Award-winning Approach to HIM

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by Jane Jeffries, MFA, associate editor

Imagine working on a project that takes more than 10 years to complete. Sounds a little depressing, right? But what if each step in that project improved patient care, made physicians' lives a little easier, and increased security for patient information? What if your efforts led to a major award? That would make it a pretty rewarding endeavor.

Elizabeth Curtis, RHIA, is part of the team responsible for implementing the computerized patient record (CPR) at the Ohio State University Medical Center. The medical center recognized the need to unite disparate department systems with a single front end in the late 1980s. In 2001, the medical center received a Nicholas E. Davies Award from the Computer-based Record Institute-HOST in recognition of its successful implementation. As director of medical information management, Curtis is an integral part of the team.

"The CIO wanted to make sure [the medical information management department] wasn't left out and wanted to know what kind of questions we were asked and what kind of information was requested," Curtis says. "The design centered around how people used the information."

With help from a physician advisory group, the Clinical Information System (CIS) started in the emergency department and was an immediate success. Further, "the emergency department built a database so when a patient came in the middle of the night, instead of calling medical records, they could look up patients by name in the system and print out what was needed. It was great because they kept building on that database," says Curtis.

Building on Early Successes

The next step in the CPR process was adapting CIS to the Windows operating system and restructuring it as an ongoing clinical data repository. The team also wanted to automate order entry.

"We needed the process to be more meaningful and timely," Curtis says. "Before it was electronic, a whole hour was lost between order entry and fulfillment. There was patient and physician frustration in the delay in healthcare because it was all paper driven. With electronic order entry, the delay almost completely disappeared."

Curtis and her team found the clinical data repository slightly more difficult to implement. "We had to convince the vendor of the value of the CIS and have the data back loaded-there was seven years' worth of data. We needed that history," Curtis says. "It took months of planning to get the data into the clinical repository. The new system, CAPI (Computer Accessed Patient Information) has tremendous capabilities: it feeds into data marts and supports patient care and teaching and research."

More Innovations in the Works

The CPR team's work is not yet done. On the agenda is integrating order entry summaries and the patient care documentation system into the LCR. The patient care documentation system, used in the ICUs and labor and delivery, captures nurses' work at patients' bedsides and doctors' progress notes. Recently, new residents received personal digital assistants (PDAs). For now, they will be used for reference purposes but ultimately, they'll be used to access electronic patient information.

As the CPR becomes more and more intricate, the team is careful to keep privacy a top priority, Curtis says. "We have a very innovative team that just keeps pushing. They want to work within constraints, but they want to go above and beyond requirements. They do the best they can to protect patient privacy without slowing down access," she notes.

Curtis' involvement in the CPR team afforded her the opportunity to learn about the design and implementation of information systems. She also spent significant time with clinicians to make sure the new systems would meet their needs. She finds much of her "continuing education" happens on the job. "I read the numerous journals I receive, talk to colleagues, and belong to

listservs. Within the hospital walls, I talk on a daily basis with IS and the financial department," says Curtis. "I've found I have to run really fast and keep up or else I'm not going to be useful. If I don't know what I need to know, they're not going to need me. I want to be valuable and continue to be involved."

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