Meaningful Use and Disaster Infrastructure Q&A: HIM Professionals Share Lessons Learned

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By Julie A. Dooling, RHIA

Many hospitals and physician practices in the Oklahoma City area have been actively involved in adopting and building an electronic health record (EHR) infrastructure to qualify and attest to the "meaningful use" EHR Incentive Program. Moore Medical Center (MMC), a 45-bed community hospital in Moore, OK, that is affiliated with the Norman Regional Health System (NRHS) based in Norman, OK, is no exception. The facility's work in implementing e-HIM practices and health information exchange technology paid off when a devastating EF5 tornado destroyed the facility on May 20, 2013.

John Meharg, director of health information technology for NRHS, and Tressa Lyon, RHIT, HIM manager at MMC, learned many lessons that day—chief among them the value of health information exchanges (HIE) in disaster scenarios. In the following Q&A, Meharg and Lyon discuss ongoing plans to participate in the meaningful use program and how the storm and recovery efforts will continue to affect future business continuity planning and day-to-day operations.

Question: How has MMC progressed with meaningful use in the past few years with adopting EHR technology?

Meharg: Our physicians, staff, and IT department have worked diligently over the last several years to ensure we are moving forward in the development of IT strategy and offerings. We attested to [stage] 1 of meaningful use and have a plan to attest to [stage] 2 in fiscal year 2014. In addition, through visionary efforts of the Greater Oklahoma City Hospital Council, we, along with other metro hospitals, have participated in the regional and state HIE since 2008. The value of that HIE participation has grown year after year.

Lyon: The tornado has not impacted our overall plan for meeting meaningful use [stage] 2, nor of maintaining our compliance to [stage] 1. The basic framework of the plan that we developed prior to the tornado is still in place and moving forward as planned. MMC was our smallest facility, so the overall impact from the tornado was minimal, as it applies to meaningful use.

Q: Have there been any operational lessons learned from a disaster planning and recovery perspective that will be incorporated in your corporate-wide business continuity plan?

Meharg: We were very fortunate that our major data centers were not in the path of the tornado. All information technology services to MMC are provided via the Norman data centers. While our data centers were up and running normally for our other two hospitals and offsite clinics, our Internet access was severed as the tornado traveled through Moore.

Even though our primary Internet service provider (ISP) had redundancy in place, the path of the tornado severely damaged both circuits. Our Internet access was down for six hours. Our backup provider also suffered issues. Due to this and the critical nature of Internet access, we are working on a bullet-proof plan for Internet access moving forward. Needless to say, our ISPs are also doing the same thing. The disaster heightened the awareness of how critical disaster preparedness is, how important it will be if your community suffers such a catastrophic event where your health facilities are heavily damaged or even destroyed, as was the case with MMC.

Lyon: HIM processes charts within eight to 12 hours from patient discharge. Many times this turnaround time can be shortened depending on the volume of discharges. This goal ensures all patient records are available for continuity of care. This process helped healthcare providers after the disaster with access to these recently discharged records through the HIE.

We have learned how vital going live with concurrent scanning will be to ensure documentation is available in "real time" while the patient is still in-house and after discharge. In the aftermath of the tornado, utilizing the HIE and having patient records

available online eliminated the need for requesting hard copies. The information is readily available to the clinical staff via the EHR and there was less delay in retrieving vital patient information.

Q: HIE played a big role in access to health information. What benefits or challenges were realized?

Meharg: In a disaster such as this, patients are taken to the closest facility. This facility may not be their normal healthcare facility or system. Circumstances can separate family members, so patients can arrive unconscious with no family members present to provide a medical history. This presents many challenges for clinicians in their assessment and treatment of the patient as they do not know information such as allergies, medications they have taken that day, or chronic illnesses.

HIEs can provide needed information if the patient can be properly identified. Since our Internet connection was down for six hours after the tornado, the HIE was not accessible during this time. This was unfortunate and something that we are addressing, but the value of the HIE was not diminished due to the system being unavailable. After the initial treatment, when patients were being admitted to various hospitals, the HIE was available for physicians to access the patient's past medical history. This was invaluable to the physicians.

Q: Please share any other advice, lessons learned, or challenges that would help AHIMA members with their future disaster planning and/or adopting EHR and HIE technology.

Meharg: It could happen to you.

Lyon: Because we live in "Tornado Alley" we have learned to utilize the warnings we receive from our safety manager and the media. Upon the threat of severe weather, we develop a game plan. It includes working diligently to ensure charts are picked up and scanned to the EHR faster than our normal workflow.

We have learned that knowing the exact location of documents/forms/charts not only helps to direct those going into different buildings in the recovery phase of a disaster, but it is a vital part of daily operations going forward.

Being organized is key. Once our charts have been scanned and electronically logged with a status of complete, they are boxed, labeled, and placed in a specific location ready for pickup to a designated off-site storage facility. This helped us to determine what was missing and assisted with the exact location of boxes. Plans are underway to rebuild MMC with an interim solution of modular building structures to serve the Moore community.

To read more about HIM disaster preparation, read AHIMA's Disaster Planning and Recovery Toolkit online.

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