CPR in Long Term Care

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by Suzanne Schoenfelt

Throughout the healthcare industry, the computer-based patient record (CPR) is in various stages of development. This article assesses the progress long term care facilities are making in moving toward the CPR. The article also suggests some ways HIM professionals can develop their skills to take advantage of opportunities emerging in the wake of changing industry demands.

For several reasons, long term and skilled nursing healthcare is heavily regulated in the US. The patients—mainly geriatric—often have chronic health problems, adding to care costs. The population is more vulnerable than other patient groups because patients may not be able to represent themselves. To implement managed care and contain costs, federal and state regulations to monitor patient care are stringent.

Under the prospective payment system (PPS), Medicare reimbursement for services is based on clinical documentation. According to the Omnibus Budget Reconciliation Act of 1987, a resident assessment instrument (RAI) must be filed in order for a facility to receive reimbursement. The RAI is composed of the Minimum Data Set (MDS), triggers of care, and plan of care. The MDS must be adequately coded and accurately completed within designated timelines. Failure to meet the criteria jeopardizes reimbursement.

In 1998, all nursing homes in the US that accept Medicare dollars were required to submit the MDS electronically within a specified time frame. Reimbursement rates are based on classification: scores are equivalent to particular rates. Under the PPS, cost accounting and outcomes reporting have become critical to the financial survival of long term care facilities.

The State of Technology

As an industry, long term care is generally under-capitalized, says Michelle Dougherty, RRA, a HIM consultant in the post-acute consulting group of Larson, Allen, Weishair & Co. in Minneapolis and past chair of AHIMA's Long Term Care Section. Many nursing facilities still use character-based computer systems rather than later-generation graphical-based systems. At first glance, this might seem hard to fathom given the availability of advanced technology in our everyday lives. However, for example, say that during the 1980s a facility invested capital in a character-based system. Over the following years, technology took a giant leap forward from the character-based to the graphical-based system. Limited resources have prohibited facilities from investing a second time to upgrade their systems. Consequently, vendors in the marketplace haven't been providing many graphical-based systems, and few graphical software programs are currently available. Most long term care software vendors are just getting ready to release new software systems.

Worry not: Necessity is the mother of invention. Electronic submission of the MDS required by federal regulation has caused a shift in the industry, Dougherty says. The MDS form is so complex that software vendors have developed electronic patient record programs designed to meet minimum state and federal requirements at reasonable costs. "Many MDS software programs are available, and HCFA provides a basic software program that can be downloaded free of charge from the Web for electronic MDS submission," Dougherty adds.

Other more sophisticated, multipurpose technology is entering the marketplace. Besides meeting federal and state regulations, these programs may include additional functions such as care plans, physician orders, data collection, and report generation. Better systems can help to achieve greater efficiency and cost effectiveness.

However, better does not mean best. According to Jim Ingalls, vice president of sales and marketing for Care Computer Systems, a Bellevue, WA-based company that offers accounting and clinical software exclusively to the long term care industry, software vendors that provide cutting-edge software for the acute care setting typically do not get involved with developing software for the long term care industry.

The capital for this sort of technology, he says, is simply not available. "Vendors of products for long term care cannot provide the kind of sophistication they would like to see facilities use," Ingalls says. "Out of 3400 of our customers, about 2500 use character-based systems. Nine hundred use a graphical-based system. Most of the facilities can't or won't update their hardware if what they've got works."

Therefore, according to Ingalls, long term care software vendors must therefore produce easy-to-use systems without bells and whistles that simply get the job done. Though the government has mandated electronic submission of the MDS, many facilities use MDS programs that are character-based. The pace of change is slow, but some larger nursing home chains understand the rewards of technology and are bringing more updated technology into their business, says Ingalls. He adds that Care Computers is beginning to do fewer upgrades for the character-based systems and more on the graphical-based side.

Anna Baron, ART, LPN, works part time as a consultant for Vencor Corp., one of the largest nursing home chains in the country. Vencor has developed a high-tech software program that closely mirrors the CPR. This system has multiple terminals on which each discipline documents assessments and care planning. Nurses computerize the physician's orders as they receive them; the order then is transmitted to an electronic grid pad on a medicine cart. Unfortunately, the new technology is expensive and is used in only a fraction of facilities nationwide. Where Vencor is using the new system, the facility has a position called a "super user"—a person who is responsible for computer orientation of the staff and who performs basic troubleshooting of the system.

Baron says that, generally speaking, the move toward the total CPR on an industrywide basis is slow. In many cases, while more documentation is being computerized, it continues to be done first by hand, then entered and, in some cases, printed and re-signed before going back into a patient's chart.

"The wasted time and energy in this duplicative, arduous process from multiple disciplines is enormous," Baron says. "Plus, it puts ergonomic strain on HIM professionals from the physical aspect of performing this voluminous amount of data entry. The long-term effects of this constant data entry cause concern."

In Baron's opinion, the PPS probably will set skilled nursing facilities back, at least momentarily, in the move toward the total CPR while facilities grapple with the new reimbursement system. "My guess is that large investments for hardware and software, if not critical for survival, could be put on hold during this time," she says.

New Opportunities for HIM Professionals

Because computerization is now mandated by the federal government, the opportunity is ripe for HIM professionals on two levels: working within the facility and consulting, according to Dougherty. "The role of the HIM professional is evolving into that of a clinical system administrator who is responsible for coordinating and overseeing the entire clinical system," she says.

To prepare for these new opportunities, Darline Foltz, RRA, chair-elect of the Long Term Care Section, advises HIM professionals to examine their skills in terms of computers, CPR, and the Internet. (Internet technology is used to transmit data via secure phone lines.) "Expertise is needed to assist facilities, to implement computer systems, to train personnel (turnover in nursing homes is high), to maintain systems with upgrades, to create daily and weekly backups of information, and to transmit data," Foltz says, adding that that the entire industry will be moving more deeply into technology in the coming years.

Heath Odom, president of the Integrity Group, a Minneapolis organization that assists senior healthcare providers in implementing information systems technology, also sees opportunities for HIM professionals. In Odom's view, HIM professionals can capitalize on existing strengths—organizing details and making sure systems work. To take advantage of new opportunities, HIM professionals would do well to return to the fundamentals of the profession, as well as gaining a solid understanding of RUGS calculations. Odom also comments that HIM professionals who fully know and understand the PPS system will be best suited for work in long term care facilities over the next few years.

Baron notes that continuing education in computers—hardware, software, and networking—will become even more important to HIM professionals in the future. She also emphasizes that HIM professionals would do well to master using the Internet as a resource. "If you work for a corporation, find out where that corporation is going technologically," she says. "Find out if there is a need to be filled, like the 'super user' position. Find out what qualifications and skills the corporation is looking for in this position, then work to acquire them."

One way to acquire skills, Baron says, is to volunteer on technology committees. For instance, many state HIM associations have health information technology committees that are always looking for members. Other provider associations, such as the American Health Care Association and the Association of Homes and Services for the Aging, may have technology or reimbursement committees at the state level that could benefit from HIM input.

Baron echoes the importance of understanding the financial side of long term care. "PPS, RUGS, case mix weights, transmissions, and how it all fits together is critical for the facility's survival as well as for the survival of HIM professionals," she says. "If HIM professionals comprehend the process, are able to teach it to others, and can assist with regulatory compliance, they will play a key role within facilities in providing quality documentation and securing appropriate reimbursement for services."

HIM professionals must look forward with a sense of vision for what lies ahead. That is the ticket to the future.

Building Skills for New Opportunities

Experts offer these strategies to prepare for new long term care opportunities:

1. Understand data collection issues, including backing up and updating data
2. Understand the need to monitor system security
3. Understand the capability of the clinical system
4. Understand the capability of the financial system (accounts receivable, billing, general ledger)
5. Develop expertise on available hardware and software
6. Develop computer expertise in graphical-based systems
7. Learn how to do basic troubleshooting on hardware

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