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TRUMAN MEDICAL CENTER | Cerner system paying off



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Angela Stokes, an inpatient wound care nurse at Truman Medical Center uses the hospital's electronic records.

Better tracking right from the start can help head off bedsores, other costly conditions

By SCOTT CANNON
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Bedsores are nasty things.

They can be painful. They can blister. They can fester so deep that they permanently damage muscle tissue and even tendons, joints and bone. If sepsis sets in, the consequences can be life-threatening.

And treating them costs money.

Truman Medical Center says concerted efforts to prevent bedsores, and a handful of other things that can endanger patient health, have improved its bottom line.

The hospital says its use of electron-

ic medical records from North Kansas City-based Cerner Corp., coupled with clinicians' focus on common problems, is cutting treatment costs.

"It's putting some teeth into things we want to do," said Amye Gilio, Truman's director of nursing informatics.

Consider how the hospital tracks and treats bedsores, known more clinically as pressure ulcers.

Patients who show up at Truman each get a thorough exam to see whether they already have bedsores. The tailbone is an especially vulnerable spot. If a bedsore is present, it's noted in an electronic chart that will automatically trigger monitoring of the condition and demand a plan for treating the ulcer even when the patient comes for treatment of a more

urgent health problem.

Beyond that, the hospital checks a series of factors that studies suggest make a patient higher risk for bedsores. Chances increase with age, malnourishment, incontinence, time in a wheelchair and being bed-ridden, and if the patient has difficulty moving because of a brain or spine injury or chronic conditions.

The higher the risk, the more aggressive the plan to check a patient for sores. Some will get more examinations than those at lower risk. Some are even put in high-tech beds that reduce pressure on the skin and shift weight throughout the day. Others will be cared for by nurses who get regular alerts - through networked computer systems at a nurse's station or a pa-

CARE: Records producing results

tient's bedside - to remind a patient to roll over or help those who have trouble moving on their own.

That effort has paid dividends. Between June 2010 and May 2011, Truman saw bedsores among its patients drop by 32 percent. What's more, that cut costs of care by \$1.39 million. That's almost a rounding error for a hospital that provides \$108 million a year in uncompensated care. But a million bucks, as they say, is still a million bucks.

Truman has strong incentives. Naturally, it wants its patients as healthy as possible. But Truman serves a large number of patients whose care goes uncompensated. And even for those with insurance, the hospital doesn't get reimbursed by Medicare, Medicaid and other insurance coverage for "never events." The term was first coined to describe drastic mistakes such as operating on the wrong limb. It has grown to describe conditions that ought not to happen when a patient is in a hospital.

It can include bedsores that developed after a patient was admitted, injuries from falls, and a range of other things that hospitals such as Truman now use electronic records and other tools to prevent.

"The research is absolutely clear," said John Hoyt, the executive vice president of the Health Information Management Systems Society. "Electronic records cut down on medical errors."

Electronic medical records - they've fast been replacing paper documents in recent years, partly because of government mandates - are not miracle cures. Rather, said Truman's chief medical information officer, Jeffrey Hackman, they make keeping to proven treatment plans easier.

Think again of the lowly bedsore. If a patient is admitted with a pressure ulcer, someone takes a picture of the sore. That's entered into the electronic record. So when a doctor or nurse looks at a bedsore on Tuesday, there's an image from Monday to compare



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Nurse Angela Stokes demonstrated how the electronic records work at Truman Medical Center, which credits the records for helping to prevent bedsores and falls for patients.

against. There's no variance in how different nurses might assess. There are just two images to compare.

Hackman said the entry of a bedsore into a patient's record automatically alerted a wound specialist. That specialist could certainly be hailed using paper records, but notification would have come more slowly, and two or three people couldn't look at the same record at the same time in different parts of the sprawling hospital.

And while the electronic record keeping doesn't tell doctors how to heal patients, it helps. If a doctor orders a medication, for instance, the database backing up the record system can suggest dosages based on other factors that have been entered.

"If you need to dig deeper, it's just a click away," said Hackman.

Mistakes can still find their way into a record. Where on paper a doctor's or-

der or a nurse's observation might be illegible, in an electronic record, a hurried clinician can click in the wrong drop-down box. Where having to write something on paper might encourage a certain valuable brevity, now records can suffer from the boilerplate bloat that comes when cutting and pasting are easy.

There are safeguards built in. Daily assessments can't be easily pasted. Allergies are displayed prominently. To avoid those right-idea-wrong-click mistakes Gilio counsels her staff members to take the same care they might in handling their own online banking.

"You still," she said, "need to be careful."

**To reach Scott Canon,
call 816-234-4754 or
send email to scanon@kcstar.com.**