Desperately Seeking the CPR in Long-Term Care

Save to myBoK

by Zoe Bolton

With the explosion of technology in other areas of healthcare, long-term care specialists may find themselves feeling a bit left behind. Why isn't the computer-based patient record more prevalent in long-term care? While the industry is taking some first steps, there are still some sizeable roadblocks toward 100 percent acceptance

Compelling Reasons

The problem isn't a dearth of automation mandates. Since 1998, the Health Care Financing Administration has mandated that the collection of the minimum data set (MDS), a set of data that facilities collect on all residents, be encoded and electronically submitted. This was a huge first step toward the CPR in long-term care.

In conjunction with the MDS assessment, the industry has adopted electronic plans of care where problems are suggested based on the residents' assessment. The industry has also adopted the calculation of quality indicators and resource utilization groups specific to the resident. This data can assist in verifying resident-specific problem areas and system-proposed problems, goals, and intervention to expedite problem resolution. As facilities collect information, demographic information can be shared across applications, satisfying requirements and connecting the clinical staff and the business office staff to a single point of entry.

A Long Road for Long-Term Care

Despite these steps toward a CPR, a number of obstacles remain. These include:

1. **An absence of standards.** Services delivered by third-party providers, such as laboratory and x-ray, have their own unique systems. In order to move to the CPR, the services themselves, along with the results, must be delivered in a standardized electronic format. However, the industry does not have a universally embraced standard integration technology. Various organizations promote different standards (Health Level 7 [HL7], Common Object Request Broker Architecture [CORBA], and Microsoft's Component Object Model [COM]), but software developers as a whole have not embraced a single solution, nor have they consistently built integration into their products using these or any other standards. Until we adopt standards, we will not have a totally computer-based record.

2. **Lack of deployment of portable devices.** A limiting factor to implementing full CPRs is lack of user access to computers. In order to record service, staff ideally need data entry devices at the point of service. Although software developers are beginning to deliver systems that allow data collection on portable devices, this is typically the collection of raw data. Currently, there is little movement toward synchronizing staff assignments from the actual resident record to the collection device so that the cycle from assessment to planning to service delivery to evaluation can be completed within the CPR.

3. **Limited systems knowledge or desire to change.** To make the most of a new technology, organizations usually need to change their processes. Moving to a CPR would require reengineering current processes. Organization leaders must make a commitment to the education required to learn the capabilities of the new tool, promote enthusiasm for implementation, and provide training to all subsidiary staff. Without this effort, staff will not embrace the CPR, and they will continue to document in a manual environment.

4. **Regulatory interference.** The industry still needs to overcome a few regulatory hurdles. Surveyors at both the state and federal levels resist acknowledging the value of the CPR, due to a fear that the facility will duplicate standard care delivery protocols and not individualize care delivery for the resident. As the understanding that automation can bring efficiencies and

effectiveness to the nursing process grows, surveyors' resistance will diminish. The second regulatory hindrance is the requirement that the federally mandated MDS be printed in hard copy, with an original signature attesting to the completeness of the document. Until this document can move to an electronic signature, the industry is prevented from completely moving to a CPR.

5. **Budgetary constraints.** The long-term care industry is continually challenged by cost considerations beyond those of typical industries. Rising insurance costs, restrictions on how staff can by used within the business, and a disappearing labor force, as well as low reimbursement, hold the industry back from embracing new technology. The implementation of a CPR includes costs related to software, hardware, networking, business practice redesign, and staff training. It is a difficult decision for management in today's environment to allocate dollars implementing a total CPR when they are faced with daunting economic challenges.

At this time, the long-term care industry is only partially able to make use of the efficiencies and effectiveness afforded by automation. Industry standards, government regulation, and cost all play important roles in changing this picture. HIM professionals can play an important role, too—in staying informed about the latest developments and benefits of computerized systems and promoting this intelligence to their organizations.

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