication management process is more efficient at every step. When a patient is admitted, a pharmacy tech documents the patient’s home medications in Home Med List. If there are details that the patient can’t provide, the tech can enter a text description for further follow up, such as “blue blood pressure pill.” The tech frequently calls the patient’s home pharmacy to verify medications.

At any point during the patient’s stay, physicians (or physician extenders) can reconcile medications using a side-by-side comparison of the patient’s home medications and the current inpatient medications (sample screen, left). When the patient is ready for discharge, the discharge medications, grouped by therapeutic class, line up in the side-by-side comparison in Discharge Medication Manager so the physician can easily confirm, add, change, and stop medications. Once the physician finalizes the form, two copies are printed for signature: One copy goes to the patient and the other copy goes in the chart.

For patients transferring to a skilled nursing facility (SNF), the discharge medication list serves as the medication order list for the receiving facility.

The next time the patient is admitted, all of the medication information from the previous admission is available, which makes updating the patient’s home medications faster.

• Gaining momentum

Moses Cone Health System dedicated time and resources to help clinical staff adopt the new application. They combined computer-based training with expert or “Super Users” available in the clinical areas. Physicians received one-on-one sessions with a super user to complete actual discharges.

Physician utilization of Discharge Medication Manager of 87 percent for all patients and 93 percent for patients transferring to a SNF continues to increase. Karen Gibson, RN, Moses Cone Health System Project Leader, explains, “The majority of physicians are very happy, and all the groups have it available to them. We are receiving new requests for training now from physicians who were initially reluctant, but have heard positive feedback from other physicians.”

Julie Cooper, PharmD, Moses Cone Health System Clinical Pharmacist, summarizes, “Utilization by providers is what you have to achieve to see the benefits. By changing the process to increase the accuracy of the patient’s medication history, we have increased physician utilization dramatically.”



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NEXT ISSUE HIGHLIGHTS

Customer Spotlight: Lehigh Valley Health Network rolls out Menon Care Plans and Bedside Plan of Care

RAC Audits using Menon Print The Record

CUSTOMER UPDATE

Progress Notes embraced by Wake Forest Baptist clinicians

Wake Forest Baptist Health in Winston-Salem, N.C., one of the nation's leading academic medical centers, implemented the Menon Progress Notes application several years ago as one of three initiatives designed to save time for physicians, especially residents. Since the initial pilot in 2007,

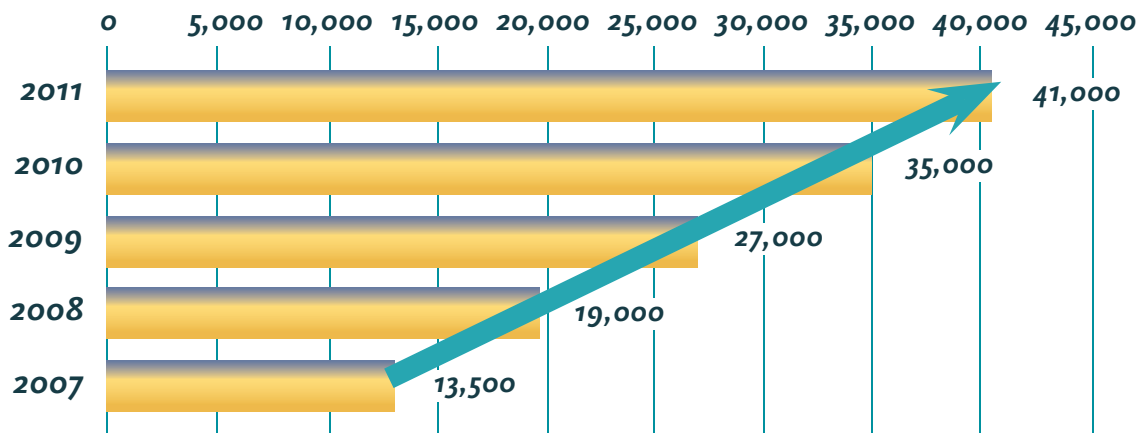
physicians and other clinicians was more viral than methodical. By the end of the first year, clinicians averaged more than 20,000 notes a month. Today, a wide range of clinicians, including physicians, nurses, and therapists, write close to 45,000 progress notes each month. Wake

Forest Baptist has worked diligently to tailor note templates to support the needs of clinicians. As a result, more than 120 note templates are available to support the practice needs of various specialties and departments, such as surgery, cardiology, medicine, pediatrics, nutrition, physical

therapy, and more. Convenience and time savings are a big bonus – physicians, particularly residents, report a time savings of 35 to 40 minutes per day.

As organizations look ahead towards Stage Two Meaningful Use criteria, electronic progress notes can deliver significant benefits organization-wide.

Progress Notes Monthly Average Utilization



the organization has enthusiastically embraced the use of electronic progress notes.

Soon after Progress Notes was made available to a limited number of physicians in late 2007, they were generating nearly 15,000 notes a month. From there, the roll out to

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