What Winning CPR Implementations Can Teach Us

Save to myBoK

by Sandra Fuller, MA, RRA, vice president of practice leadership

"Perhaps the single most important characteristic of successful CPR implementations is the view that the implementation is not finished, and that any CPR implementation is a means to achieve improvements in healthcare quality, cost, and access, not an end in itself."

—Margret Amatayakul, MBA, RRA

What makes the implementation of a CPR successful? How is success measured? The Computer-based Patient Record Institute (CPRI) set out to define and recognize success through the Nicholas E. Davies CPR Recognition Program. During "Insights from Exemplary CPR Implementations" on October 5, Margret Amatayakul described what we can learn from the experiences of organizations that have received this award.

Organizations that have won this award of excellence must meet three threshold criteria: their CPR implementations must capture data from multiple sources and provide decision support and the CPR must be the primary source of information used in the delivery of patient care.

The reasons organizations give for not having a computerized record that would meet CPRI's criteria include (in order of frequency): lack of organizational readiness, payback issues, lack of suitable products, and resistance to change. But award winners have similar approaches to a CPR, including management traits such as shared vision, sustained investment, longevity of program, tenure of leaders, clinician leadership and involvement, end-user focus, and system support with local implementation.

Making an Impact

Award winners can demonstrate the impact of their systems on the enterprise. Healthcare quality may be measured by the effect of clinical interventions supported by the CPR system and its contribution to research, education, and improved health status in the population. Cost savings, productivity improvement, enhanced position in negotiating risk contracts, and compliance with accreditation and licensure requirements are all examples of ways the CPR may affect the cost of care.
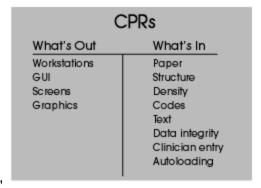
The impact of CPR systems is a direct result of their ability to support patient care, management, and other processes. Successful CPR projects have placed an emphasis on providing immediate and ongoing value, not on achieving a CPR as an end in itself. Most successful CPR implementations still rely on paper—some have even engineered paper into their process—but they also use the computer to generate decision support information such as drug interactions or alerts.

The degree of structure in the data distinguishes truly outstanding CPR implementations. The more granular the data, the more it can be manipulated into meaningful forms. Data integrity is closely related to data structure. Ways to improve integrity include highlighting the importance of data quality and using a variety of data quality measures like collecting data from monitoring devices and other equipment, incorporation of reasonableness checks, implementing standards, and tracking compliance with documentation requirements. Clinician data entry is recognized as the most successful method to insure data quality.

Changing the Industry

Finally, all Davies award winners have used either home-grown systems or significantly modified vendor packages to meet user functionality requirements. Current vendor packages have not evolved sufficiently to support the complex information needs a CPR requires. In a volatile environment, vendors with an established track record are most likely to provide systems that support the CPR. It is anticipated that as more successful computer-based records are implemented, standard

functionality can be defined and will assist vendors in the development of products that more fully meet industry needs. Computerized systems create numerous new roles for HIM professionals in areas related to applications design, education, designing and monitoring data quality, information security, and decision support. The future probably holds fewer managerial and supervisory functions and more technical positions that will take us back to HIM fundamentals, Amatayakul said, adding that the CPR may "take us out of the file room in the basement and into a free-form environment closer to the providers and

CPRs

What's Out	What's In
Workstations	Paper
GUI	Structure
Screens	Density
Graphics	Codes
	Text
	Data integrity
	Clinician entry
	Autoloading

the patients."

Article Citation:
Fuller, Sandra. "What Winning CPR Implementations Can Teach Us." *Journal of AHIMA* 70, no. 1 (1999): 68-69.

Driving the Power of Knowledge