

# Community Memorial Health System

Ventura, California

Community hospital hones its competitive edge by providing physicians what they want: An effective EMR that’s easy to use.



## Community Memorial Health System

*Where Excellence Begins with Caring*

### About Community Memorial

Community Memorial Health System (CMHS) in Southern California is a community-owned, not-for-profit organization established in 2005, when Community Memorial Hospital in Ventura, California, merged with Ojai Valley Community Hospital. CMHS is comprised of these two hospitals with a combined total of 350 beds, along with 13 multispecialty family-practice health centers that are staffed by 90 physicians. The hospitals are served by 175 contracted and affiliated physicians, and a total clinical staff of 500. CMHS serves communities within Ventura County, California, which has a population of more than 800,000 people.

### Seeking a Competitive Edge: Physician Satisfaction

Community Memorial Hospital sits within a few miles of two other hospitals – one private, one public – creating a highly competitive market for both patients and physicians. Accordingly, differentiation is key; and one way CMHS has opted to differentiate itself in the eyes of physicians is to give them a significant voice in selecting physician-facing information technology used at the hospital.

Several years ago, when CMHS migrated from MEDITECH® MAGIC to a MEDITECH Client/Server hospital information system (HIS), physicians balked at using the new HIS’s electronic medical record (EMR) application, complaining that it was cumbersome and inefficient. So a working group comprising IT and clinical leaders was convened to investigate alternatives. After researching the options, including replacing MEDITECH altogether, the group unanimously chose PatientKeeper®, a suite of physician workflow applications that overlays and integrates with MEDITECH and other hospital-based systems.

“Our goal was to give physicians one system where they can do their entire workflow,” Thomas Kniss, CMHS’s information systems director, explains. “And it was important that it be a system that physicians want to go to, not something we’re forcing them to go to. With PatientKeeper, we’ve been able to get to that point. Physicians are using PatientKeeper for orders, notes, and medication reconciliation. In fact, it’s gone so well that physicians are pushing us to accelerate our deployment timelines.

“The two other hospitals in our area made their EHR decisions without consulting with their respective medical staffs,” Kniss notes, “and we’ve heard that many physicians are

#### Community Memorial Health System

- Located in Ventura, California
- 2 hospitals with 350 beds
- 13 multispecialty clinics
- Total clinical staff of 500

Vision: “To be the regional integrated health system of choice for patients, physicians and employees”



unhappy with those systems. Our collaborative approach to acquiring IT has had the exact opposite effect. We didn’t impose anything on physicians; they chose for themselves, and are happy with the result.”

Significantly, CMHS has been able to protect its investment in MEDITECH by employing an “overlay” strategy for its physician workflow applications. At CMHS, PatientKeeper is integrated with MEDITECH Client Server 5.6.6 as well as other key hospital systems, including PACS, EKG, Data Express and Forward Advantage. HL7 interfaces are used as much as possible to minimize scripting. Provation order sets are directly integrated into PatientKeeper CPOE™, and CMHS’s HIE can be launched directly from PatientKeeper.

CMHS insisted on using ONC-certified technology so the organization could attest to EHR Meaningful Use and qualify for federal incentive payments. “We participated in Stage 1 in years one and two, and now we’re looking at Stage 2 using PatientKeeper for the physician-facing criteria,” Kniss says.

### Up and Running

CMHS went live with its core PatientKeeper EMR, comprising the PatientKeeper Physician Portal™ and Mobile Clinical Results™ app, within 90 days of signing the contract; PatientKeeper e-Signature™ followed shortly thereafter.

“A big selling point for our medical staff was the concept of mobility; they were excited to be able to see real-time patient information on their iPads and iPhones,” says Stanley Frochtzwajg, MD, chief medical officer at CMHS. “We have space constraints; desktop computers are not always readily available to physicians, so a mobile solution makes practical sense. It’s working out very nicely.”

Dr. Frochtzwajg admits not all physicians were excited initially about the prospect of going electronic. “I can think immediately of a hospitalist we had that wanted nothing to do with mobility, but as soon as they were given an iPad and were shown how simple PatientKeeper was, they became one of our champions. Then when other physicians saw that this hospitalist suddenly went from one extreme to another and was an avid user, others began requesting the software. We saw a snowball effect – physicians increasingly interested in using the software as a result of peers who had been against it and were now advocates of the technology.”

Community Memorial Hospital has been live on PatientKeeper CPOE for well over a year, and hospitalists at the Ojai facility went live on PatientKeeper recently. At present, about 95 physicians – who write 70% percent of all medical, laboratory and radiology orders – are using CPOE.

“PatientKeeper is so much more intuitive and user friendly than what physicians expect,” Dr. Frochtz waj says. “Everybody is impressed with how easy it is to adopt PatientKeeper.”

One key to the effective use of CPOE is well-designed order sets. “Order sets facilitate physician adoption,” Dr. Frochtz waj states, “because the physician doesn’t have to slog through a lot of screens to write each order. And because we use Provation, order sets are evidence-based and we’re able to click into the background information for justification.”

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COMMUNITY MEMORIAL HEALTH SYSTEM NAME: [REDACTED] SEX: Female ACCOUNT # [REDACTED]  
VERONA, CA ADM ADE: 87Y DOB: 08/12/28 MRN: [REDACTED]  
AUTHOR: [REDACTED] DATE: 08/24/14 12:28

**SUBJECTIVE**  
Hospital day 1  
Patient name: [REDACTED] pt feet better no dyspnea or orthop. + foot. + weakness

**REVIEW OF SYSTEMS**  
GENERAL APPEARANCE: Negative for chills, night sweats, wt loss. + foot and fatigue  
HEENT: Negative for blurry vision. No diplopia, visual changes, pain, discharge.  
NECK: No pain or stiffness  
LUNGS: Negative for dyspnea or wheezes. Mild cough  
CARDIOVASCULAR: Negative for chest pain or palpitations. No extremity swelling, orthopnea, PND, near-syncope, syncope.  
ABDOMEN: Negative for abdominal pain or rigidity. No ascites, no diarrhea, bloating.  
EXTREMITIES: Negative for joint stiffness, pain, or orthopnea.  
SKIN: Negative for rashes. No pruritus.  
NEUROLOGICAL: + general weakness, no dyspnea or orthopnea

**EXAM**  
Vital: (08/19 10:28 - 2020 10:28)  
Temp: 97.5 (37.5) 87.0 Pulse: 87 (67-74) Resp: 22 (16-22) O2 Sat: 92 (95-94) Oxygen Flow Rate: 0.50 FIO2: 21 SpO2: 93 (96-93) 88  
HR: 88 (72-100) RR: 18 (12-20) BP: 110/60 (110/70) Wt: 60 kg (132 lb) BMI: 24.4 (18.5-24.9)  
ROM: [REDACTED] Neck: 0/3 (Head: 0/3) Ductus: 0/2  
(08/19 07:00-08:00 07:00) IFO: 100% (100%) C-TRN: 1/1 (1/1) P/F: 100% (100%)  
GENERAL APPEARANCE: Alert in NAD, conversant.  
HEENT: PERL. Sclera nonicteric. Conjunctivae pink, no ptosis.  
NECK: Supple. No thyromegaly.  
LUNGS: Lungs clear to auscultation, no distress/normal effort.  
CARDIOVASCULAR: Rhythm regular, no murmur. No JVD. No bruits. pedal pulses equal, no edema.  
ABDOMEN: Soft, no tenderness, no masses. No guarding. Bowel sounds present.  
EXTREMITIES: Warm and well perfused (WMP), non-tender, no clubbing, cyanosis.  
SKIN: No rash. No significant rashes. No peripheral edema.  
NEUROLOGICAL: No sensory deficits. CRTs intact.

**LAB RESULTS**  
COMPLETE BLOOD COUNT WITH DIFF (08/19/14)  
11.8 / 3.8 / 118  
[REDACTED]

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COMMUNITY MEMORIAL HEALTH SYSTEM NAME: [REDACTED] SEX: Female ACCOUNT # [REDACTED]  
VERONA, CA ADM ADE: 87Y DOB: 08/12/28 MRN: [REDACTED]  
AUTHOR: [REDACTED] DATE: 08/24/14 12:28

**ASSESSMENT PLAN**

- Swells**
  - A: swelling, mild confusion
  - P: treat of dehydration
- UTI (lower urinary tract infection)**
  - A: asymptomatic improvement
  - P: No or continue antibiotic
- Acute renal failure**
  - A: general deterioration improving
  - P: continue I/F
- Dehydration**
  - A: improving poor appetite
  - P: continue of decrease to 75 ml/hr
- Acute delirium**
  - A: fluctuating, improved today
  - P: full prescription, frequent reorientation and assistance with self
- HTN (hypertension), benign**
  - A: No control
  - P: continue antihypertensive and treatment

**Level of Decision Making:**  
Initiated  
Additional Comments:  
08/24/14 12:28 planned

“We’ve created about 50 order sets, and another 50 are under development,” Dr. Frochtz waj explains. “As a family practitioner, just this week I used the General Admission order set; I found it so intuitive, it required no training whatsoever on my part. I also find ad-lib orders extremely useful. ‘Favorites’ are appreciated by all sub-specialties as well as by general internal medicine hospitalists at large.”

**Legible Notes**

CMHS also is using PatientKeeper NoteWriter™ to produce clean, cogent

electronic physician documentation. The first to adopt NoteWriter were hospitalists, intensivists and primary care physicians who see patients at the hospital. To drive further adoption, IT is creating templates and quick texts, as well as researching Dragon speech recognition integration.

“We’ve been showing the impact of NoteWriter at weekly physician rounding meetings by comparing before and after progress notes, to demonstrate both ease of use and patient safety,” says Kniss. “It’s really hard for a physician to argue against the system from a patient safety perspective. Again, we don’t want to force physicians to use the system. We’re trying to enable it to be as friendly as possible, and we’re also trying to show the physicians the value that it presents.”

The value is clear to Dr. Frochtz waj. “Previously, I couldn’t read half the notes of my patients’ consultants,” he recalls. “It was very frustrating and wasted time. Now that they’re using NoteWriter, I don’t struggle with their handwriting and communication is much better. I can incorporate their insights into my treatment plans right away, which translates into better patient care.”

The most recent addition to CMHS’s suite of physician applications is PatientKeeper Medication Reconciliation™. When a patient is admitted to the hospital, a clerk runs a query in Surescripts and pulls the patient’s 120-day medication history into the RXM module of MEDITECH Client/Server. Once approved by a nurse, the patient’s “home meds” flow

directly into PatientKeeper. Then, upon first seeing the patient, the physician performs admission med rec. At that point the physician can order, discontinue or add to the meds using PatientKeeper. If he orders anything new, that order goes to the pharmacy via Pyxis Connect, a medication order management system. The pharmacist keys in the new med order, and there's an interface from the pharmacy system back to MEDITECH so RXM knows what's going on. When the patient is discharged, the physician goes back into PatientKeeper to specify discharge meds, which flow automatically into MEDITECH to be part of the patient's discharge routine.

"The key for physicians is they only have to work in PatientKeeper," Frochtz wajg says. "It's an environment designed specifically for physicians, and they appreciate that."

### 1-on-1 Training

According to Kniss, initial training on PatientKeeper usually takes physicians only five to 10 minutes. But he notes that IT's job doesn't end there. "You want to be as available as possible to physicians," Kniss says. "We provide ongoing IT / training support where physicians live – in their offices, in the physicians' lounge, in the cafeteria. We've learned you don't make them come to you if you want the training to happen." Accordingly, CMHS IT support staff routinely makes rounds to popular physician venues about three times per week. "We have our laptops out, and we encourage them to ask questions," Kniss says. "We want to make sure we're out there and available."

Physicians who have worked with other software systems appreciate how easy PatientKeeper is to learn. Dr. Frochtz wajg cites NoteWriter as an example. "PatientKeeper took me just 10 minutes to learn. Compare that to our neo-natal documentation system, which required 16 hours of training. Physicians' time is critical, so the value of a system that requires very little training time is obvious to us. PatientKeeper stands head-and-shoulders above absolutely every other electronic health record that we've used in its ease of adoption and usability."

CMHS's physicians have so embraced PatientKeeper, the medical staff executive committee has voted that, as of December, physicians will be required to use the digital chart in PatientKeeper exclusively; they won't be able to go to paper to document, order, sign off, or conduct any medical records activity. A fully electronic workflow will finally become a reality.

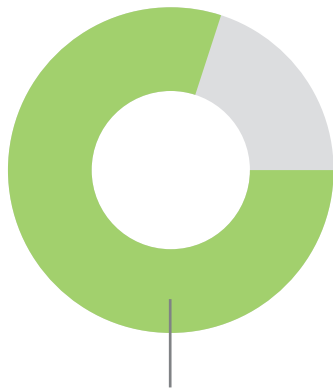
"This is a big milestone for us," Kniss says. "Best of all, it's coming directly from the medical staff executive committee. Physicians, not IT, are driving it based on their positive experience with the system. That's the way it should be."

**About PatientKeeper:** PatientKeeper® Inc. is the leading provider of healthcare applications for physicians. PatientKeeper's highly intuitive software streamlines physicians' workflow to improve productivity and patient care. PatientKeeper's CPOE, physician documentation, electronic charge capture and other applications run on desktop and laptop computers and popular handheld devices and tablets. PatientKeeper's software integrates with existing healthcare information systems to create the most effective solution for driving physician adoption of technology, meeting Meaningful Use, and transitioning to ICD-10. PatientKeeper software is used by 60,000 physicians across North America and the UK.

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10/14 CS - Community Memorial Health System 186-478



70% of CMHS's medical, laboratory and radiology orders are written using PatientKeeper CPOE