Smarter Than the Traditional Chart?

By Laura S. Liming

Patient tracking software, also known as Electronic Medical Records (EMR) or Computerized Patient Records (CPR) has been implemented in many facilities throughout the northwest, including Legacy Emmanuel hospitals in Portland, Oregon and Auburn Regional Medical Centers here in Washington. Of the facilities that have not yet implemented computerized systems, many are currently in the process of doing so – and plan to be fully automated within the next three to four years.

Overlake Hospital in Bellevue is amidst an extensive capital campaign with the goal of moving to fully automated patient tracking; and Virginia Mason is "on the road to being paperless," according to Julie King, Director of Clinical Systems.

King acknowledges that transferring from a paper-based system to an automated one is an extensive and expensive proposition. Having begun a pilot of their system in May of 2002, Virginia Mason is now in what King calls 'phase one,' which involves creating a repository of records, and training staff and providers to use the system's basic features.

'Phase two' will involve direct provider entry, allowing physicians to order radiology and lab reports electronically, as well as place prescriptions. Tracking patient medications is a vitally important component to automated tracking systems. According to a February 2001 story in the *New York Times*, up to 30 percent of the three billion prescriptions written in the U.S. each year may need to be rechecked manually, due to handwriting confusion or questions about insurance eligibility. Electronic filing can reduce the time a physician spends responding to pharmacists' questions, and can also ensure patient safety while reducing physician liability.

Some systems, such as NaviCare, can even track patients who have multiple appointments on any given day. These systems can be networked to connect several departments or facilities together. Appointments are therefore scheduled more accurately. If a patient calls to cancel an appointment, the NaviCare system allows one person to key in the cancellation, making all departments aware of it. This saves staff as many as fifteen phone calls. Other tracking systems, like the SmartRack system, keep track of patient flow and the location of nurses, thus improving efficiency between exams and reducing patient waiting time.

Moreover, notes on patient care can be quickly entered at the point of service and transferred to the facility's main system later in the day. Not only does this save time for the physician, but it also allows authorized colleagues to access the information.

Though concerns regarding privacy and implementation costs persist, tracking systems are poised to become the rule rather than the exception in facilities throughout the northwest. They provide invaluable benefits in the field of medicine, where time is truly of the essence. ❖

Staffing Solutions

By Benjamin Chute

American worker productivity is up 5.6 percent, the highest it has been since 1973, as President Bush reported in his economic stimulus plan to the Economic Club of Chicago on January 7. Perhaps because of the faltering economy, people are working harder to retain their jobs; but, because of layoffs, there are fewer people to do what many did before.

Within health care, there is an intense pressure from the public to keep costs down. Couple this with rising technology and insurance costs, and many clinics turn to trimming the employee count.

Last year, on October 26, Cheryl Scott, President and CEO of Group Health Cooperative, explained to the Annual Members Meeting why their company had to lay off 170 workers. One of the reasons she cited was the thirteen to fourteen percent rise of health care costs in the past year, far surpassing previous years. Along with other budgetary cutbacks, some employees had to go.

Administrative personnel, who are already at the low end of the pay scale, are usually hit hardest by cost-reduction efforts. In order for doctors and nurses to tend to their many patients, administrators must manage their busy schedules and the piles of paperwork. With the same amount of work and fewer people to do it, this can lead to an unhappy staff. But the only way that less administration is an effective means of cutting costs is if there is less administration to do. And there is certainly no shortage of paperwork.

Solutions? Have patients handle their own claims with the insurance companies. Work on having less office waste (do you really need to print that report?). Look at redistributing employee benefits. Most importantly, talk with your staff on ways to cut costs. Remember, they're on the front lines and could have good solution suggestions. ❖