

# **Hospitals, Quality and HIT: Important Issues and Intersections**



**Gail E. Latimer, MSN, RN, VP, Chief Nursing Officer  
Siemens Medical Solutions**

# The Value of Health Information Technology



## Clinical Performance Drivers

### Targeted Performance Areas – The Nation is Monitoring

- Length of stay
- Patient falls
- Urinary tract infection
- Pressure ulcers
- Hospital-acquired pneumonia
- Shock or cardiac arrest
- Upper gastrointestinal bleeding
- Sepsis
- Deep vein thrombosis
- Central nervous system complications
- In-hospital death
- Wound infection
- Pulmonary failure
- Metabolic derangement
- Acute MI
- Heart failure
- Pneumonia
- Surgical infection prevention

# Transparency in Hospital Public Reporting - Clinical Process Measures

SIEMENS

QualityReport - Siemens Med

File Edit View Favorites Tools Help

Back Forward Stop Home Search Favorites

Address <http://www.qualitycheck.org/QualityReport.aspx?hcoid=6599&x=nqig&program=Hospital&mst=Heart%20Attack%20Care&f=> Go Links

> Joint Commission  
> Patient Safety Center

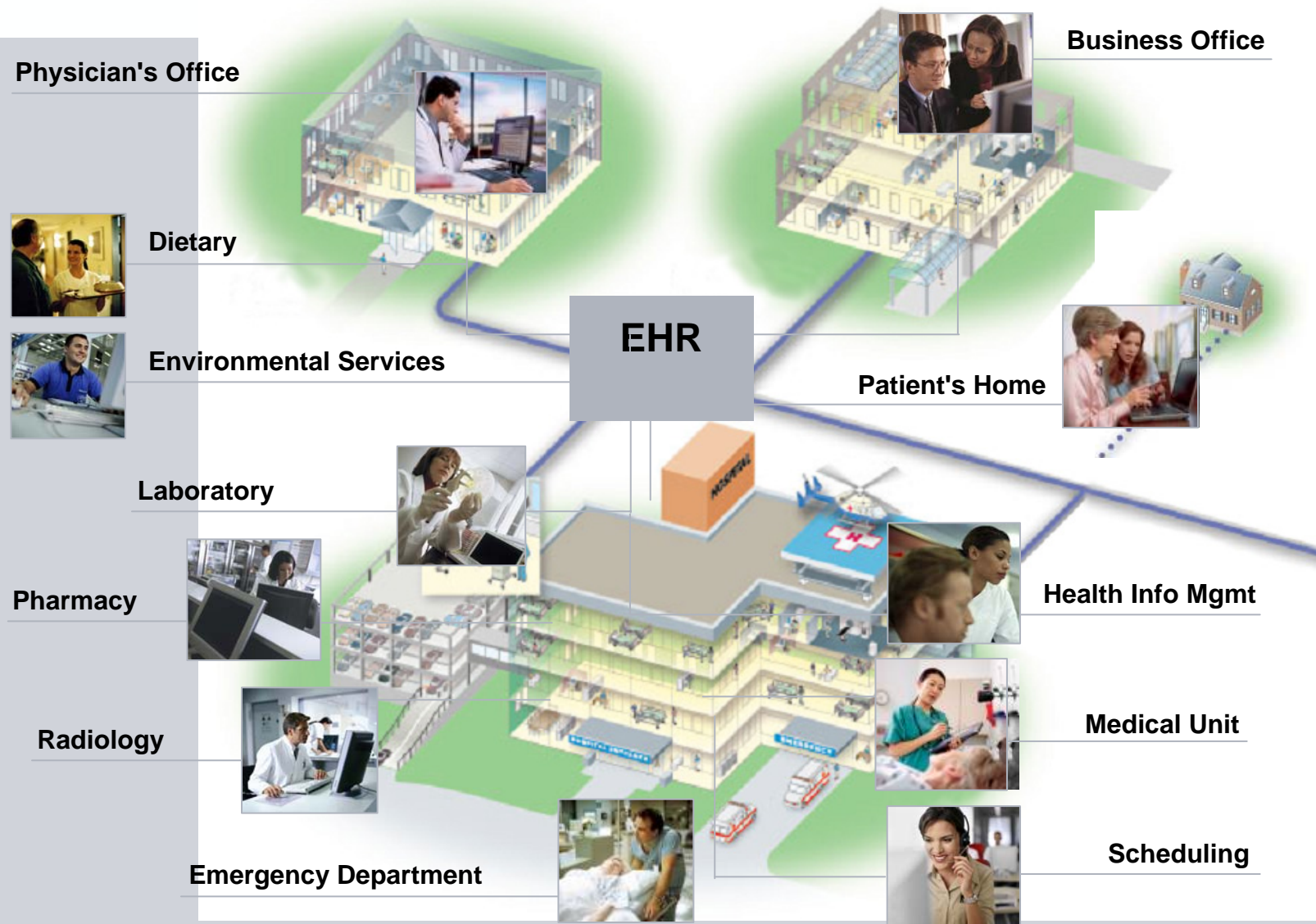
**Symbol Key**

- ★ This organization achieved the best possible results
- ⊕ This organization's performance is above the performance of most accredited organizations
- ✓ This organization's performance is similar to the performance of most accredited organizations
- ⊖ This organization's performance is below the performance of most accredited organizations
- ND Not displayed

Measure	Explanation	Hospital Results	Compared to other Joint Commission Accredited Organizations			
			Nationwide		Statewide	
			Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Average Rate:
ACE inhibitor or ARB for LVSD*	Heart attack patients who receive either a prescription for a medicine called an "ACE inhibitor" or a medicine called an angiotensin receptor blocker (ARB) when they are discharged from the hospital. This measure reports what percent of heart attack patients who have problems with the heart pumping enough blood to the body were prescribed medicines to improve the heart's ability to pump blood.	✓ 89% of 175 eligible Patients	100%	84%	100%	87%
Adult smoking cessation advice/counseling	Heart attack patients who are given advice about stopping smoking while they are in the hospital. This measure reports what percent of adult heart attack patients are provided advice and/or counseling to quit smoking. Smoking harms the heart, lungs and blood vessels and makes existing heart disease worse.	⊕ 99% of 265 eligible Patients	100%	92%	100%	95%
Aspirin at arrival*	Heart attack patients receiving aspirin when arriving at the hospital. This measure reports what percent of heart attack patients receive aspirin within 24 hours before or after they arrive at the hospital. Aspirin is beneficial because it reduces the tendency of blood to clot in blood vessels of the heart and	✓ 98% of 301 eligible Patients	100%	95%	100%	95%

Done

Start Microsoft Office 9 Microsoft Office 9 Microsoft Word 5 Internet Explorer 9:03 PM



**Lockwood, Ida M.**

Female DOB: 11/19/1919 MR# 012382T63X

Visit: 06/14/2005 10:45

Allergies Diagnosis Physicians

**Clinical  
Summary****Patient  
Record**

Charting



Orders



Visit

**Clinical Documentation****Vital Signs** Gastrointestinal

&lt; 6 Occurrences &gt;

	06/14/2005 07:59	06/07/2005 08:04	05/17/2005 08:33	05/10/2005 08:00	04/14/2005 07:09
Temperature (F)	98.7	98.8	99.1	98.5	98.7
Pulse	61	62	62	64	61
Respiratory Rate	20	24	24	24	20
Blood Pressure	128/74	124/76	124/76	126/88	128/74
Height (in)	62	62	62	62	62
Weight (lb)	131	128	130	131	131

**Results****Laboratory** Radiology

&lt; 6 Occurrences &gt;

	06/14/2005 08:00	06/07/2005 07:30	05/24/2005 09:00	05/17/2005 07:00	05/10/2005 09:15
<b>Hematology</b>					
WBC (4.8 - 10.8) K/UL	6	6.4	2.4LL	4.8	6.5
RBC (4.7 - 6.1) M/UL	5	5.5	5.2	5.4	5.7
HEMOGLOBIN (14.0 - 18.0) G/DL	12L	12.1L	11.2L	12.8L	13.2L
HEMATOCRIT (42 - 52) %	45	46	45	44	48
MCV (80 - 98) FL	88	90	89	91	91
MCH (27 - 33) PG	30	31	30	31	31
MCHC (32 - 36) %	34	33	34	34	34
RDW (11.5 - 14.5) %	12.5	12.4	12.4	12.5	12.4

**Alerts**
☐ 06/14/2005 08:00 AM Complete Blood Count results indicate abnormal results
**Allergies**
 Latex  
 Shellfish  
 Peanuts
**Orders****Medication Orders**

&lt; 1-50 of 100 &gt; Time Filter Status Filter

**Benadryl** 25mg IV (give 45 minutes prior to Doxorubicin)

**Decadron** 8mg (give 45 minutes prior to Doxorubicin)<sup>Δ</sup>

**Zofran** 8mg IV (give 30 minutes prior to Doxorubicin)

**Cyclophosphamide** 100mg/m<sup>2</sup> (150mg) PO days 1-14 of cycle

**Doxorubicin** 30 mg/m<sup>2</sup> (48mg) IV push over 10 minutes on days 1&8 of cycle (hold for WBC<1500)

**5-Fluorouracil** 500mg/m<sup>2</sup> (805mg) mixed in 500ml NSS infused over 4 days on 1 & 8 of cycle

**Lomotil** 1-2 tabs (2.5-5mg) PO for loose stool every 4-6 hours as needed

**Problems**
 Oral Mucous Membrane, Alerted  
 Nutrition, Alerted  
 Nausea  
 Hopelessness


Start

1:07



## Incorporating Evidence Within Clinical Practice

- Accelerating role in today's healthcare
- Provides improved quality and reduction in variation
- Serves as the basis for many quality management and performance initiatives
- Information technology will drive the use of knowledge with the EHR



# Increase Accuracy and Efficiency of Clinical Processes

SIEMENS

## Computerized Physician Order Entry

**SIEMENS** Margreta Wickstrand, RN 3EST

**Behan, Malcom N**  
m 70 y DOB 07/31/35 PT# 1108893 MR# 547310 MPI# IP SMH ED Card 07  
Diagnosis MYOCARDIAL INFARCT NEC  
Allergies Latex, PENICILLINS; CEPHALOSPORINS; CARBAPENE ADV

**Current Med Rec Pt Context Order Sets Common Search**

Search  Search

Order sets by specialty Cardiology

**Admission - AMI(rt-PA)**

- ☐ All orders in this order set
  - ☐ Admit to CCU
  - ☐ Condition: Serious
  - ☐ Diagnosis: AMI
  - ☐ Alteplase (rt-PA) protocol
  - ☐ Aspirin 80 mg chew STAT
  - ☐ Lorazepam 1 mg PO every 6 hr PRN anxiety
  - ☐ Metoprolol 5 mg IV every 5 min x 3 if pulse > 60 and Systolic BP > 90
  - ☐ Metoprolol 50 mg PO bid
  - ☐ IV Nitroglycerin Bolus Injection 12.5-25 mcg
  - ☐ Nitroglycerin Pump-controlled Infusion 10-20 mcg/min, increase per protocol
  - ☐ D5W 1000 ml @ KVO x 48h
  - ☐ Morphine Sulphate 2-4 mg IV every 5-10 minutes PRN chest pain
  - ☐ BUN STAT
  - ☐ CBC w Diff Routine Once
  - ☐ CPK-MB STAT and every 8 hrs x 3
  - ☐ Glucose STAT
  - ☐ Serum electrolytes STAT
  - ☐ Troponin I STAT
  - ☐ Urinalysis Routine Once

**UNSIGNED ORDERS** Ongoing

- ☐ Weight Daily
- Dietary**
  - ☐ Diet 1200 calories, low fat, no extremes of temperature, 3-4 portions
- IVs**
  - ☐ D5W 1000 ml @ KVO x 48h
  - ☐ Morphine Sulphate 2-4 mg IV every 5-10 minutes PRN chest pain
  - ☐ IV Nitroglycerin Bolus Injection 12.5-25 mcg
  - ☐ Nitroglycerin Pump-controlled Infusion 10-20 mcg/min, increase per protocol
- Meds**
  - ☐ Alteplase (rt-PA) protocol
  - ☐ Aspirin 81 mg chew STAT
  - ☐ Lorazepam 1 mg PO every 8 hr PRN anxiety
  - ☐ Metoprolol 5 mg IV every 5 min x 3 if pulse > 60 and Systolic BP > 90
  - ☐ Metoprolol 50 mg PO bid
- Labs**
  - ☐ BUN STAT
  - ☐ CBC w Diff Routine Once
  - ☐ CPK-MB STAT and every 8 hrs x 3
  - ☐ Glucose STAT
  - ☐ Serum electrolytes STAT
  - ☐ Troponin I STAT
  - ☐ Urinalysis Routine Once
- Special**
  - ☐ Chest XRay PA Lat Portable STAT

Shortness of breath  
Chest pain  
Cough

Order contains missing or invalid details.

Remove



# Incorporating the Capture of Core Measures Clinical Documentation

SIEMENS

SIEMENS Margreta Wickstrand, RN 3EST

Dennis, Dwane R  
m 68 y DOB 05/18/37 PT# 1101377 MR# 547303 MPI# IP SMH 3EST 309B  
Diagnosis  
Allergies PENICILLINS; CEPHALOSPORINS; CARBAPENEM ADV DIR

Snapshot Patient Record Orders Plan of Care Charting Visit

**Admission** Entered by: M Wickstrand Scheduled n/a

**Admission**

**Patient History**

Medication Hx  
Past Med/Sur...  
HEENT  
Neurological  
Cardiovascular  
Respiratory  
Gastrointest...  
Genitourinary  
Musculoskeletal  
Psycho Social  
Integumentary  
Skin Assessment  
Fall Risk  
Restraints  
Pain

**Orders**  
**Medication / IVs**  
**Med Admin Check**  
**Interventions**  
**Notes**  
**Manual Result**  
**Assessments**  
**CDP**  
**Allergy**  
**MDDocumentation**

**General Admit Info**

Source Clinic Mode/Arrival  
Accompanied By  
Source of Info Source Reliable?  
Legal Guardian Preferred Name

**Admission Height/Weight**

Height cm  
How Obtained  
Weight kg  
How Obtained

**Patient History**

Stated Reason for Admit  
☐ Readmit w/in 30 days? ☐ Recurrent Illness?  
☐ On Medication? ☐ History of Pain?  
☐ Previous Transfusion? ☐ Hx of Reaction? Description

**Personal Habits**

Caffeine Use? Cups/Day  
Alcohol Use? Drinks/Day  
Tobacco use? Yes Type/Qty  
Smoking Cessation? Wishes to consider smoking cessation program.  
☒ Smoking Cessation brochure provided.  
Other Habits? Description  
Oriented To Reason Deferred

All policies includes: Call light, Phone, Unit Policies, Smoking, Chaplain, Visiting, Bed Operation, Electrical Appliances, Emergency Light, Bathroom, Bedrails.

Next Page 1 of 2

Collected 01/23/2006 16:11 Charted For Status Complete

# Incorporating the Capture of Core Measures Clinical Documentation

SIEMENS

The screenshot displays the Siemens medical software interface. At the top, the patient's name is **Margreta Wickstrand, RN** with a 3EST status. Below this, the patient's name is **Dennis, Dwane R**, with demographic information: m 68 y, DOB 05/18/37, PT# 1101377, MR# 547303, MPI#, IP, SMH, 3EST, 309B. Allergies listed are PENICILLINS, CEPHALOSPORINS, and CARBAPENEM. A red exclamation mark icon and the text 'ADV DIR' are also present.

The interface includes a navigation bar with icons for Snapshot, Patient Record, Orders, Plan of Care, Charting, and Visit. The main content area is divided into two sections. The left section, titled 'Admission', contains a list of tabs: Patient History, Medication Hx, Past Med/Sur..., HEENT, Neurological, Cardiovascular, Respiratory, Gastrointest..., Genitourinary, Musculoskeletal, Psycho Social, Integumentary, Skin Assessment, Fall Risk, Restraints, and Pain. The right section, titled 'General Admit Info', contains fields for Source (Clinic), Mode/Arrival, Accompanied By, Source of Info, Source Reliable?, Legal Guardian, and Preferred Name. Below this is the 'Admission Height/Weight' section with a Height field in cm.

Overlaid on the bottom right is a ZYNXHEALTH window titled 'General > Psychosocial Domain > Smoking Cessation > Planning/Implementation'. This window contains a 'Reminder' section with the text: 'For current smokers, consider nonpharmacologic interventions for smoking cessation in conjunction with the use of smoking cessation medications.' It also includes a 'Rationale' section with the heading 'Nonpharmacologic Interventions for Smoking Cessation' and two bullet points: 'For current smokers, consider nonpharmacologic interventions for smoking cessation (eg, acupuncture, aversive stimulation, counseling, exercise program, group therapy, hypnotherapy) in conjunction with the use of smoking cessation medications.' and 'For current smokers, consider the use of nicotine replacement therapy in conjunction with non-nicotine replacement therapy and smoking cessation counseling.' The window also lists 'Smoking Cessation Medications: Nicotine Replacement Therapy' and 'Smoking Cessation Medications: Non-Nicotine Replacement Therapy' with their respective indications. At the bottom, there is a 'References' section with a list of 4 references, sorted by Year then by Class.

At the bottom left of the Siemens interface, the text 'Collected 01/23/2006 16:1' is visible.

# Knowledge-driven EHR

SIEMENS

Lynn R Pattyn, RN SMH



Kleylein, Boone B

m 67 y DOB 3/17/37 PT# 10020365 MR# 547365 MPI# IP  
 Diagnosis CHF NOS  
 Allergies PENICILLINS; CEPHALOSPORINS; CARBAPENEM

## Admission

- Admission
- Patient History
- Medication Hx
- Past Med/Sur...
- HEENT
- Neurological
- Cardiovascular
- Respiratory
- Gastrointest...
- Genitourinary
- Musculoskeletal
- Psychosocial
- Integumentary
- Skin Assessment
- Fall Risk
- Restraints
- Pain

## Respiratory

☐ Resp WNL

Rhythm

Effort

Retractions

Cough

## Sputum

Sputum Color

Other

## Oxygen

O2 Setting

O2 LPM

O2 Delivery Method

## Breath Sounds

RUL

RLL

RML

U

C

D

AI

R

W

R

## Chest Tube

Location

Collected 01/06/2005

20:00

## Assess

## CARDIOVASCULAR SYSTEM

## Cardiovascular assessment

### Inspection

- No pulsations are visible except at point of maximum impulse (PMI).
- No lifts (heaves) or retractions are evident in four valve areas of chest wall.

### Palpation

- No vibrations or thrills are evident.
- No lifts or heaves are evident.
- No pulsations are visible except at PMI and epigastric area.

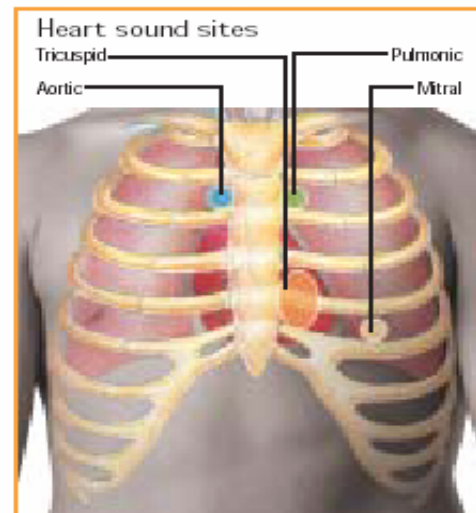
### Vascular palpation

- Note skin temperature, texture, and turgor.
- Capillary refill is no more than 3 seconds.
- Pulses should be regular in rhythm and strength.

- 4+ = bounding
- 3+ = increased
- 2+ = normal
- 1+ = weak
- 0 = absent

### Auscultation

- First heart sound ( $S_1$ ) heard best with stethoscope diaphragm over mitral area.
- Second heart sound ( $S_2$ ) heard best with stethoscope diaphragm over aortic area.
- Third heart sound ( $S_3$ ) heard best with stethoscope bell over mitral area.
- Additional heart sound ( $S_4$ ) heard best with stethoscope bell at mitral area.



## Knowledge Drives the Patient Plan of Care

Plan of Care Add Problem -- Web Page Dialog

**Dennis, Dwane R**  
 m 68 y DOB 05/18/37 PT#1101377 MR# 547303 MPI# IP SMH 3EST 309B  
 Diagnosis  
 Allergies PENICILLINS; CEPHALOSPORINS; CARBAPENEM ADV DIR

**Problem Name** Smoking Cessation

▼ Problem

**Type** ☐ Acute ☐ Chronic

Status  Date of Onset

Level of Certainty  Date Reported

Severity  Ended By

Priority  End Date

Visit

► Clinical Notes  
 ▼ Plan of Care

**Expected Outcome** ☒ Adherence behavior as evidenced by

**Clinical**

Save

General > Psychosocial Domain > Tobacco Use > Evaluation/Outcome - Microsoft Internet Explorer

File Edit View Favorites Tools Help

Back Forward Stop Home Search Favorites Media Print

Address [https://www.zynx.com/zynxprd/CPC/InforDynamicIPC.asp?moduleID=9000&pageID=SMCE\\_3](https://www.zynx.com/zynxprd/CPC/InforDynamicIPC.asp?moduleID=9000&pageID=SMCE_3) Go Links

General > Psychosocial Domain > Tobacco Use > Evaluation/Outcome

**Reminder:**

Hospital smoking cessation counseling rates may be useful for benchmarking nursing-sensitive care.

**Rationale:**

**Performance Measures**

☒ Hospital smoking cessation counseling rates are used as standard metrics for benchmarking nursing-sensitive care.

**References: 1 - 1 of 1**

Sort by: Year then by: Class Go Reset

## Knowledge Drives the Patient Plan of Care

SIEMENS Rachel M. Allred, RN [6 West](#)

**Lockwood, Ida M.**  
 Female DOB: 11/19/1919 MR# 012382T63X  
 Visit: 06/07/2005 10:45  
[Allergies](#) [Diagnosis](#) [Physicians](#)

Last Reviewed 00/00/0000 00:00 Rachel M. Allred

**Patient Record** **Charting** **Plan of Care** **Visit**

**All** **Nursing** **Medical** **Oncology** **Cardiology** **Respiratory Therapy**

▼ **Problem**

Name	Status	Rank	Onset Date	Assigned Date
Impaired gas exchange	Active	1	00/00/0000	00/00/0000
Acute pain	Active	2	00/00/0000	00/00/0000
Risk for infection	Active	3	00/00/0000	00/00/0000
Activity intolerance	Active	4	00/00/0000	00/00/0000
Impaired physical mobility	Active		00/00/0000	00/00/0000
Ineffective airway clearance	Active		00/00/0000	00/00/0000
Alteration in fluid/electrolyte balance	Active		00/00/0000	00/00/0000
Care planning and problem solving	Active		00/00/0000	00/00/0000
Decreased cardiac output	Active		00/00/0000	00/00/0000
Potential alteration in nutrition R/T	Active		00/00/0000	00/00/0000

▼ **Goals/Outcomes**

Expected Outcome	Target Completion	Actual Outcome
Demonstrates knowledge of medication management	00/00/0000 00:00	<input type="radio"/> Met <input checked="" type="radio"/> Not Met <input type="radio"/> Progressing
Able to walk distance of 20 feet	00/00/0000 00:00	<input type="radio"/> Met <input checked="" type="radio"/> Not Met <input type="radio"/> Progressing
Able to recognize and perform proper infection control measures	00/00/0000 00:00	<input type="radio"/> Met <input checked="" type="radio"/> Not Met <input type="radio"/> Progressing

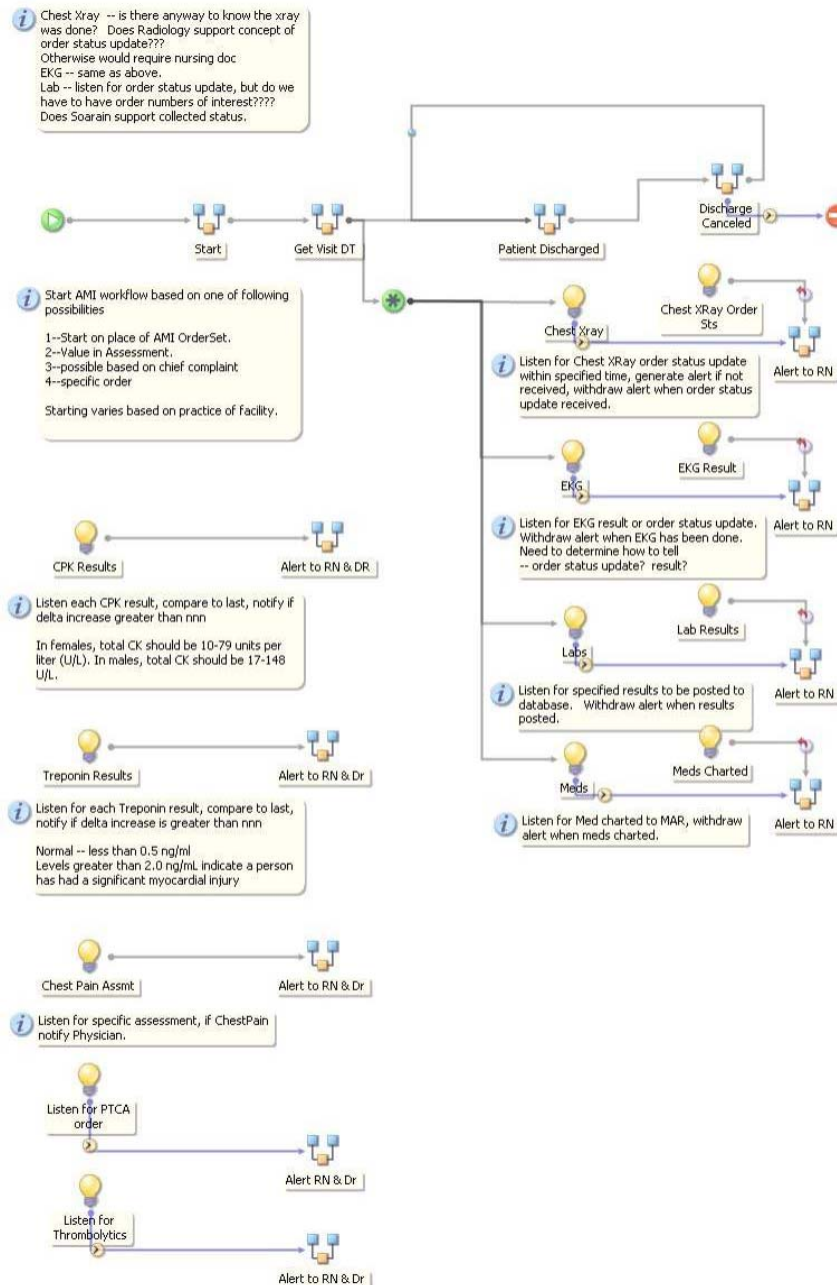
**Order**

Assess signs and symptoms associated with pain  
 Assess peripheral circulation  
 Educate on causes, prevention and relief of pain  
 Perform passive range of motion

**Save**

**Plans of Care** **Add Note** **Review**

## Acute Myocardial Infarction Workflow -





# Workflow Engine – Listening, Monitoring, and Escalating.....

SIEMENS

SIEMENS Soarian™ - Microsoft Internet Explorer

File Edit View Favorites Tools Help

Back Forward Stop Home Search Favorites

Address http://soarnweb1.soarian.cchosp.com/cchp\_p/dsk/dkLogon.pba Go Links

**SIEMENS** Jacqueline Eder, WW1

**ALERTS** 14

017302 SHIELDS, GERALD M

☐ Test Only: Micro Data

There is a culture result. Click this text to see the results matched with the patient's antibiotics.

☐ Confirm Med Rec Order Done

Med Rec Done, MAR Confirmed

Med Rec Not Done By MD

016101 ZELLMAN, CHRISTOPHER

☐ Keep On Census?

FLAG REASON: Possible CHF DX Admission

Remove Pt from CHF Census

☐ Medication Review Summary

Patient is not on a Beta Blocker. Click to acknowledge that you will contact the MD about this.

Click here to indicate that the MD has noted an appropriate reason for not giving the beta blocker.

☐ Most current BNP Result for this visit

No BNP Result on this CHF patient after six hours of admission

☐ LVEF Information

No Ejection Fraction is available on this patient. Please check clinical access for records that are older than the workflow table.

HO - OS

WW1	017201	PICCONE, ROSARIO	84	M	!		
WW1	017302	SHIELDS, GERALD M M	63	M	!		
WW1	016501	SHOARINEJAD, FARIBA	46	F			
WW1	016301	SMITH, ELSIE J	77	F			
WW1	016101	ZELLMAN, CHRISTOPHER	39	M	!		

Done Local intranet

start Inbox - Mic... MedMicroDis... SIEMENS So... soariantstwf... Micro Alert S... Document4 -... 12:33 PM

# Workflow Engine – The Right Information, To the Right Person, at the Right Time.....

SIEMENS

**SIEMENS Lynnn Peschka, MD SMH**

All Patients

Location	Complaint	TL	Patient	A/S	ATT	MD	RN	LOS	Orders/Results	Disposition	Comment
Card 01	Chest pain,	1	VIP Behan, Malcom N	70M	F Tra	L Pes	M Win	01:00			Family in WR
Exam 01	Pain in right hip									Wtq transfer to	Family in WR
Exam 03	Chest pain,									Waiting	Family in WR
Exam 04	Pneumonia										Family in
Exam 05	CVA										
Rad 02											
Exam 06	CHF									Wtq transfer to	
Exam 07	Chest Pain										
Exam 08	Asthma										Mother with
Exam 09	Atrial Fibrillation									Cardiology	
Exam 10	Hypertensive									MD return	
Exam 11	r/o MI									Cardiology	CCU bed
Exam 12	Small Bowel									Surgical	
Hallway 01	Fever, Sore throat										Appears
Hallway 02	Slurred speech;										Applied
Hallway 03	Urinary Retention										
Hallway 04	Laceration Left										
Hallway 05	Headache, Fever										
Proc 02	Allergic Rx, Hives									Diphenhydramir	
Proc 03	Tonsillar Abcess										Parents

**Behan, Malcom N**

m 70 y DOB 07/31/35 PT# 1108893 MR# 547310 MPI# IP SMH ED Card 07

Diagnosis  
Allergies: Not Assessed ADV DIR

**Alerts**

- ☐ Patient has been in the hospital for 20 minutes with no documentation of Thrombolytic Therapy
  - ☐ Administer Thrombolytic Therapy
  - ☐ <http://www.jcaho.org/pms/core+measures/2iami7a.pdf>

Close Help

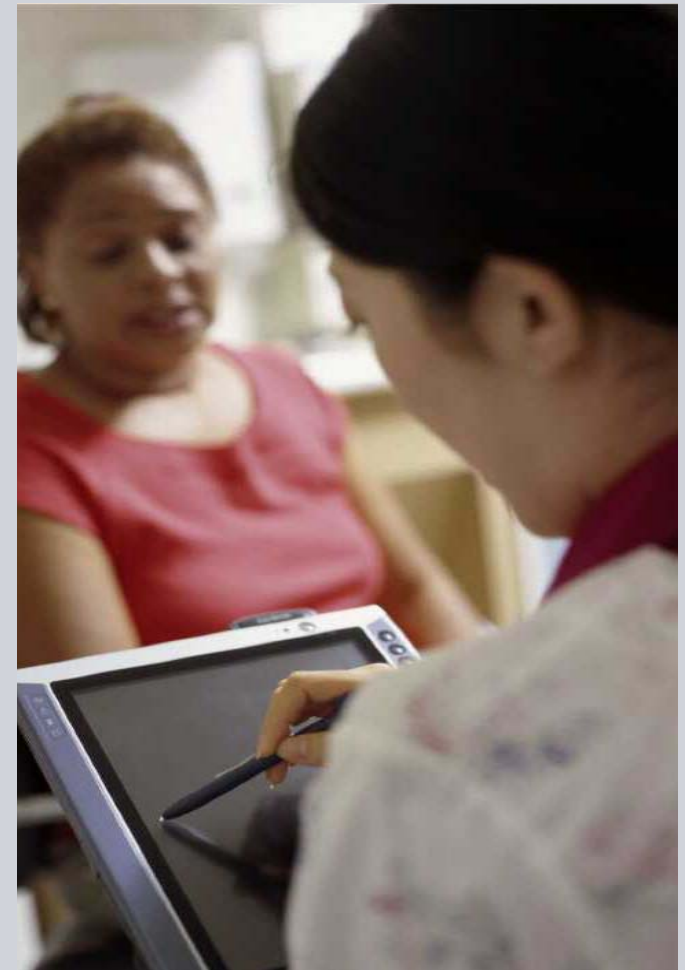
**Lab Results**

Test	Result	Reference Range
Hematology		
WBC	5.9	(5.2 to 12.4) K/ul
Hgb	10.7	(13.0 to 17.7) g/dL
MCV	94.2	(81 to 99) ul
MCHC	35.1	(33 to 37) %
Platelet Count	96	(130 to 400) K/ul
RBC	3.34	(3.8 to 5.2) M/ul
Hct	31.5	(35 to 47) %
MCH	32	(27 to 31) pg
RDW	13.5	(11.5 to 14.5) %
Neutrophils	62	(40 to 74) %

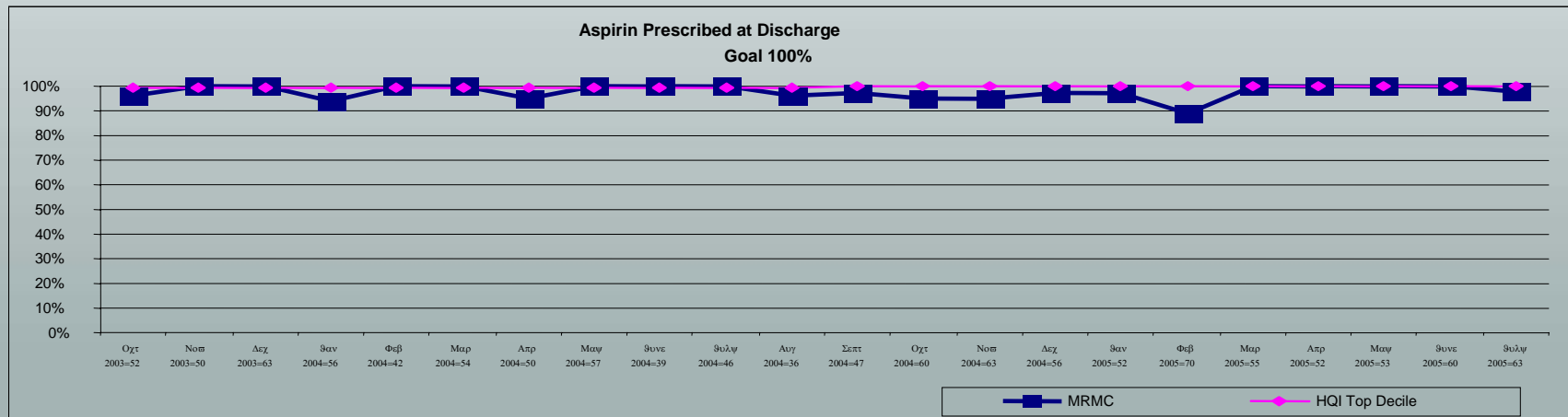
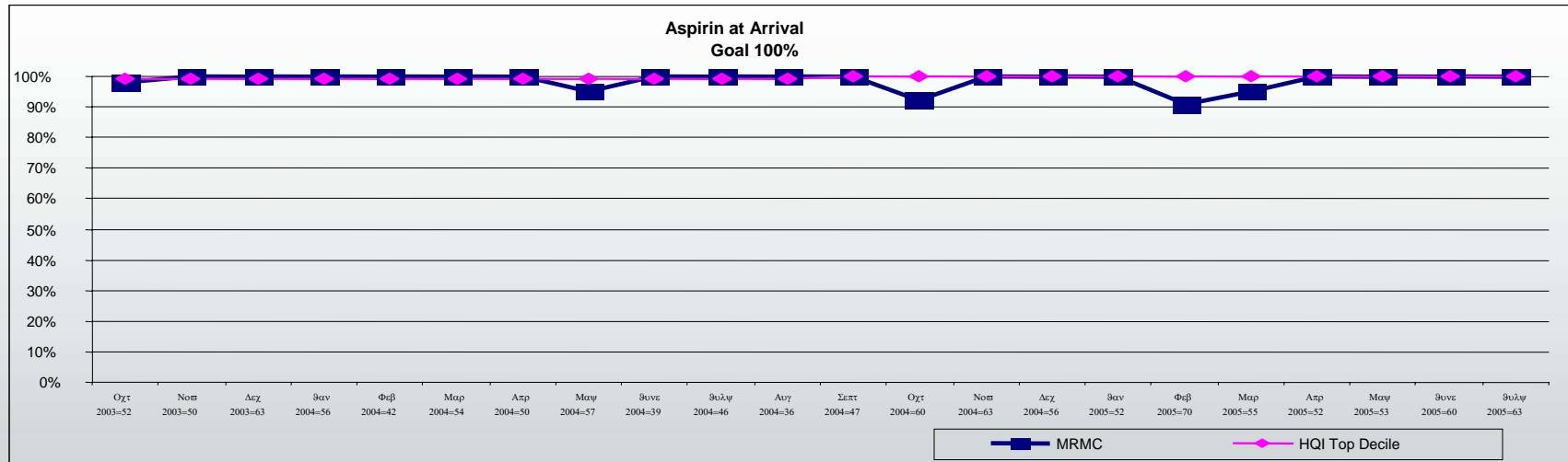
1 mV

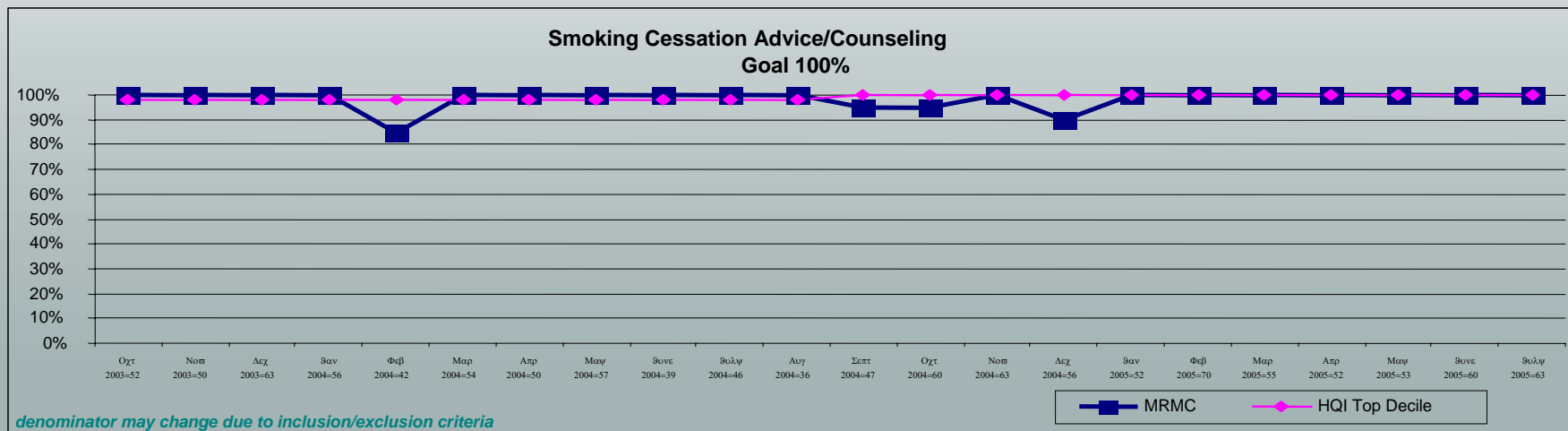
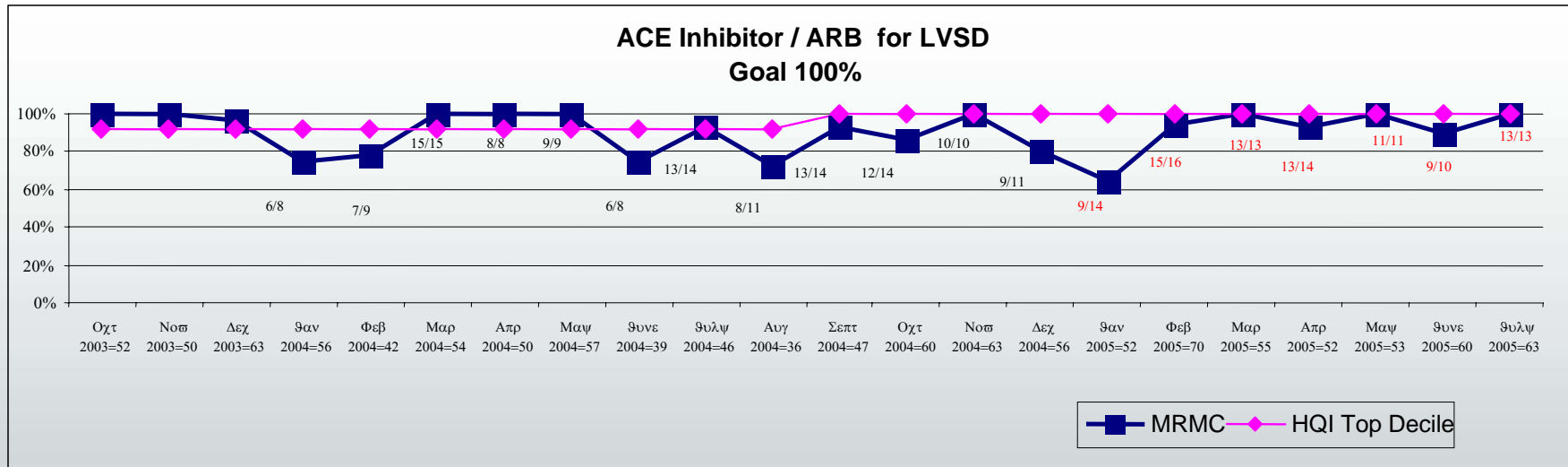
## Leveraging Technology to Measure Quality and Cost

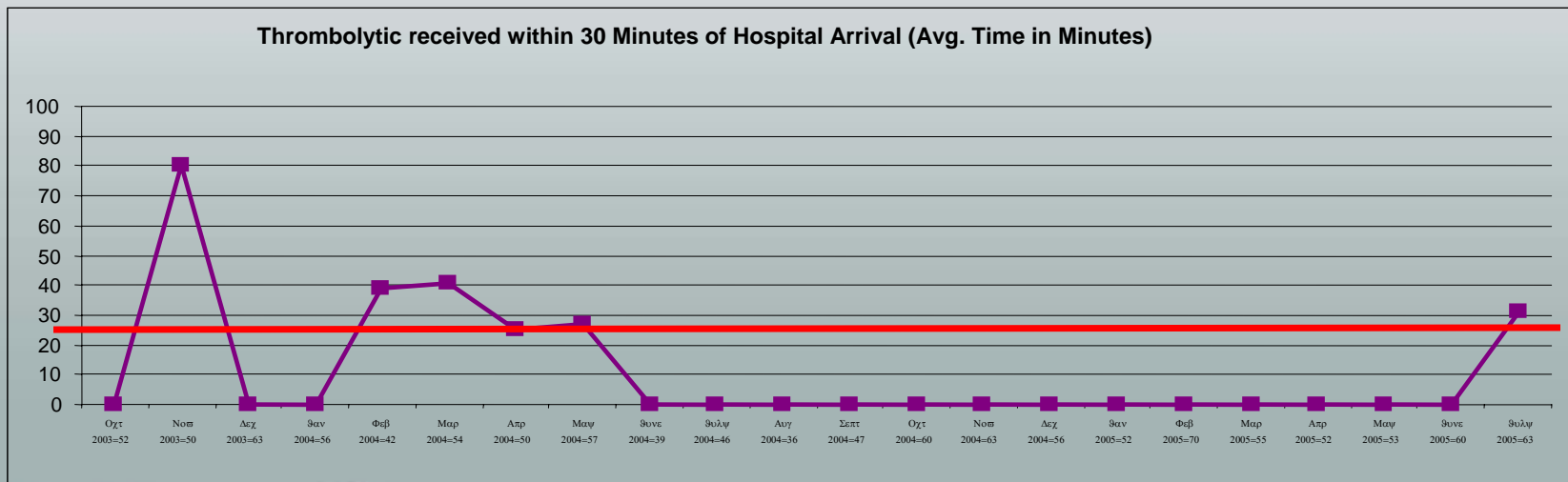
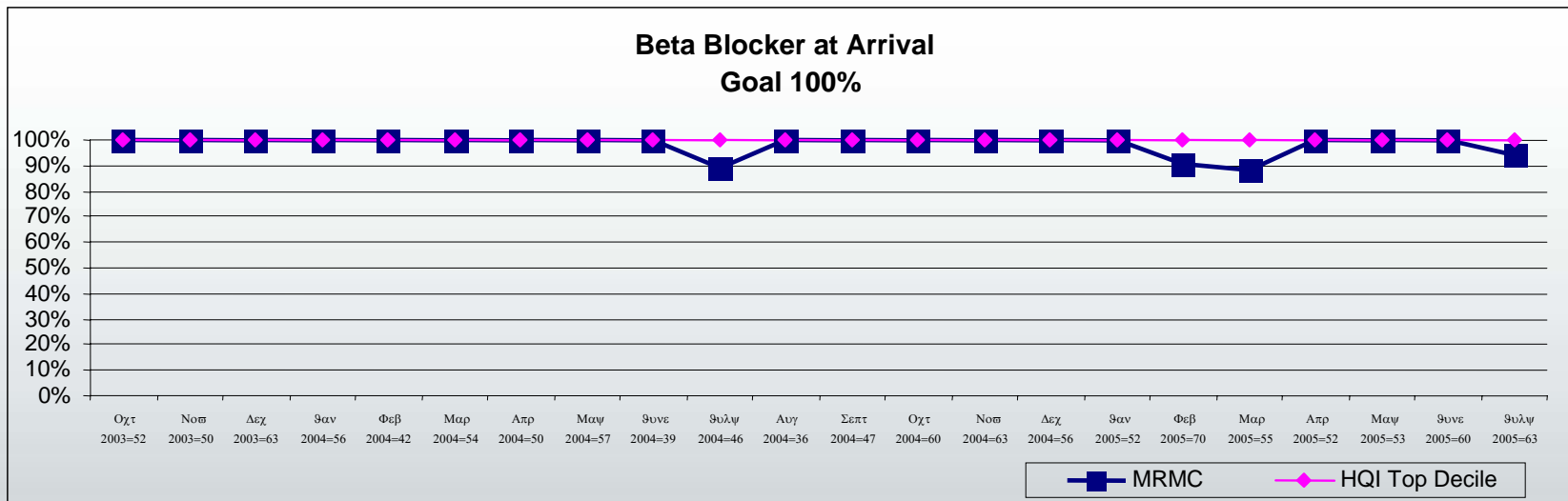
- Technology provides real-time access to cost and quality
- Technology generates new knowledge to advance healthcare
- Technology deployment supports the care delivery process while measuring outcomes
- Technology can capture clinical practice, improve processes and quantify the impact on patient outcomes



# AMI









# Nursing Dashboard - 5 East



## NURSING DASHBORD REPORT Medical/Surgical

Unit: 5 East      Calendar / QTR: 1st Quarter, FY 2005  
October - December 2005  
Director: Kelley Prevatte

Unit Description      # of Beds 36      Type of Patient: Medical/Surgical Observation

### Staffing

Average Bed Census	<u>32.47</u>	
Vacancy Rate	<u>4%</u>	(Combined RN/LPN)
Retention Rate*	<u>87%</u>	
% Float Usage	<u>0.20%</u>	
Average Daily Acuity	<u>2.28</u>	

Avg. - N & P Ratio (Includes PCS)

D	<u>1:5.17</u>
E (3-7)	<u>1:4.92</u>
E (7-11)	<u>1:5.33</u>
N	<u>1:5.36</u>

### Quality/Patient Safety Outcomes

Fall Rate	<u>3.91%</u>
% Restrained/Patient Day	<u>0.36%</u>

### Patient Satisfaction

-Overall Satisfaction with Nursing Care (Norm)	<u>87.6</u>
-Key Driver #1	<u>87.3</u>

### Adverse Drug Events Reported

-Drug Events w/ Harm Reported	<u>0</u>
-Drug Events Prevented	<u>9.1 per 1000 doses</u>
-Hospital Wide Rate of Harm	<u>.14 per 1000 doses</u>

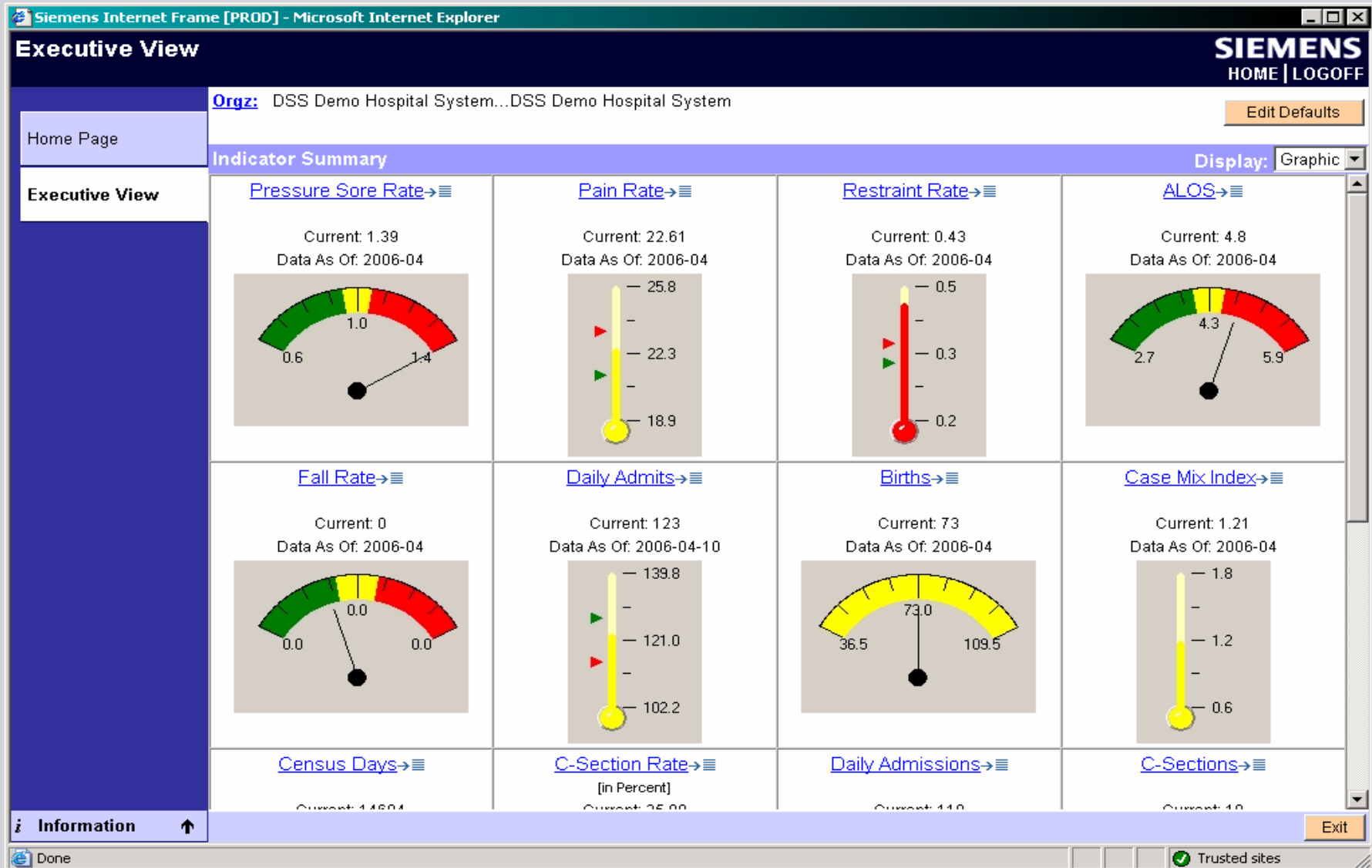
### CE Results

-Pneumonia Vaccine Assessment	<u>no data</u>
-------------------------------	----------------



# Monitoring Clinical Outcomes

SIEMENS



# The Value of Health Information Technology - Monitoring Quality and Cost

SIEMENS

Siemens Internet Frame [PROD] - Microsoft Internet Explorer

## Ordering Party Analysis by DRG

John Neider

View Options Chart Drillthrough

View: Ordering Party Analysis by DRG

Pivot Chart

Order Analysis Secured

DRG  
121 - CIRCULATORY DISORDERS W AMI

			Year	Month	Order Start Day of Week			
			2005				Grand Total	
Order Service Code	Ordering Party	Ordering Pa	Orders	Ord Qty	Charges	Total Cost	Orders	Ord Qt
7385681 - ADULT ECHO 2D/M-MODE			23	23	\$18,285	\$1,552	23	
7380695 - EKG			72	72	\$10,944	\$1,614	72	
4161214 - OXYGEN THERAPY			37	37	\$10,234	\$758	37	
7325178 - O2 THERAPY			31	31	\$8,618	\$467	31	
4171001 - EKG			53	53	\$8,056	\$536	53	
7348465 - MYOCARD PERF SPECT MULT			6	6	\$7,464	\$939	6	
7674160 - CT ABDOMEN W/ CNTRST			5	5	\$6,305	\$407	5	
7670450 - CT BRAIN W/O CNTRST	UL - PANIKAR,ANASTASIA H	Non-MD	2	2	\$1,998	\$99	2	
		Total	2	2	\$1,998	\$99	2	
	07084 - THAI,BURTON L MD	Non-Attending	1	1	\$999	\$49	1	
		Total	1	1	\$999	\$49	1	
	07207 - MCNEIL,ALLWYN B MD	Non-Attending	1	1	\$999	\$49	1	
		Total	1	1	\$999	\$49	1	
	96689 - CLARK,ANA X MD	Non-Attending	1	1	\$999	\$49	1	
		Total	1	1	\$999	\$49	1	
	MWS - LEMAS,DICK C	Non-MD	1	1	\$999	\$49	1	
		Total	1	1	\$999	\$49	1	
	Total		6	6	\$5,994	\$296	6	
7314507 - CHEST PA & LAT			33	33	\$5,511	\$1,599	33	
7670470 - CT BRAIN W/O CNTRST			4	4	\$5,444	\$400	4	
7408874 - VENOUS DUPLEX COMP			6	6	\$5,394	\$812	6	
7670275 - CTA CHEST W/O CNTRST								

Information ↑

Done

## The Value of Information Technology for Clinical Practice

**SIEMENS**

- Achieved more than 90% compliance with regulatory standards for discharge education of stroke patients



- Reduction in medication to pharmacy review time from up to 24 hours to within 1 hour



- Reduction in prescriber errors by 71%



- Decreased harmful events to a six month average of 0.33 per 1,000 doses (compared to a national average of 2-8 harmful events per 1,000 doses)



# Siemens Medical Solutions that help